Date of Notification (1) 01 / 15 /	14					g Owner/Operator (niversity-Office		Constructio	? n			
Agencies Notified Type Notifi	cation				t Address						_	
⊠ EPA ⊠ Initial	oation				Elm Dr.		MA	D = 4 an-	1/			
☑ DOLWD ☑ Amende	ed			100000	State, Zip C		- Wifi	$H - 4 20^{\circ}$	14			
□ DHSS Amenda					-				7			
□ DCA □ Emerge		cludin	g		nceton, N		1	r _	1=1-2			
(NJAC 5:23-8) justifica					of Contact bert Orte			li.				
- Sancen	ation	-	7 4	1		IFORMATION				-		
Name of Facility Where Abatement is	Taking	Place	(3)	10	CILITIIN	TORMATION	Type of Facility (4)				5177.4
Princeton University-Fireston			(0)				School (K-12)	100				
Street Address		,					Subchapter 8	(Other than K				
Washington Rd				9			Other (i.e., pri	ivate and com	mercial b	ouildir	gs,	
City (5)		_					Square Feet	# of Floors	Te	lda .	\00	23/11/
Princeton						a a	Oquale i eet	# 011 10015	,	Bldg. /	ige	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pric	or if boing dom	nolished)			
MERCER				Jour	ny oode (r	MOTATE OOL ONET)	Library	or it being dem	iolisilea)			
Name of Monitoring Firm Hired by Bu	ilding O	wner	(8)	ASCM	No	Name of Abateme						
ATC Associates Inc.	ildilig O	, will Ci	(0)	0009		I consider the contract of the contract	VIRONMENTAL	INC				
Street Address		1		000		Street Address	VIRONIVIENTAL	., INC.				
Three Terri Center						1123 BEAVE	POTPEET					
City, State, Zip Code												
Burlington, NJ 08016						City, State, Zip Co BRISTOL, PA						
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.	•			
Michael Keehn		œ.	-	09-386		215-788-6040		00509				
Start Date (10)2 / 5 / 14		uled C		etion Da	- TO 1000 1000	Name of OSHA M	lonitor VIRONMENTAL	INC		- 10 = 10		
Occupancy Status During Abatement	(Check	only				Street Address		,				
☐ Facility Closed/Vacated During En			- 50	ment		1123 BEAVER	CTDEET					
☐ Abatement Performed Outside of N					cribe	City, State, Zip Co			F107-159-1-1-1-1-1			
Time of Abatement: 6:30AM-3:00	PM/3:0	00PM	11:3	DAM	1.1	BRISTOL, PA						
Scope of Work (Check all that apply)	426,	2/2	19	2/28/	74	BRISTOL, TA	13007			-		
		П.		ů.			ainment with Nega	ative Pressure				
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if		-	novat	2000		Mini-Encl Glovebag						
				• • • • • • • • • • • • • • • • • • • •		☐ Non-Exer	mpted (*) and Non	-Friable Proce	edure			
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Location of			Norma	illy ely by		Description of			70	Z	m	m
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(13)		Yes	(12) No	N/A	1	other miscellaned	ous)				ate	(D
Throughout Levels C, B and A		<u>⊠</u>			Floortile	e and mastic		71,198 SF				
Throughout Levels C, B and A		\boxtimes			Pipe Ins	sulation		4,660 SF				
Throughout Levels B and A						ompound		24,690 SF	_	+	H	
Throughout Level B				 -	Pipe Fit			20 LF			H	
Name of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Registe					
SERVICE TRANSPORT GROU	P INC			lauler ID		Waste	G.R.O.W.S.		NDFII I			
City, State				20990		Diameted Date	0.000/0.000/0.000/0.000/0.000		1011111			
NEW CASTLE, DE						Disposal Date	City, State MORRISVIL	LE. PA 1906	57			
Completed By (Print or Type)	Title	-			1	Signature			Date	-		
Brian Scafiro		timat	or			Brian	Scafiro	1:0	2/2	6/1	4	
ASB-41 MAY 11 B 5/4003-A	* D	o not	use th	is form	for ashesto	os licensure exempl	6	17				

☑ EPA ☑ DOLWD ☑ DHSS ☑ DCA (NJAC 5:23-8)	Type Notificatio	14		I P	rinceton	11-1				V.	73
☑ EPA ☑ DOLWD ☑ DHSS ☑ DCA (NJAC 5:23-8)	Type Notificatio						of Design and	Construction			
☑ DOLWD ☑ DHSS ☑ DCA (NJAC 5:23-8)	☑ Initial	n			et Address			13 cm			
☑ DHSS ☑ DCA (NJAC 5:23-8)	⊠ Initial ☐ Amended			2	00 Elm Di	г.		MAR - 4	20	14	
(NJAC 5:23-8)	Amendment	#2-2/1	2/14		, State, Zip						
	☐ Emergency	(includi		. Р		NJ 08544		tea 1			
	justification) Cancellation			100000000	ne of Conta		294	Telephone Num	ber-	i4. ~	
	☐ Cancellation				obert Ort					ř	
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Princeton							Square Feet	# of Floors	TE	Bldg. /	Age
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ame of Monitoring Firm H ATC Associates Inc.	illed by Building	Owner	r (8)	ASC			nent Contractor (9)				-277
reet Address				000	98	BRISTOL EN	VIRONMENTAL	., INC.			
	823					Street Address				700	
Three Terri Center	-					1123 BEAVE	R STREET				
ty, State, Zip Code	e.					City, State, Zip C					
Burlington, NJ 08016						BRISTOL, PA	A 19007				
oject Manager for Monito	ring Firm		100000	elephone		Telephone No.		License No.			
Michael Keehn					6-8800	215-788-6040		00509			
art Date (10) 2 / 5 /					ate (11)	Name of OSHA N					
				4_ /		BRISTOL EN	VIRONMENTAL	, INC.			
ccupancy Status During A						Street Address					
Facility Closed/Vacated Abatement Performed O	During Entire Po	eriod of	Aba	tement		1123 BEAVE	R STREET				
Time of Abatement: 6:3	OAM-3:00PM/	ıı Facılı F	ty mo PM-	urs - De	scribe	City, State, Zip Co					
			_		·	BRISTOL, PA	19007				
ope of Work (Check all th	at apply)					⊠ E.··II Coo	4-i in At				
≥3 sf or ≥3 lf		⊠ Re	enova	ation		⊠ Mini-Enc	tainment with Nega closure	itive Pressure			
≥160 sf or ≥260 lf			emoli	tion			g Procedure				
		T 1		-41	т	☐ Non-Exe	mpted (*) and Non-	-Friable Procedur	е		
Location of		- 8	s Loc Norm			D			At	atem	ent 7
Asbestos-Containing Ma		Use	ed So	lely by	Asbe	Description of stos Containing Ma		Amount	Re	Re	5
TO BE ABATE IN Facility	<u>:D</u>			ance/ I Staff?		, thermal systems	insulation,	(Specify	Removal	Repair	cap
(13)			(12]	surfacing, VAT, other miscellane	or ous)	SF or LF)	<u>a</u>		Encapsulate
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oughout Levels C. B			-						+	П	Ш
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roughout Levels B ar roughout Level B ne of Registered Waste H ERVICE TRANSPORT				20990		Disposal Date	City, State				
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roughout Levels B ar roughout Level B ne of Registered Waste H ERVICE TRANSPORT	T GROUP INC			20990		Signature		Date	e 1/	,	
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Date of Notification (1)		***	Na	me of Buildi	ing Owner/Operator	(2)				_		
01 / 15 /	14				University-Office		Const	uction	- r-	$\overline{}$		
Agencies Notified Type Notific ☐ EPA ☐ Initial	ation		St	reet Address 200 Elm Di	3	1 1	2	-		1	_	
☑ DOLWD ☑ Amende	d									,		
☑ DHSS Amendm ☑ DCA ☐ Emerger	ent #1-1/		6 1	y, State, Zip Princeton,	NJ 08544	MAR	- 4	2014				
(NJAC 5:23-8) justificati		m.A	Na	me of Conta	act		Teleph	none Num	her	-+		
☐ Cancella	tion			Robert Ort	ega		1 . 0.00	15	001	-		
Name of Easility Milhors About			- 1	FACILITY I	INFORMATION		. I					
Name of Facility Where Abatement is Princeton University-Firestone						Type of Facility						
Street Address	Library					School (K-12 Subchapter 8		6han V 40				
Washington Rd						Other (i.e., pr	rivate an	d comme	i) rcial b	uildin	gs,	
City (5)		-				homes, etc.)						
Princeton	*					Square Feet	# OT F	loors	8	lidg. A	√ge	
County (6)			C	ounty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if beir	na demolis	shed)		-	-
MERCER					•	Library			,			
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASC	M No.	Name of Abateme							_
ATC Associates Inc.			00	0098		VIRONMENTAI						
Street Address					Street Address							
Three Terri Center					1123 BEAVE	R STREET						
City, State, Zip Code					City, State, Zip Co	ode				-		
Burlington, NJ 08016					BRISTOL, PA	19007						
Project Manager for Monitoring Firm	179	Te	elepho	ne No.	Telephone No.		Licen	se No.	_			
Michael Keehn			100000000000000000000000000000000000000	86-8800	215-788-6040		00	509				
Start Date (10) (OFF SITE UNTIL) 2/5/14	scheduled 4	85		Date (11) / 14	Name of OSHA M BRISTOL EN	onitor VIRONMENTAL	INC					
Occupancy Status During Abatement (0	Check only	one)			Street Address		-,					
☐ Facility Closed/Vacated During Entir					1123 BEAVER	RSTREET						
Abatement Performed Outside of No Time of Abatement: 7:00AM-3:30P	rmal Faci	ity Ho PM-	urs - D A	escribe M	City, State, Zip Co				-			-
Scope of Work (Check all that apply)		_		"· 	BRISTOL, PA	19007						
					☑ Fuli Cont	ainment with Neg	ative Pre	essure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enova emoli			Mini-Encl Mini-En	osure						
⊠ ≥160 si 0i ≥200 ii		emon	uon		☑ Glovebag ☐ Non-Exer	Procedure npted (*) and Nor	-Frishle	Procedur				
i		s Loc	ation	T		1		. 1000001	_	atom.	ent T	
Location of		Norm	ally lely by		Description of					_		<u> </u>
Asbestos-Containing Material (ACM) TO BE ABATED			ance/	7900	stos Containing Mat		35,170.51	ount	em	Repair	2	nc
IN Facility	Cu		Staff) (1.6	 thermal systems is surfacing, VAT, 			ecify or LF)	Remova	1	ps	Enclosure
(13)	Van	(12	_	\exists	other miscellaned		· ·	,	-		Encapsulate	6
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Throughout Level B			吉	Pipe Fit					×			
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SERVICE TRANSPORT GROUP	INC			ID No.	Waste	G.R.O.W.S.			-0.0			
			2099	00	Diameter D. 1		NORT	LANUF	166			
City, State NEW CASTLE, DE					Disposal Date	City, State		4000-				
	Title				I Stand	MORRISVIL	LE, PA	19067				
Brian Scafiro	Estima	tor			Signature	Serli.	1:0	Dat	/3	1//	4	
\SB-41		-			John /	- pro	The		/_	/		

* Do not use this form for ashestos licensure exempted activities

Cl# 2543

Date of Notification (1)		-		Nam	e of Buildi	ng Owner/Operator ((2)					=	
_01 / _1	5 / 1	4				University-Office		Constru	ction	ļ.		1	
☑ EPA 1452	ype Notification Initial Amended Amendment			Stree 20	et Address 0 Elm Dr State, Zip			AR - 4		_		1	
	Emergency (na		4	NJ 08544	0 935						
(NJAC 5:23-8)	justification)		8	Nam	e of Conta	nd		Telepho	ne Numbe	er e		$\frac{1}{t}$	_
] Cancellation			Ro	bert Ort	ega		1	_	4	-	i	
No				F	CILITY	NFORMATION				_		_	
Name of Facility Where Aba Princeton University-			≫ (3)				Type of Facility School (K-12)	2)					
Street Address Washington Rd							Subchapter (i.e., phomes, etc.)	rivate and	commerci	ial b	uildin	98,	
City (5) Princeton						9	Square Feet	# of Flo	oors	BI	ldg. A	ge	
County (6) MERCER				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior If being	demolish	ed)			
Name of Monitoring Firm Hir ATC Associates Inc.	ed by Building	Owner	(8)	ASCN 000		Name of Abateme	ent Contractor (9) VIRONMENTA						
Street Address Three Terri Center						Street Address 1123 BEAVE					_		
City, State, Zip Code Burlington, NJ 08016						City, State, Zip Co BRISTOL, PA	ode			-			-
Project Manager for Monitori	ng Firm	*****	Tel	ephone	No.	Telephone No.	19007	License	a No		_		
Michael Keehn	V		6	09-38(5-8800	215-788-6040		0050					
Start Date (10)1 /30 /1	5000		100		ate (11) 14	Name of OSHA M	onitor VIRONMENTA	LINC			-		
Occupancy Status During Ab						Street Address	· · · · · · · · · · · · · · · · · · ·	-, 1110.					
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou					scribe	1123 BEAVER							
Time of Abatement: 7:00	AM- <u>3:30</u> PW/_		M	AM		BRISTOL, PA	377-376	ia .					
Scope of Work (Check all tha	t apply)					☑ Full Conta	ainment with Neg	ative Pres	sure				
≥3 sf or ≥3 ff ☑ ≥160 sf or ≥260 ff		D 00	enovat emoliti	on		☑ Mini-End ☑ Glovebag	osure						
Location of		117.5	s Local Norma							Ab	atem	ent T	уре
Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Use	ed Sok aintena stodial (12) No	ely by		Description of estos Containing Mat e., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Throughout Levels C, B	and A	×			Floortil	e and mastic		71,198	BSF	X		П	
hroughout Levels C, B		×			Pipe In	sulation		4,660		×			6
hroughout Levels B and	I A	×			Joint C	ompound		24,690	SF	X			
hroughout Level B		×			Pipe Fit	ttings		20 L	F	×			
ame of Registered Waste Ha SERVICE TRANSPORT			H	JDEP V auler IC 20990	No.	Cubic Yards of Waste	Name of Regist G.R.O.W.S.						
ity, State NEW CASTLE, DE						Disposal Date	City, State MORRISVIL	LE, PA 1	9067				
ompleted By (Print or Type) Brian Scafiro	Title	stimat	tor			Signature	belia /	-0	Date		5/	14	,
B-41						John Jo	you /	<u></u>		/	1		_



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2/26/14 Decaldas Brothers, LLC Agencies Notified Type Notification Street Address 11 Pine Street **EPA** Initial × City, State, Zip Code DEP Amended DOL Amendment # Kearny, NJ 07032 Emergency (including Name of Contact Telenhor DOH justification) Fernando Decalda DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 11 Pine Street × etc.) City (5) Square Feet # of Floors Bldg. Age Kearny County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 1141 Rt. 23 City, State, Zip Code City, State, Zip Code Wayne NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 9736289500 00408 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/7/14 Enviro Vision Con Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd. Bldg #34a Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fairlawn, NJ 07470 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × X ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe Insulation 6 LF X Basement X 10 SF X **Duct Insulation** Basement X Vinyl Floor Tile 178 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste J.R. Contracting & Environmental Consulting G.R.O.W.S 17819 City, State Disposal Date City_State Morrisville, PA Wayne NJ 07470 Completed by Title Signature Date

Project Manager

Jerry Bijelonic

2/26/14

MO#14-86	14/12400	3	(P	ursuant	to NJAC 8	3:60 and	1 12:120))	1 - 2				77	_	
Date of Notification (1) 2/24/14		in the second		Name of Josh N	f Building (⁄Ierrill	Owner/C	perator	(2)					# 1 1	1	
Agencies Notified	Type Notification			Street A 197 12	ddress 2th Stree	et				MAR	- 4 2	014			
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	Emergency	(including	_		Ridge, N	NJ 070	75	_		Tele	nhone-N	umbari		1	
DOH DCA	justification) Cancellation			Josh N					4	ı				Í	
Name of Facility Where	Ahatement is Takin	n Place (3	8)	FACI	LITY INFO	RMATI	ON	Tv	pe of Facility (4)					1
House	ADDICTION IS TURN	ig i lace (c	,,					П	School (K-1						
Street Address 448 Marlboro Road								×	Subchapter Other (i.e. p	8 (Othe			dings,	home	es,
City (5) Wood-Ridge, NJ 07	7075							Sq N/	uare Feet	# of N/A	Floors		Bldg. A	ge	
County (6) Bergen				County (Code (7) USE ONLY)			53555	rrent Use (Pri	or if beir	ng demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.				batement Cor atement, In		(9)				
Street Address							Street	Add							
City, State, Zip Code							City, S	State	, Zip Code NJ 07512					-	
Project Manager for Mor	itoring Firm	19 at 19	- 1	Telepho	ne No.		Teleph			Т	License	No.			
	550								-8685		#0067	5			
Start Date (10) 3/07/14		3/08/1	4	npletion I	Date (11)				SHA Monitor atement, In	c.					
Occupancy Status Durin	58	15	88				Street 11 R		ress engren Aver	1110			93.	997	
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr					84.1	City, S	tate	, Zip Code NJ 07512						
Scope of Work (Check A	II That Apply)					-	1010	wa,	, 143 07312						
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D&S Abatement, Inc	.			20996	140.	TBD	316		Waste		gement	of PA	-		
City, State Totowa, NJ						Dispos TBD	sal Date		City, Stat						
Completed by Deanna Brkusanin	.0	Title Proje	ect Ma	anager		S	Signature	e cu	wa Rell	well		Date 2/24/1	4		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Type Notific			Build:	-	r/Operator	(2)	75 10					
Type Notific								1	1	, -		_
	ation		Addres		r Road	1.	lus			1	1	7
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	1.6	Name of	Conta	ct		Telephone	Number	-			/	
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			FACILI	TY INFOR	RMATION			100		125000	J	
ere Abatement	is Takir	g Plac	e (3)			Type of Facili	ty (4)					
						[]Subchapt	er 8 (Othe	r tha	in K	-12)		
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Firm hired by	Building	g ASCN	4 No.								-00-00	
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ode							12			-		
Monitoring F		1000	Numbe	1.1	- T						er	
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	[] EMERGENG [] Cancell: dere Abatement der	County County Firm hired by Building Telegraph of the (10) Sched. Comp 3-12-1 Year Month Buring Abatement (Check. Cosed/Vacated During Enterth of the Cost (Cost) (C	County (6) Esse County	Notification	Notification []EMERGENCY []Cancellation FACILITY INFORMATION STATE Firm hired by Building ASCM No. Nam AND Str Str Str Str Str AND FACILITY INFORMATION FACILITY	Notification Name of Contact David Isabel	Notification Name of Contact David Isabel	Notification Name of Contact David Isabel Palebone Number David Isabel Takengency Sancalistic David Isabel Type of Facility (4) [] School (K-12) [] Subchaper 8 (Other (3) Subchaper 8 (Other (3) Subchaper 8 (Other (3) Subchaper 8 (Other (4) Subchaper 8 (Other (4)	Notification [Notification Name of Contact David Isabel	Notification [Notification [



* Emergency *

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 3944

Date of Notification (1) 2/27/14					Building C Interlant				* * *							
Agencies Notified	Type Notification		-	Street Ac	idress					14 a	1	7 1				7
EPA DEP DOL	Initial Amended Amendment Emergency		_ [!	Haddo	te, Zip Coon		08035		į	M. Tolo	AR -	- 4	201	4		
DOH DCA	justification) Cancellation		100	Name of Gloria	Contact				*	Line						
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	LITY INFO	RMAT	TON	Type	of Facility (4	1)	(CO)	++4	1	- N		
Gloria Interlante Pri		3							School (K-12	2)						
Street Address 420 3rd Ave								×	Subchapter Other (i.e. poetc.)				build	ings,	home	es,
City (5) Haddon Heights NJ	08035				=60 75000			Squar 1000	re Feet)+	# of 2	Floors			dg. A	ge	
County (6) Camden	•			County C STATE U	ode (7) ISE ONLY)			Curre	nt Use (Prio	r if bein	g demo	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.		10.000	of Aba	tement Con	tractor ((9)					
Street Address								Addres			+		, a 1, ta			
City, State, Zip Code	1)						City, S	State, Z	ip Code n NJ 080	91	+-					
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Telepi	hone N 753-9	0.	- 1	Licens					
Start Date (10) 2/28/14	· _	Scheduled	d Com	pletion [Date (11)			of OSI	HA Monitor							
Occupancy Status Durin	g Abatement (Chec		e)					Addres	SS		-					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	batem Hours	ent			City, S	State, Z	ip Code				134		:=:	
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	The state of the s	enovat					Mir	ll Containme ni-Enclosure ovebag Prod n-Exempted	edure					е	
	¥1		ocatio								314125557				ement pe	:
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		+				1										
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United Containers				2459		2			G.R.O.\							
City, State Elm NJ					3/3/	osal Date 14	9	City, State Morrisv		1906	67				11	
Completed by Anthony T Perna		Title Presid	dent				Signatur	e	1			Date 2/2	7/14	ŀ		

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursua	nt to	NJAC 8:	60-7	and 12	:120-7)	103			, .			
Date of Notificatio	n (1)	18		f Build scill			perator	(2)				- 1	7]
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Name of Facility Wh	nere Abatement	is Takir	g Pla	300000000000000000000000000000000000000	111 114	I Older	1	Type of Faci	lity (4)	\top				
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Name of Monitoring	Firm hired by	Building	ASC	M No.	\perp			ment Contract						_
Owner (8) N/A						AZT	ECH M	IANAGEMEN	T, Inc.					
Street Address							Addres Chris	s stopher S	t.					
City, State, Zip C	ode		-					Zip Code Lr, NJ 07	042					
Project Manager fo	or Monitoring H		lephon	e Numbe	er		one Num	ber 1-8800		Licens 003			er	
Scheduled Start Da	te (10) Sch	red. Comp		Date ((11)	Name o	of OSHA	Monitor						
3-13-14		3-15-	-14			N/A								
Month Day Occupancy Status I	uring Abatemer	nt (Check	Day	one)		Street	t Addres	ss						
of Abatem														
	Performed Outs scribe:«OffHou			Facilit	Y	City,	State,	Zip Code						
[]other - De	scribe: «Other	Occupancy	y Desc	ript»				Section 2						
Scope of Work (Che	eck all that a	pply)	-25500				[]Full	Containment	with Negativ	re Pres	ssu	ce		
[X]>3 sf	or ≥3 lf			ovation			[]Mini	-Enclosure						
[] <u>></u> 160 s:	f or <u>></u> 260 lf	1	[]Dem	olition				ebag Procedur Friable Proce				0.000		
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AZTECH MAN		רוער		ID No.		Waste		G.R.O.						
City, State Montclair, 1	NJ 07042					sposal 3-17		Morris	ville, P.	A 19	06	7		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification		-						wner / Operato	r (2)			75000000000		e e		
	02-27-2014			Wood Street				er Mall			_	WAF	- 1	1 2	014	
Agencies Notified EPA	Type Notific	cation						ter Drive								
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□ DOL	Ame Date	ended (1st)New S	tart	Wood	dbrid	dge	e, NJ (07095		ä	no me			\$ #K()		
□ DOH	☐ Eme	ergency cellation		Name				••				Tel	ephor	e N	ımh	er
☐ DCA	L Can	Cellation				11111		heiko								
					CILI	T	/ INFO	RMATION							- 100	
Name of Facility W Woodbridge Cent		nent is Taking Pl	ace ((3)				Type of Facil								
Street Address								Subchap	ter 8 (Other than K-	12)					
250 Woodbridge Cen	nter Drive							_ ·	•	ate & commer	cial buil				etc.)	
								Square Feet		# of Floors		Bld	g. Age			
City (5)		County (6)	Co	unty	Code	e (7)	315,90		2	· 1 . IV			40		
Woodbridge, NJ (07095	Middlesex								f being demol	ished)					
Name of Manageria	- Firm I line d	hu Duilding Our	ar /0		TAG	00	M No.	Shopping M		t Contractor (9	0)			-		-
Name of Monitoring Criterion Labora			er (o)	A.	30	W NO.			ement Group						
Street Address	uto1103, III	· .		-		_		Street Addres	17.7							
3370 Progress I	Drive, Suit	e J								e, Suite 202						
City, State & Zip Co								City, State & Trenton, NJ								
Bensalem, Pa. 1 Project Manager fo		Eirm	Tolo	phone	Nh	mh)Or	Telephone N			Licens	e Nur	nher			
Mr. Mike Paner	0.75		- 0	-244				Brian Haney			Liouno		0118	5		
Scheduled Start Da		Scheduled Con				-		Name of OSI	HA Mo	nitor						
03-18-20				-2014				J&S Enviror	nment	al Laboratori	es Inc					
Occupancy Status	During Abat	ement (Check or	nly o.	ne)				Street Addre								
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≥160 sf ≥26	OU II		Ш	Dei	HOII	uoi			H	Non-Exempt			riable	Pro	ced	ure
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	tos-Containi			mally		d		Asbestos-Cor			(Specif		П		_	
	terial (ACM) BE ABATED			olely ntenar		or		Material (A (i.e., thermal s			SF or LF	-)	Re	æ	Encapsulate	E
	in Facility	2		odial			i	nsulation, surfa					Remova	Repair	psu	Enclsoure
	(13)			(12)				or other miscel	laneou	is)			l a	=	ılate	ure
			Yes	No	N/	/A					10.15		54			
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Space #1060							Associa	ted pipe fittings			10 Tota	<u> </u>	A	片	H	ዙ
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Name of Registere	d Waste Ha	uler		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Cubic Yards	Nam	e of Registere	ed Land	fill	السحال	<u></u>		
Resource Managem	Resource Management Group, LLC					r II 18	O No.	of Waste TBD	Grov	vs Landfill						
City, State Hamilton, NJ 08619								Disposal Date TBD		State isville, PA						
Completed By (Prin	nt or Type)			Ti	tle			Signature				П	Date		70.00	
Mr. Brian Haney								12/100	D.M	2			02/27/	2014		

Emergency &/

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Ck 3936 Name of Building Owner/Operator (2) Date of Notification (1) Mr & Mrs. Winder Private Home 1/26/14 Street Address Type Notification Agencies Notified 68 Westerly Road Initial **EPA** City, State, Zip Code Amended DEP Princeton NJ 08540 Amendment # X DOL Emergency (including × Name of Contact justification) × DOH Mr. Winder Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Mr & Mrs. Winder Private Home School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address X etc.) 68 Westerly Road Bldg. Age # of Floors Square Feet 35+ City (5) 1000 +Princeton NJ 08540 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Mercer Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 3/2/14 2/27/14 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Asbestos Containing Material (ACM) Encapsulate Used Solely by Amount Enclosure Asbestos-Containing Material (ACM) Maintenance/ (Specify Remova Repair (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A No Yes 1100 sf Floor Tile only X Basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S. 22459 United Containers City, State Disposal Date City, State Morrisville PA 19067 3/2/14 Elm NJ Date Signature Title Completed by 2/26/14

President

Anthony T Perna

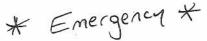
3199 Check#

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:60 and 12:120)

,		(P	urşu	ant to i	NJAC	8:60 and 12	::120)				17	
Date of Notification (1)	26/14		N .	ame of	Bullding To:H	Owner/Opa	raior (2) L <i>L E f</i>	INC.	**D			
Agencies Notified	Type Notification		S	Veel Ad	idress	0 4	۲.			, 4.017		- 4
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□ ∞r	Amendment #		1_	(APE	MAI	1600	nr Hou	SE		- 4	
□ 00H	justification)		N	ame of	Contact				Telephone	Number		
□ c> ·	☐ Cancellation				51	ME						P
			1=	FACIL	TY INFO	ORMATIO'N						
Name of Facility Where	shalement is Takin	Place (3)						ype of Facility (4	1)			
	DENCE						-] School (K-12)				
								Subchapter 8	(Other than	K-12)		
Street Address 39 /	V. Doug	113 A	LĒ	· r			_ >	Other (I.e., pri	rate & comi	mercial		
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Ciry (5)	PARCATE	•						1000	- 1			2 +
			7	COUNTY (Code (7	STATE	- 0	urrent Use (Prio	r H being de	emolsne	ed)	
County (6) ATLAN	1716			JSE ON	ILY	10.10		VAC	ONT			
1910010	770	===		CM No.	=	Name of AF	alemen	(Convactor (9)				
Name of Morvioring Firm	Hired by Building	- Amer	1	CM NO.		KLO	-mc	O IN	21			
(8)	/A		_									
Street Appress						3 /- C	a S	SPRUC	E AV	ζ,		
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City, State, Zip Code						City, State	∆p C∞	3 SHOD	· N.	J 0	8:5	٠
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Project Manager for Mor	viorino Firm	[.1	eleph	one No.		Telephone	NO.	1 1177	000	744	4	
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0 . 0 (10)	Sche	duled Com	pletio	n Dale ((11)	Name of O	SHA MO	ninos // Ene	M			
S:an Dale (10) /14		3/17	11	4		<u> </u>	EM.	KHLEM				
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Other - Describe:			_						1333			
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(13)		V~	No	N/A		0 1 5						
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Name of Registered W	aste Hauler	1	TH	JOEP W	este .	Cubic Ya			CUA			
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	otification		21		tral Ave			A.	1			4		-
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DOA E				ACILIT	Y INFORMA	ATION	Type of F	acility (4)			100			95
ame of Facility Where Abatem Martha Dean Private Hor	ent is Taking Pla ne	ace (3)					Sch Sub	ool (K-12)	(Other	than K-12) commercial t	ouilding	ıs, ho	mes,	
reet Address 113 Central Ave							Square F)	# of F		Bldg	. Age		
ity (5) Ship Bottom NJ 08008							1000+		1 if being	demolished	35+			
ounty (6) Ocean	-		Co (S)	unty Coo	de (7) E ONLY)		Home				•			_
ame of Monitoring Firm Hired	by Building Owr	ner (8)		ASCM N	lo.	Pe	ne of Abaten rnaco Inc.		actor (s	· · · · · · · · · · · · · · · · · · ·		•		
treet Address						PC	et Address Box 329							
Sity, State, Zip Code						City	, State, Zip est Berlin	Code NJ 0809	91					
Project Manager for Monitoring	Firm		Te	elephone	No.	Tele 85	ephone No. 6-753-98	00		License No 00727	•			
Start Date (10)		cheduled	Comp	oletion Da	ate (11)	Nar	me of OSHA		7.					
2/27/14 Occupancy Status During Aba	1 -	/28/14 Only One	:)				eet Address			+				
Facility Closed/Vacated I Abatement Performed Or Other – Describe:	ouring Entire Pe	riod of Al	oateme	ent		Cit	y, State, Zip	Code						_
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)		enovat emoliti				Mini	-Enclosure	edure	n Negative P			e	
		Is	Locati	on			△ Nor	1-Exemple	u () ai	id North Haz		Abate	ment pe	
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)	erial (ACM) <u>D</u>	Use Ma	d Sole intenal todial S (12)	ly ly by nce/ Staff?	(i.e. t	s Contain hermal sys	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM) ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	
0."		Yes	No	N/A X		Exterio	r Siding	3	1	200 SF	x			
Exterior Sidi	ng			 ^										F
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Name of Registered Waste	Hauler		1000	NJDEP V		Cubic Ya				stered Landf	ill			_
United Containers		1		Hauler II 22459		2 Disposa		G.R.C	ate					
City, State						3/2/14	. 20.0	Morris	sville l	PA 19067				
Elm NJ						0,2,					Date			_

CX# 6405

R & G proj. #: 2014-26

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:50-7 and 12:120-7)

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2.	NJ Dept. of Health & Senior Services
)	Date neck #6405 Time: 9(2)

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I I Name of Bu	Idina Owner/	Operator (2)									
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	The state of the s				(No. 11) Annual	- Tun-10			11		
261 Loo	kout Aven	ùe								-	-
Hacken	zip Cooe sack, NJ 0	7601						2014	2.0		
Name of Co	ntact				[]	elephone	Number				
Dorothy	Schroth						-	_	_		
	FACIL	ITY INFORMA	TION		7	Enailly (A				-	-
ng place (3)					Type of	School	(K - 12)				
			-							2)	
					2	Bldgs./h	iomes, etc				
		1.21			Square	Feet 1	of Floors		Bldg	. Agı	2
County (6)							or if being	demo	lished) ·	_
2	<u> </u>						** ***		_	_	
Owner (8)		ASCM No.	11			# (<i>D</i>)					
				B&G Restoral	tion, inc.	-					-
					ozd						_
- VIII-	The self			ity, State, Zip Cod	ie						
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	hone Numb	er 10	7					dump	ar ·		
		1 <u>2-1-7/2/</u> (1-12-1-1-1					10570		-		
School, Comple	mon Date (11)		And the second of the second o						-\-!	
02/27/201	4							- V × V			
hack only one)											-
re period of aba	atement, ours-	1									
			_	Lincoln Park,	NJ 07035			==			
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novation					Inegative p	essure					
10 st or ≥260 lf				lui-enclosure			☐ Non-II				7
maintenance/c	lly used sole) ustodial	Descript	tion of as	sbestos-containing		Amount (Specify)	SF or	e .	o P	n	
Yes No	N/A	material	(ACM)			LF)		v	i i	a þ	
	1 X	pipe insul	ation					P	П		I
	X		7,770		30	sf		N	닏	닏	4
]				THE REAL PROPERTY.		붜		片	-
							mpr	#	#	片	+
			618/	Nintro of Posieto	eted Landfil			141	1		1,
NJDEP Hau 19563	El ION	1 1/2	LANSSIE	Tullytown Re	source &	Recover	y Center	_		-	
	Disposal 02/	DAM 27/2014			PA.						
Wa		Signature		CO CO			Date		,		
	surer		di d	Gordana Lun	The state of the s		02/24	1/20	4		
	Dorothy Street Addre 261 Loo City, State, Hacken Name of Co Dorothy ng place (3) County (8) Bergen Owner (8) Schod, Comple 02/27/201 heck only one) te period of abatematic facility he movation to st or >260 if location normal might energy aff(12) Yes No INJDEP Hau 19563	Name of Building Owner/ Dorothy Schroth Street Address 261 Lookout Aven- City, State, Zip Code Hackensack, NJ C Name of Contact Dorothy Schroth FACIL ng place (3) County (6) Bergen Owner (8) Phone Numb Schod, Completion Date (1) 02/27/2014 Theck only one) The period of abatement, fromal facility hours- from the period of abatement,	Name of Building Owner/Operator (2) Dorothy Schroth Street Address 261 Lookout Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Dorothy Schroth FACILITY INFORMA In place (3) County (8) Bergen Dwnor (8) ASCM No. Phone Number Schod, Completion Date (11) 02/27/2014 Theck only one) The period of abatement, fromal facility hours- novation 10 of or >260 if Iocution normally used solely Indictenance/cutstodial aff(12) Yes No N/A N/A Disposal Date 02/27/2014 Ittle Signature	Name of Building Owner/Operator (2) Dorothy Schroth Sirset Address 261 Lookout Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Dorothy Schroth FACILITY INFORMATION The place (3) County (8) Bergen Owner (8) ASCM No. Phone Number School, Completion Date (11) D2/27/2014 Theck only one) The period of abatement, from all facility hours- Inovation The period of abatement, from all facility hours- Inovation The period of abatement, from all facility hours- The period of abatement and all	Dorothy Schroth Sirvet Address 261 Lookout Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Dorothy Schroth FACILITY INFORMATION Reg place (3) County (8) Bergen Owner (8) ASCM No. Phone Number Phone Number Phone Number Phone Number Phone Number Phone Number Schod, Completion Date (11) 02/27/2014 Check only one) Ite period of abatement, somal facility hours- Inounal facility hours-	Name of Bullding Owner/Operator (2) Dorothy Schroth Street Address 261 Lookout Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Dorothy Schroth FACILITY INFORMATION Ing place (3) County (8) Bergen County (8) ASCM No. Name of Abatement Contract B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Lincoln Park, NJ 07035 Description of asbestos-containing material (ACM) NJDEP Haulter IDE Cubic Yards of Waste Name of Registered Landing 1563 NJDEP Haulter IDE Cubic Yards of Waste Name of Registered Landing 174 Tullytown, Resource & City, State 02/27/2014 Tullytown, PA Bis Signature W L. C.	Name of Bullding Owner/Operator (2) Dorothy Schroth Sirect Address 261 Lookout Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Dorothy Schroth FACILITY INFORMATION FACILITY INFORMATION Tolephone Other (8) Bergen County Code (7) (State use only) Bergen Owner (8) ASCM No. Name of Abatement Contractor (8) B & G Restoration, Inc. Sirect Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Sirect Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Sirect Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Sirect Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Sirect Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Description of asbectos-containing material (ACM) Pull Containment winegative pressure Mini-enclosure Name of Registered Landfill Name of Registered Landfill Tullytown, PA Bis Signature Reserver Tullytown, PA	Name of Sultiding Owner/Operator (2) Dorothy Schroth	Name of Building Owner/Operator (2) Dorothy Schroth	Name of Building Owner/Operator (2) Derothy Schroth	Name of Ballding Owner/Operator (2) Dorothy Schroth Sines Addiess 261 Lookout Avenue City, State, 29 Gode Hackensack, NJ 07601 Name of Contact Dorothy Schroth FACILITY INFORMATION Telephone Number FACILITY INFORMATION Typn of Facility (4) Schrool (K - 12) Subcapitor 8 (Other than K-12) Subcapitor 8 (Other than K-12) Single-Armans, etc. Square Feet 8 of Floors Bidg. Armans, etc. Square Feet 8 of Floors B

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2014-26

(Pursuant to NJAC 8:60-7 and 12:120-7)
*** E M E R G E N C Y ***

B & G proj. #:		, , ,	***	EMERG	EN	1 C Y ***	Check	[‡] 6405				
Date of Notification (1)	I I Nam	ne of Build	ing Owne	r/Operator (2)						9.9		
0 2 / 2 4 / 1 4		orothy So	경우 교육 조선	,								
Agencies Notified Type Notifica	ation Stre	et Address	-				Silver					
☐ EPA Initial		31 Look		nue								
		State, Zip lackensa		07601								
₩ DOH		e of Conta		07001	-		Telephon	e Number			_	
DCA Cance	llation [orothy S	Schroth	į								
			FACII	LITY INFORMA	TION							
Name of facility where abatemen	is taking place	(3)					Type of Facility (4) I (K - 12)				
Dorothy Schroth							=	apter 8 (O	ther th	an K-	12)	
Street Address							Other (Private/Co	ommer			
261 Lockout Avenue						1 +		Homes, et # of Floor		Bld	g. Ag	е
City (5)	County	(6)				nty Code (7)						
Hackensack, NJ 07601	Ber	gen	**		(Stat	e use only)	Current Use (Presidential	ior if being	g demo	olishe	1)	
Name of Monitoring Firm Hired b	y Bldg. Owner (8)		ASCM No.	П	Name of Abatement Co	ontractor (9)					
N/A						B & G Restoration	, Inc.					
Street Address		Western West	6	25000		Street Address						
City, State, Zip Code						105 Ryerson Road City, State, Zip Code						
City, State, Zip Code						Lincoln Park, NJ	07035					
Project Manager for Monitoring Fi	m	Pho	ne Numb	er		Telephone Number		License	Numb	er		
					_	973-696-6869 Name of OSHA Monito		0378		_		
Scheduled Start Date (10)	Sched. 0	completion	Date (11)		B & G Restoration						
02/26/2014		7/2014				Street Address						
Occupancy Status During Abatem						105 Ryerson Road						
Facility closed/vacated during Abatement performed outside	ig entire period de of normal fac	of abatem cility hours	ent. -			City, State, Zip Code						
Describe:					-11	Lincoln Park, NJ	07035					
Scope of Work (check all that ap	ply)							wrap	& cut		_	
☐ Demolition	Renovation				F	ull Containment w/nega	tive pressure	Glove				
<u>✓</u> > <u>3</u> sf or > <u>3</u> if] ≥160 sf or ≥2	.60 If				lini-enclosure		Non-fr				
Location of	Is location r			1			Amount		e	R	E n	E
asbestos-containing material to be	staff(12)			Description material (sbestos-containing	(Specify S	F or	m o	p a	c a	C
abated in facility (13)	Yes	No	N/A				LF)		v e	i r	р	L
basement			X	pipe insula	tion		40 lf					
basement		1	X	boiler insu	lation		30 sf			뷔	부	片
							-		╬	爿	屵	H
						2			卄	뻐	Ħ	一
Registered Waste Hauler	NJDEF	Hauler IC)# C	ubic Yards of V	Vaste	Name of Registered L	andfill		.1		_	
B & G Restoration, Inc.	1956	3		1 ½		Tullytown Resour	ce & Recovery	Center				
City, State Lincoln Park, NJ 07035			Disposal D 02/2	ate 27/2014		City, State Tullytown, PA					<u> </u>	522
Completed by (Print or Type)	Title			Signature		Gordana Luna		Date				
Gordana Luna	Secretary/	Treasure				Gordana Zuna		02/24	/2014	4		

CHECK # 1012

Date of Notification (1)						Owner / Operato	or (2)	100					_
2-24-14					mperia	ıl		,			7		
Agencies Notified Type Notificat	ion		Street							1			
☐ DEP ☐ Initial					& Zip	. East		0				200	_
DOL Amend	ded					NJ 07047	MΑ	9 - 4	9017	1			
☑ DOH ☑ Emerg	encv				Contact		w.	- 7	£ 1/	Teleph	ne N	lumb	or
DCA Cancel						, i			1	Cicpii	JI IC 11	unib	Ci
			FA	CILI	ITY IN	FORMATION				- 1		2000	
Name of Facility Where Abatemen	it is Taking Pl	ace (3	3)			Type of Faci				1			
Parker Imperial						School (TO (5)						
Street Address							oter 8 (Other			1920			
7855 JFK Blvd. East							e. private & c					etc.)	
City (5)	County (6)	ICo	unty (- Anda	(7)	Square Feet	- Louis Address			Ildg. Ag			
	Hudson	100	unity C	Joue	= (1)	37,650	Prior if being	26		0 year	S		
North Bergen	1005011					Vacant/In u		demoi	isnea)				
Name of Monitoring Firm Hired by	Building Own	er (8)		Δς	SCM No		itement Conti	actor /	2)				
Table of morning Illin Illiou by	Danaing Own	01 (0)		1	JOINI IN		c Abatemer						20
Street Address						Street Addre		,					
						PO Box 13	14						
City, State & Zip Code						City, State &							
Project Manager for Monitoring Fire		T.1.				Cherry Hill							
Project Manager for Monitoring Fin	n	reiep	hone	Nun	nber	Telephone N 609-567-09			License N	umber 0118	7		
Scheduled Start Date (10) Sc	cheduled Com	nletic	n Dat	e (1	1)	Name of OSI				UIII	-	-	
2-26-14	modulou oom	4/27		. ()	1)	EMSL Anal							
Occupancy Status During Abateme						Street Addres							-
Facility Closed/Vacated Du						107 Haddor	n Ave.						
Abatement Performed Outs	side of Norma	l Hou	ırs – 7	7am	to 3pm	c Sherraman reservation receive							
Describe: Facility Occupied During Al	hatamant					Westmont,	NJ 08108						
Scope of Work (Check all that appl													
Coope of Work (Officer all that appr	y)						☐ Full C	ontainm	ent with N	egative	Pres	sure	ě
≥3 sf or ≥3 lf		\boxtimes	Ren	ovat	ion			nclosur			- 1 - 1 - 1 - 1 - 1		
≥160 sf ≥260 If			Dem	olitio	on			Bag Pr	ocedures				
			1					xempte	d and Non	-Friable	Pro	cedu	re
Location of Asbestos-Containing			Locationally U			Description			Amount	Aba	ateme	ent T	ype
Material (ACM)			olely by			Asbestos-Con Material (A			(Specify F or LF)			ш	_
TO BE ABATED			tenanc			(i.e., thermal s			n Or Er)	Removal	R.	Encapsulate	Enclsoure
in Facility		Cusic	dial St	tan?		insulation, surfac				nov	Repair	nsq	sou
(13)		Yes	No	N/A		or other miscella	aneous)			<u>n</u>		ate	ē
Throughout apartment	15D	\Box		П	Flo	or Mastic, black, h	omogeneous		1000 sf		\Box	\neg	П
Throughout apartment		Ħ		Ħ	-	or Mastic, black, h			1000 sf		H	H	片
Throughout apartment				П	Flo	or Mastic, black, h	omogeneous	_	1000 sf	X	Ħ	Ħ	Ħ
Throughout apartment	14C				Flo	or Mastic, black, h	omogeneous		1000 sf	X	Ħ	Ħ	一
Throughout apartment	12C				Flo	or Mastic, black, h	omogeneous		1000 sf				
Throughout apartment	12D		\boxtimes		and the second	or Mastic, black, h	_		1000 sf	\boxtimes			
Name of Registered Waste Hauler						Cubic Yards	Name of Re	gistered	Landfill				
Bull Waste & Recycling, LLC			нац	ııer i	D No.	of Waste	G.R.O.W.S						
City, State		Alexand		_		Disposal Date	City, State	•					
Berlin, NJ			99			E 100 - 100 - 100 - 100	1700	DA					
Completed By (Print or Type)			T:41			5/24/14	Morrisville	, PA		T			
Theodore S. Budzynski			Title	e n. M	lar	Signature				Date	· 2-24-	1.4	
Jude of Dudly Hold			361	141	91.			_	=	1	24-	14	
									La constant				250.00

State of New Jersey

NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2/21/14 Cherry Hill Mall Mgt. Street Address Agencies Notified Type Notification MAF 2000 Route 38 EPA DEP Amended City, State, Zip Code X DOL Amendment # Cherry Hill, NJ 08002 Emergency (including Telephone Number DOH DCA justification) Name of Contact Cancellation Carl Ciervo FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Cherry Hill Mall Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings, 2000 Route 38 homes, etc.) # of Floors Bldg. Age Square Feet City (s) N/A 30 yrs Cherry Hill, NJ 08002 County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Vacant space in Mall Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. AEi2, LLC (8) Health and Safety Services 117 Street Address Street Address 300 Lenola Road #165 318 12th Street City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Hammonton, NJ 08037 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00689 609-704-8850 609-481-2122 Jim Proctor Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AEi2, LLC 3/10/14 3/3/14 Occupancy Status During Abatement (Check only one) Street Address 300 Lenola Road #165 ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Maple Shade, NJ 08052 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Demolition ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, Custodial e m o TO BE ABATED SF or LF) Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)v a 1 N/A Yes No 500 SF Floor Tile & Mastic X Space 1012 X Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. TBD TBD City, State Disposal Date City, State TBD TBD TBD Signature Date Completed By Title

Wm. Minnick

Program Mgr.

2/21/14

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

2.2

te of Notification (1)					ding Owner/Operator	(2) CONTI	MAH - 4 LACTION	2014		
encies Noufied	Type Notification Junital			eel Addre	155 KOUT	E 50		-	:	=
00L	Amended Amendment #	hudina.	Ciry	State, 2	ip Code GNGFRF16	ELD, U.J.	08230			=
DOH CA	Emergency (inc justification) Cancellation	iwaing	Nai	me of Co			Telephone Number		. =	=
				ACIUTY	INFORMATION	Type of Facility (4	1)			\dashv
RES	Abatement is Taking	Place (3)				School (K-12)		pulangs	W.	
eer Address 215	18 M4 St					homes, etc.)	# of Floors	Bidg /	\ge	
2.751	•					1000	2		+	
	EMAY		C	county Co ISE ONL	de (7) (STATÉ Y)	VAC	or if being demolish	====		
ome of Monitoring Fi	m Hired by Building C	h/mer	AS	CM No.	KLER	meni Convegor (9)				
ree: Address	7/1				Street Address	S. SPRU				=
ry State Zip Code					City, State, Zip	PLE SHPI	E, NJO	805	<u>-</u>	
	i Jadas Čirm	-	Teleph	one No	Tolephone No.		License No			
rgect Manager for h		• • •			LIST OF OSH	79-0472				
ian Date (10)	4	duled Cor	nolelio	n Date (1	TO SE	PKALEM	M			
3/5/	vino Ahalement (Che	ck only o	ne)							
Facility ClosedVa	cated During Entire P med Outside of Norm	enou or a	20,011	eni				0805	52	
Other - Describe:					□ Full	Containment with N				
Scope of Work (Che	CX 311 0 Gt app. 11		ovatio		☐ Mini	Enclosure		ure		
≥3 \$1 or ≥3 H ≥160 \$1 or ≥260	ıt.	₩ Der	nalition			vebag Procedure - Exempled (*) and h	Non-Frable Proced	A	patern Type	
			ocation)		nn of		-	7	- T
Asbestos-Contain TO BE IN F	tion of Ning Material (ACM) ABATED aculty 13)	Used Main Cu	Solely stenance stodial statt? (12)	œ/	Description Asbestos Containing (i e . Inermal syste surfacing. \(\) other rivisce!	ms insulation.	Amount (Specity SF & LF)	Removal	Reраи	Encapsulate
,		Yes	Мо	N/A X	TRIAS	175	38000	×		
51)	126			۸ -	7,000				-	+
		=	-					=+-	+	1
				JOEP W	aste Cubic Yard	is Name of F	Registered Landfill	U, B	,	
Name of Registere	NO INC			1790	N	_				
KiEr				0.00		1 Was	12/5/201			
City State MOPLE	SHADE, N	J, C	180	52	Signer		001	2/2		4

State of New Jersey - Notification of Asbestos Abatement

NO Chock		(Pursu	ant to N.J.A.C.	8:60-7 and 12:120-7)	г					
Date of Notification (1) February 20, 2014				Name of Building Owner/ The Valley Hospita		. 1				*
Agencies Notified ☑ EPA □ DCA	Traci	tial Notif		Street Address 223 North Van Dier City, State, Zip Code		ř	1100	 	HVM	
x DOL IX DEP x DOH		gency (in cation)	ncluding	Ridgewood, NJ 0 Name of Contact William Stasiak	7450-273	<u>Telep</u>	hone N	umber	1	
		-	3FACILITY IN	FORMATION						
Name of Facility Where Abatement The Valley Hospital Telecom Equipment Roos Bergen Wing Lower Leve Street Address 223 North Van Dien Aven	m I			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than ☐ Other (i.e. private & Sq. Feet: Unknown Current Use (prior if being	commercial b	rs: 4	Bldg. A	, etc.) ge: 50	+ year	's
	nty (6) rgen		Code (7) Jse Only)							
Name of Monitoring Firm Hired by E Colden Corporation	Bldg. Owner (8)	ASCM	No.	Name of Contractor (9) GREENWOOD ABA	TEMENT C	ONSU	JLTAN	TS, INC		
Street Address 28 Washington Street				Street Address 268 MAIN STREET City State, ZipCode						
City, State, Zip Code				Butler, NJ 07405						
Ballston Spa, NY 12020 Project Manager for Monitoring Firm	Telephone	Number		Telephone Number			se Numi	per		
Jim Miades	347.43	5.3561	coins the	973-492-0477		0084	40			
Scheduled Start Date (10)			n Date (11)	Name of OSHA Monitor EMSL inc.						
February 21, 2014 Occupancy Status During Abaten	March :			Street Address						
Facility Closed/Vacated Du	rina Entire Perio	of Abate	ment							
Abatement Performed Outs	side of Normal Fa	cility Hour	'S -	1056 Stelton Road					_	0/01/02
Describe Other – Describe: Weeken Two Phases- 02.21.2014 – 02.24	ds- Friday-Satu 4.2014 & 02.28.2	day-Sund 014 – 03.0	lay-)3.2014	City, State, Zip Code Piscataway, NJ 088	354					
Source of Work (Check all that app	hv\			<u> </u>						
Source of Work (Check all that appli	M.			100	x Full Conta	ainment	t with No	egative P	ressure	ĺ
≥ 3 sf or ≥ 3 lf			Renovation		Mini-Encl					
□≥ 160 sf or ≥ 260			Demolition		Glovebag Non-Exem	Procedi	ure and No	n-Eriable	Proced	lure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norm Solely by Maint./ Staff? (12) YES NO	ally Used Custodial	Description of As (ACM) (i.e. therm VAT, or other mis	bestos Containing Material nal systems insulation, surfac scell.)	Amou	nt ify SF	Abate	ment Typ	9	22 - 53
Bergen Wing Lower Level Telecom Room	T	X	VAT & Mastic		450	sf	×			
		1								
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP W See Beld	aste Haule DW	r ID#	Cubic Yards of Waste:	10	Mea	e of Reg dowfill	Landfill		
Hauler #1) Greenwood Abat NJ DEP # 12561 Hauler #2) Newark Carting,					Disposal Da	ONE OFFICE STATE OF THE STATE O		City, Sta Route 2, Bridgepo 304-842	Box 68 ort, WVA	
Completed by (Print or Type) Marin Graure	SENIOR MANAGE		СТ	Signature Maria Graure	2	Date Fe		y 20, 20)14	
GAC # 2013/2014-397-2										

Roule 2. Box 68

Bridgeport, WVA 304-842-2764

February 20, 2014

March 4, 2014

State of New Jersey - Notification of Asbestos Abatement APPROVED NAPOPLO Health & Senior Services (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) (signature) Date of Notification (1) Name of Building Owner/Operator (2) Date: February 20, 2014 71ma: 10150 The Valley Hospital Agencies Notified Notification Type Street Address E EPA D DCA III Initial Notification 223 North Van Dien Avenue City, State, Zip Code x DOL X Emergency (including Ridgewood, NJ 07450-2736 X DEP justification) X DOH Name of Contact Jelephine Number William Stasiak SFACILITY INFORMATION Name of Facility Where Abalement is Taking Place (3) Done of Facility (4) The Valley Hospital School (K-12) Telecom Equipment Room Subchapter 8 (other than K-12) Bergen Wing Lower Level Other (i.e. private & commercial buildings, homes, etc.) Street Address Sq. Feet: Unknown # of Floors: 4 Bldq. Age: 50+ years 223 North Van Dien Avenue Current Use (prior if being demolished): Hospital CILV (5) County (6) County Code (7) (State Use Only) Ridgewood Bergen Name of Monitoring Firm Hired by Bidg, Owner (8) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 28 Washington Street 268 MAIN STREET City State Zip Code City State, ZipCode Ballston Spa, NY 12020 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number Jim Miades License Number 347.435.3561 973-492-0477 Schedulod Start Date (10) 00840 Scheduled Completion Date (11) Name of OSHA Monitor February 21, 2014 March 3, 2014 EMSL Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vecated During Entire Period of Absternent Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: Weekends- Friday-Saturday-Sunday-Piscataway, NJ 08854 Two Phases- 02.21.2014 - 02.24.2014 & 02.28.2014 - 03.03.2014 Source of Work (Check all that apply) x Full Containment with Negative Pressure ≥3 of or ≥ 3 if Renovation Mini-Enclosure □≥ 160 sf or ≥ 260 Demolition Glovebag Procedure Non-Exempled (*) and Non-Friable Procedure Location of Asbestos-Containing is Location Normally Used Material (ACM) in Facility (13) Description of Asbestos Containing Material Solely by Maint./Custodial Amount Abatement Type (ACM) (i.e. thermal systems Insulation, surfacing, (Specify SF or LF) Staff7 (12) VAT, or other miscell.) Remove Repair Encap Enclose YES NA Bergen Wing Lower Level Telecom Room [3] VAT & Mastic 450 sf Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: See Hauler Below # 1 & 2 Name of Registered Landfill See Balow Meadowfill Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date NJ DEP # 12561 City, State

Signature

Maria Graure

GAC # 2013/2014-397-2

Marin Graure

Completed by (Print or Type)

Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

SENIOR PROJECT

MANAGER

State of New Jersey - Notification of Asbestos Abatement

Date of Notification (2)	Nocheck			(Pursua	ent to N.J.A.C.	8:60-7 and 12:120-7)		acatem -				œ
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Telecome Equipment Room Bergen Wing Lower Level Street Address										-		
DOA	Agencies Notified	A STATE OF THE STA			ion	223 North Van Dien	Avenue	,	710	7 7 -	RAN	Ę
Name of Contact Name of Seality (A) Shedules Name of Seality (A) Shedules Name of Contact	DCA				cluding		450-2736				-	2
SFACILITY INFORMATION	☑ DEP		Amendme	ent # 1 -	-02.26.14	Name of Contact	il	Teleph	none Nu	mber		
The Valley Hospital Tolecom Equipment Room Some Equipment R	*********				3FACILITY INF				the.			
Subchapter 8 (other flate Accommercial buildings, homes, etc.) Sq. Feet; Unknown # of Floors: 4 Bidg. Age; 50+ years Sq. Feet; Unknown # of Floors: 4 Bidg. Age; 50+ years Current Use (prior if being demolished): Hospital		ment is Tak	ing Place (3)			Type of Facility (4)			1			
Content Cont		200m					K-12)					
Size Address Sq. Feet Onknown Full Floors Sq. Feet						Other (i.e. private & o	commercial bu	ildings,	homes,	etc.))+ voo	**
City. (5) Ridgewood Regen County Code (7) (State Use Cnhv) Name of Monitoring Firm Hired by Bidg. Owner (8) Colden Corporation Street Address Za Washington Street City. State. Zip Code Ballston Spa, NY 12020 Project Manager for Monitoring Firm Jim Miades Scheduled Start Date (10) February 21, 2014 Occupancy Status During Abatement (Check only one) Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Describe Other - Describe: Weekends- Friday-Saturday-Sunday- Two Phases or 22.1.2014 - 02.24.2014 & Postponed 2" Phase postponed by owner until further notice Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 if □≥ 160 sf or ≥ 260 Location of Abbestos-Containing Material (ACM) in Facility (13) Regen Wing Location Roma Location of Abbestos-Containing Material (ACM) in Facility (13) Regen Wing Location Roma Location of Asbestos-Containing Material (ACM) in Facility (13) Regen Wing Location Roma Locatio	Street Address					AT				<u>je.</u> st)∓ yea	15
Name of Monitoring Firm Hired by Bidg, Owner (8) Colden Corporation Street Address 28 Washington Street City. State. Zip Code Ballston Spa, NY 12020 Protect Manager for Monitoring Firm Jim Miades 347.435.3561 Scheduled Start Date (10) February 21, 2014 Postponed by Owner Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Weekends- Friday-Saturday-Sunday- Two Phases - 02.21.2014 • 02.24.2014 & Postponed 2** Phase postponed by owner until further notice Source of Work (Check all that apply) × Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur Non-Exempted (*) and Non-Friable P	City (5)	County (6)	_			Current Use (prior if being	demolished):	Hos	pitai			
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28 Washington Street City, State, Zip Code Ballston Spa, NY 12020 Project Manager for Monitoring Firm Jim Miades 347.435.3561 Scheduled Start Date (10) February 21, 2014 Postponed by Owner Cocupancy Status During Abatement (Check only one) Facility (Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Weekends- Friday-Saturday-Sunday- Two Phases-02.21.2014 - 02.24.2014 & Postponed 27th Phases postponed by owner until further notice Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 Location of Asbestos-Containing Material (ACM) in Facility (13) Material (ACM) in Facility (13) Bergen Wing Location Room Location of Asbestos-Containing Material (ACM) in Facility (13) Bergen Wing Lower Level Telecom Room Material (ACM) 18 2 No NA Name of Reg. Waste Hauler See Hauler #1 Oreenwood Abatement Consultants, Inc Butler, NJ 07405 288 MaNIN STREET City State. Zip Code Butter, NJ 07405 Telephone Number 973-492-0477 Dashort Mimber 100840 Manual City State City State Zip Code Piscataway, NJ 0840 100840			Owner (8)	ASCM	No.	GREENWOOD ABAT	EMENT CO	DNSU	LTAN	rs, inc). 	
City State Zip Code Bulter, NJ 07405												
Telephone Number 347.435.3561 Telephone Number 347.435.3561 Scheduled Start Date (10) February 21, 2014 Postponed by Owner Scheduled Start Date (10) February 21, 2014 Postponed by Owner Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Weekends- Friday-Saturday-Sunday- Two Phases- 02.21.2014 - 02.24.2014 & Postponed 2"d Phase postponed by owner until further notice Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 if □≥ 160 sf or ≥ 260 Location of Asbestos-Containing Material (ACM) in Facility (13) Bergen Wing Lower Level Telecom Room Name of Reg, Waste Hauler See Hauler #1) Greenwood Abatement Consultants, Inc Butler, NJ 07405 Telephone Number 973-492-0477 Name of CoSHA Monitor EMSL inc. Street Address 1056 Stelton Road City. State. Zip Code Piscataway, NJ 08854 **Eull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure (Specify SF or LF) Abatement Type Remove Repair Encap Enc See Below Name of Reg, Waste Hauler See Below Piscotava Master Location Abatement Consultants, Inc Butler, NJ 07405 Disposal Date City, State Route 2, Box 68						City State, ZipCode						
347.435.3561 973-492-0477 00840	Ballston Spa, NY 120		Talanhana	lumbor				Licens	se Numb	er		
Scheduled Start Date (10) Postporned by Owner Postporned Class Pos		<u>g Firm</u>	347.435	.3561		973-492-0477						
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Two Phases - 02.21.2014 - 02.24.2014 & Postponed 2nd Phase postponed by owner until further notice Source of Work (Check all that apply) X Full Containment with Negative Pressure	Describe						54					
Eargen Wing Lower Level Telecom Room Mame of Reg. Waste Hauler See Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Mini-Enclosure Sign of Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempt	Two Phases- 02.21.2014 -	02.24.201	4 & Postpon	ed	lay-	,						
Demolition Renovation Demolition Description of Asbestos Containing Material (ACM) in Facility (13) Solely by Maint./Custodial Staff? (12) YES NO NA Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Demolition Demolition Demolition Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Demolition Nameunt (Specify SF or LF) Remove Repair Encap En	Source of Work (Check all that	at apply)					w Full Conto	inment	with Ne	anative F	Pressur	re.
Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) a	> 2 of or > 2	£			Renovation				. ***********	gauro .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Location of Asbestos-Containing Material (ACM) in Facility (13) Bergen Wing Lower Level Telecom Room Non-Exempted (*) and Non-Friable Frocedum (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Non-Exempted (*) and Non-Friable Frocedum (ADM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Amount (Specify SF or LF) Remove Repair Encap Enca							Glovebag F	rocedu	ıre		. D	dura
Material (ACM) in Facility (13) Solely by Maint./Custodial Staff? (12) YES NO NA Bergen Wing Lower Level Telecom Room Name of Reg. Waste Hauler See Hauler Below # 1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) (ACM) (i.e. thermal systems insulation, surfacing, VAT, or Level Telecom, Surfacing, VAT, or other miscell.) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, VAT, or Level Telecom, Surfacing, VAT, or other miscell.) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, VAT, or Level Telecom, Surfacing, VAT, or other miscell.) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, VAT, or Level Telecom, Surfacing, VAT, or Other miscell.) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, VAT, or Level Telecom, Surfacing, VAT, or Other miscell.)			anation Norms	ally Llood	Description of As	bestos Containing Material						dure
Bergen Wing Lower Level Telecom Room X) Sole	ely by Maint./0 ff? (12)	Custodial	(ACM) (i.e. therr	nal systems insulation, surfac			Remov	re Repai	Encap	Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 VAT & Mastic VAT & Mastic VAT & Mastic Cubic Yards of Waste: 10 Name of Registered Landfill Meadowfill Landfill Disposal Date City, State Route 2, Box 68	Bergen Wing	YE	s NO	T			450		ISI	T	T	T
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Name of Reg. Waste Hauler 10	Lower Level Telecom Roo	om		X	VAT & Mastic		450 S	ST	[B]		+	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Name of Reg. Waste Hauler 10			Luise	1	-10.#	Cubia Varda of Master		Nam	e of Reg	istered I	andfill	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, No 07403	Name of Reg. Waste Hauler See Hauler Below # 1 &	2			riv#			Mea		Landfil	l	
	NJ DEP # 12	2561								Route : Bridge	2, Box 6 bort, W	VA
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551	Hauler #2) Newark Car	ting, Inc.	– Newark, N	J 04509,	, NJ DEP # 19551					304-84	2-2784	
Completed by (Print or Type) Title Signature Senior Project Marin Graure Date February 26, 2014				PROJE	СТ		2			y 26, 2	2014	
MANAGER GAC # 2013/2014-397-2 Please Note: Amendment # 1 – Phase 1 completed, Phase 2 postponed by owner until further notice		Please	MANAGE	R dment t	#1 – Phase 1 co			wner	until fu	ırther	notice	

Check # 8533

Date of Notification (1)						g Owner / Op	perator (2)					
Agencies Notified	bruary 24, 2014 Type Notification				littman Address					-		3 L	$\overline{}$
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□DEP □DOL	Initial			City St	ate & Zip	Code			¥./	4 ZU	14.	_	
	Amend					J 08402			A***/	0			
⊠DOH □DCA	Amend	ment #_		Name	of Contac				* ITo	lonkan	a Mu	na h a	
	Cance	liation		Name (or Contac	ı			.at ∏Te	lephon	e Nu	прое	
				FAC	CILITY	INFORMA	TION			X.5118	-		
Name of Facility When Residence	e Abatement is	Taking P	Place (3)				of Facility						
Street Address							School (K	ter 8 (Other th	an K-12\				
308 North Vendome	Avenue								commercial building	s hom	ne e	tc.)	
							re Feet	# of F		g. Age		.,	
City (5)							1,050		1		yea	ars	
Margate City						1990	ent Use (F idence	Prior if being d	emolished)				
County (6) Atlantic			ounty Code										
Name of Monitoring Fi	rm Hired by Bui				ASCM	100000000000000000000000000000000000000		ement Contrac	ctor (9)				
N/A Street Address							tech, Inc.						
						829 F	Radio Roa	ad					
City, State & Zip Code							State & Z	ip Code bor, NJ 0808	87				
Project Manager for M	onitoring Firm		Те	lephone N	lumber	Telep	phone Nur 296-6916		License Num	ber 0081	7	111 - 274	
Scheduled Start Date (March 6, 20		cheduled	Completi	on Date (1 h 31, 2014	500.00		e of OSHA						
Occupancy Status Dur Facility Close	ing Abatement	(Check o	nly one)			Stree	et Address Radio Roa	;			-52: 5-25		
	erformed Outsid					City,	State & Z	ip Code			1		
Other – Desci						Little	Egg Har	bor, NJ 0808	37				
	oied During Aba	tement											
Scope of Work (Check	all that apply)						П.	Full Containm	ent with Negative Press	uro			
>3 sf or > 50 lf				Renovatio	n			Mini-Enclosure		ure			
≥160 sf or ≥260	If			Demolition	n			Glovebag Pro	5).				
							⊠ ı	Non-Exempte	ed(*) and Non-Friable Pr	ocedu	re		
Loca Asbestos-Contair	ition of	CAAN		on Norma y Mainten			Description		Amount (Specify	Ab	atem	ent 7	Гуре
	ABATED	CIVI)		dial Staff?			Material (A		SF or LF)				
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(13)						tion, surfa her miscel	icing, VAT llaneous)		₽	Z.	nca	E
								,		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A					<u>a</u>	_	ate	ē
Exterior				Х		7	Transite S	iding	220 SF	X		Т	\top
Interior Ceiling/Roof	line			Х		7	ransite Pa	anels	1,050 SF	X			
Name of Registered W	laste Hauler		NJDEP V Hauler ID		Cubic \	ards of Was	te	Name of Reg	istered Landfill				
Synatech, Inc.			27	429	20	-15-4-		Grows Land	fill				
City, State					Dispos	ai Date		City, State					
Little Egg Harbor, NJ					April 1			Morrisville, I					
Completed By		Title			Signatu		111		Date				
Diane Aloia		Executiv	e Admini	strator	100	ane l	eloc		February 24, 2014				

CK# 25417

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	/26/14			Name	e of Buildin	g Owner/Operator Chan	(2) nbers Propert	ies. LLC				
Agencies Notified	Type Notification			Stree	t Address		assau Street S	_	- 1	20	114	
EPA DEP DOL	Initial Amended Amendment #			City,	State, Zip 0	Code	inceton, NJ 0	!				
M DOH □ DCA	Emergency (in justification) Cancellation	ncludin	g	Name	e of Contac			Telephone Nun	ber			<u> </u>
				FA		ORMATION						_
Name of Facility Where	Abatement is Takin	g Plac	e (3)	10,00			Type of Facility	(4)				
	Offic	e Spa	ace				School (K-1)	2) 8 (Other than K-1	2)			
Street Address	20 Nas	sau S	Street				Other (i.e., p	rivate & commerc	cial buil	dings	,	
City (5)	ъ.		1.22				Square Feet	# of Floors	В	ldg. A	(C)	
County (6)	Prii	iceto	n	LCou	nty Code (7) (STATE	30,000	rior if being demo	ished)		30	_
	Mercer				ONLY)	i) (SIAIL	Current Ose (F)	offices/reta				
Name of Monitoring Firm	n Hired by Building	Owner		ASCM	No.		nent Contractor (9					_
(8)	MECS						ens Environi	nental Servic	es, Ir	ıc.		
Street Address	PO Box 34	1				Street Address	PO E	30x 322				
City, State, Zip Code		0051	г			City, State, Zip C		NII 00E01				
Project Manager for Mo	rosswicks, NJ	0031		ephone	No	Telephone No.	Allelitow	n, NJ 08501				=
(C)	eisgarber Jr.		3723-3		8-4070		59-9688		0049	3		
Start Date (10)		duled (-		ate (11)	Name of OSHA	Monitor	-				
2/27/14			3/3/1	4			M	ECS				_
Occupancy Status Duri						Street Address	P∩ F	30x 341				
☐ Facility Closed/Vaca ★ Abatement Performe						City, State, Zip C		JOA 341			-	-
Other - Describe:								ks, NJ 08515				
Scope of Work (Check	all that apply)		enovat emolitio			☐ Mini-End ☐ Gloveba	ntainment with Neclosure ag Procedure empted (*) and No		ure			
		N	Location Location	1	-				A	bate Typ	ment be	
Location Asbestos-Containing		Mai	d Solel ntenar	ice/	Asbest	Description of os Containing Mat	erial (ACM)	Amount	771	חל	ш	т
TO BE ABA IN Facilit (13)	TED		ustodia Staff? (12)	al	(i.e.,	thermal systems in surfacing, VAT, other miscellaned	or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							te	
Suite 10 Ba	sement			×		Pipe Insulati		55 LF	×			
Electrical	Closet					Pipe Insulat	ion	8 LF				
Name of Registered Wa	eto Hauler			JDEP V	Masta	Cubic Yards	Name of Regis	stered I andfill				Щ
Stevens Environr		s, Inc	h	lauler ID	BURNING CO.	of Waste 2 CU	1	R.R.F., Inc. I	_andf	ill		
City, State	Allentown, N					Disposal Date 3/3/14./	City, State	Tullytown,	PΛ			
Completed By	Allentown, I	· J					16)	Date	IA		-	=
Mahlon E. Ste	1.100000	Pr	ojec	Mar	ager	191			2/26	/14		

Feb 26 2014 03:39pm P001/001 CK 425417

APPR0	DVED		
of Health	& Pagnior	Servi	ces
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14 (signa	into) 3:	37	PN
	of Health	APPROVED of Health & Regnor (4 (signature) 3:	of Health & Pagnior Servi

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

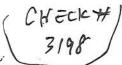
5114 23	Name of Building Owner/Operator (2)											
Date of Notifical INF (4)	26/14		1	ABLUS O	DUMUNIA	Cham	bers Properti	es, LLC				_
	Type Notification		-	Street A	ridress				thir it	1 100		7
Agencies Natified	I initial		1	on Corr.		20 Na	ssau Street S	uite 129		_		_
EPA DEP MODOL	Amended Amendment		-	City, Sta	ite, Zip Co	ode Pri	nceton, NJ 0	8542				
™ DOH	Emergency (In justification)	ncluding	H	Name o	f Contact			Telephone Nur	nber			
DCA	Cancellation					emiah Obert		_			1	L
		-	=	FACI	ITY INFO	PRMATION						
Name of Facility Where	Abstament is Takin	n Place /	3)				Type of Facility	(4)				
	Offic	e Spac	e				School (K-1) Subchapter	8 (Other than K-	12)	056		
Street Address	20 Nas	sau Str	eet				homes, etc.	private & comme) # of Flaors		g, Ag	3	\dashv
City (5)	TD-÷	noston			*		30,000	3		80		_
	FII	nceton	_	Count	v Code (7	(STATE		rior if being deme	ollshed)			
County (8)	Mercer			USE	ONLY)			offices/ret	all			_
Name of Monitoring Fire		Owner	=	ASCM N	lo.	Name of Abaten	nent Contractor (3)	-			
(8)	MECS					Stev	vens Environ	mental Servi	ices, in	3.		=
Street Address	PO Box 34	11	= \ .			Street Address	PO	Box 322				
City, State, Zip Code	10 002 0	-				City, State, Zip C	Code) II 00 F0 F				7
City, State, 210 Cook	rosswicks, NJ	08515					Allentow	n. NJ 08501				_
Project Manager for Mo			Tele	phone N		Telephone No.	PA 8880	License No.				
William W	leisgarber Ir.		(60	9) 298	3-4070	and the same of th	59-9688		00493	_		=
Start Date (10)	Sch	eduled C	omple	fion Dal	e (11)	Name of OSHA	Monitor	CCC.				
2/27/14			3/3/1	4			, <u>N</u>	(ECS				=
Occupancy Status Dur	ing Abetement (Ch	eck only	one)			Street Address	PO	Box 341				_
Facility Closed/Vac Abatement Perform Other - Describe;	aled During Entire i ad Outside of Norm	nal Facility	y Hou	rs ment		Cily, State, Zip	Crosswic	ks, NJ 0851	5			
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ASE-41 MAR 00

^{*} Do not use this form for esbestos liconsure exempted activities.

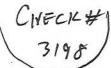
CK 4924

Date of Notification (1)		Name	of Buildin	g Owner/Operator	(2)						٦
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Agency Notified Type Notification		Street	Address	TENAFL	y RD					8.3	
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D DCA D Cancellation			<u> </u>	SCHOEDS	IIL .		-,,	2			-
Name of Facility Where Abatement is Taking Pa	200 (30	FAC	HUTY BH	ORMATION	Type of Facility	(A)			-	-	-
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Street Address		· ·			☐ School (K-12 ☐ Subchapter 8	Other than K-12) .				
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Name of Monitoring Firm Hired by Building Own	er Acr	M No.		Name of Abates	nent Contractor (S		<u></u>	-			-
(3)		en NV.			emoval I						
Street Address				Street Address							_
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City, State, Zip Code				City, State, Zip		J. 07601					
Project Manager for Monitoring Firm	Tolon	hone No		Telephone No.		License No.		7		_	-
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Start Date (10) Scheduled C)	Name of OSHA	Monitor	. 7 T-0					
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Occupancy Status During Abatement (Check or	sty one)			Street Address 280 Huy	ler St						
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STATE OF HEW JETS BY HOTHER OF ASSESTOS ABATEMENT (PUTTUENT TO NIAC \$:60 and 13:13")

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Agencies Notified Type Notification
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Check # 8532

Date of Notification (1)		Name of Building Owner / Operator (2)															
Agencies Notified	Type Notification			Julie Suarez Street Address													
	Type Notification		١٥١	icci /	iuuless								7 .				
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				FAC	ILITY	INFO	RMATION										
Name of Facility When	e Abatement is Tak	ing Place (3	3)				Type of Facility										
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Little Egg Harbor				Current Use (Prior if being demolished) Residence													
County (6) Ocean		County C															
Name of Monitoring Fi	rm Hired by Building	Owner (8)			ASCM	No.	Name of Abatement Contractor (9) Synatech, Inc.										
Street Address							Street Address										
City, State & Zip Code	ic .					-	829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087										
Project Manager for M	anitarina Firm		Telepho	no N	umbar		Little Egg Har Telephone Nur			License Nur	abor						
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Scheduled Start Date March 7, 20	14		April 7, 2		1)		Name of OSH, Synatech, Inc										
Occupancy Status Dur Facility Close	ring Abatement (Che d/Vacated During E			emen	t		Street Address 829 Radio Ro										
Abatement P	erformed Outside of	Normal Ho	ours				City, State & Z	ip Code									
Other – Desc							Little Egg Har	rbor, NJ 08087									
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Synatech, Inc.		5			Grows Landfi	II											
City, State		Dispos	al Date	1000-000	City, State												
Little Egg Harbor, NJ 08087					April 8	, 2014		Morrisville, P.	'A								
					Signature D				Date								
Diane Aloia Executive Administrator						Olne	e alon		Februa	ry 25, 2014							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 1299	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)														
Date of Notification (1) 2-24-2014			Name of Elio So	Building O arez	wner/Ope	erator	(2)	*		1	MAR	- 4	20	14	
Agencies Notified Type Notification EPA Initial		100	Street Ad 133 Ivy	ddress / Street						~0	7).				,
DEP Amended Amendment				te, Zip Cod /, NJ 070										(6)	
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DCA Cancellation			Elio So	and a contract of the contract					1	-					
Name of Facility Where Abatement is Taking	Place (3)	FACIL	LITY INFO	RMATIO	N T	Type o	f Facility (4)	+					块
Residential						2000-01-00	☐ s	chool (K-1	2)						
Street Address 133 Ivy Street	1 120				Subchapter 8 (Other that Other (i.e. private & cometc.)							lings,	home	es,	
City (5) Kearny, NJ 07032	•						# of	Floor	oors Bldg. Age 65+						
County (6) Hudson								County Code (7) (STATE USE ONLY) Current Use (Pr					-		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Name of Abatement Contractor (9) Green Environmental Service					s.LLC				
Street Address			l			Street Address 235 Virginia Avenue					30.7				
City, State, Zip Code	, Zip Code								City, State, Zip Code Jersey City, nj 07304						
Project Manager for Monitoring Firm		Teleph	none No				nse No).							
Start Date (10)	Schedule	ed Com	pletion [Date (11)			333-88 of OSH	A Monitor		011	74				
	3-7-20			()			e as al			- 1					
Occupancy Status During Abatement (Check	0.5%	All			8	Street	Address	3				Miller Co			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:			ent		_	City, S	State, Zip	Code		+					
Scope of Work (Check All That Apply)		1 11 11										Missow-			
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	Is	Locatio	on										Abate	ement	
Location of		Normalled Solel		5 8 8		ription							l y	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenan todial S (12)	ice/	Asbesto (i.e. t	os Contain thermal sy surfacir other mis	ystem: ng, VA	s insulat T, or	(ACM) ion,	(S	noun pecify or LF	/	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ö	270
Front facade		Х			Shing					00 S		x			
Basement		X			Pipe ir	nsula	ation		10	00 LF	-	х			
Name of Registered Waste Hauler	l Nº	JDEP W	losto T	Cubic Ya	ord-	Name of Registered Landfill									
Waste Management	No.	of Waste			G.R.O.				fill						
City, State Coraopolis, PA			Disposal Date City, State 3-7-2014 Morrisville, PA												
Completed by Liliana Pedraza	leted by Title								Signature Date 2-24-2014						

	EMERGENCY		FICATION (BABATEMENT		Check DOb	91	d D	AY	
ſ	Date of Notification (1) 2 - 34	. 14		Building Owne	r/Operator (2)	arvey	FEB	انسا	N 20	M.	
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	Amendment & Emergency (Ir Justification)	cluding	Name of Mark	Contact	ild Ta	s bay	NOTIVE OF	70	1	<u></u>	불
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,	City, State, 2ip Code New Envol	M 2	80	533	City State, Z	BOX C	4 117	01	15	31	3
SMA		Scheduled C		758-33	Name of OS	3-3365 HA Monitor	1	3	94		7
Weather	Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	eriod of Abat	- 19_		Street Addre	Box	nologies 337	T.	۱۲.		
40	Abatement Performed Outside of Norm Other - Describe: Scope of Work (Chack All That Apply)	al Facility Ho	urs		Olty, State, 2	Egypt	ع کلا	85	337	>	
Due	≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation olftion		. D M)	ni-Enclosure	l with Negative Pr dure 1) and Non-Friable				
windan	Location of	Is Lot Nom Used S	nally	A-14	Description of Containing Materia				Abatem Type		
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OPen	exterior walls	Y65 N	o N/A	Siding	Shing	es	850 SF	X		P.	\exists
										7	7
	Name of Registered Weste Hauter EPC Technologies	<u> </u>	Houser ID	No. 91	waste Co		Managen	V-9-	<u>, ^ 6</u>	P	A
	New Egypt Completed by Chen Kee	NJ Drace	icha+	3	-7-1 Signature	Morni:	Day	Δ 5-3	24·	.]L	4

Amended additional

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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1999/5	SEL STA	DE EUR	On in	No.
Silvania P		A STREET	碳级铝	SEMEST OF

Name of Building Owner/Operator (2) Date of Notification (1) Jeanne Lewis Private Home 2/12/14 Street Address Type Notification Agencies Notified 535 Peach Street Initial EPA City, State, Zip Code Amended DEP Hammonton NJ 08037 Amendment # × DOL Telephone Number Emergency (including Name of Contact justification) × DOH Jeanne Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Jeanne Lewis Private Home Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address etc.) 535 Peach Street Bldg. Age # of Floors Square Feet 35+ City (5) 1000 + Hammonton NJ 08037 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Atlantic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 2/24/14 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: Home Owner will be home City, State, Zip Code Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Asbestos Containing Material (ACM) Amount Used Solely by Encapsulate Asbestos-Containing Material (ACM) Remova (Specify Maintenance/ (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 700 SF Floor Tile & Mastic X Basement 100 LF Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste G.R.O.W.S. Hauler ID No. 22459 United Containers City, State Disposal Date City, State Morrisville PA 19067 2/28/14 Elm NJ Date Signature Title Completed by 2/12/14 President Anthony T Perna

NOTIFICATION OF ASBESTOS ARATEMENT

Date of Notification	1 (1)				7 and 12:120-7; Owner/Operator			-4		-,	(32) P
2-24-14			John M			. (2)				í	(F, 1
Agencies Notified	Type Notificat	ion S	Street Add	cess					-		
[]EPA	[X]Initial		17 Rid	gewo	od Ave.		. (1)	1.D _	1 0	014	
[]DEP	Notificat	ion	City, State	a. Zip	Code		IV.	AR -	+ (U14	
[X]DOL	[]Amended		1 (1) The state of		,NJ,07028						
[X]DOH	Notificat	-	Name of Cor						_		
	[]EMERGENCY		John M		70	TeTeppo	ne Numba				
[]DCA	[]Cancellati	on	oomi M	ancı	110	1		- 5	1		
			FAC	ILITY :	INFORMATION						
Name of Facility Whe	ere Abatement is	Takin				Type of Facil	ity (4)				
Same as above						[]School	(K-12)				
Street Addres						[] Subchar	ter 8 (Othe				
Joseph Addres					(i.e., priva ouildings, h			-			
						Square Feet	# of Floo		dg. 1	Acre	
City (5	Co	ounty (6) Essex	11 10 10 10 10 10 10 10 10 10 10 10 10 1	nty Code (7)	2200 2 87					
				(SI	ATE USE ONLY)	1 2200)
Name of Monitoring F Owner (8)	irm hired by Bu	uilding	ASCM No.		11	ment Contracto			Viring		
N/A					AZTECH N	ianagement	, Inc.				
Street Address					Street Addres						
					86 Chris	stopher St	•				
City, State, Zip Cod	le				City, State,		WWW.				
23					Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fire		ephone Num	ber	Telephone Num		Þ	icense	Numb	er	
		N/Z	A		(973)744	1-8800		0037	1		
Scheduled Start Date	(10) Sched.	Comple	etion Date	(11)	Name of OSHA:	Monitor		-			
3-5-14	1	-14			N/A		40				
Month Day Ye Occupancy Status Dur	ear Mont				Street Addres						
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of Abatement []Abatement Per		of Nor	mal Facili	tv	City State	ri- o-d-			-		
Hours - Descr	ribe: «OffHours	Descrip	t»	-1	City, State,	Zip Code					
[]other - Descr			Descript»								
Scope of Work (Check	all that apply	7)			[]Full	Containment wi	th Negative	Pressi	170		
[X]≥3 sf or		[X]]Renovatio	n		Enclosure	.cm negacive	116990	T.C		
[] <u>≥</u> 160 sf o	or <u>></u> 260 lf	Ι.	Demolitio	n		bag Procedure riable Procedu					
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	W1										
Name of Registered W	aste Hauler		EP Waste		oic Yards	Name of Regi	stered Land	fill			
AZTECH MANAGE	EMENT, INC		ler ID No.	of.	Waste 1.5	G.R.O.W.	S.				
City, State				Di	sposal Date	City, State					
Montclair, NJ	07042				8-8-14	Morrisvi	lle, PA	1906	7		
Completed D. (D.)							66.00				
Completed By (Print of Constantine Vi		sider	n+		Signature			Date 2-24-	-14		
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State of New Jersey
NOTIFICATION OF ASSESTOS ARA

			OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)									
02/20/2014			N A	ame of Building O	Owner/Opera	itor (2)						
Agencies Notified Type Notific	cation			treet Address	W				MAR		1 0	ne v
EPA Initial DEP			6	56 RAMAPO I							41	714
THICK.	iment #		T	ty, State, Zip Cod EANECK N.J.	le						-	
I IIIstifica	ency (inc	luding		me of Contact							*	9.5
DCA Cancel	lation		A	NITA ZULLOV	v		TTA	d=-1				
Name of Facility Where Abatement is				FACILITY INFOR								
PRIVATE	aking Pl	ace (3)			CINATION	Type of Fa	_					
Street Address					5	1	ol (K-12)					
656 RAMAPO RD.						I Subch	anter 8 (Oth	er than	K-12	1		
City (5)					g.	Other etc.)	(i.e. private	& comn	nercia) I build	lings,	hom
TEANECK N.J.						Square Fee		Floors			dg. A	
County (6)			Cou	1,700 2						- 1	95	ge
lame of Monitoring 5:			(STA	(STATE USE ONLY) Current Use (Prior if being N/A					olishe	ed)		
lame of Monitoring Firm Hired by Build	ing Owne	er (8)	A	TAGGET						50		
treet Address					Name of Abatement Contractor (9 SHARON QUALITY CONS							_
					Street	Address	-ITT CON	OIRL	CTI	ON L	LC.	
ity, State, Zip Code					22 V	AN ORDEN	I PL.					
		City, State, Zip Code										
oject Manager for Monitoring Firm	Talon	hone No.	HAC	KENSACK	1							
out Duty (and	Leieb	none No.	Teleph	one No.	License	ense No.						
art Date (10) 3/01/2014	Sche	duled C	ompletic	on Date (11)		708 -4270	10	1135				
cupancy Status During Abatement (Ch			4	()	Name o	of OSHA Moni	tor					
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Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:			ement irs		Street A 307 -	ddress	H. STREE	ΞΤ.				
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Project Manager for Mandating Firm		Teleple	one No.	Telaphar 201-26	2-5841		Libertee No.					
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Completed by Joseph Vocaturo	Operal	Rome	1012		Signature	- Voratin	9			24	117	الساعات

Date of Notification (1) 02/26/14 Ck# 2999 \$200		Name of Building Owner/Operator (2) Dover Board of Education						*******						
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Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	1.0		f Contact t Gomes				1 ==						-
			FACI	LITY INFO	RMATI	ON							1. 4	
Name of Facility Where Abatement is Taking Dover High School Street Address	Place (3	3)					Type of Facilit School (if Subchap	(-12)	er than	K-12)				
100 Grace Street							Other (i.e etc.)	. private	nercial	ercial buildings, home				
City (5) Dover, New Jersey 07801				8			Square Feet 20,000	# of Floors 2			0.00	ldg. A 5+	ge	
County (6) Morris				Code (7) USE ONLY)			Current Use (I High School		ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building Of Garden State Environmental	Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental						Name of Abatement Contractor (9) Lilich Corporation							
Street Address 555 South Broad Street							t Address McBride Avenue							-
City, State, Zip Code Glen Rock, New Jersey 07452	ate, Zip Code						State, Zip Code odland Park, New Jersey 07424							
Project Manager for Monitoring Firm Bruce Wolf	Project Manager for Monitoring Firm Telep						none No. 225-8400	TOW DO		se No.				
Start Date (10)		ed Com		52-1119 Date (11)		Name	of OSHA Monit							
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Abatement Performed Outside of Normal Other – Describe:					_	100000 E 100000	tate, Zip Code n, New Jerse	ev 0708	3					
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		thermal surfac			(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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City, State Woodland Park, New Jersey 07424						osal Date City, State 4/14 Morrisville Pennsylvania								
Completed by Tatiana Kalenikova Title Vice President					S	ignature /ak	Care 1	Cali		Date 02/2		4		

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT - UVIN

Date of Notification (1)			Nam	e of Buildi	ng Owner	Operator		18.	AP	PROV	/ED			7
02/26/14 Ck# 2999 \$200 Agencles Notified Type Notification			DOV	er Boar	d of Edu	cation	(2)	Dept. of	Hea	THE STATE OF THE S	Seni	or Se	rvice	S
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DOH Justification Cancellation)	ιij		of Conta				190	•					
Name of Facility Where Abatement is Taki	ng Place	(3)			NFORMAT	ION		<u></u>			_		_	_
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City (5) Dover, New Jersey 07801						-	etc.) Square Feet		Floo		iai bu		Age	me
County (6) Morris			Count	y Code (7)		20,000	2				55+	ngo	
Name of Monitoring Firm Hired by Building	Owner (8)	STAT	E USE ON	(n)		Current Use (i High School	ol		emolis	hed)			
Garden State Environmental Street Address	· · · · · ·	<u>.,</u>	ASI	-1VI NO.		Name (of Abatement C Corporation	ontractor ((9)					
555 South Broad Street City, State, Zip Code						Street A	Address AcBride Ave	ппе		-	•			
Glen Rock, New Jersey 07452						City, St	ate, Zip Code	` -						_
Project Manager for Monitoring Firm Bruce Wolf			Teleph 201-6	one No. 352-111	0	Telopho	land Park, I	-	-	0742 nse N				
Start Date (10) 02/28/14	Schedu 03/03	lled Co		Date (11			25-8400 f OSHA Monito		011	04				
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Street Address 64 BROAD STREET	•					Addres WHITI	is EHEAD A	VE.			VO- 3-04			
City, State, Zip Code MATAWAN, NJ 07747	-						p Code IVER, NJ	08882						
Project Manager for Monitoring Firm TOM GEIGER			phone No. 2-292-221	7	A STATE OF THE PARTY OF THE PAR	hone No 432-8		L	icense 01	No.				
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City, State ELIZABETH, NJ				1 -	osal Dat	7	City, Sta MORR	te ISVILL	E, PA			,		
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Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCM 0045			Name	of Abat	ement Cont	ractor (9) MERI	CA				
Street Address 64 BROAD STREET							Addres	s EHEAD A	VE.						
City, State, Zip Code MATAWAN, NJ 07747								p Code IVER, NJ	08882	2					
Project Manager for Monitoring Firm TOM GEIGER			elephon	ne No. 2-2217		900 SSSS	none No 432-8			License 0111					
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Date of Notification (1)			Name o	of Building .G.	Owner/0	Operator	(2)							1
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Project Manager for Monitoring Firm TOM GEIGER	- 1	Telepho 732-29	ne No. 92-2217		Teleph 732-4	one N	0.	-	License N	lo.				
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NEWARK County (6)	S.		County Co			Current	Use (Prior	if being	demo	olished	1)			
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Project Manager for Monitoring Firm	160		Telephone			ohone No 2-432-83			Licen: 0111	se No. 1				
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: occupied by necessary	Facility F	าดบเร	2		City,	State, Zi OUTH R	p Code IVER, N.	0888	2				1	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				Mir Gle	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure						
	1					∆ No	n-Exemple	u () an	u INOII	- Habi	7	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ntena	ely by ance/ Staff?	9	rmal syste surfacing,	g Materia ems insul	ation,	(5	moun Specif F or Ll	y	Removal	Ty Repair	e Encapsulate	Enclosure
	Yes	No		100	DE ACI	M SOCI		Ė	OL	F	x			
2nd & 3rd Floors		X		VVI	RE ACI	VI SOCI								
											-	-	-	
			NJDEP V	Vaste (Cubic Yard	ds	Name o	f Regis	tered I	andfil	I	-		
Name of Registered Waste Hauler WASTE MANAGEMENT			Hauler ID	No.	of Waste		GRO\	NS NO						
City, State ELIZABETH, NJ					Disposal D BD			RISVIL		_	ate		11	
Completed by CAROL RAIMO	Title OFF	ICE	MGR.		Signa	ature	alx	ai	ne	9 6	2/a	24,	1/19	1

CK#5115

Date of Notification (1)				Name of P.S.E.	Building O G.	wner/O	perator	(2)		150			- :-	
	oe Notification			Street Ad 4000 F	ddress HADLEY	ROAL)			MAR	- 4	201	4	
DEP DOL	Amended Amendment				te, Zip Cod H PLAIN), NJ 0	7080						
DOH DCA	Emergency (justification) Cancellation	including			Contact TOPHER	R MOI	RENO		lsTel	onhane M	har	A . 1%		
				- FACII	LITY INFO	RMATI	ON							
Name of Facility Where Abate P.S.E.G Street Address 422 UNIVERSITY AVE) Place (3)					Sc Su	Facility (4) hool (K-12) bchapter 8 (Oth her (i.e. private			dinas.	home	es.
City (5)	·-					10-1-208		Square	:.)	f Floors		ildg. A		-
NEWARK							15	17291		3	5	5 YF		
County (6) ESSEX			- 1	County (STATE (Code (7) USE ONLY)		_		Use (Prior if be CH STATION		ished)			-
Name of Monitoring Firm Hire ENVIRONMENTAL TA		Owner (8)		0045	700000				ment Contractor STEMS OF		CA			
Street Address 64 BROAD STREET					8		77.77	Address WHITE	HEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747				-				State, Zip	Code 'ER, NJ 0888	32		MBR 19 1-25		
Project Manager for Monitorin	ng Firm			Telephor	ne No. 32-2217			none No. 432-83	50	License 01111	No.			
Start Date (10) 2/28/14		Schedule	ed Com	pletion [Date (11)			of OSHA	Monitor STEMS OF	AMERIO	CA			
Occupancy Status During Abi	atement (Chec	k Only Or	e)					Address						
Facility Closed/Vacated Abatement Performed C	outside of Norm	al Facility	Hours					WHITE	HEAD AVE.					
Other – Describe: occur		ry operaid	ns only				SOU	ITH RIV	ER, NJ 0888	32				
Scope of Work (Check All Thi	at Apply)	-	tenovat emoliti				×	Mini-l Glove	Containment with Enclosure Bbag Procedure Exempted (*) an				Э	
		ls	Location	on								Abate	ement	
Location of			lormali d Solel				scription				-	1 9	pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Ma	intenar odial S (12) No	ice/	(i.e. t	hermal surfac			on, (mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
2nd & 3rd Floo	2nd & 3rd Floors						ACM S	SOCK	4	OLF	x	-		
		50000	-		424635 Well 000			'						
Name of Registered Waste H	lauler		N	JDEP W	laste	Cubic	Yarde		Name of Registe	ered I and	fill	L		\Box
WASTE MANAGEMEN			H	auler ID I 125	0007050	of Was		13.00	GROWS NO					
City, State ELIZABETH, NJ	W					Dispos TBD	al Date		City, State MORRISVIL					
Completed by CAROL RAIMO		CE M	GR.		S	ignature	Ura	l Rais	16	Date //	81	14	1	

CHECK # 1001

Date of Notification (1) 01/09/13				Iding Owner/O Valley Rel			d Nursing	Cen	iter				?	JE,
Agencies Notified Type Notification	,	Str	eet Addre	ess	- Communication									
EPA Initial				22 West						MAP		Ar	01/	
DEP Amended	#	0.30000	y, State, Z	zip Code ook, NJ 08	805									
DOL Amendment Emergency (3	me of Co					Tole	nhone	Numb	20"			
DOH justification) DCA Cancellation		7,336		. Deleon										
DCA Cancellation				INFORMAT	ION			L	4		-	_		
Name of Facility Where Abatement is Taking	Place (3)		MOILIT	THE OTHER	ioit	Type of	Facility (4)							
Somerset Valley Rehabilitation and		Cente	er		1	T so	hool (K-12)	Y						
Street Address					-27272	SI SI	bchapter 8	(Othe						21
1621 Rt. 22 West					ı	⊠ of et	her (i.e. pri	vate &	comm	nercial	build	ıngs,	nome	š,
City (5)						Square		# of	Floors		BI	dg. A	ge	
Bound Brook						20,00	0	2			50)+-		
County (6)			unty Code				Use (Prior		ng dem	olishe	d)			
Somerset		(ST	TATE USE	ONLY)	2	Nursi	ng Cente	r						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No).			ment Contr				- 107			
N/A							ontractor	rs, LL	.C					
Street Address					100000000000000000000000000000000000000	Address								
						dsall D								
City, State, Zip Code					200000000000000000000000000000000000000	state, Zip	Code 07461							
		17.	Innternal			none No.			Licon	se No				
Project Manager for Monitoring Firm		le	lephone N	NO.	100000000000000000000000000000000000000	864-20			0113		*0			
Start Date (10)	Scheduled 01/14/14		etion Date	e (11)	Name Ame	2 7/3	A Monitor							
01/10/14						Address								
Occupancy Status During Abatement (Chec					0.7 (5)(55.55)) Oth Street	f						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn	Period of Aba	atemer	nt			State, Zip			-+	_		-		
Other – Describe: Mechanical room wil	be vacated	during	period of	abatemen			NY 1001	6						
Scope of Work (Check All That Apply)					14011									-
	⋈	41 _	<u>188</u>		5	₹ ₌	Containme	at with	Nogo	ivo Pr	occi ii	-0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.000	novatio molitior					-Enclosure	it with	iveya	uve Fi	essui	6		
	_				-		ebag Proce		d Non	Eriobli	o Dro	aadur		
	300 m	Ompeter.				_ Non	-Exempted	() and	INOII-	rnabi			ment	
	F12000000000000000000000000000000000000	ocation rmally	1			7727							ре	
Location of Asbestos-Containing Material (ACM)		Solely	by	Asbestos Co	escription		ACM)	А	mount	*			m	
TO BE ABATED	Maint Custoo	tenano	e/	(i.e. therma	al system	s insulat	ion,	(5	specify		Re	, D	nce	Enc
In Facility		112)			acing, VA miscella			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		1		Other	IIIISOCIIA	ileous)					'al	=	late	re
	(607.75)	No	N/A											
Mechanical room	X			hot wate	er tank i	nsulati	on	14	0 S.F		X			_
		+												
Name of Registered Waste Hauler		N.II	DEP Wast	te Cubi	c Yards		Name of F	Registe	ered La	andfill				
Atlantic Carting			uler ID No			8	G.R.O.V			4000 SO				
City, State				7/00/70/2007	osal Date		City, State Morissvi		Α					
Wayne, NJ	1 727	_		On C			WIGHT	, ,	7	→ Dat				
Completed by Marko Stankovic	Title Presid	ent			Signatur	110	Jan	U	wr	100 100	e /09/	13		

HUNDHONDE NCAPSUL REPAIR In Facility insulation, surfacing, VAT, Custodial Staff (12) AL (13)or other miscellaneous) Yes No N/A Basement X Pipe Insulation 70 lf X Garage Pipe Insulation 16 lf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040 Cubic Yards of Waste 1.5 Name of Registered Landfill G.R.O.W.S.

City, State Montclair, NJ 07042 Disposal Date 3-11-14

City, State Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title President Signature

Date 2-24-14

State of New Jersey - Notification of Asbestos Abatement



(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) February 24, 2014					Name of Building Owner/ St Andrews the Ap			МА	7 - 4	2014	<u> </u>
Agencies Notified		Notification Initi		fication	Street Address 418 Mt. Prospect A				-		
EPA		Amende			City, State, Zip Code	vellue					- 1
DCA		⊠ Emerg			Clifton, NJ 07012	(
x DOL	- 1	justific		including	Name of Contact		I Tala	-h M			
XDEP xDOH	- 1	□ Cance			Dennis Rodano					•	
ABOIT		□ Cance	iieu	FACILITY INF							
Name of Facility Where Abateme	ent is Tak	ing Place (3)		771012777111	Type of Facility (4)					-	
St Andrewsthe Apostle					☐ School (K-12)						
Street Address 418 Mt. Prospect Aven	ue				Subchapter 8 (other than Subchapter 8) Other (i.e. private 8) Sq. Feet: Unknown	commercial				vears	
	ounty (6)			Code (7) Use Only)	Current Use (prior if being						
Name of Monitoring Firm Hired b	Control of the Control of the Control		ASCM		Name of Contractor (9)						
EnviroVision Consul	tants i	nc.	0007	79	GREENWOOD ABA	TEMENT (CONS	ULTAN	rs. Inc	.	
Street Address					Street Address						
20-21 Wagaraw Road, I	Bldg #	34A	-		268 MAIN STREET						
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode Butler, NJ 07405						
Project Manager for Monitoring F	irm	Telephone N			Telephone Number		Lice	nse Numb	<u>er</u>		
Fred Larson		973-636	-9145		973-492-0477		008	40			
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor		1 000				
February 24,2014		February	26, 20	014	EMSL inc.						
Occupancy Status During Abat					Street Address						
					4070 04 14						
Abatement Performed O	utside of	Normal Fac	ility Hour	'S -	1056 Stelton Road						
Describe Other – Describe:					City, State, Zip Code						
Other – Describe.					Piscataway, NJ 08	854					
Source of Work (Check all that a	pply)		-							-	
						x Full Con	ainmen	t with Ne	gative Pr	essure	:
≥ 3 sf or ≥ 3 lf				Renovation		Mini-End	losure				
□≥ 160 sf or ≥ 260)			Demolition		Glovebag			1.00000000	925	
Landing of Ashartan Containing	Linta		h. I la a d	I December of Act	and a Control of a Material	Non-Exer				7	dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normal y by Maint./Cu			bestos Containing Material nal systems insulation, surfac	ing (Spe	int cify SF	Abaten	nent Type	2	
material (tem) in t comy (to)	Staff?	(12)	actoural	VAT, or other mis		or LF		Remove	Repair	Encap	Enclose
e†	YES	NO	NA	<u> </u>				 			_
1 st Floor Hallway			X	Popcorn ceil	ling	20 8	SF	X			
					Cubic Yards of Waste:						
Name of Reg. Waste Hauler								e of Regis		ndfill	
See Hauler Below # 1 & 2	See Hauler Below # 1 & 2 See Below						211233300	adowfill L	.andtill		
								l.O.W.S erva Ent	Ohio		
Hauler #1) Greenwood Al	natomo	nt Concult	ante In	c _ Butler M I C	7405	Disposal D			City, Stat	е	_
NJ DEP # 1256			ants, m	c. – buller, NJ (J1~100	Februar			Route 2,	Box 68	
Hauler #2) Newark Carting			04509	NJ DEP # 19551		2014	,,		Bridgepo		(
Hauler #3) Tri State-Bronx									304-842-	2784	
							91.0	9000 Min Waynesb	A STATE OF THE STATE OF		
Completed by (Print or Type)	Т	itle			Signature		Date		vayilest	urg, Or	
Marin Graure	7.00	ENIOR P		T	Maria Graure		Fe	bruary	24, 20	14	

N.I Dept. of Health & Senior (signalure)	Services State of	New Jersey - N	otification of Asbes	tos Abate	ment	
Date: 225 Time:	N.C.	(Pursuant to N.1	<u>l.A.C</u> . 8:60-7 and 12:12	0-7)		MAR' A con-
Date of Notification (1) February 24, 2014 Agencles Notified			Name of Bullding O St Andrews th	wner/Operato	r (2) School	MAR 4 2012
EPA DCA	□ Amen	itial Notification ded Certification	Street Address 418 Mt. Prospe City, State, Zip Cod.	ct Avenue		
X DOH	· ⊠ Eme	rgency (Including ication)	Clifton, NJ 07 Name of Contact Dennis Rodano	012	· 1=	* *
Name of Facility Whore Abate St Andrewsthe Apos	ement is Taking Place (3 tie School	FACILIT 1	Y INFORMATION Type of Facility (4) School (K-12)			<u> </u>
Street Address 418 Mt. Prospect Ave	nue		Subchapter 8 (other	BIS & COMMEN	ial buildings, i	homes, etc.)
City (5) Clifton	County (8) Passaic	County Code (7) (State Use Only)	Current Use (prior If t			d. Age; 50 years
Name of Monlloring Firm Hiros Enviro Vision Consu	lby Bidg, Owner (8) litants inc.	ASCM No. 00079	Name of Contractor (9)			
Street Address 20-21 Wagaraw Road,	Bldg # 34A		GREENWOOD AI Street Address 268 MAIN STREE		CONSUL	TANTS, INC.
City, State, Zip Code Fairlawn, NJ 07410 Project Menager for Monitoring	Firm Telephone	il (mbor	City State, ZinCode Butler, NJ 07405			
Fred Larson Scheduled Slan Date (10)	973-636	-9145	<u>Telephone Number</u> 973-492-0477		<u> </u>	Number
Pebruary 24,2014 Occupancy Status During Abs	February	26, 2014	Name of OSHA Monitor EMSL inc.			
E Facility Closed/Vacal Abatement Performed C Describe	led During Eating Dools	A - 4 6 L - 1	Street Address 1056 Stelton Roal City, State, Zip Code	d	3E 1/2	
Other - Describe:			Piscataway, NJ (8854		
Source of Work (Check all that a	pply)			* Full Coo	trainment with	Negative Pressure
≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260		Renovation Demolition	\$100 apr	Mini-End Glovebag	losure Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely by Maint./Cus Staff? (12)	Used Description of A (ACM) (i.e. the VAT, or other m	sbestos Conteining Material rmal systems insulation, surfa iscell.)	Amou	int Ab	Non-Friable Procedure atement Type move Result Encap Enclose
1 st Floor Hallway		Popcorn ce	illng	20 S	F 🗵	
Name of Req. Waste Hauler See Hauler Below # 1 & 2	See Below		Cubic Yards of Waste:		G.R.O.W	
Hauler #1) Greenwood Abs NJ DEP # 12561 Juuler #2) Newark Carting, Jauler #3) Tri State-Bronx N	Inc Nawark Nia	500 NI DED # 1000-		Pisposai Di February 2014	Minerva E	Ent. Ohlo City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
ompleted by (Print or Type) farin Graure	TILLE SENIOR PRO MANAGER	JECT	Signature Maria Gravec		Date Februar	Waynesburg, OH y 24, 2014
AC# 2014 427	1 10 10 10 11					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Mock # 45/05	ı			OF ASB							C 90		7 7	2 5
Date of Notification (1) 2/24/2014				Building					V					
Agencies Notified Type Notification EPA Initial	n		Street Ad Route						0	MAR	- 4	20	14	
X DEP X DOL Amended Amendme				te, Zip Co rater, No		sey 08	023	5				31		1
DOH justification				Contact Andrew	s			1141	Tele	anhone Ni	mhar	-11		
	35.41	- 1	FACII	LITY INFO	ORMATI	ON					Marcal Co		20-	
Name of Facility Where Abatement is Tak Timber Wharf Area	ing Place (3	3)					Тур	e of Facility (4 School (K-1)	f.					
Street Address Delaware River	- S						×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Deepwater							Squ 0	are Feet	# of	Floors		Bldg. A	ge	
County (6) Salem			County C	Code (7) ISE ONLY)			rent Use (Pric			shed)			
Name of Monitoring Firm Hired by Buildin Harvard Environmental, Inc.	g Owner (8)		ASCM	l No.			of Ab	atement Con Environmer	tractor	(9)	Inc.			
Street Address 760 Pulaski Highway						Street 42 R		ess Road						
City, State, Zip Code Bear, DE 19701								Zip Code rille, PA 19	460		,			
Project Manager for Monitoring Firm Chris Orange			Telephor 302-32	ne No. 26-2333		Teleph 610-		No. 4332		License 00836	No.			
Start Date (10) 3/11/2015	3/21/20		npletion [Date (11)				SHA Monitor Env., Inc.						
Occupancy Status During Abatement (Ch	eck Only Or	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:						City, S	State,	Ski Hwy Zip Code 19701		+				
Scope of Work (Check All That Apply)							-							\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure	_			e	
	lo lo	Locati	ion					on Exempted	7 4.11			10 Cop 2 1 1 2 2 2 2	ement	1
Location of	1	Normal	ly		Des	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial s (12)	nce/		tos Cont thermal surfac	aining N	Materia s insu T, or	81	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
wharf-beach area	Yes	No	N/A		G	albesto	ne		17	'5 LF	X		ਰ	
wildii-beacii alea					06	aibesic			17	J LI	Λ.			
Name of Registered Waste Hauler		110000	JDEP W		Cubic			Name of F	Registe	red Landfi	11			\vdash
Waste Management of Delaware			auler ID 7273	No.	of Was			GROW						
City, State Wilmington, DE					3/14	sal Date		City, State Morrisvi				-0.00		
Completed by Jeff LaRiviere	Title V.P.				S	ignature			- 8		ate /24/2	014		
ASB-41 (R-06-08)						±₽6 nt	ot use	this form for	asbest	os licensu	re exer	npted	activit	ties.

State of New Jersey - Notification of Asbestos Abatement

(hocv # 10)	727		(Pursu	ant to N.J.A.C	2. 8:60-7 and 12:120-7)			1 1 7	F 7	77	
Date of Notification (1) February	24. 2013				Name of Building Owner/Oper Drew University	ator (2)			(1)	12	Ì
Agencies Notified	24, 2013	Notification			Street Address		MA	R - △	0017	* , :	
X EPA	edical but	■ Initi			36 Madison Avenue		171/71	11 4	201A		
x DCA		Topics of the parties of the section and the section of		fication # 1	City, State, Zip Code						-
x DOL		■ Emerg		ncluding	Madison, NJ					32	- !
X DEP		justific			Name of Contact		T-1	La Al	har	(*)	i
x DOH		□ Cance	lled		James Hall						i
X 2011				FACILITY IN	FORMATION	- 4			ă.		
Name of Facility Where Abat	ement is Tak	king Place (3)			Type of Facility (4)						
Drew University- Ha	Il of Scien	nces			☐ School (K-12)						
					⊠Subchapter 8 (other than K-1	(2)					
Street Address					Other (i.e. private & commer		inas, ha	mes. etc.)			
36 Madison Avenue					Sq. Feet: Unknown #				70 y e	ears	
City (5) Madison	County (6)		Code (7) Jse Only)	Current Use (prior if being der	nolished)):				
					100000000000000000000000000000000000000	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
Name of Monitoring Firm Hire	-	Jwner (8)	ASCM	NO.	Name of Contractor (9)						
Briggs Associates,	Inc.				GREENWOOD ABATEM	ENT C	ONSU	LTANTS	, INC.		
Street Address 3 Crosswicks Street					Street Address						
					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Bordentown, NJ					Butler, NJ 07405						
Project Manager for Monitori	ng Firm	Telephone N			Telephone Number		Licen:	se Number			
Michael Hoodak		609.298		973-492-0477	**	0084	10				
Scheduled Start Date (10)		Scheduled (Name of OSHA Monitor						
December 13, 2013		Septemb	er 30,	2014	EMSL inc.						
Occupancy Status During A	Abatement (Check only o	ne)		Street Address						
Facility Closed/Vaca	ted During E	Entire Period	of Abater	ment							
Abatement Performe	ed Outside o	of Normal Fac	ility Hour	S -	1056 Stelton Road						
Describe - Occupi	ied				City, State, Zip Code						
Other - Describe: Ph	nase 1- 12.1	3.2013 to 01	.14.2014		Discrete N. I. 000E4						
Ph	nase 2- 03.1	7.2014- Apri	11, 2014		Piscataway, NJ 08854						
Ph	nase 3- 05.2	28.2014 to 09	.30.2014								
Source of Work (Check all th	at apply)			***			107 80-50		CE LITER REPORTS		
								with Nega	tive Pre	ssure	
≥ 3 sf or ≥ 3	lf			☒ Renova	ation	X Min	i-Enclo	sure			
	260			Demolition		Glovebag					
								*) and Non-		Proce	dure
Location of Asbestos-Contain		ocation Norma			sbestos Containing Material	Amour (Speci		Abatemer	nt Type		
Material (ACM) in Facility (13		f? (12)	ustodiai	VAT, or other mi	mal systems insulation, surfacing,	or LF)		Remove F	Repair Er	ncap Er	nclose
	YES		NA	l, or outlor the		/					
HS -3		X		Spray On Fi	ireproofing	1,100) sf	X			
2 nd Fl. Rotunda Area		×		Spray On Fi		3,300		X			
Rms # S105&S106	٠	X		VAT & Mast		2,300		X	-		
		اطا			ii.	140		X			
1 st Fl. Area Adj		TSI		2,400		1					
Rotunda		Spray On Fi		1,900			- 1				
1 st FI Loading Dock		X		VAT & Mast		200		X			
2000		×		VAT & Mast	tic	600		X			
3 rd Fl. Rms # S336-3	42	TSI		50 ea	۱.	区		1			
	Spray C							X		- 1	
opiu) o						240 s	sf .		- 1		
								X			
Name of Reg. Waste Hauler		NJDEP Was		· ID#	Cubic Yards of Waste:	W-2.50		of Registe		dfill	
See Hauler Below # 1 &	. 2	See Belov	V		240			dowfill La	ndfill		
								O.W.S			
							Mine	erva Ent. (Ohio		

State of New Jersey - Notification of Asbestos Abatement

No Chack			(Pursu	ant to <u>N.J.A.C</u> .	8:60-7 and 12:120-7)						
Date of Notification (1) November		Name of Building Owner/Operator (2) Drew University									
	22, 2013	Notification	Type		Street Address						1
Agencies Notified			al Notifi	cation	36 Madison Avenue			115			
X EPA		Amende	200000000000000000000000000000000000000	_	City, State, Zip Code		10	Artii -	ZU 14	1	
x DCA					Madison, NJ						
x DOL		□ Emerg		icidaling	Name of Contact	Т	- ·			- 42	
X DEP		justific			James Hall					:	
x DOH		□ Cance	ilea			-	~				
		. DI (0)		FACILITY INFO	Type of Facility (4)		-		-		
Name of Facility Where Abater					School (K-12)						
Drew University- Hall	or Scien	ices		1	Subchapter 8 (other than K-12)	1					
					Other (i.e. private & commercial		nas ho	mes etc.)			
Street Address 36 Madison Avenue					Sq. Feet: Unknown # 0			dg. Age:	year	s	
City (5)	County (6)		County	Code (7)	C	aliahad\.					
Madison	Morris			Jse Only)	Current Use (prior if being dem	olisnea):					
Name of Monitoring Firm Hired		wner (8)	ASCM	No.	Name of Contractor (9)						
Briggs Associates, I	nc.				GREENWOOD ABATEME	ENT CO	DNSU	LTANTS	, INC.		
Street Address					Street Address						
3 Crosswicks Street					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Bordentown, NJ		41741			Butler, NJ 07405						
Project Manager for Monitoring	g Firm	Telephone			Telephone Number		Licen	se Number			
Michael Hoodak		609.298	.5520		973-492-0477 00840						
Scheduled Start Date (10)	-	Scheduled	Completio	n Date (11)	Name of OSHA Monitor		-				
December 13, 2013		Septemi									
December 10, 2010		Обрасии	,		EMSL inc.						
Occupancy Status During Al					Street Address						
Facility Closed/Vacate					1056 Stelton Road						
Abatement Performed		f Normal Fac	cility Hour	'S -	City, State, Zip Code				-		
Describe - Occupie				4.0044	Sity, State, Lip State						
Other - Describe: Ph					Piscataway, NJ 08854						
Pr	1ase 2- 0	5.28.2014	to 09.	30.2014	87.00						
Source of Work (Check all tha	t apply)								tiva Dra		
28000 260 (0) 2000000								with Nega	uve Pre	ssure	
≥ 3 sf or ≥ 3 lf				⊠ Renovati		Mini Iovobog					
≥ 160 sf or ≥ 2	260			Demolition	X G	lovebag	noted (dure *) and Non	-Friable	Proce	dure
Location of Asbestos-Containi	ing I Is I o	cation Norma	ally Used	Description of Ash	pestos Containing Material	Amoun		Abateme		11000	
Material (ACM) in Facility (13)	Sole	ly by Maint./C	Custodial	(ACM) (i.e. therm	al systems insulation, surfacing,	(Specif	y SF	Remove	Penair F	ncan F	nclose
		? (12)	NIA	VAT, or other mise	cell.)	or LF)		<u>ixemove</u>	TOPON L	rioup to	
	YES		NA T	Samuel On Fire	onroofing.	1,100	ef	X		Т	
HS -3		X		Spray On Fir		3,300		X			
2 nd Fl. Rotunda Area		X		Spray On Fir		2,300		X			
Rms # S105&S106		X		VAT & Masti	C	140		X			
.et				TSI		140					
1 st Fl. Area Adj						2,400	sf	X			
Rotunda		X		Spray On Fir		1,900		X			
				VAT & Masti		600		X			
1 st FI Loading Dock		X		VAT & Masti	С	50 ea	7. S.	X			
3 rd Fl. Rms # S336-34	12	X		TSI Spray On Fir	renroofing						
3 FI. KIIIS # 3330-34	-2			Spray On Fil		240		X			
Name of Reg. Waste Hauler		NJDEP Wa		r ID#	Cubic Yards of Waste:		Nam	e of Registe	ered Lan	dfill	
See Hauler Below # 1 &	2	See Belo	W		240			dowfill La	IIIIIIII		
								erva Ent.	Ohio		
		I					I MILLI	O. VO LIIL.	J1110		

Chork # 10	959	N	ОТ				BESTOS ABAT C 8:60 and 5:10						
Date of Notification (1)	26 /	14				of Buildin	g Owner/Operator (2)		· ····		Company	
Agencies Notified	Type Notifica			-		Address					* //		1-3
⊠ EPA		25			96 1	Indian M	ills Rd.		MAR .	*			
☑ DOLWD ☑ DHSS	Amended Amendm				City, S	State, Zip	Code		WAD -	~ 4 20	14		-1
□ DCA	☐ Emergen		ıdino	1	Sha	among N	J. 08008				40.		/
(NJAC 5:23-8)	justificati	on)		,	Name	of Contac	t	5.	Telephone Mi	Imhar	-	,	
	☐ Cancellat	tion			Sal	ly Ruggi	ero		L		- 3		ĺ
					FA	CILITY IN	IFORMATION						J
Name of Facility Where A	Abatement is 7	Taking F	Place	(3)				Type of Facility ((4)				
Residence								School (K-12		40)			
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr			ilding	ıs,	
96 Indian Mills Rd.								homes, etc.)				1885-4	
City (5) Shamong NJ. 08008								Square Feet	# of Floors	1	dg. A	ge	
County (6)	•				Cour	tu Cada ((STATE USE ONLY)	2,000	2		50		
Burlington County					Cour	ity Code ()(STATE USE UNLT)	Current Use (Pri-	or it being dem	olisnea)			
Name of Monitoring Firm	Hired by Build	ding Ow	ner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
- Inches and the second							Luzon, Inc.						
Street Address							Street Address						
City, State, Zip Code			_				8451 Executi						
							City, State, Zip Co						
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No. 267-284-1050)	License No. 01109				
Start Date (10)	\$	Schedul	ed C	omple	tion Da	te (11)	Name of OSHA N	fonitor	1				
3/_12_/	13	3	_ /	_ 17	<u> </u>	14	Joseph Maro	nski					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							8451 Executi	ve Avenue					A21
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip Co						
		1411		IAI			Philadelphia,	Pa. 19153	The second secon				
Scope of Work (Check all	that apply)						☐ Full Con	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novat			☐ Mini-End	losure	anvo i roccaro				
△ ≥100 SI OI ≥200 II		2	a De	monu	on			g Procedure empted (*) and Nor	n-Friable Proce	dure			
				Loca						Ab	atem	ent T	уре
Location		.		Norma	illy ely by		Description of			Z	Z	ш	Ш
Asbestos-Containing I TO BE ABA			Ma	intena	ance/		stos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	cap	Enclosure
IN Facilit (13)	ty		Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>	320	Encapsulate	sure
(13)	Si .	,	Yes	No	N/A	1	other miscellane	ous)				ē	
Exterior Shingles						Exterio	r Shingles		1900 SF				
											П	П	П
			5										
Name of Registered Was	te Hauler			1000	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
United Trucking, Inc	C.			F	lauler II 15867		Waste 30 CYS.	Conestoga	Landfill				
City, State							Disposal Date	City, State					
Mariton, NJ							3/18/14	Morgantow	n, PA				
Completed By (Print or Ty	/pe)	Title	-		72-		Signature	111		Date /		1	
Piyush Patel		Pro	grai	m Ma	nager		Jugar	Kath	n	Date /2	-6/	14	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			00 and 12.1			let	12	312	<		
February 27, 2	2014	Name of Build		erator (2) Gensinger				.2 7			
[] DEP [] An [X] DOL An	ication tial Notification nended Notification nendment # nergency (including	Street Address City, State, Zip	Street Address 909 Leighton Ave. City, State, Zip Code Point Pleasant, NJ 0874				WAIT 4 ZUI4				
[x] DOH jus	tification) ncellation		Name of Contact Ken Gensinger Telephona Numer.					;	F ₄		
Name of Facility Where Abatement is Tak	ing Place (3)	FACILITY INFOR	RMATION			_					
Residence Street Address	mg riace (5)			Type of Facility (4	School (k-12) Subchapter 8 (other t	han k-1	2)			
728 Drum Point				[x j	Other (i.e., pri	vate &	comm	ercial b	uilding		
Brick	County (6) Ocean	County Code (7) (STATE USE ON	NLY)	Square feet 1100 sf Current Use (Prior	# of Floors 1 if being demolished	Bldg. Age 74					
Name of Monitoring Firm Hired by Buildir N/A	ng Owner (8)	ASCM No.	Name of	Reside Abatement Contractor	ence or (9)		(140)				
Street Address			Street Ad	ldress	ian Contracting Route 9, Unit 6		•				
City, State, Zip Code			City, Stat	c, Zip Ode			0755	1001			
Project Manager for Monitoring Firm Scheduled Start Date (10)	Telephone Num		732-349-9932				s River, New Jersey 08755-1271 License Number 00624				
02/28/2014 Occupancy Status During Abatement (Chec	03/03/2014	pletion Date (11)	E.M.S.L. Analytical								
[X] Facility Closed/Vacat	ed During Entire Period of Outside of Normal Facility	Abatement y Hours	City, State	1056 S e, Zip Code	telton Road	0.0	1054				
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ If} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ If} $	\$ 3	ovation	[] [] [x]			essure					
	To I paration					Aba	atement	туре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A Is Location Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior	X	Asbestos sidir	ng		900 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State		osal Date	City, State		ed Landfill						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	04/2014 Signature orm for asbestos licen	Tullytow	vn, Pennsylvania		Date 2/27	7/2014	1			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Nicholas Fernicola	Project Manager *Do not use this j	Signature form for asbestos licen	sure exempte	d activities		Date 2/25	/2014					
Toms River, New Jersey	Toms River, New Jersey Toms River, New Jersey poleted by (Print or Type) Title											
lame of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha		rds of Waste	Name of Registere T.R.R.F.	d Landfill							
Exterior	X	Transite wall			200 sf	X	_	Е	E			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO N	dial (i.d	Description bestos-Conta Material (AC e., thermal sys- sulation, surfa VAT, or ner miscelland	of sining M) stems acing,	Amount (Specify SF or LF)	_	R E P A I R	Type E N C A P S U L	E N C L O S U R			
Scope of Work (Check all that apply) $[] >3 \text{ sf or } \ge 3 \text{ If}$ $[X] \ge 160 \text{ sf or } \ge 260 \text{ If}$	r - 3	enovation emolition	[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	with Negative Pre	ssure						
[] Facility Closed/Vacated [] Abatement Performed [] Other – Describe	d During Entire Period of Outside of Normal Facil	of Abatement lity Hours		1056 S c, Zip Code	telton Road way, New Jers	ey 08	854					
2/26/2014/ Occupancy Status During Abatement (Check	2/28/2014 only one)		Name of OSHA Monitor E.M.S.L.									
Project Manager for Monitoring Firm Scheduled Start Date (10)	Telephone Nu		732-340-0022					w Jersey 08755-1271				
City, State, Zip Code			1889 Route 9, Unit 61 City, State, Zip Code									
N/A Street Address				Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address								
Name of Monitoring Firm Hired by Building		ASCM No.	Nama of	Current Use (Prior wareh	ouse	shed)						
City Rocky Hill	County (6) Somerset	County Code (7) (STATE USE O	NLY)	Square feet 2000sf	# of Floors	Bldg. Age						
Office/warehouse Street Address 5 Crescent Avenu			Type of Facility [han k-1		020,020			
Name of Facility Where Abatement is Takin	g Place (3)	FACILITY INFO	RMATION					-				
[X] DOH jus	nergency (including tification) ncellation	Name of Conta		Telephone Numb	Ner .		ī.					
[] DEP [] An	tial Notification nended Notification nendment #	City, State, Zip	City, State, Zip Code Rocky Hill, NJ 08553									
Agencies Notified Type of Notified Type		Street Address		otech, Inc			-		ilin.			
Date of Notification (1) 2/25/2014	5 5 6	Name of Build	ling Owner/Op	erator (2)	<u>C</u>	<u>~</u>	230	099				

Date of Notification (1)	N	Name of Building Owner/Operator (2)											
2-27-14		DAVID W.EEKMB1-4 2014											
Agencies Notified Type Notification	1	S	Street Address 814 3 PP ST.										
DEP Initial Amended		-	City State 7in Code										
DOL Amendment		- 1	Name of Contact										
DOH justification)	ricidang												
☐ DCA ☐ Cancellation			ER	IC PLAC	KIS_	4							
			FACILIT	INFORMATION	des Automobiles and an artist design and a		1		*				
Name of Facility Where Abatement is Taki	ng Place	(3)			Type of Facili	ty (4)							
					School (K-	12)	421						
Street Address 8/4 3 PD 57					Other (i.e.,	er 8 (Other than K- , private & commer c.) $PRIVATE$	cial buil	dings	=				
City (5) UNIDN BET	704	/ /	1/J		Square Feet	# of Floors		1dg. /	\ge				
County (6) MON MONTH			County Co USE ONL	de (7) (STATE	Current Use (Prior if being demo	olished)	-					
Name of Monitoring Firm Hired by Building	Owner		CM-No.		ment Contractor								
(8)	OWNE	1~	OW NO.	BRIG		DUSTRIE		/	N	C.			
Street Address				Street Address	. / .		_						
City, State, Zip Code				145	NATIC	K TRA	+16	_		_			
City, State, Zip Gode	1			City/State, Zip	ICK.	NJ. D	F19	4					
Project Manager for Monitoring Firm		Teleph	hone No. Telephone No. License No. /					6					
Start Date (10) Sche	duled Co	moletion	Date (11	Name of OSHA	Monitor /	1				=			
3-3-14 3	-14-	14	, Dato (11	/	····Oy···O·					1			
Occupancy Status During Abatement (Che	ck only o	one)		Street Address				- Constant	-	-			
☐ Facility Closed/Vacated During Entire P			nt	-									
Abatement Performed Outside of Normal Other - Describe: SANDY STORM			1/ax	City, State, Zip (Code			-	District Co.				
	DITT	176 to 12	ABITE	1-/-									
Scope of Work (Check all that apply)				☑ Full Co	ntainment with N	egative Pressure				1			
≥3 sf or ≥3 lf		ovation		Mini-En	closure								
≥160 sf or ≥260 lf	N new	notition		Gloves	ag Procedure tempted (*) and N	Ion-Friable Proced	lure						
		cation	T		And the second s		1		ment				
Location of		mally Solely by	, :	Description o	f .	1	_	Ту	06.				
Asbestos-Containing Material (ACM)		enance/		bestos Containing Ma		Amount	_		E.	m			
TO BE ABATED IN Facility		stodial aff?	-	i.e., thermal systems surfacing, VAT		(Specify SF or LF)	Ren	Repair	Cap	nd			
(13)	(1	12)	_	other miscellane			Removal	alir	Encapsulate	Enclosure			
	Yes	No N	/A						te	Ф			
ROOF SHINGLES		V	1	800		SF	V						
FLOOR TILE		V		130		·5F	1						
FLOOR TILE		V		60		SF	V						
CEILING INSULATION		v	I management	200		SF	V						
Name of Registered Waste Hauler			P Waste r.ID No.	Cubic Yards of Waste	Name of Reg	gistered Landfill		•		-			
BRICK IND. INC.		21	602		- Commission - Com	O.W. S.							
BRICK: N.J.				Disposal Date	City, State	PA							
Completed By PLACKIS Title				Signature		Date			_				
	TRE						21 -						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

ate of Notification (1) Name of Building Owner/Operator (2) 2/27/2014 Messercola Enterprises gencies Notified Type of Notification Street Address x] EPA Initial Notification PO Box 790 DEP Amended Notification City, State, Zip Code DOL Amendment #_ [x] Matawan, NJ 07747 Emergency (including justification) x] DOH Name of Contact Telephana Munka-1 Cancellation] DCA Fernando **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Street Address Subchapter 8 (other than k12) 20 Antiqua Avenue [x] Other (i.e., private & commercial buildings, homes, etc.) County (6) County Code (7) Square feet # of Floors Bldg. Age Toms River. (STATE USE ONLY) 1800 sf 2 50 Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/28/2014 03/03/2014 E.M.S.L. Analytical Occupancy Status Diring Abatement (Check only one) Street Address [x]Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x]≥160 sf or ≥260 lf [x]Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of Location of R R E Normally used Asbestos-Containing Amount E Asbestos-Containing Material (ACM) E N N Solely by Material (ACM) (Specify SF C P C Maintenance/Custodial TO BE ABATED M (i.e., thermal systems or LF) L A A in facility Staff 0 insulation, surfacing, P 0 (13)(12)V VAT, or R S S U U other miscellaneous) A YES NO N/A L R L E Exterior X Asbestos siding 1800 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City. State Disposal Date City, State Toms River, New Jersey 03/04/2014 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 2/27/2014

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM (Pursuant to N.J.A.C. 5:23-8.11(c)3.viii.)

CALCOC# 34345							
Date of Notification (1)		Name of Build	Iding Own	ner / Operator (2) ; =	AA (2.) N	ていまります
Type Notification	7	Street Address	King	Ledgewoo	1/ Taye	Me Street	Trust
Type Tutinocaot				imeter A	JE.		2
☐ Initial No		City, State &	Zip Code	e J		MAFI	- 4 2014
	d Notification	6 1011 (1) 1040		5 07030	Ĺ		
Cancella	tion	Name of Con				ITe	lephone Number
	i	Andreas		The second second	CANCELLA MARIANA		
		FACILITY	VINFOR	MATION		- 1	
Name of Facility Where Abatement is		ce (3)	ľ	Type of Facility (
Street Addres	(Filler			☐ School (K-12	STATE OF THE PARTY	- 1/ 103	(80)
260 RT. 10 West			-	Subchapter	o (Other tha	in K-12)	
aco Ki. is were			Į.	Square Feet	# of Floo	ors Bldg	. Age
	unty (6)	County Code (7	7)	15000	8		BO irs
Ledgewood NJ M	larris			Current Use (Pric		emolished)	J
V	avtovici. •cont	<u> </u>		Liquer Stor			
Name of Monitoring Firm Hired by Bu	alding Owne	r (8) ASCI		Name of Abatem Niram Inc.	ent Contrac	tor (9)	
Street Address 655 West Share To	1		1	Street Address			•
655 West Share Tr City, State & Zip Code	21			91 Fulton str City, State & Zip	Code		
Sparta NT 078	71			Boonton, NJ, (8
973-729-5649		elephone Numbe	er	Telephone Numb		License Nur	
The second secon	adulad Care	eletion Deter (dd)		973-299-4455	6 't		01081
03. 9, 14 Sch	23. //. /	pletion Date (11)		Name of OSHA N NA	Monitor		
Occupancy Status During Abatement				Street Address	***************************************		
Facility Closed/Vacated During Abatement Performed Outside			The state of the s	NA City, State & Zip	Codo	211	
Describe:	ie or Normai	Hours - /am to		NA	Code		
Facility Occupied During Aba	tement		ľ	1424			
Scope of Work (Check all that apply)				The second secon			
Full Containment				Glove	Bag		
Location of		Is Location		Description of		Enter only	Enter only
Asbestos-Containing		Normally Used	Α	sbestos-Contain		Square Footage	Lineal Footage
Material (ACM) TO BE ABATED	1	Solely by Vaintenance or	/i	Material (ACM) e., thermal syste		, jily •	
in Facility		Custodial Staff?	 Z.U., N. Se 	ulation, surfacing,			
(13)		(12)	or	other miscellane	ous)		
Pagalyling Avec		Van	N/a	and Ashanias	Til	350 of	/E
Receiving Area		Yes	VI	nyl Asbestos	1116	250 sf sf	
						Sf	lf If
						sf	lf If
F						sf	If If
						sf	lf
					•	sf	if if
				**************************************	*****	sf	lf .
TOTALS						250 SF	A STATE OF THE PARTY OF THE PAR
Completed By (Print or Type)	Title			Signature	1		Date
Owczarski Marcin	Pr. Mngr	•		(Me	e de la companya della companya della companya de la companya della companya dell		102.20.16
				(cliffe	Commence of the		
	1			1			-1