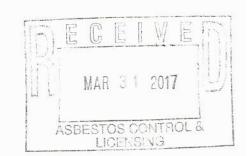
NOCH	N		CATION	of New OF ASBE to NJAC 8	STOS	ABATE		England State of the Control of the		HECK #	23916			The second secon
Date of Notification (1) 03-17-17				Building Cersey Na			(2)			MAH	3 1 2	017	1	2
Agencies Notified Type Notification			Street Ad 581 His	ddress ghland F	Parkwa	ay		and the second s	ASE	BESTO:	S CON	TRO	L &	
EPA Initial DEP Amended DOL Amendment	# 1	-	City, Stat	te, Zip Coo River, N	de			Å		111,1	<u>ENSIN(</u>	7		
☐ DOH justification) ☐ DCA ☐ Cancellation	(including		Name of	SELECT SELECTION					Tele	ephone N	lumber	***		
			FACIL	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Takir	g Place (3)						of Facility (2)		40)			
Street Address 581 Highland Parkway							×	Subchapter Other (i.e. petc.)				dings	, home	3 S,
City (5) Toms River							Squa 5080	re Feet	# of	Floors	100	ldg. A	ge	
County (6) Ocean			County C	Code (7) ISE ONLY)			Common Co	ent Use (Pri nmercial	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building Arcturus Environmental Services,			ASCM	l No.				tement Co	ntractor (9) ental Corp.					
Street Address 9 Prince William Road				- 25		Street	Addre							
City, State, Zip Code						City, S	State, Z	ip Code NJ 0707	2					
Morganville, NJ 07751 Project Manager for Monitoring Firm			Telephor	ne No			none N			License	e No	10		_
Frank Tamargo			(732) 617-9279 201-939-650 d Completion Date (11) Name of OSHA							00756				
Start Date (10) 03-20-17(1)Job on Hold	Schedule 04-30-1		npletion [Date (11)	nc.									
Occupancy Status During Abatement (Che	ck Only On	e)					Addre Q lac	ss kson Ave	nue					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A nal Facility	baten Hours	nent s			City, S	State, Z	ip Code	904					
Other - Describe:					_	Long	g Islar	nd City, N	IY 111	01				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emoli				2	Mi	II Containm ni-Enclosur ovebag Pro	е	Negativ	e Pressu	re		
				<u> </u>			No	n-Exempte	d (*) an	d Non-Fr	iable Pro			
Location of	N	Locat Iorma	lly		De	scription	n of						ement ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intena odial ((12)	nce/		os Con thermal surfa		Materia s insul AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										O	
Ground Floor: Lounge Closet						Comp				30SF	х			
Ground Floor: Training Closet					Joint	Comp	ound			77SF	х			
Ground Floor: Training Closet					VA	T/Mas	stic			S5SF	х			
Ground Floor: A/C Room						T/Mas	stic			38SF	х			
Name of Registered Waste Hauler Freehold Cartage		H	NJDEP W Hauler ID IJ-113		Cubic of Wa TBD	Yards ste		Name of Grows						
City, State Freehold, NJ 07728					Dispo: TBD	sal Date	2	City, Sta Morris		A 1906	7			
Completed by Richard Doran	Title Proje	ct Ma	anager		5	Signatur	e	25	2010		Date 03-17-	17		

Title Of Project: 581 Highland Parkway, Toms River, NJ Additional Materials / Floors

Pg. 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
** **	N/A	VAT/Mastic	96SF	Removal
Ground Floor: Heater Room		VAT/Mastic	745SF	Removal
Ground Floor: Lounge Closet	N/A	VAT/Mastic	328SF	Removal
Ground Floor: Offices	N/A	VATAMASTIC		
			_	



Ch 2920		NO	TIFICATI (Pursua	State of N ION OF AS ant to NJA	BESTOS	ABATI	EMENT 20)		EC	E		V	Prin
Date of Notification (1) 3/16/2017			Nam	e of Building	g Owner/	Operato	or (2)		MAR	3	1 2	017	1
Agencies Notified Type Notifical	tion			et Address									
	nent # ncy (includi	ing	Cha	State, Zip C	J. 0792	8		ASI	BEST(LIC	OS (DEN	CON	TRC	L &
DOH justificati DCA Cancella			(4) 30 pp. pp. pp. pp. pp. pp. pp. pp. pp. pp	e of Contact g Olson	t			Telen	hone Ni	ımha	r		
Name of Facility Where Abatement is Ta	king Place	(2)	FA	CILITY INF	ORMAT	ION							
Residence	KIIIY FIACE	= (3)					Type of Facilit						
Street Address						_	School (k	er 8 (Other t	han K-1	2)			
City (5)							Other (i.e etc.) Square Feet	. private & c		ial bu			
Chatham County (6)							2,168	2	0013		Bldg.	Age	
Morris			County (STATE	y Code (7) E <i>USE ONLY</i>	0	_	Current Use (P	(Prior if being demolished)					
Name of Monitoring Firm Hired by Buildir A. Seine Lighthouse Solutions	ng Owner ((8)	ASC	ASCM No. Name of Abatement Contractor (9) Brinks Tank Services									
Street Address PO Box 354			Street Address 1256 Liberty Ave										
City, State, Zip Code South Orange, N.J. 07079	outh Orange, N.J. 07079						tate, Zip Code de, N.J. 0720	5					
Project Manager for Monitoring Firm Sarah Calandra				one No. 349-2666		Teleph	one No. 62-7465	Lic	cense N	0.			
Start Date (10) 3/30/2017	Schedu 4/7/20	uled Co		Date (11)		of OSHA Monitor ine Lighthous		316					
Occupancy Status During Abatement (Che						Street A	se Solution	าร					
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of	Abate ty Hour	ment 's			РО В	ox 354 ate, Zip Code						
Scope of Work (Check All That Apply)					_		Orange, N.J	. 07079					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov: Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
Location of		s Locat Norma							, , , , ,	-	Abate	emen	t
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbesto	Desc os Contai	ription o	of terial (ACM)	Amour			1)	ре	T
TO BE ABATED In Facility (13)	7.5	todial (12)		(i.e. t	hermal sy surfacir other mis	ystems i	nsulation, or	(Special SF or L	fy	Remova	Repair	Encapsulate	Enclosure
46 (ACC)	Yes	No	N/A	311	otrier mis	cellarie	ous)			oval	air	sulate	sure
Basement		X			duct in	sulatio	on	50 sf		X			
Name of Registered Waste Hauler Newark Carting		Н	JDEP Waller ID I	53/3/3/5	Cubic Ya of Waste			Registered L		o deill			
City, State East Orange, N.J.			04509 Disposal Date 4/12/2017.				City, State	10 PM					
Completed by Ilison Lamers	Title Mana	ger			Sign	A 8	ama	gyle, PA	Date 3/16		47		

Pant For State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MAR 31 2017 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) ASBESTOS CONTROL & Date of Notification Joel Kohen 3/27/17 LICENSING Street Address Type Notification Agencies Notified Initial City, State, Zip Code FPA Amended Westville, NJ 08093 DEP Telephone Number Amendment #_ × DOL Emergency (including Name of Contact justification) Joel Kohen DOH Cancellation FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × Street Address etc.) Bldg. Age # of Floors Square Feet City (5) Current Use (Prior if being demolished) Westville County Code (7) (STATE USE ONLY) home County (6) Name of Abatement Contractor (9) Gloucester AAA LEAD PROFESSIONALS ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address 6 WHITE DOVE COURT Street Address City, State, Zip Code LAKEWOOD, NJ 08701 City, State, Zip Code License No. Telephone No. Telephone No. 1200 732-668-9078 Project Manager for Monitoring Firm Name of OSHA Monitor Scheduled Completion Date (11) AAA LEAD PROFESSIONALS Start Date (10) 3/31/17 3/29/17 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours LAKEWOOD, NJ 08701 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Mini-Enclosure Renovation Glovebag Procedure ≥3 sf or ≥3 If Demolition Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement Type Is Location Description of Normally Encapsulate Amount Asbestos Containing Material (ACM) Used Solely by Location of Removal (Specify (i.e. thermal systems insulation, Asbestos-Containing Material (ACM) Maintenance/ SF or LF) surfacing, VAT, or Custodial Staff? TO BE ABATED other miscellaneous) (12)In Facility (13)N/A No Yes 10 SF X Floor Tile X 1700 SF INTERIOR Joint Compound X INTERIOR Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. **IESI** 15 04509 NEWARK CARTING City, State Disposal Date BETHLEHEM PA 3/31/17 City, State Date

Signature

Title

OWNER

JOSEPH PERLSTEIN

NEWARK, NJ

Completed by

^{*} Do not use this form for asbestos licensure exempted activities.

														Prir	nt Fo	
CK 507			ICATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		т	ID I		C	E_	<u> </u>	7 [
Date of Notification (1) 03-27-2017				f Building Geissler		Operator	r (2)			1	MAR	3 1	20	17		
Agencies Notified Ty EPA DEP DOL	Amended Amendment #b			ddress ate, Zip Co					,	ASBE			ONT	ROL	. &	
DOH DCA	Emergency (includin justification)Cancellation	g		f Contact Geissler					Tel	lenhon	e Num	ber			*	
				LITY INFO		ON										
Name of Facility Where Aba Prvate Dwelling Street Address	tement is Taking Place	(3)					Тур	se of Facility School (K-Subchapte	12)	er than	n K-12)				
City (5)		H-G-C-C					Squ	Other (i.e. etc.) uare Feet	* 	& comr		-200115	lings,		s,	
Westfield NJ 07090 County (6)			County	Code (7)	47.000.000		N/A	Ą	N/A N/A Prior if being demolished)							
Union			(STATE I	USE ONLY)		Pri	ivate Dwel	velling							
Name of Monitoring Firm Hir Standard Environmenta		8)	ASCN	1 No.		Ama	x C	patement Co ontracting		(9)	п					
Street Address 2108 Fulton Street Su	ite 2A					Street PO I										
City, State, Zip Code Brooklyn NY 11233						200		Zip Code nd Park NJ	0742	4						
Project Manager for Monitori Kayode Adefisoye	ing Firm		Telephone No. Telephone No. 347-241-7673 973-692-6298							Licer 012	nse No 66					
Start Date (10) 04-06-2017	- 10 10 10 10 10 10 10 10 10 10 10 10 10	uled Cor	Completion Date (11) Name of OSHA Mor Amax Contracti										-			
Occupancy Status During At	patement (Check Only C															
Facility Closed/Vacated Abatement Performed Cother – Describe:	During Entire Period of Outside of Normal Facili	d of Abatement acility Hours PO BOX 734 City, State, Zip Code Woodland Park NJ 07424														
Scope of Work (Check All Th	nat Apply)					1 1000000000000000000000000000000000000										
X ≥3 sf or ≥3 lf≥160 sf or ≥260 lf	×	Renova Demoli	ation tion			×	() (ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure							
Location of		ls Locat	200		D-			ion Exompto	o () un	4 11011	1100		Abate Ty	ment		
Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACIVI)	Normally Used Solely by Maintenance/ Custodial Staff? (12)			tos Cont thermal surfa	system: cing, VA	g Material (ACM) ems insulation,		(5	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure	
Basement	Yes	No	N/A		Dino	lacula	tion		11	00 LF		Х		Ö		
Dasement		X		ripe	Insula	uUII		- 11	UU LF		Λ					
Name of Registered Waste H	Hauler		NJDEP W Hauler ID		Cubic of War			Name of	ne of Registered Landfill							
Amax Contracting LLC			6184	110.	3 CY			GROW				3,711,72=				
City, State Woodland Park NJ 074	24				- 2	sal Date	1	City, Stat		Δ						
Completed by	Z4	O4-20-2017 / Morrisville PA Title Signature Date														
Tome Maslarkov	4 (0.00.00)	iact M	anager			-grature	1	/	1)		1000000		2017			

Mar 24 2017 03:48PM NJ Asbestos Control 609.633.0664 page 1

93/24/2017 91:57PM 2013297440

ASS-41 (9-05-08)

BEST REMOVAL INC

State of New Jersey
NOTIFICATION OF ASSESTOS ASATZMENT
(Purposet to NJAC 8:60 and 12:120)

		NOT	Pur	TION O	of New Jeru P ABBERTO NJAC 8:60 a	SABATEM	ent		AS	BES	TOS	NS	NG	RC
ata of Notification (1) 3/24	117				DIANG		DUF	1	7	_ <	-	1		
pencies Notified	Type Notification		Stre	A didon	n/As			5			LV	·]	
EPA DEP DOL	Initial Amended Amended	0	Cit		\$ 0000 \$ 0000	1A	Zu.	. 07	603	11.7	E P	11/3		4
DOH	Emergency (laci justification) Carcellation	uding		ME	DIA.	ie Ho	MUd		Telephone I	Amile		_		1
- water		485		ACILI	TY INFORM	ATION	Type of	Facility (4)			-	_		٦
AND REAL PROPERTY AND REAL PRO	DIANE DIANE	H)	100	70H			D Set	1001 (K-12)	eher than K-	12)	مد بدلادا؟	hama		,
reet Address					• •			ter (i.e. priva		LEI 90	-		a, out.	-
in (5)	GOTA							000	# of Floors	_	Blog	À.	40	2
man (d)				ounty Co 24 75 Cd				Lise (Prior if		muse)	10			
360	cen	4	100	ASCM		None	A A home	SI DE	pr (9)					-
ame of Monitoring Firm)	lired by Building Own	武(1)		ASCM:	NG.			roval Inc						To-
and a defenda		-				Street Address								
irret Address						45	SO Sout	h River	Street	***************************************		_		11
ity, Strate, Zap Code			_			City, S	y, State, Zip Code							
••	igi) Salatai in teori mengapak kelamana minak termikan					Ha	Hackensack, NJ 07601 Licensa No.							
roject Manager for Monit				elepbona			201-32	29-7444	Lies	003	88			
tert Date (10) / /		Solitofilled			a (11)	1	of OSHA	Montos Invironm	ental					
3/29/	17 1		1 30	2//		Street	Address		N-12-11-1					
ocupency Steps Dering	. 150 miles Freder Stade		wast			2	80 Hu	yler Strot	72			-		
Descriptive Closed Vacco Descriptive Performer Other - Describe:	ted During Ecoles Period I Outside of Normal F B 1 200	C A AGUS	<u> </u>	= er	<u> </u>	City,	Sate, Zip South I	Code Iackense	ck, NJ 0	7606				
Scope of Work (Chenk All 2) sfor 23 if 2160 sf or 2260 if	Time Apply?		emolitic			,	Min	Containment i-Enclosure vehag Proced -Exempted (*	1955		tocada	izir		
		la	Locatio	70	- 4	Marie - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		-				Abste		
Asbesto-Containing TO RE AS In Faci	Massiel (ACM) IATED Illy	Use	Agareally of Solely sintensa todial S (12)	osi y by	(I.a. therms	Description Convairing Convairing VAT, other misodil	Maserie) (. pulstion, a or	ACM) urfleting.	Amous (Special SF or L	3	Removal	Rogeir	Encepadate	Enchoser
440		Yes	No	N/A				150000	\$S	15	×			-
BASEREDT		_			THERMAN	- Systa	M IN S	MINON	12		1	-		-
											-	-	-	-
											-	-	-	-
- Comment		1		T							1	_		
Name of Registered Wast Bost Removal I				IDEF W Save ID 171	No.	Ouble Yards of Wasse 2 &		M	ligistered L Linverva		pris	es, L	LC	
City, State				1,71	-	3/8		Chy, State Ways	esburg.			6		
Mack Baseline In						Signat			-	D	all ,		1 -	of a
Hackensack, N		Title				2000	A of	ميض	چکید		-= 1	24	1.	7

4633 CK4635 4634 CK4636	NOTIFIC	rsuant	to NJA	New Jersey SBESTOS AE AC 8:60 and 1	2:120)		R	E C E	1 20	Print	For	m 到	
Date of Notification (1)	1	Name o Provi	of Buildi dent C	ng Owner/Op Group- Kea	erator (n Prop	²⁾ perties, LL	c u				1 0		
03/03/17 Agencies Notified Type Notification		Street	Address	S				ASBESTOS	CON	170 3	IL O		
[57]	_		tate, Zip	s Avenue				LIVE	14.11.4				
Amended Amended				07083									
Amendment # Emergency (included)	ding		of Cont				T	elephone Numbe	Γ				
DOH justification)			Fade			20.00			-	_		1	
DCA Cancellation				INFORMATIO	NC	Type of Fac	sility (4)					1	
Name of Facility Where Abatement is Taking Pla	ce (3)						i (K-12)						
Kean University Freshman Residence	9 							ther than K-12)	wildings	hom	es.		
Street Address						Other etc.)	(i.e. privat	e & commercial b	Juliulings	, ,,,,,,,,		1	
1000 Morris Ave						Square Fe	et #	of Floors	Bldg.	Age			
City (5)			County Code (7) Current Use (Prior if being demolished)									4	
Union		Cour	ty Code	e (7)				being demolished	۵)				
County (6)		(STA	TE USE	ONLY)		Dorm R		1 (0)		-		+	
Union Name of Monitoring Firm Hired by Building Own	ner (8)	AS	SCM No).	Nam	e of Abateme e Enterpris	ent Contrac	ctor (a)					
Name of Monitoring Firm Hired by Building St. Health and Safety Services						et Address	65, 1110.						
Street Address					Stree	26 Delilah	^{ddress} Delilah Road						
PO Box 365					City	ty State Zin Code							
City, State, Zip Code					Ea	Egg Harbor Township, NJ 08234							
Berlin, NJ 08009		Tole	nhone	No	Tele	Telephone No.							
Project Manager for Monitoring Firm		956-452-1311 609-567-1250						01172			_	\dashv	
James Proctor	cheduled (Nar	ne of OSHA	Monitor	ions Inc					
Start Date (10)	04/07/20	17		<u> </u>		ealth & Sat	rety Serv	/ices, inc.					
03/17/2017 Occupancy Status During Abatement (Check						eet Address O Box 365							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Vacant	rind of Aba	od of Abatement											
Scope of Work (Check All That Apply)	Re X De	novatio	on n			Mini-	Enclosure	nt with Negative I					
≥160 sf or ≥260 lf						X Glove X Non-	Exempted	(*) and Non-Fria	ble Proc	edure	ment		
	T	ocation		//						Ту			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormally I Solely Intenance odial St (12)	by be	(i.e. the	Contain rmal sy surfacin	ption of ing Material (stems insulat g, VAT, or cellaneous)	(ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(.5)	Yes	No	N/A			4		1125 sf	X				
W. J. D. Ilding			X			Γile			X	+	-	1	
West Building	-		X		Tile/	'Mastic		790 sf	-	+	1	+	
West Building			X		Ca	ulking		1	X	+	+	+	
West Building	-		X	TSI 1 2				X					
Child Study		IN	JDEP V		Cubic Y	'ards		f Registered Lan	atill				
Name of Registered Waste Hauler Site Enterprises Inc.		H	Hauler II	D No. 20	of Wast 20 cy Dispos		City, St	own Landfill					
City, State	wnehin	N.I				12017	Bristo	ol, PA	Date				
6626 Delilah Road Egg Harbor To	Title				S	isbature /	20		03/0	3/20	17		
Completed by Eric Keys	OM					المل	my-				od 20	e1, ,1e	

^{*} Do not use this form for asbestos licensure exempted activities.

1)	1	Locatio	y	Description of	- man 1 manus and 600 to manus	,	Abate		
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	d Solet intenan todial S (12)	y by	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					ξÞ	
. /	Child Study			X	Carlking	1	X		_	
2<	Child Study			X	Tile mistic	4,250 SF 590 SF	X	-	-	
G	Child Stody			X	Tile mastre carpet	425sf	X		-	
(3 < 1	<u>East</u>	-	-	×	Plashing Caulking	72585	X			
() /	East	-	1	X	Tilelmastic	400 SE	X	1		H
49	North			X	Caul King		X			
(2)	Suth			LX	Tile mastiz	Swst	x	-	ļ	
(5)<	South			X	Caulking	<u> </u>	X	-	ļ	
			-	-			+		+-	-
		-		-			+-	+-		+
	The Property Section 2015 April 2		+		As the part of the		$\dot{\top}$	1	+	1
			-	-i	was and the property of the control	İ -		1		
	which the same that the same the same to t	-1				1				
	The state of the s	T T	T				T	T	T	
				-			-		_	
	The state of the s	ļ			And the second s	1			1	
									-	1
					and the particular control of the particular registration of the first of the particular registration of the particular regi				+-	+
			-				+	+	+	
	PARENT TO THE TAKE OF A PROPERTY OF THE				A CONTRACTOR OF THE CONTRACTOR		<u>.</u>	-	-	+
			-	+	AND AND THE SECOND CO. S. C.	j	- -			
			-		The state of the s				i	
		-	-	1						
								1		-
	and the second s							_		-
	and the second later and the second s			_	and the state of t		+	+		
			-				1	+	1	4-1
	in the second se			+-	1	***		1.		
							-	i -		
				-	er det betregen synchologie op de Dr. Williamske de St. Williamske				-=	
			-		TO SEED	VE IN	1	7	4	
Charles - C. W. C. C.		1	L					(51	-
					11.0	017				
					MAR 3 1 2	011				
					TOTO CON	TOOL &				

		NOT	EICAT	TON OF	f New Jers	SABATEN	//ENT	And a state of the) E C Check #,3725	巨力	M	E]
ject#		NOT	Pursu	ant to N	JAC 8:60 a	nd 12:120)	ľ	U MAN	G 1	CUI	1	7
			Nar	ne of Buil	ding Owne	r/Operator	(2)					and the same	- C
ate of Notification (1)			NJ	Depart	ment Of	Military	and	Veterans A	fair ASPEST	98 CC	NO	40L	-13
/27/2017	Type Notification		Stre	eet Addre	:SS				1_1(<u>JENSI</u>	NU		+
encies Notified	Type (totalloans)		101	1 Egge	rt Crossi	ng Rd		2010					٦
EPA	Initial Amended		City	y, State, 2	Zip Code				See 1				
DEP	Amended	t#		wrence					Telephone Numb	ner .	_		_
DOL	Emergency	(including		me of Co				1	relephone Numb				
DOH	justification Cancellation		Te									_	_
DOH DCA	Caricellatio		_	FACILIT	Y INFORM	ATION	-	-f Facility (1)					_
ame of Facility Where A	hatement is Tak	ing Place (3)	559				Тур	e of Facility (4)					
								School (K-12)	(Other than K-12)	ř			
ational Guard Arn	ЮГУ							Other (i.e. pri)	rate & commercia	l building	s, ho	mes,	
treet Address								etc.)					_
001 Park Blvd							Squ	are Feet	# of Floors	Blug	. Age		
Cherry Hill, I	NI I							1					_
Cherry Hill, I	NJ		TC	ounty Co	de (7)		Cur	rent Use (Prior	if being demolish	ed)			
County (6)			(S	TATE US	EONLY) _								
amden		- 101		ASCM N	lo.	Nam	ne of A	batement Contr	actor (9)				
Name of Monitoring Firm	n Hired by Buildir	g Owner (8)	- 1	ASCIVIT	10.			storation LL					
TI							et Add						
Street Address						100000000000000000000000000000000000000		side Rd					
253 North Church	n St							, Zip Code			*********		
City, State, Zip Code								h NJ 0786	9				
Moorestown, NJ 0	8057	0.50			Ne	Tele	phone	No.	License N	lo.			
Project Manager for Mo	nitoring Firm			elephone		- 1		-2550	01133				
			3)	356)84	0-8800	Nar	ne of (OSHA Monitor					
Start Date (10)		Schedule		pletion D	ate (11)	IRIS							
04/05/2017		04/08/2					eet Ad	drass					
Occupancy Status Duri	ing Abatement (C	heck Only On	e)				33 R						
- ::: Old0/s	sected During En	ire Period of A	batem	ent				e, Zip Code					
Abotoment Perfor	med Outside of i	Normal Facility	Hours										
Other - Describe:	occupied					- Un	ion, i	NJ 07083					
Scope of Work (Check	All That Apply)						limit.	전 성기들의	ent with Negative	Droceiin	2		
≥3 sf or ≥3 lf			enova					Full Containm Mini-Enclosure	BUI MIIII MEBAUAC	1 1000	7.		
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 lt	f		emolit	tion				Clayobag Pro	redure	ble Dene	odur	2	
					1277-1752			Non-Exempte	d (*) and Non-Fria	able Proc	Ahate	ement	
		1-	Locat	ion								ре	1
		1 1	Norma			Descrip	otion o	f					Γ
Local Asbestos-Contain	tion of	/\ Use	ed Sole		Asbesto	os Containi	ng Ma	terial (ACM)	Amount (Specify	R	71	Encapsulate	
Asbestos-Contain TO BE	ABATED		aintena todial		(i.e. t	hermal sys	tems i	nsulation, or	SF or LF)	Remova	Repair	squ	
In Fa	acility		(12)			other misc	ellane	ous)		val	=	llate	
(*	13)		Τ	1 1/4	1							0	
		Yes	No	N/A					50 LF	×			1
1 st floor			×		Windov	vs - 2pcs	s cau	iking	JU LF	-	1		+
1 50 11001											-	-	+
			-	+									
			-										1
								Managa	of Registered Land	dfill	_		1
Name of Registered	Waste Hauler		· T	NJDEP \		Cubic Ya		1		5/10			
				Hauler II) NO.	TBD	%.	G.R.C	.W.S				_
Nick Restoration	ILLU			33782		Disposal	Date	City, St	ate				
City, State	nh NI 0796	a				TBD		Tullyto	own, PA				
	ph, NJ 0786						nature	//		Date			
Completed by		Title				Joig	60	vila le	1 de	03/27/	201	7	
Elvira Mrda		Pre	sider	11.			CC	VIII NO	,				

/ 201/ US:SSFM NJ ASDEST		609	.633.(0664	pag	e 1		= (C	7 [3	1
33/27/2017 07:49AM 973	6391778								AGE	8	3/0
	**		S	tota of N	ew Jarsey			MA	R	3.1	20
MO#24219184566	NOT	IFICA (Pu	TION	ea to P	BESTOS ABA1	TEMENT	A Control of the Cont	3117	111	CF 1	20
Date of Notification (1)					g Owner/Operator (BES			
03 / 27	17_			fex Hallov	54 K K 5	-	DOL-10	CH	ICE	ENS	ING
genoiss Nothled Type Notific	noța			t Address	*E11				7		-
☐ EPA ☐ Initial ☐ Amende	_						u· ·	٠	- ['
DHSS Amends			City,	State, Zip (Code		- William	1	+		+-
DCA MEmerger	ney (Including	,	Ridge	wood, NJ	J 07450		11/	f.	i		
(NJAC 5:23-8) justificat			Name	of Contac	*	I IA	VIII Maniforde Mich	SEF.	(n		1
	mon			for Hallov					.)		
leme of Fecility Where Abetement is	Tokina Olasa	791	FA	CILITY IN	FORMATION				_		
rivate bouse	I SUNKE SINCE	[2]				Type of Facility		12111			٠,
Breet Address	- Walter	-				Subchapte	8 (Other than K-1 2	ì			
						Other (i.e.,	private and commer	clal bu	ildin	gs,	
AV (b)						Square Feet	# of Floors	181	dg. A	ugo .	_
idgewood, NJ 07450											
ounty (5)			Cour	ty Code (7)	(STATE USE ONLY)	Current Use (Prior if being demolis	shed)			-
ergen some of Monitoring Firm Hired by Bui	Iding Owner	721	ASCM	Na	Tat. ======						
7 22.	Aug Cause	(0)	agum	MG.	Name of Abatoms	ent Contractor (3)				
treet Address			-		Gr Tech LLC Street Address						
		13.			576 Valley Rd #	283					
ity, State, Z)p Code				- Investor	City, State, Zip Co	oda					
roject Manager for Monitoring firm		15.1			Wayne, NJ 0747	70					
alost tita affar in Nottoning (int		1616	phone		Telephone No.		License No.				
tert Data (10)	Scheduled C	omple	tion De	te (11)	973-638-1777 Name of OSHA N	Ingitoe	01127				
03 / 28 / 17	03			17	Envirovision Co						
Couperby Status During Abstament	(Check only	ene)		-	Street Address	NATIONAL PARTY				-	
Facility Closed/Vacated During Ent Abatement Parformed Outside of N	tire Period of	Abate	meat	22	20-21 Wagaraw	Road, Bldg J	35E				
Time of AbetementAM-	PW PW	PM		AM	City, State, Zip Co	de Transie	\$				7
cape of Work (Check all that apply)					Fair Lawn, NJ 0	7410	MAN, MANAGEMENT OF THE PARTY OF				
3 sf or >3 if > 160 sf or >280 if		novati moltic		-	Full Cont Mini-End Si Gloveope	tainment with N losure 3 Procedure	mation with regative againse Pressure Trant with Negative lon-Friable Procedur	Press			
Location of		Local Norms			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		1	-	219/11	en! T	מקע
Asbestos-Containing Material (AC)	M) Lie	d Sole	ly by	Assa	Description of the Contraction o	terial (ACM)	Amount	Rø	Re	E	E
IQ BE ABATED IN FACING		intene todial t		(1.0	., thermal systems I surfacing, VAT	nsulation.	(Specify	Removal	Repair	Encapsulate	Endours
(13)		(12)	_		piner miscellane		Siff or LF)	1	,	TIES I	20.00
	Yaa	No	N/A				-			1p	
st floor			×	Pipe insu	ulation		70 LF	X			
AAAA AAAA AAAAA											П
				-	121	200					F
	10		io		est can of the control				The same of	[bend	
ome of Registered Weste Hauler		NJO	2	Hauter 15 Rg.		Name of Rec	lessiced Landill	trand	لما	horse or the same	المحة
Tech LLC .		0	03378	35	TBD	TREP. IN					
ty, State		- volume			Disposal Date	City, State	kill.	SANCE STATE	TO STATE OF THE PARTY OF THE PA		7
yze, NJ 07470				ar G	TED	Tullytown, I	A_	2000			
Impleted By (Print or Type)	Titte				Signature /		Ds	łø			
Jeviic	Owner					whe Wana	03/	27/17			Miless

* Do not use this form for eshesses licensure exempted activities.

CK 4 4209

[[]	E	C	E		\mathbb{V}		Property of
had T							
		MAR	3	1	2017	,	1./

		(Pursuar	nt to NJA	C 8:60 and 12:12	0) [1]	I MAIL	Ĺ	UII	İ	more d		
Date of Notification (1)	 	Nar	1 4	ng Owner/Operator	(2) LEDNI	4.A. BESTOS	CON	TRO	DL 8	×		
Agencies Notified Type No. ☐ ₽A X Initia	otification	Stre	et Address	1 1		WE LIGER	ion i	<u> </u>		_		
☑ DOL Ame	nded ndment #	.	, State, Zip	Code EAM C	ITY 1	30 T.V	527	26				
☑ DOH justi	rgency (including fication) cellation		ne of Conta			Telephone Numi	oer		10.0			
				FORMATION						_		
Name of Facility Where Abatemen	t is Taking Place		ACIDIT III	·	Type of Facility	y (4)						
RESIDE		<i>i i</i>)			School (K-1							
Street Address						r 8 (Other than K-12 private & commerci		dings				
City (5)	CITI	3110			Square Feet	# of Floors		dg. A				
County (6)			unty Code (E ONLY)	7) (STATE	Current Use (P	rior if being demolis		30		_		
CAPE MA				Name of Abatem	VACI					_		
Name of Monitoring Firm Hired by (8)	Suliding Owner	ASCA	// NO.	KLEMO	•							
Street Address				Street Address 369 S	E AUE							
City, State, Zip Code .				City, State, Zip C	City, State, Zip Code MAPCE SHAPE W.J 08052							
Project Manager for Monitoring Fin	n	Telephone	No.	Telephone No.								
Start Date (10)	Scheduled Cor	npletion D	ate (11)	Name of OSHA N				8	_	=		
4-5-17	1-4-17	-1	<u> </u>		N/A.					_		
Occupancy Status During Abatemet Facility Closed/Vacated During B				Street Address								
Abatement Performed Outside o				City, State, Zip Co	ode				_	_		
Scope of Work (Check all that apply	v)									-		
	Reno	ovation olition		☐ Mini-Enc ☐ Gloveba	losure g Procedure	gative Pressure on-Friable Procedur	e					
		cation					1	bater				
Location of		olely by		Description of			_	Тур	e	_		
Asbestos-Containing Material (AC TO BE ABATED	M) Mainte Cust	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		os Containing Mate thermal systems in		Amount (Specify	R	_	Enc	m		
IN Facility	Sta (1)			surfacing, VAT, other miscellaneous	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)	-	NO N/A		outer misocianeon			val	-	late	Jre		
SIDING		X	T	RAWSITE	=		X					
										_		
								\dashv	-			
		NUDEP	Marta	Cubic Yards	Name of Regi	stered Landfill		\perp		\dashv		
Name of Registered Waste Hauler KLUMCO IWC,		Hauler IC	Nq.	of Waste	CIAL		V	1				
KLUMCO IWC, City, State		1798	74	Disposal Date	City, State	C, 8-1, 0	, ,	1		=		
MAPLE SHADE	NJ				W00	DBINE			_	_		
Completed By MICHAEL KLENM	SUP.			Signature	076	Date 5	25	-1	7	_		

CK4 4209

5 T + F		
MAR		2017
27: 1-111	10.7	61111

							the management of	AL 1	Contract part of the		
Date of Notification (1)	5-17				ing Owner/Operato	(2) H (-0-	WTRACTO	46	nUi	_ cx	
Agencies Notified	Type Notification	on	-	Street Addres							_
[] BPA	M Initial				155 RT	50					
□ DEP	Amended		-	City, State, Zip	Code	-34				-10	_
₩ DOL	Amendmen		. 1		eten fit	ID N	T 082	30			
₩ DOH	☐ Emergency justification			Name of Conta			Telephone Num			11.1	
□ DCA	Cancellation		'		RUCE		. Stophione Hulli				
					FORMATION						_
Name of Facility Where	Ahatement is Tal	ing Place	(3)	PACILITIN	TOTALION	Type of Facil	itv (4)				_
	RESIDE		(3)			School (K	1990 A 575 CO				
	KETINE	MCC					er 8 (Other than K-1.	2)			
Street Address							, private & commerci	3.5	lding:	5,	
City (5)	It MITHLE	P (117	L.		Square Feet	# of Floors	В	Idg. /		
	ICMINO	FC (4	County Code	7) (STATE		Prior if being demoli	- -	٥	_	_
	HUTIC			USE ONLY)	42 10	_ VD	CANT	arred)			
Name of Monitoring Firm	Hired by Building	Owner	AS	SCM No.	Name of Abatem		(9)				
(8) N	1H					tm co	DNC				
Street Address					Street Address 369	S. SP	RUCE AL	ť			
City, State, Zip Code					City, State, Zip C	ode			_	_	
					MAP	LE SH	ADE NIJ	0	180	15	
Project Manager for Moni	toring Firm		Teleph	one No.	Telephone No.	9-047	2 License No.	44			_
Start Date (10)	Sche	eduled Cor	npletion	n Date (11)	Name of OSHA N	Monitor ,					
4-6-17	(1 - 14	1-1)		NI	4				
Occupancy Status During	Abatement (Che	eck only or	ne)		Street Address						
☑ Facility Closed/Vacated	d During Entire P	eriod of At	oateme	nt	700						
Abatement Performed				Š	City, State, Zip Co	ode					
Other - Describe:											_
Scope of Work (Check all	that apply)					0.14.00					
1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>							egative Pressure				
≥3 sf or ≥3 lf .		☐ Reno	vation		☐ Mini-Enc	losure g Procedure					
≥160 sf or ≥260 lf		> Delik	210011	- 2+ TOANS 1 (a) T- 10 (a)			Ion-Friable Procedu	re			
		Is Loc	ation					A	bate	ment	1520
		Norm							Тут	oe .	
Location of	torial (A Chill	Used So Mainter			Description of os Containing Mate	erial (ACM)	Amount			_	
Asbestos-Containing Ma TO BE ABATE		Custo			thermal systems in		(Specify	R	-	Enc	En
IN Facility	_	Sta		1	surfacing, VAT,	or	SF or LF)	em	Repair	aps	clo
(13)		(12	2)		other miscellaneou	us)		Removal	air	Encapsulate	Enclosure
		Yes N	10 N	/A						le	æ
SIDING	-		7		MAN SIT	E	2500 SE	X			
	18										
			1								
			+								
Name of Registered Waste	Hauler		NJDE	P Waste	Cubic Yards	Name of Red	istered Landfill				
				GD No.	of Waste	1/ /	CIDM				
KLTMCO	INC		17	904_	Diseased Date	City State	CUM				_
City, State	(A)= 11	T			Disposal Date	City, State	4S HULTVIL	15			
	HADE NI	1)			Signature /	1	15	<u></u>			
Completed By WICHAEL KL	EMM Title	SUP	,		_ July	un		25	-1)	

200	E	C	E		\mathbb{W} .	BI
	브	(6)	[55	Ц		느川
lang.						1
111 .		MAR	3	1	2017	

								177 1 1977	111	1	LUI	
Date of Notification (1)	27-17			Nar	ne of Buildi	ing Owner/Operato		WTRACT	MG			
Agencies Notified	Type Notificat	noi		Stre	et Addres	ISS RI	50	ASBES	TUS JCEI			OL.
DEPA	Initial Amended		1	_			30	Account of the second of the s				_
⊠ DOL	Amendme			City	, State, Zip		O MI.	7 O87	34			
	Emergenc		g	_		RELIMFIE	CD M.				14.5	=
DS DOH	justificatio		1	Nan	ne of Conta			Telephone Nu	nber			
						UCE				-		_
	¥			F	ACILITY IN	FORMATION						
Name of Facility Where			e (3)				Type of Facilit	y (4)				
R	ESIDEN(E					School (K-		40)			
Street Address	(4)		Ŀ					r 8 (Other than K- private & commer		ildina		
							homes, etc		olal ba		1	
City (5)							Square Feet	# of Floors	. 1	3ldg.		
AU	ALON						2000		_ _	50	7	
County (6)						(7) (STATE		rior if being demo	lished)		
CAPE	MAY			US	E ONLY)		-VA	CAMIT				_
Name of Monitoring Firm	Hired by Buildin	g Owner	1	ASCA	l No.	The second secon	nent Contractor (,				
(8)	VIA		_			I _ KLE	EMCO I	NC		8		
Street Address						Street Address	020 20 20	9 2 9				
						369	S SPIEL	ICE ALE				
City, State, Zip Code		62				City, State, Zip C					_	
						MAPL	E SHAD	E M.J	08	05	_	_
Project Manager for Mor	nitoring Firm		Telep	ohone	No.	Telephone No.	2	License No.		re:		
(A) CHAR						856-77	5640-6	004	44			
Start Date (10)	Sch	neduled C	omplet	ion D	ate (11)	Name of OSHA	Monitor ,					
4-5-17		4-1	2	-1)		NIA	<u> </u>				
Occupancy Status Durin	g Abatement (Ch	neck only	one)			Street Address						
Facility Closed/Vacate	ed During Entire	Period of	Abaten	nent								_
Abatement Performed	Outside of Nom	nal Facility	/ Hours	5		City, State, Zip C	ode					
Other - Describe:								<u> </u>				
Scope of Work (Check a	II that apply)											
П. Э / Э. И	•		novatio	_		☐ Full Con		egative Pressure				
≥3 sf or ≥3 lf . ✓ ≥160 sf or ≥260 lf			nolition				g Procedure					
(S) = 100 =		45	AUSTRIA STATE			Non-Exe	empted (*) and N	on-Friable Proced	ure			
			ocation	1						Abate		â
Location o	f		rmally Solely	bv		Description of			_	Ту	De .	_
Asbestos-Containing M		Main	tenanc			tos Containing Mate	erial (ACM)	Amount			m	
TO BE ABAT	<u>ED</u>	8.755	stodial taff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rer	R	<u>S</u>	ncl
IN Facility (13)			12)			other miscellaneo		01 01 21)	Remova	Repair	Encapsulate	Enclosure
		Van	No	N/A			5.51		<u> =</u>		ate	l e
		Yes	NU			-	-		-	-	-	-
SIDIN	6			X	$\Gamma_{}$	RAWSIT	t	2000 SH	X			
	+0											
		1-1	\neg						T			
		+++	\dashv						+			
Name of Registered Wast	e Hauler	1 1	INI)FP I	Vaste	Cubic Yards	Name of Reg	stered Landfill		L		
7779				uler ID	No.	of Waste	- Trieg		11			
(CLEMICO	INC		11		24		L. M	1.C. M.U	- 64			_
City, State	120202	-	- 200 500			Disposal Date	City, State	10 12				
	ADE N						1 WOC	DBINE				
Completed By	Tit	e (,	2.0			Signature (071	Date	-7-) _ i	7	
MICHAU K	CMM_	21) P.			- Mul	VV				_	_
B-41						177						

CK 1764			oursua	nt to NJA	New Jersey BESTOS ABATE C 8:60 and 12:1:	20)	DEG	E] [
Date of Notification (1) 3/25/17	-			me of Build ustin Em	ding Owner/Operat mons	or (2)	III II MAR	3 1	20	117	
Agencies Notified Type N	lotification		Str	eet Addres	SS		100000000000000000000000000000000000000		0111		100
DEP Ame	ended endment #_ ergency (inclu-	dina		y, State, Zir entnor Ci	Code ty, NJ 08406		ASSESTO	Tren 5 4 2"	HYO		Là
X DOH _ just	ificaton) cellation	ug	Na	ame of Co stin Emm	ntact		hone Nu	mber			
					NFORMATION		_				
Name of Facility Where Abatemer Residence	nt is Taking Pl	ace (3)				Type of Fac					
Street Address						Other (i.e	ter 8 (Other than K- e., private 8 commen		uilding	IS,	
City (s) Ventnor City, NJ 08406						Square Feet	etc.)	Т	Bldg.	. Age	е
County (6) Atlantic			Co US	ounty Code SE ONLY)	e(7) (STATE		(Prior if being demo			J	
Name of Monitoring Firm Hired by (8)	Building Own	er	ASCI	M No.	Name of Abate	ment Contracto	r (9)				_
Street Address					Street Address 361 E. Flemin						_
City, State, Zip Code					City, State, Zi Hammonton,	p Code					_
Project Manager for Monitoring	Firm	Te	lephon	e No.	Telephone No. 609-481-212		License No. 00689			_	_
Start Date (10)	Scheduled	Comp	letion D	ate (11)	Name of OSHA						
4/4/17 Occupancy Status During Abateme	4/9/17	ly one			AEi2, LLC Street Address						
▼ Facility Closed/Vacated During	Entire Period	of Aba	atemen	nt	361 E. Flemi						
Abatement Performed Outside of Other - Describe:	f Normal Faci	lity Ho	urs		City, State, Zip C Hammonton,	Oode NJ 08037					
Scope of Work (Check all that appl	у)						Negative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti	tion on		☐ Mini-En ☑ Gloveba	closure ag Procedure	Non-Friable Proced	uro			
		Locat	ly		11011 27	empted () dild	The Proced		Abate Ty		t
Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	M) Ma	d Sole intena custodi Staff? (12)	nce/ al	Asbes (i.e.,	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	R e m	R e p a	Naoepa	E n c l o s
	Yes	No	N/A					a 1	r	u 1 a	u r e
Attic			X	TSI			50 LF	X		e	
				<u> </u>			-	+			
None of Decide 1997 to 17								\vdash			
Name of Registered Waste Hauler AEi2, LLC			IJDEP I lauler II		Cubic Yards of Waste	1	gistered Landfill				
City, State		<u> 12</u>	1376		1 Disposal Date	TBD City, State					
Hammonton, NJ Completed By	lwo.				TBD	TBD	1		Section 1		
Wm. Minnick	Title Progran	n Mo	r.		Signature /	hmin	Date 3/25/17				
B-41		-8	450		-11/10	WILLIAM	1 5/25/17				_

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

NOCH		(Purs	suar	it to	N.J.	A.C. 8:60 ar	nd 12:120)		/ <u>!</u>				A Company
Date of Notification	(1) 03-28-2017			Na	me of	Buildir	ng Owner / Oper	rator (2)	1 2	M/	AR 3	1 20	17_	Control Control
	Type Notific			PN	C Bar	ık	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			-				1
	·) po mouno	ation				Idress Aven	110		The same of	ASBES	TOSC	TIMOS	DOI	-
DEP	☐ Initia			City	/ Stat	e & Zi	Code		-	10000	JOEN	CIVIC	nul	_ a
⊠ DOL		nded(Shift Cl	nange) Scr	anton	, PA 1	8501		-			01110		
□ DOH □ DCA	∐ Eme	rgency	00000	Nar	ne of	Contac	ct				Tolonh			
L DCA	□ Cano	ellation		Kim	Carr-F	Property	/ Manager/Owner	Representative			COLORE	iono n	11 100	
Name of Facility Wh	ere Abateme	ent is Taking	Place	(3)	FACI	LITY II	NFORMATION							
I NO Dalik			. 1000	(0)			Type of Fa	ol (K-12)						
Street Address							☐ Subch	napter 8 (Other t	than 1/ 1	n\				
30 West Main Street							Other	(i.e. private & c	ommerci	د) al buildir	ias, hor	mes e	etc.)	
City (5)		County (6)	10	`ount	. Cod	- (7)	Square Fe	et # of F	loors	18	3ldg. A	ge	(0.)	-
West Orange, NJ		Essex	1	Journey	y Code	e (/)	3,200	2 plus	basement			78		
Name of Monitoring F	irm Uisad b						Bank	e (Prior if being		ned)				
Name of Monitoring F Health and Safety Se	rvices	y Building Ow	mer (8	3)		SCM N		batement Contr	actor (9)				-	
Street Address					11	1	Resource I	Management Gr	oup, LLC	;				
P.O. Box 365							Street Add	ress Iton Ave, Suite 2	202					
City, State & Zip Cod	е			-			City State	& Zip Code	202					
Berlin, NJ 08009						W-1-3	Trenton, N.	J 08619						
Project Manager for N Mr. Jim Proctor	lonitoring Fi	rm	Tele	phon	e Nun	nber	Telephone	Number	L	icense N	lumber			
Scheduled Start Date	(10)	chadulad Ca		452-			609-914-42	279		.00.100 11	0118			
03-29-2017		Scheduled Co	03-31	1-201	ate (1	1)		SHA Monitor						
Occupancy Status Du	ring Abatem	ent (Check o	nly or	100			Street Addr	nmental Labora	tories, in	C.				
☐ Facility Closed	d/Vacated D	uring Entire F	Period	of Al	oatem	ent	2333 Route							
Abatement Pe	errormed off	Hours.					City, State 8	& Zip Code						
Facility Occup	ied During A	Valli Abatement					Union, NJ 0	7083						
Scope of Work (Check	k all that app	oly)												
≥3 sf or ≥3 lf								☐ Full Co	ntainmer	nt with N	anativo	Droop		
23 \$1 01 23 If ≥160 sf ≥260 I	£		\boxtimes		novati			☐ Mini-Er	closure	ic saidi 14	cyalive	riess	sure	
_ 100 SI 2200 I			Ш	De	molitio	n		⊠ Glove E	Bag Proc	edures				
Loca	ation of		I o	1	4:			☐ Non-Ex	empted a	and Non-	-Friable	Proce	edur	re
Asbestos	-Containing			Loca	tion Used		Description	on of	An	nount	Aba	atemer	nt Ty	/pe
Materi	al (ACM)			olely		1	Asbestos-Co Material (A	ntaining	(Sp	ecify			T	
TO BE	ABATED		Main	tenar	nce or		(i.e., thermal	svstems	SF	or LF)	짓	77	回	Щ
	acility		Cust	odial	Staff?		insulation, surfa	cing, VAT			me	Repair	cap	clc
(13)		Yes	(12)	T 8144	1	or other misce	llaneous)			Removal	air	Encapsulat	Enclosure
Basement			res	No	N/A						-		at	e,
Succinoni			井	⊢		Pipe	Insulation & As	soc fittings	25	LF				
			+	井	H									
			님	무	1					3				
			H	+	1									
			H	님	H									
lame of Registered W	aste Hauler			NJ	DEP I		Cubic Yards	Name of Regi	otored I	1511				
Pesource Management				Ha	uler II	No.	of Waste	Ivallie of Regi	stered La	anatili				
Resource Management City, State	Group, LLC	;		003	35218		TBD	Grows Landfil	1					
renton, NJ 08619							Disposal Date TBD	City, State						\dashv
Completed By (Print or	Type)		54.0	Titl	Δ			Morrisville, PA	·					
Mr. Brian Haney	5.5 (6)			1000000	e siden	ŧ	Signature		//_		Date			
							111	01 1 7	Sol		03-28-	2017		
							1001	1112/1	11/1					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) NO CK Date of Notification (1) Name of Building Owner / Operator (2) 03-15-2017 PNC Bank MAR 2017 Agencies Notified Type Notification Street Address **EPA** 201 Penn Avenue DEP X Initial City, State & Zip Code ASBESTOS CONTROL & DOL П Amended Scranton, PA 18501 LICENSING DOH Emergency Name of Contact Tolonhone Number DCA Cancellation Kim Carr-Property Manager/Owner Representative **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PNC Bank School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 30 West Main Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 3,200 2 plus basement West Orange, NJ Essex Current Use (Prior if being demolished) Bank Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 Scheduled Start Date (10) 01185 Scheduled Completion Date (11) Name of OSHA Monitor 03-29-2017 03-31-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 9:00am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition \boxtimes Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Encapsula Maintenance or Enclosure Remova (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement Pipe Insulation & Assoc fittings 25 LF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type)

Title

President

Mr. Brian Haney

Signature

Date

03-15-2017

Charle# 13679

Date of Notification (1)		T		Building Ow		erator (2)	0/1		11 /-	10	-		
3–28–17				, Inc.				I	A E		<u> </u>		
Agencies Notified Type Notification	1		Street Add			•	_		ال ال	b [5 L	U	
▼ EPA						lge Roa	ad		7				
□ DEP	2			e, Zip Code		07645			l M	AR	31	201	7
□ Emergency				vale,	INU	07645		1 50	10.	e and a second	2 00	-01	•
DOH justification □ DCA □ Cancellatio			Name of (Contact				Lelep	hone Number	-	-		
Z DEN Z Cancellatio			FACIL	ITY INFO	RMATI	ION		1	ASBE	STOS LICE	S CC	INTE	3OL
Name of Facility Where Abatement is Taking	Place (3)		111010				ype of Facility (4)			10,5	1013	=
75 Chestnut Ridge Road													
Street Address										uildino	s hon	nes etc	-)
75 Chestnut Ridge Road							52 104003100 1040040-14004				00.100-00.000		,
City (5)							quare Feet 5,000	# of !	Floors 3		dg. Ag		
Montvale County (6)			County Co	oda (7)			urrent Use (Prior	if hains			0yr	S.	
Bergen				SE ONLY)		1	acant	ii being	demonshed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No			Abatement Contra	actor (9)					-
Whotestone Associates,							uth Envir		ntal Co).,I	nc.		
Street Address						Street Add	Iress			•			-
1500 Manor Drive						923 Ha	aws Avenu	e					
City, State, Zip Code							e, Zip Code	agreement and					
Chalfont, PA 18914						Norris	stown, PA	1940	01				
Project Manager for Monitoring Firm			Telephone	e No.		Telephone			License No.				
Jeremy Hassett				712-270	00		39–9920		00398				
Start Date (10)	05 47						OSHA Monitor						
	-25-17 4-7- upancy Status During Abatement (Check Only One)					Street Add	uth Envir	conme	ntal Co).,I	nc.		
							aws Avenu	10					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Normal	eriod of Abai al Facility Ho	tement					e, Zip Code						
☐ Other – Describe:					_		stown, PA	194	01				
Scope of Work (Check All That Apply)									-				_
≥3 sf or ≥3 lf	XD R	Renovat	ion			苔	Full Containme	nt with N	legative Pres	sure			
≥160 sf or ≥260 lf		Demolit					Mini-Enclosure	:	5				
						2	Glovebag Proce Non-Exempted		Non-Friable	Proced	ure		
	1	Locat	ion									ement	
Location of	100	Normal	Market Section 1		De	scription of					Ty	ype	
Asbestos-Containing Material (ACM)		ed Sole aintena			tos Cont	aining Mate	erial (ACM)		mount			(II)	
TO BE ABATED In Facility		todial :	Staff?	(i.e. then		ems insulati VAT, or	ion, surfacing,		or LF)	Remova	Repair	ncar	Encl
(13)		(12)				miscellaneo	us)		, ,,,	oval	air	Encapsulate	Enclosure
	Yes	No	N/A									te	(0
1st floor		х		VAT 8	& mas	stic		750	SF	х			
Basement & first floor		x		cera	nic t	tile &	mastic	2,0	40 SF	х			
Roof	х			roof	flas	shing		180	SF	х			
Exterior	x						barrier	10,	300 SF	x			
Name of Registered Waste Hauler		1	NJDEP W		90.74.0000000000000000000000000000000000	Yards	Name of	Registere	ed Landfill			-	
Newark Carting		1	Hauler ID 4509	N0.	of Wa	ste 5	Mine	rva 1	Landfil	1			
City, State					Dispo	sal Date	City, Stat	te		-			
Newark, NJ					(0000000000000000000000000000000000000	7–17	2000		rg, OH				
Completed by	Title					Signature	1 10/1/1			ite			
James Kelly	Pre	side	ent			Some	1 KUW	5	3	-28	-17		
						(1		1					
ASB-41 (R-06-08)						\ / * [Do not use this fo	rm for as	bestos licens	ure ex	empte	d activ	ities

Ch 2987	NOT	(Pursu	TION OF uant to I	of New Jersey ASBESTOS NJAC 8:60 and	ABATEN 1 12:120)			MAR S		01	<u>5</u>		
Date of Notification (1) 3/23/2017 Check #2987		Nar St	me of Bu John	ilding Owner/C The Baptist	perator Church	(2) /BOE								
Agencies Notified Type Notification			eet Addr 39 And	ess erson Avent	ie		and the same of th	ASE	ESTOS LICE	S CON	ITF G	(OL	&	
EPA Initial Amended		City	y, State,	Zip Code			i as sex im			despressive seri	-			
DOL Amendment #_ Emergency (inc	luding		me of C					Telep	hone Nu	mber				
DOH justification) DCA Cancellation		0.9922		Gamba							2		77 Mary	_
	(6)		FACILI	TY INFORMAT	ION	Type of F	acility (4)							7
Name of Facility Where Abatement is Taking F St John the Baptist- School- Street Address	Place (3)					Sch	ool (K-12) chapter 8 er (i.e. priv	(Other	than K-1	I2) cial build	ling	s, ho	mes,	
239 Anderson Avenue						etc.)		Floors			Age		\dashv
City (5) Fairview, NJ											_			
County (6)			ounty Co	ode (7) SE ONLY)		Schoo	Use (Prior	it bein	g demons	sileu/				
BERGEN Name of Monitoring Firm Hired by Building Over	wner (8)		ASCM I	No.		e of Abater	nent Contr		9)					
Name of Monitoring Firm Hired by Building Of N/A	Wiler (e)						Corpora	ation						-
Street Address						t Address 69th Str	reet							
City, State, Zip Code					City,	State, Zip	Code NJ 0709	93						
f Maribaing Firm		T	elephon	e No.	-	ohone No.	110 07 01		License					
Project Manager for Monitoring Firm						e of OSHA			01074					-
Start Date (10)	Scheduled 3/25/17	Comp	oletion D	ate (11)	- 1000000000000000000000000000000000000	e of OSHA me as ab								
3/25/17 Occupancy Status During Abatement (Check)			Stree	et Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	ateme	ent		City,	State, Zip	Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enovat emolitic			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc									
		Location ormali		8	Descript	ion of				-	_	Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Solel ntenar odial S (12)	ly by nce/ Staff?	Asbestos C (i.e. then	ontainin mal syste urfacing.	g Material ems insula	(ACM) tion,	(Amount Specify F or LF)	Neurova	Domoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A		ailina :	alastar			2 SF		-		х	
Bathroom-Old Cafeteria		Х		100	eiling p	Plaster			2SF				Х	
Classroom-1st Grade	X			elling i	laster									
11			+-											
Name of Registered Waste Hauler Freehold Carting		H	NJDEP V Hauler II 15939	O No. of	-			erlan	tered Lar d Landf					
City, State Freehold. NJ		,		D	isposal [City, Sta Newbu		PA	Date		i		
Completed by Gina Betances	Title Office	е Ма	anager		Signa	ature B	hua	5_		3/22		017		

1	1-	\wedge	11		
Y	19)	(V	7	
1	11	-	1	1	
Proje	ert#				

(Check#	Comment of the Comment	EC	П	7.7	F	-
Check#		15 W	U	W	C	1
Check#	11	oder observed to be the second	 ***************************************	III TORRESON		
	Check	(#			1	

Project #		- 8			to NJAC				11	C	heck:	#				
					2603747-120024721		ontractical and contraction					MΑ	R :	31	201	7
Date of Notification (1)			- 1		of Building			311378		The state of the s	N.				-01	g .
03/27/2017						nt Of N	Military	an	d veteran	s Affa	ir 🔔					
Agencies Notified Type	Notification				Address		Б.			1	ASI	BES				ROL
	Initial				ggert Cr		g Rd				-		N.E.	NSI	VG_	-
DEP DOL	Amended Amendment #_4	2			ate, Zip Co nce NJ	ae								٠		
	Emergency (inc	luding	_		of Contact				-	* I To	lephon	e Num	her			
	justification) Cancellation			ed e	ii Contact					. 1 10	iepiion	e Iquii	Dei			
		-		T T	ILITY INFO	ORMAT	ION			•				-	-	
Name of Facility Where Abatem	nent is Taking P	lace (3	3)					Ty	oe of Facility	(4)						
National Guard Armory								П	School (K	-12)						
Street Address				2,000					Subchapte	er 8 (Oth					o,	
2001 Park Blvd									Other (i.e. etc.)	private	& com	mercia	build	dings	hom	es,
City (5)								Sq	uare Feet	# 0	of Floor	s	В	lldg. A	lge	
Cherry Hill, NJ																
County (6)					Code (7)			Cu	rrent Use (P	ior if be	ing der	molish	ed)			
Camden				STATE	USE ONLY)	-										
Name of Monitoring Firm Hired	by Building Owi	ner (8))	ASC	И No.		Name	of A	batement Co	ntracto	r (9)					
TTI									toration L	LC.						
Street Address							Street									
1253 North Church St									side Rd							
City, State, Zip Code							City, S	State	Zip Code							
Moorestown, NJ 08057					*)				n NJ 078	369						
Project Manager for Monitoring	Firm			Telepho	ne No. 40-8800		Teleph				1	nse No	١.			
Start Data (10)	e (10) Schedule)	973-9				011:	33				
03/30/2017							IRIS	or U	SHA Monito							
	/2017 04/10/2 ancy Status During Abatement (Check Only On						Street	٨٨٨	ronn			-				
		1 67 750		2222 DT 22												
Facility Closed/Vacated Du Abatement Performed Out				ment												
Other - Describe: OCCU				Union, NJ 07083												
Scope of Work (Check All That	Apply)						TOTHOL	1, 14	3 07 000				-			
≥3 sf or ≥3 lf	1		Renovat	ion					ull Containn	ont wit	h Moar	tivo D	000111			
≥160 sf or ≥260 lf			Demoliti					1	/lini-Enclosu	re		idve i i	coou			
									Slovebag Pro Non-Exempte			Calabi	. D			
							-	4 1	ion-Exemple	u () ar	d Non-	Friabi			ement	
			Location Normall												ре	
Location of Asbestos-Containing Materia	al (ACM)	Use	d Solel	y by	Asbest		scription taining N		ial (ACM)	,	Amount					
TO BE ABATED	,		intenan todial S			therma	l systems	s ins	ulation,	(Specify		Re	Z Z	Encapsulate	Enclosure
in Facility (13)	In Facility Custodial Staff?						icing, VA miscellar			S	F or LF)	Remova	Repair	psu	losi
	(13)								7				a	-	late	re
D.:I D	No	N/A														
Boiler Room	×		pipe in	sulati	on			45 LF	=		×					
Boiler Room	×		boiler ir	nsulat	ion			320L	F		×					
Restroom/ Shower	×		TSI 205 LF X													
Name of Registered Waste Hauler NJD					MT0000000	100000000000000000000000000000000000000	Yards		Name of	Registe	ered La	ndfill				
Nick Restoration LLC 33782					No.	of Wa	ste		G.R.O.							
City, State			133	0102			sal Date		City, Sta	0.101.00000			-			
Randolph, NJ 0	7869					TBD	Jai Jaic		Tullyto		Δ					
Completed by	Τ.	Title					Signature	2,00		1.		Date	9			
Elvira Mrda	F	resid	dent				6	6/	11/01	Mi	de	1		017		
								12/	1161/	20 6		1-000				

Date of Notification (1) 03/15/2017				of Building (Veterans	Affair	W/	IR (1	201	7
Agencies Notified Type Notificat	ion		Street /	Address Eggert Cro			Totolans		BES	TOS			OL
DEP X Amender Amendm	ent #1		City, St	ate, Zip Co				The second secon			-	VO_	59
DOH justificati		3	Name o	of Contact				Telepho	ne Niii	mber			
Name of Facility Where Abatement is Ta	king Place ((3)	FAC	ILITY INFO	RMATION		ne of Facility	(4)			10.0		
National Guard Armory							School (K-	27:540 corosa					
Street Address 2001 Park Ave						×	Subchapte Other (i.e. etc.)	r 8 (Other that private & con	n K-1: nmerci	2) al bui	ldings	, hom	ies,
City (5) Cherry Hill, NJ						Squ	uare Feet	# of Floo	rs	E	Bldg.	Age	
County (6) Camden				Code (7) USE ONLY)	-	Cur	rent Use (Pr	ior if being de	molish	ned)			
Name of Monitoring Firm Hired by Buildin TTI	ng Owner (8))	ASCI	M No.			patement Co storation L						
Street Address 1253 North Church St			Alma - W		10 838	treet Addr '2 Brook	ress side Rd						
City, State, Zip Code Moorestown, NJ 08057							Zip Code h, NJ 0786	 39					
Project Manager for Monitoring Firm			Telepho (856)8	ne No. 340-8800	T	elephone 973)933	No.		nse N	0.			
Start Date (10) DATE TO DETERMINED	TE TO DETERMINED						SHA Monitor				52-2-11		
Facility Closed/Vacated During Entire	Eupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Ho				Ci	treet Addr 333 Rt 2 ity, State, Jnion, N	22 Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Constitution of the last of		nolition Mini-E Glove					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				e.	
Location of	100000	Locat	10000000		Dogoria	otion of					Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	Asbestos Conta (i.e. thermal surfac other m			ng Materia	lation,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure	
Boiler Room	No X	N/A pipe insula			ulation		45 LF		x				
Boiler Room		Х			pipe ins			320 LF		x			
Restroom/Shower		Х			TS	SI		205 LF		x			
Name of Registered Waste Hauler		N	NJDEP Waste Cut			de	Non-	Domint-					
Nick Restoration LLC		Н	auler ID I 3782	No.	Cubic Yards of Waste TBD Name of Registered Landfill G.R.O.W.S								
City, State Randolph, NJ					Disposal D	ate	City, State			s-0:=-			
Completed by Elvira Mrda	pleted by Title					ture (8/1/01)	Lucio		Date 03/	e 15/2	017		ALLY IA

Data of Natification (1)						5 6.60 and									
Date of Notification (1) 02/24/2017						g Owner/C Militarily		r (2) /eterans <i>A</i>	Affair	MA	IR 3	1 2	2017	New Act of the land	
Agencies Notified	Type Notification				Address				The state of the s	1				-	
M EPA	× Initial					Crossing	Rd			ASBES	TOS	CON	ITRO	18.10	
DEP X DOL	Amended Amendmen	+ #t			tate, Zip C	Code J 08648					TICE!	18 IN	<u> </u>		
_	Emergency	(includin	g		of Contac					T =					
DOH DCA	justification) Cancellation			Ted					-	Teleph	one Ni	mher			
Name of Facility Where A	batement is Takir	ng Place	(3)	FAC	ILITY INF	FORWATI	ON	Tune of Fe	-11t- / //						
National Guard Arm	ory	ig i idoo	(0)					Type of Fa							
Street Address								x Subc	ol (K-12) hapter 8	(Other th	nan K-1	2)			
2001 Park Blvd								Other etc.)	(i.e. pri	vate & co	mmerc	ial bui	Idings	, hom	ies,
City (5) Cherry Hill, NJ					-			Square Fe	et	# of Flo	ors		Bldg.	Age	
County (6) Camden				County (STATE	Code (7) USE ONL	Y)		Current Us	e (Prior	if being o	lemolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.	I		of Abateme Restorati							
Street Address							11.11.05.162	Address	OII LLC						
1253 North Church S	St							rookside l	Rd						
City, State, Zip Code Moorestown, NJ 080)57							tate, Zip Co lolph, NJ							
Project Manager for Monit	oject Manager for Monitoring Firm							ione No.		Lic	ense N	lo.			
0 5							973-9	933-2550		01	133				
Start Date (10) 03/15/2017		03/30/	2017	mpletion	Date (11)		Name IRIS	of OSHA Mo	onitor						
Occupancy Status During	Abatement (Chec	k Only O	ne)					Address							
Facility Closed/Vacat Abatement Performe Other – Describe: 00	d Outside of Norm	Period of nal Facilit	Abaten y Hours	nent s			City, S	RT 22 tate, Zip Coo				-			
Scope of Work (Check All							Unio	n, NJ 070	83						
≥3 sf or ≥3 If	ттат Арріу)	ाज .	_	122			X Full Contains								
≥ 25 st of ≥5 ft ≥ 260 lf		factories.	Renova Demolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		Is	Locati	ion				I WOII-EXE	inplea () and ivo	n-Friad	T Pro		e ement	
Location of			Normal	ly		Desc	cription	of						pe	
Asbestos-Containing N TO BE ABAT	faterial (ACM)		ed Sole aintenai		Asbes	stos Conta	ining M	aterial (ACN	1)	Amou	1000	_		ш	
In Facility		Cus	todial S (12)	Staff?	(i.e.	surfaci	ng. VA	insulation, r, or		(Speci SF or L		Remova	Repair	псар	inclo
(13)			(.2)			other mi	scellan	eous)			20.	oval	bair	Encapsulate	Enclosure
		Yes	No	N/A										te	, to
Boiler Roo			X			pipe ii	nsulat	ion		45 LF	=	x			
Boiler Roo			Х			boiler	insula	tion		3208	F	x			
Restroom Sh	Restroom Shower x						TSI			205 L	F	х			
ame of Degistered Mestalla															
Nick Restoration LLC				JDEP W auler ID 3782		of Waste		1 00000	e of Reg	gistered L S	andfill.				
City, State Randolph, NJ 07869					201	Disposa	I Date		State ytown,	DΔ					
Completed by		Title				Sin	nature	10.00	50 W		Dat	Α.			
Completed by Title Elvira Mrda President						0.9	Pli	ura l	Wido	Ł	0.000	.e /24/2	017		

Date of Notification (1) 03/24/2017		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)										<u>V</u>	inter E	
03/24/2017										MAH	3	1	2017	
Agencies Notified Type Notification	1			Address	Develop	ment,	LLU	'	-				1 700 (70)	
	5			ord Street	et				and the same of th	ASBEST	OS	COI NSIN	VIR	JL 8
X EPA		ŀ	City, St	ate, Zip C	ode				1	L	VL.	(OII)	40	
DOL Amendmen			Fair H	Haven, I	NJ 0770	4			= 16				27	110
☑ DOH ☐ Emergency justification		'	Name o	of Contact					Tele	phone Nun	nber			
DCA Cancellation	n		Al Sa	nbade			as o							
Name of Facility Where Abatement is Takin	na Place (3/	FAC	ILITY INF	ORMATIO	NC	Type	of Facility (4)					
134 3rd Street	ng Flace (3)					Гуре		41 6 0 930					
Street Address				-			H	School (K-1 Subchapter		r than K ₌ 12	1			
134 3rd Street							X	Other (i.e. p				ldings	, hom	es,
City (5)		-						etc.) are Feet	# of	Floors		Bldg. A	Age	-
Fair Haven							Sque		77 011	. 10013		25+	·9°	
County (6)				Code (7)			Curre	ent Use (Pric	or if bein	g demolish				
Monmouth			(STATE	USE ONLY	n	 >	Ho							
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	И No.	T	Name	of Aba	atement Con	tractor (9)				
Health and Safety Services		100				Site	Ente	rprises, In	C.					
Street Address						Street					1			
PO Box 365								ilah Road						
City, State, Zip Code Berlin, NJ 08009						2.00		Zip Code	nin NI	1,00004				
Project Manager for Monitoring Firm			Telepho	ne No	-	Teleph		or Townsl						
James Proctor			(E	52-131	1		567-		- 5	License No 01172).			
Start Date (10)	Schedul	ed Cor		Date (11)				HA Monitor		01172			_	
04/07/2017	04/17/			, ,				Safety Se	rvices,	Inc.				
Occupancy Status During Abatement (Chec	ck Only Or	ne)				Street Address						C -1223		100
Facility Closed/Vacated During Entire	Period of	Abaten	nent			PO Box 365								
Abatement Performed Outside of Norr Other – Describe: Vacant	mal Facility	/ Hours	3			City, State, Zip Code								
						Berli	n, N.	J 08009						
Scope of Work (Check All That Apply)	_					K	7							
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		Renova Demolit				X	Min	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				·a	
	le	Locati	on						7 3110		, , ,		ement	
Location of	1	Normal	ly	=	Desc	cription	of					Ту	ре	
Asbestos-Containing Material (ACM)		d Sole intenar			tos Conta	ining M	lateria			ount	_		щ	П
TO BE ABATED In Facility	417 (1997)	todial S		(i.e.	thermal s. surfaci	ng, VA	T, or	ation,		ecify or LF)	Remova	Rep	Encapsulate	Enclosure
(13)		(12)			other mi	scellan	eous)			50 50	ova	Repair	sula	unsc
	Yes	No	N/A										te	ιĐ
Throughout			Х		Tra	ansite			238	34 sf	х			
Floor			X		Tile 8	& Mas	tic		19	2 sf	х			
Throughout			Х		Pip	oe TSI	l		50) If	Х			
Name of Registered Waste Hauler		30.0	JDEP W		Cubic Y			Name of R	Registere	ed Landfill				
Site Enterprises Inc		11 3000			of Wast 20 cy	е		Tullytow	n Lan	dfill				
one Emerphase inc.									20 cy Tullytown Landfill Disposal Date City, State					

Completed by

Eric Keys

Title

OM

Date

03/24/2017

Signature



DECEIVED MAR 3 1 2017

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator ASBESTOS CONTROL & 0 3 8 1 ATLANTIC HEALTHCARE SYSTEMS LICENSING Agencies Notified Type of Notification Street Address USEPA Initial 99 BEAUVIOR AVENUE X DEP Amended X DOL Amendment #1 City, State, Zip Code Emergency SUMMIT, NJ 07901 X DOH Cancelation DCA Name of Contact Telephone Number MARTIN MANFREDO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility) School (K-12) OVERLOOK HOSPITAL) Sub-Chapter 8 (Other than K-12) Street Address (X) Other (I.e. private & Commercial buildings, homes, etc.) 99 BEAUVOIR AVENUE SF of Bldg. # Floor Age of Bldg. City County Code County 1000000 13 State use Only Current Use (prior if being demolished) SUMMIT, NJ Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor Partner Engineering and Science ACM CONSULTING CORP. Street Address Street Address 611 Industrial Way West 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code Eatontown, NJ 07724 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor 10 2017 2017 30 EMSL ANALYTICAL Month Day Year | Month Day Year Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 7:30PM TO 3:30AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition Full Containment with Negative Pressure >3sf or >3lf Mini-Enclosure ≥ 160sf or ≥ 260lf Glovebag Procedure Renovation Non-Friable Procedure Is Location Normally Describtion of Amount to be Abatement Type Location of ACM Facility Used by Custodial Staff ACM to be Removed Yes (Specify SF/LF) N/A Removed Rem. Rep. 2nd Floor Mechanical Room Chase PIPE INSULATION 750LF Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill TRI-STATE TRANSFER ASSOC., INC. SW1896 MINERVA ENTERPRISES, INC TBD City, State Disposal Date City, State of Registered Landfill BRONX, NY TBD WAYNESBURG, OHIO Completed By (Print or Type) Title Signature Date Anita Smolar GENERAL MANAGER 3/28/2017

MAR 3 1 2017 2 1 5 5 9 ASBESTOS CONTROL &		W		6)_[D	
ASBESTOS CONTROL &	biological district	2017	3 1	MAR			
LICENSING)L &	NTRO	55 08 CC	21 BEST	ASI	4	

Ch 31559		NOTI			OF ASE		R 3	1 2	017	Decimal and the state of the state			
Date of Notification (1) 03 / 28 /	17				of Building	1000000000	ner/Operator (2	2)	1 2	15	59		
Agencies Notified Type Noti	ication			Street	Address				ASBES	TOS LICEN	CON	IKC)L &
⊠ EPA ☐ Initial	ication				Box 9				-	-IOEI	IOIIA	3	
☑ DOLWD ☐ Amend	ed				a a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a s					7.00			
12 Table 1 Tab	ment #				state, Zip C		20222						
☐ DCA ☐ Emerg		cluding			nasquan,		08736						
(NJAC 5:23-8) justific					of Contact				Telephone Num	ber			
☐ Cance	lation			Line	da					92			
				FAC	CILITY IN	FOR	RMATION		2				
Name of Facility Where Abatement i	Taking	Place	(3)			ACTUAL		(4)					
Residence								School (K-12		20			
Street Address								3 (Other than K-12 rivate and comme		ildina			
								homes, etc.)		ICIAI DE	numg	5,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	je	
Spring Lake								1500 sf	1	100	65		
County (6)				Coun	ty Code (7	(STA	TE USE ONLY)	Current Use (Pr	ior if being demoli:	shed)			
Monmouth						(2)		Residence	35				
Name of Monitoring Firm Hired by B	ilding (Owner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
Guardian Contracting, Inc.	9		,					ntracting, Inc.					
Street Address				- 1			eet Address	ra do arrig, mor		-315		- 97	-
1889 Route 9, Unit 61							889 Route 9	Unit 61					
City, State, Zip Code	1.001.677						, State, Zip Co	-		_			
Toms River, NJ 08755	nume utilities vilking energy energy energy energy							New Jersey 08	755				
Project Manager for Monitoring Firm			Tolo	phone	No		ephone No.	ivew sersey oo	License No.				
Nicholas Fernicola				32-349			32-349-9932	,	00624				
Start Date (10)	Cohor	lulad C			S 14		me of OSHA M		00624				
				tion Da		V111005.611							
			00===	_ / -			.M.S.L. Ana	iyticai					
Occupancy Status During Abatemen							eet Address						
☐ Facility Closed/Vacated During E					0.094	1	056 Stelton						
Abatement Performed Outside of Time of Abatement:AM						City	, State, Zip Co	ode					
		V1/			CIVI	P	iscataway, I	New Jersey 08	854				
Scope of Work (Check all that apply)							П				10111		
		П Ве	novat	on			☐ Mini-Enc	tainment with Neg losure	gative Pressure				
☐ ≥160 sf or ≥260 lf		⊠ De						g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
		1.52	Loca	0.00				ax .		Ab	atem	ent T	уре
Location of	>N.4\		Norma d Sole	ely by	Aaba	ataa	Description of		Americat	Re	Re	E	E
Asbestos-Containing Material (Al <u>TO BE ABATED</u>	JIVI)	Ma	intena	nce/			Containing Ma rmal systems		Amount (Specify	Removal	Repair	cap	clo
IN Facility		Cust		Staff?		S	surfacing, VAT	, or	SF or LF)	\var_a	~	Encapsulate	Enclosure
(13)		· · ·	(12)	1 21/0	1	oth	her miscellane	ous)				ate	(D
		Yes	No	N/A									
basement			\boxtimes		asbesto	s pi	ipe insulatio	n	200 If				
			П							In			П
											Ш	Ц	Ш
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						Cub Wa	oic Yards of	Name of Regis	stered Landfill				
Guardian Contracting, Inc.			'	20223		5		T.R.R.F.					
City, State							posal Date	City, State					
Toms River, New Jersey						4	/11/17	Tullytown,	Pennsylvania			,	
Completed By (Print or Type)	Title	9					Signature	//	D	ate		P. C.	
Nicholas Fernicola								1.tu	1	3/	28	11)



n	=1	C	E	n	\mathbb{V}	E	M
	100	MAR	3	4	2017		

				T				find become	111			1
Date of Notification (1) 03 /	28 /	17		Name of Building Owner/Operator (2) Jacobs Demolition ASBESTOS CO								
												电台
Agencies Notified EPA	Type Notifica	ation			Address Box 9				LICEN	SIIÃ	Ż	
⊠ DOLWD	☐ Amended	į.				<u> </u>				+ *	91 3	
⊠ DOH	Amendme			1000	State, Zip (
DCA	☐ Emergen		g	3751135555		, NJ 08736						
(NJAC 5:23-8)	justification	on)		Name	of Contac	at		Telephone Nun	nber			
	☐ Cancellat	ion		Lin	da							
	0.5			FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is T	aking Plac	e (3)				Type of Facility (8.5				
Residence							☐ School (K-12) ☐ Subchapter 8		2)			
Street Address	l						Other (i.e., pri			ilding	S,	
City (5)	X-23111 (902-24						Square Feet	# of Floors	RI	dg. A	10	_
Spring Lake							800 sf	1		39. A	je	
County (6)				Cour	ty Code (7)(STATE USE ONLY)						
Monmouth			39	Oour	ity code (I NOTATE OUE ONET	Residence	or it being darinor	iisiicu)			
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No	Name of Abateme			- 00-			
Than or mornioning t init	mod by build	ing Omio	(0)	7100111	110.		ntracting, Inc.					
Street Address						Street Address	3,					
						1889 Route 9), Unit 61					
City, State, Zip Code						City, State, Zip Co	NAME OF TAXABLE PARTY.					
							New Jersey 087	755				
Project Manager for Monit	oring Firm		Te	ephone	No.	Telephone No.		License No.				
						732-349-9932	2	00624				
Start Date (10)	S	cheduled	Compl	etion Da	te (11)	Name of OSHA N	Monitor					-
04 /07 /	17	04	/ _1	0 /	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (0	Check only	one)			Street Address						
□ Facility Closed/Vacated	d During Entir	e Period o	f Abat	ement		1056 Stelton						
☐ Abatement Performed						City, State, Zip Co	ode					
Time of Abatement:	AM	PM/	PN	1	AM	Piscataway,	New Jersey 088	354				
Scope of Work (Check all	that apply)											
☐ >3 sf or >3 lf		Пв	enova	tion		☐ Full Con ☐ Mini-End	tainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			emolit				g Procedure					
				***************************************		Non-Exe	mpted (*) and Nor	n-Friable Proced	ure			
			s Loca				6474		Ab	atem	ent T	ype
Location of Asbestos-Containing M		ı\ Us	Norm ed So	ally lely by	Ach	Description of estos Containing Ma		Amount	Re	Re	En	E
TO BE ABA		M	ainten	ance/		e., thermal systems		Amount (Specify	Removal	Repair	cap	Enclosure
IN Facility	у	Cu	stodia (12	Staff?	, , ,	surfacing, VAT	, or	SF or LF)	val	~	Encapsulate	sure
(13)		Yes	1	T	1	other miscellane	eous)	*			ate	
avtariar				1000000	16			4075 -6				
exterior					aspest	os siding		1375 sf				
		, D									Ш	
					Waste	Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contracting, Inc.					D No. 3	Waste 3	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New Je	rsey					04/11/17	Tullytown,	Pennsylvania	i i			
Completed By (Print or Ty	pe)	Title				Signature	// //		Date /	8	1	
Completed By (Print or Type) Title Nicholas Fernicola Project Ma							- 1		3/	28	11	7

CK#3127

(Fridg)

	L	1	\mathbb{V}	L	
III MAF	1 3	1	2017	1	U

Date of Notification (1)		Na	me of Bu	uilding Own	er/Operator	(2)	10	U MAR 3	1 20	1/		7
3 2 9 1 7 Agencies Notified Type Notification		Str	+11CM reet Addi	ress ,	Desi	CICI	100	ASBESTOS	CONT	ROL	8	
Agencies Notified Specific S	uding	. \ <	Spr in ante of S	Santact		2W	Serse	LICEN	ISING			
and the same of th	era (2)		FACILI	TY INFORM	MOTTAR	Туре	of Facility (4)					
Name of Facility Where Abatement is Taking Pl HICKMAN RESIDENCE Street Address	nes (a)						School (K-12) Subchapier 8 Other (i.e. priv etc.)	(Other than K-12) rate & commercial	DENGIN			
City (5)						Squa	re Faal	# of Floors		9. Age) +	£)	
Socios Cake			County Co	oda (7)		Curr	00 ent Use (Prior	if being demolish				
County (6)		16	STATE US	SE ONLY) _		TZ	esidenc	2				
Mon mw +h Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.		e of Ab	atement Confi	račtor (9)				
			<u> </u>			et Addre	lation Co., l	1111.				
Street Address							ose Rd					
City, State, Zip Code			The second second second second				Zip Code ck, New Jel	rcan				
		. 1	- Telephon	e No		phone f		License N	0 -			
Project Manager for Monitoring Firm		1			73:	2 294	1757	00029				
(Obdit Moto (1997	\$			Date (11)	i Nan	ne of Oi	SHA Monitor					
Occupancy Status During Abatement (Check	4 14 Only Oak				Stre	et Addi	ess					10-22
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A	batem Hours	ent		City	, Siate,	Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Surremets/5	enova emolit				-	fini-Enclosure				3	
) to	Local	ion				2		government of	Anate	:meni pe	Ĺ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Vorma d Sole intena	dly ely by ance/ Staff?	(i.e. t	Descrip os Containir hermal syst surfacing, other misce	ig Mate ems ins VAT, o	rulation.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	NYA	-	\ \ \			315	17			+-
0 x-icr.oc			-	f.repli	ace) +1	ash:	9	00 CF	13	-		1
exterior		<u> </u>	1	Bidio	g(w/V)	inyl)	1400 中	12	-	1	+
	-		- 1 1	 				r ·	1		-	
Name of Registered Waste Haufer Ace Insulation Co., Inc.	1	Ì	NJDEP 1 Hauler II 12086		Cubic Yar of Waste	2_		Registered Land	17/1			
City, State Colts Neck, New Jersey			-		Disposat 6	1 0	Eastor	1, PH	Date (- i		
	Titla				2000000	MO 3 9 5 9 5 PM	7		如	. /		

9736286978

									-		9 L	-
Date of Notification (A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	Name of Building Owner/Operator (2) Shingles									- N	
Agency Notified	03/27/17 Type Notification											
x EPA	Initial				t Addre	sses 3 22 West				MA	AR :	3 1
X DEP	xx Amended	1								92000		
X DOL	Amended #	L			State,	Zip e NJ 07092						
X DOH DCA	Emergency (i Justification)		g		e of Co			Ibana Numb	AS AS	BES	TOS	CO
50.1	Cancellation			Gil	e or co	maci	1		.21		LICE	NSIN
			E	Act to the same	TV INI	FORMATION	J					
Name of Facility When	e Δ hatement is	Takin			11 1111	FORMATION	Type of Facil	liny (4)				
Shingles	e Abatement is	I anii	g ria	(2)			School (K					
Street Addresses								r 8 (Other than	(K-12)			
1490 Rt. US 22 West							v Other (i.e.	e. private & cor	nmercia	Bui	ding	.
	NI 07002		_				Square Feet	# of Floors	Bldg.	_		·
City(5) Mountainside	NJ 07092						500SF	# 01 110013	Blug.	Age		
County (6) Union			Count	y Code	(7) (ST	ATE USE	Current Use	(Prior if being	demolis	hed)		
			ONLY									
Name of Monitoring Fir	m Hired by Buil	ding (Owner	ASC	M No.	Name of A	batement Cor	ntractor (9)				
(8)\- IRIS Environmen						Pezo Inc						
Street Address					- 124	Street Addre	ess:					
2333 Route 22 West						4 Beaverbro	ook Rd., #150	1				
City, State, Zip Code						City, State,						
Union NJ 07083							k, NJ 07035					
Project Manager for Mo	nitoring Firm	Tel	ephone	No.		Telephone		License 1	No			
Rick	- Managaran (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					973-628-782		01141				
Start Date (10)						Name of O	SHA Monitor	r		7.50E(1)		
03/28/17	03/31/1		340,000			IRIS Enviro	nmental Lab	oratories, LLC				
Occupancy Status Durin	ng Abatement (C	heck o	nly o	ne)		Street Addre	ess				7.000	
x Facility Closed/Vacat						2333 Route	22 West	24,000				
Abatement Perform					rs	City, State,	Zip Code					
Other -Describe						Union NJ (2.75.73.20			
Scope of Work (Check al	l apply)		72 (1954)				ment with Negat	tive Press	ure			
				(Val)	7.50		Mini-Enclos					
> 3 sf or > 3 lf				7.5	enovation		Glovebag P	07000	dura			
xx > 160 sf or > 260 lf		1	Locat		emolition	XX	Non-Exer	npted (*) and No		baten		-
T!	- 6		Normal			Description	of	1	1.		ype	
Location			101121111111111							_	т	$\overline{}$
Asbestos-Containing m		200,000,00	ed Sole	0.00		os Containing M		Amount (Specify	Remova	Repair	Encapsul	Enclosu
TO BE ABA			aintena Custod		(1.0.,	thermal system Surfacing, VA		SF or LF)	lo i	Dair	ap	olos
IN Facil	ity	'	Staff			Other miscella	and the same of th	51 0. 51)	va a	1.	sul	Sure
(13)			(12)			0	,			1	late	
								1				
		Yes	No	N/A	1							
House		-	x	_	Side S	Shingles		500	x	1	1	
House			A-	-	Dide 5	, miligies				+	+	
										+	+	-
										+-	-	\vdash
									10 11			
Name of registered Wi	ame of registered Waste Hauler NJDEP Waste H					Cubic Yards	of Name of	Registered Lan	dfield			
Pezo Inc. CS 6224						Waste	Waste M	lanagement of I	ennsylv	ania		
City Ptata			-			Disposal Date	City, Sta	te				
City, State	15					Dispusai Dati		le Pennsylvani	ia			
Lincoln Park, NJ 0703 Completed by	Title	-				Signarure 1/	/	Data				-
Tom Pezic	V. Preside	ent				Signa (III)	eug					-
1 0111 1 0410							U					

CK# 7964

	E	C	E		V	Frint Form
N		MAR	3	1	2017	

			V			10111011111111111			12	l bal	WITHIT C			15	STREET, ST.	
Date of Notification (1)	117		1000	Name of PSE&C	Building (Owner/O	perator	(2)		ASE	ESTOS	CON	TRO	1 & 10		
	Type Notification		100	Street Ac	dress	ROAL	·····		-	AUL	LICE	VSIN	Ġ			
□ DEP	Initial Amended		(City, Stat	te, Zip Co	de					-					
× DOL	Amendment # Emergency (ir		_		H PLAIN	IFIELD	, NJ 0	7080	<u> </u>							
Ŭ DOH DCA	justification) Cancellation	icidaling	ı		Contact	1 Д Т	= 0	4		Teles	nhona Nim					
	ouridonation				ITY INFO			/ 3			- 					
Name of Facility Where A	batement is Taking	Place (3)						_	of Facility	dustrii.						
Street Address	-							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home								
237 US	Hwy	22					Other (i.e. etc.)	private &	commercia				ıs,			
City (5) Dan EL								12000	re Feet	and the second	Floors	B	dg. A	ge		
County (6)	LCCN			County C	ode (7)				ent Use (Pri		A demolish	- 1	A			
	LESEX				ISE ONLY)		_		Sw;		7. 0.25		01	ر		
Name of Monitoring Firm	Hired by Building O			ASCM				of Aba	atement Co	ntractor (9)					
ENVIRONMENTAL	TACTICS			0045			Street		SYSTEM	IS OF A	INIERICA	1				
Street Address 64 BROAD STREET	-								EHEAD	AVE.						
City, State, Zip Code									Zip Code	100000						
MATAWAN, NJ 0774			Telephor	ne No		Teleph		RIVER, N.	J 08882	License N	n					
TOM GEIGER	roject Manager for Monitoring Firm OM GEIGER						732-				01111					
Start Date (10)	1,7	Schedule	//	pletion [HA Monitor SYSTEM		MERICA	Α				
Occupancy Status During	Abatement (Check	Only One		///			Street									
Facility Closed/Vaca									EHEAD	AVE.						
Abatement Performe Other – Describe:			Hours			_			Zip Code RIVER, N	J 08882	2					
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf			enova				Full Containment with Negative Pressure									
2160 sf or ≥260 lf			emoliti	on				GI	ni-Enclosur ovebag Pro	cedure	83					
		Т					<u> </u>	No.	on-Exempte	ed (*) and	Non-Friab		Procedure Abatement			
			Location or mall			D								pe		
Location Asbestos-Containing		Used	Solei	ly by		os Cont		/lateria	al (ACM)	1	nount			Щ	Е	
TO BE ABA		2000	odial S	20.5	(i.e.	thermal surfa	cing, VA	T, or			oecify or .F)	Remova	Repair	caps	Enclosure	
(13)		-	(12)	1		other n	niscellar	neous)	E			oval	air	Encapsulate	sure	
		Yes	No	N/A			Some	Λ.		,						
OUT DOO	RS		\times		TR	JNS,	16	<i>Y</i> :	P5	60	OLE	X				
												-				
Name of Registered Was	te Hauler		N	JDEP W	laste	Cubic	Yards		Name of	Register	ec Landfill					
WASTE MANAGEME	Н	auler ID 125		of Wa	ste		The contract of the contract o	VS NOF								
City, State ELIZABETH, NJ						Dispos	sal Date		City, Sta MORR	ite RISVILL	E PA					
Completed by		Title					Signatur	е	.1	•		ite	, C	1		
CAROL RAIMO	CE MANAGER Caral Lau					ma 3/30/17										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Date of Notification (1) Name of Building Owner/Operator (2) 06/29/16 Cooper University Hospital Month/Day/Year Agency Notified Type Notification Street Address ASBESTOS CONTROL X EPA Initial One Cooper Plaza LICENSING X DEP Notification City, State, Zip Code X DCA Amended Camden NJ 08103 X DOH Notification Name of Contact Telephone Number Cancellation Mark Elberfeld 215-271-1449 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cooper Hospital- Kelemen Bldg School (K12) Subchapter 8 (Other than K12) Street Address Other (i. e. Private & commercial One Cooper Plaza buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 50,000 4 Camden (STATE USE ONLY) Current Use (Prior if being demolished) Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Labs Associated Specialty Contracting Inc Street Address Street Address 3370 Progress Drive 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Glen Mills, PA 19342 Project Manager of Monitoring Firm Telephone Number Telephone Number Mike Panpresso Licence Number 215-244-1300 610-364-9622 1103 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 06/29/15 12/31/17 Criterion Labs Month/Day/Year Month/Dav/Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 3370 Progress Dr Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: ___ 7:00 AM to 3:30 PM Bensalem, PA 19020 Other - Describe: 4:00 PM to 12:30AM Scope of work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure >3 sf or >3 if Glovebag Procedure >160 sf or >260 lf Non-Friable Procedure Is Abatement Type Location of Location Description of Asbestos - Containing E E Normally Asbestos-Containing Amount R N N Material (ACM) Used Material (ACM) (Specify E TO BE ABATED R C C Solely (ie. Thermal systems SF or M E A L In Facility by Maininsulation, surfacing, VAT, LF) 0 P P 0 (13)tenance/ or other miscellaneous) V A S S Custodial A U 1 U Staff (12) L R L Yes No Pharmacy 2nd floor floor tile and mastic 4564 SF x 3rd FI OR x floor tile and mastic 1542 SF x 2nd Fl Enabling x floor mastic 1345 SF 2nd Fl Enabling floor tile 830 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Horizon Disposal 40 GROWS City, State Disposal Date City, State Trenton NJ As req. Morrisville PA Completed By (Print or Type) Title Signature Date Mark Goshow

Project Manager

ABS-41 JUN 95