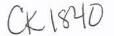
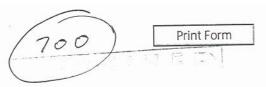
\* Check 6965

N	OTIFICATION OF ASBESTUS ABA (Pursuant to NJAC 8:60 and 12:	120)	
Date of Notification (1)	1 Tomas 1. 12	rielli caese	
February 07,2015	Street Address	Stroot	
Agencies rection	% 11 Ridge	New Jersey 0806 Telephone Number	0
EPA Initial Amended	City, State, Zip Code	New Jersey Octo	
DEP Amendment #  DOL Emergency (including	Name of Contact	Telephone Number	
institication)	1 Tames J.	Ferrelli	1
DOH Cancellation	FACILITY INFORMATION	Type of Facility (4)	
	(3)	School (K-12)	
Name of Facility Where Abatement is raiding the Residential Duelli	na	Subchapter 8 (United trials in the Subchapter 8 (United trials but	idings, homes,
Street Address Street	7	etc.)	Bldg. Age
Street Address 11 Ridge way Stre	eet	Square Feet # 01 Floors	75
City (5) - 5 4 )	•	Current Use (Prior if being demolished)	
Mt. Holly	County Code (7)	- Wacant - Selling A	ouse
county (6)	(STATE USE ONLY)	Contractor (3)	
DOT THE Graph Hired by Building Owner	(8) ASCM No. None	Name of Abatement Contract Oncepts  Quality Environmental Concepts	
Name of Monitoring Fund Index Of Monitoring Fu	None	. A delence	
- LAddroce	2 1 7 2 7	1053 North Tuckahoe Road	
1053 North Tuckahoe Ruau		City, State, Zip Code Williamstown, New Jersey 08094	
City, State, Zip Code		License No.	
City, State, Zip Code Williamstown, New Jersey 08094	Telephone No.	856-629-1166 01086	
Project Manager for Monitoring Firm Edward Knorr	856-629-1166	- DOLLA Manitor	
Start Date (10)	neduled Completion Date (11)	Quality Environmental Concepts	
11: 10/11	02/14/2015	Street Address 1053 North Tuckahoe Road	
Chatras During Abalettical (St. Ser	nly One)	Tip Code	
- Is to set ad During Entire Pen		City, State, Zip Code Williamstown, New Jersey 08094	
Facility Closed/Valcated Dutaing Sharper Abatement Performed Outside of Normal Other – Describe:			
Scope of Work (Check All That Apply)		Full Containment with Negative P Mini-Enclosure with Negative	ressure ive Pressure
	Renovation Demolition	Mini-Inclusure with a	
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Demolition	Glövebag Procedure Non-Exempted (*) and Non-Frial	Abatement
	1		Туре
	Is Location Normally	Description of Amount	
Location of	l collabolar l	Containing Material (ACM)  Containing Material (ACM)  (Specify  sernal systems insulation,  SF or LF)	Enclosure Encapsulate Repair Removal
Asbestos-Containing Material (ACM) TO BE ABATED	l o tadiol Statt?	CHITACHUL VAI, OI	sure
In Facility	(12)	ther miscellaneous)	0.
(13)	Yes No N/A	Il sine insulation 80 LF	
	Air-C	ings (cementitias)	111
Basement - Heater Rm	1 & F:H	ings (cementitions)	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	
		i i i i i i i i i i i i i i i i i i i	460
	NJDEP Waste	Cubic Yards Name of Registered Land	overy Complex on-Cotumbus Rds
Name of Registered Waste Hauter	Hauler ID No.	af Waste 2cy 22000 Burlingto	on-Cotumbus kds
Quality Environmental Concepts	19710	Disposal Date City, State	
City State		Disposal Date City, State O/a 2-16-15 Manfield, N	Date
Williamstown, New Jersey	Title .	Signature	2/09/15
Completed by	Vice President	Coleda Francis	1 - 1 - 1
Edward Knorr		this form for ashestos lice	nsure exempted activities.



Date of Notification (1)	_		N		Building O		perator	(2)			-			7	
3/2/18				1	effre	1	Dub	10W							
Agencies Notified	Type Notification		5	Street A			-1 5	240							
☐ EPA	☐ Initial				SOX	1	57	*							
DEP	Amended		(	City, Sta	te, Zip Code	e	~	1	000	- ( - 7					
X DOL	Amendment #		- L	f, A	1001	100	-44 L	11/1	030	، خار					
□ DOH	justification)	ioidanig	1000	lame of	Contact					T-!	- Alur	nher			
☐ DCA	Cancellation			Eric Pl											
Name of Facility Where	Abatament is Taking	Diago (3)		FACI	LITY INFOR	RMATI	ON	Type	f Facility (4)						
Name of Facility Where	Abatement is Taking	riace (3)						personal contract of the contr							
Street Address			_						chool (K-12) ubchapter 8		n K 1	٥١			
450	1 Church	1 RA	6.						ther (i.e. pri				dings,	home	es,
	- 0000	- 1 (0							c.)	# c=1					- **
City (5)	· Laure	)						Square	reet 1	# of Floo	rs	B	ldg. A	ige r	
County (6)	Danie	_1		Sa	De de (7)		7.1	177	1 L	· · · · · · · · · · · · · · · · · · ·			6	0	
County (6) PR IN 1	12 ma				Code (7)  JSE ONLY)			Curren	t Use (Prior	ir being de	molisr	iea)			
Name of Monitoring Firm	a blind by Building O	umor /0\		ASCM	I Ma		Nome	of Aboto	0++	100					
Name of Monitoring Firm	i filled by Building O	wilei (o)		ASCIV	I IVO.				ement Contr tries Inc.	actor (9)					
Street Address								Address							
Street Address								Box 9							
City, State, Zip Code						8-14-1	1.252	tate, Zip							
Oity, Otato, Zip Code									Jersey 08	3723					
Project Manager for Mor	nitoring Firm		Τī	elephoi	ne No	-		one No.	-		nse N	0			
, reject manager for me.	org v		- 1 '	olopilol	10 110.		F 700 300 500 500 500	899-7		011		<b>.</b>			
Start Date (10)		Scheduled	Com	nletion I	Date (11)				A Monitor						
Start Date (10)		31		15	Julio (1.1)		- raino c	0. 0011	( WOTHO)						
Occupancy Status Durin	g Abatement (Check	,	- 1				Street A	Address							-
7	ated During Entire P		A:	ant											
	ned Outside of Norma			SIIL			City, St	ate, Zip	Code						
Other – Describe:						-		350 36							- 1
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf		₩ Re	novati	ion				Full	Containmen	t with Neg	ative F	ressu	re		
2160 sf or ≥260 lf			molitic					Mini-	Enclosure		auro i	10004			
							Н		ebag Proce Exempted (		-Friah	le Pro	-edur		
		1-1						11011	Exemples	) and reor	rinab	T	500 0	ment	
Lambia			ocation			Б.							Ту		
Location Asbestos-Containing			Solely		Asbesto		scription taining M		ACM)	Amoun	nt			т	
TO BE AB		Custo	tenan		(i.e. th	nermal	systems	insulati	ion,	(Specif		Rei	Z.	nca	Enc
In Faci (13)	,		(12)	22,46780			cing, VA7			SF or LI	F)	Remova	Repair	Encapsulate	Enclosure
, ,		Yes	No	N/A				,				<u>a</u>	8	late	re
		165	INU	IVA	A. I				Lu ·		_	1			
			8	中级	Ste	is th	,001	he	7005	+	4				
						7 7						1			$\dashv$
Name of Registered Wa	ste Hauler		N	IDEP W	aste	Cubic	Yards		Name of Re	anistered I	andfill	L			-
2.70			На	auler ID	2000	of Wa					andill				
Brick Industries Inc.	21	602				1	GROWS	W.							
City, State					sal Date	_	City, State	n							
Brick, New Jersey				<u>3)</u>	411	7	PA	4							
Completed by		Title				S	Signature	Σ,	2		Da	te /2	161	_	
Eric Plackis		Presid	ent				(		KL		-	>/1	12	2	





Date of Notification (1) 02/27/15					Building Ow Found LL		rator (2)							
Agencies Notified	Type Notification			treet Add		3407 177								
	T latin		3	80 Lex	kington A	ve. Sui	te 4005	5						
EPA DEP DOL	Initial  Amended		11.00		, Zip Code									
X DOL	Amendmen		_   1	New Yo	ork, NY 1	0168				11				
	Emergency justification		N	ame of C	Contact				Tele	phone Nu	mber			
DOH DCA	Cancellation		1	Albert N	/lazzuca				1					
				FACILI	ITY INFOR	RMATION	1							
Name of Facility Where	Abatement is Taki	ng Place (3)					Ту	pe of Facility	(4)					
Vacant Building								School (K-	12)	(A				
Street Address								Subchapte Other (i.e.	er 8 (Oth	er than K-1	2) ial build	nas	home	۱ ۵
123 44th. St.							×	etc.)	private	x commerc	iai buila	ngo,	101110	,
City (5)						- Ir	Sc	uare Feet	# 0	Floors	1177939	dg. A	ge	
Union City							80	000	2		9:	5		
		-	To	County C	ode (7)		Cı	rrent Use (P	rior if bei	ng demolis	hed)			
County (6) Hudson					SE ONLY)			etail Store						
15.01 TA 15.00 TO 10.00 TO	- Ulas d his Duilding	Owner (8)		ASCM	No	IN	Name of	Abatement Co	ontractor	(9)				
Name of Monitoring Firm	n Hirea by Building	Owner (6)		ASCIVI	140.			Services In						
N/A							Street Ad							
Street Address								ple Ave.						
								e, Zip Code						
City, State, Zip Code						1,0		ton, NJ 07	057					
							line become the		007	License	No		-	
Project Manager for Mo	nitoring Firm		1	elephon	ie No.	1000	Telephon 973-40			01107	140.			
7.5.7		1777					-			01107				
Start Date (10)		Schedule		pletion [	Date (11)			OSHA Monito	or					
02/11/15		03/07/1	5					Nalodka						
Occupancy Status Duri	ng Abatement (Ch	eck Only One	e)			1.00	Street Ad							
➤ Facility Closed/Va				ent			Delicas Tones	aple Ave.						
Abatement Perform	med Outside of No	rmal Facility	Hours					e, Zip Code						
Other - Describe:			11117-1-1			-	Walling	gton, NJ 07	7057					
Scope of Work (Check	All That Apply)													
	N CONTROL OF THE PARTY OF THE P	Пв	enova	tion				Full Contain	ment wit	h Negative	Pressu	re		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			emoliti					Mini-Enclos	ure					
X 2100 51 61 2200							×	Glovebag P Non-Exemp	rocedure	nd Non-Fria	able Pro	cedu	e	
								NOH-EXEMP	Ted ( ) a.	10 11011 1 110	1		emen	1
			Locati								1		/ре	
Location			lormal d Sole		2.12.11.1		cription of			Amount				
Asbestos-Containin			intenai		Asbest	os Conta thermal s	ining Mai	erial (ACM) nsulation,		Specify	20	71	nc	田田
TO BE A		Cust	odial S	Staff?	(1.0.	surfaci	ng, VAT,	or		F or LF)	Remova	Repair	aps	Enclosure
(13			(12)			other mi	iscellane	ous)			val	Ŧ	Encapsulate	ure
		Yes	No	N/A				-					0	
roo	of			*			g mater		10	0,000sf.	*	-		-
1st. f	1st. floor					* *	nsulation			220lf.		-	-	-
boiler		*	tra	ansite c	eiling p	anels		80sf.	*	-	-	-		
						0 11 1	<i>(</i> 1-	Nessa	of Pogie	tered Land	1611			
Name of Registered W	aste Hauler			IJDEP W lauler ID		Cubic Y				GIOU LAIIU				
Newark Carting In	c.		1 (2)	5409	. 10.	100	5.59	G.R.	O.W.S					
	City, State					Disposa	al Date	City, S	State					
Newark,NJ					03/09/		Morr	isville,F	PA					
		Title					ignature	11			Date			
Completed by			ident				1	1/1/			02/27	15		
Leslaw Nalodka		1165	Judit				-	1000						

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACT.....

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

		20 AV AV A	1		the representation of the second
	I. NOTIFIC	ATION INFORMAT	ION		
Date of Notification: 3  ☑ Initial ☐ Amended  Type of Work: ☐ Demolition		Emergency (must in	nclude justification)		
	II. BUILD	ING INFORMATIO	N		
Name of Building Owner/Opera	itor	Charm, Hill E	Board of Education	Enter the Authority Care	- VI. II. II. II. II. II. II. II. II. II.
Street Address: 45 Ranoldo		Cherry Hill	State: N		034
Name of Contact: Tom Car		Fig.	State No.	J Zip: 08	
Market 1 March 1988 Charles (1988) Anni 1988 C		·	elephone 14.		_
	III. FACI	LITY INFORMATIO	N		
Name of Facility Where Work A	activity is to Take Place:	Joyce	Kilmer Elementary	School	
Describe Facility Use:		Schoo			
Street Address: 2916 Chape	el Avenue West City:	Cherry Hill	State: N.	J Zip: 08	002
County Name: Camden		County Code (S	State Use Only):		*
Scheduled Start Date:3	/ 11 / 2015		mpletion Date: 3	/ 12 /	2015
Occupancy Status During Ac	tivity (check only one):				
□ Facility Closed/Vacated Dur	ing Entire Activity				
Activity Performed Outside N	Normal Facility Hours—Desc	ribe: 2 <sup>nd</sup> Shift			
Other—Describe:		0			7.0700 A 450
Scope of Work (check all that	apply):	33			
	Square Footage:	700 SF	Percentage Asb	estos:	%
	Square Footage:	700 SF	Percentage Asb		%
☐ Transite	Square Footage:		Percentage Asb		%
Roofing	Square Footage:		Percentage Asb	-	%
Siding	Square Footage:		Percentage Asb	estos:	%
Other:	Square Footage:		Percentage Asb	estos:	%
	IV. CONTRA	ACTOR INFORMAT	ION .		
Commence Management and State Control Control	Control of the second s		A DOMEST BANK OF DURING	Secretary and a second	
Company Name:	20	and the second to	Telephone No.:		
Street Address: 623 Cutler A	· · · · · · · · · · · · · · · · · · ·	Maple Shade	State: <b>N</b> .	Zip:080	052
New Jersey Asbestos License N		00842		050 040 000	•
Monitoring Firm (if applicable):	TTI Environme	ital, Inc.	Telephone No.:	856-840-880	<u> </u>
	Property in the Y	SIGNATURE			ing in the
Completed By	Christina Lunak	520.51	2		
(type or print legibly):	Christina Lynch	Title:	Operation	ns Manager	
Signature:			Date: Ma	rch 2, 2015	
			-		

			(P	ursuant	to NJAC	8:60 and	12:120	0)	CK	11	V	13	le	73	3	
Date of Notification (1) 3/2/15				Name of	10000	Owner/O	perator	(2)								
Agencies Notified Typ	e Notification			Street A 9863 [		reek Av	enue	NW								
DEP × DOL	Amended Amendment				ate, Zip Co ord NC											
▼ DOH □ DCA □	Emergency ( justification) Cancellation			Name of	f Contact arlo					Tel	ephone	Numh	PL			
				FACI	LITY INF	ORMATIC	ON									
Name of Facility Where Abate house	ment is Takin	g Place (	3)					Тур	e of Facility (4 School (K-1)	105) 145)						
Street Address 340 Hillside Avenue								×	Subchapter Other (i.e. p etc.)				buile	dings,	hom	es,
City (5) Nutley								Squ 230	are Feet	# 0	f Floors		1 800	ldg. <i>A</i>	\ge	
County (6) Essex					Code (7) USE ONLY	)	_	Curi	rent Use (Prid	r if be	ing demo	olishe	d)			
Name of Monitoring Firm Hire	d by Building (	Owner (8)		ASCN	No.				atement Con ironmental			LC				
Street Address		4					Street PO E		ess 183, 4 E Ga	ate D	rive					
City, State, Zip Code		THE PARTY OF							Zip Code d, NJ 074	18	-				5-11-1-2	
Project Manager for Monitoring	g Firm			Telepho	ne No.		Teleph 973-				Licens 703	e No.				
Start Date (10) 3/11/15		Schedul 3/30/1		npletion l	Date (11)		- New York	2000	SHA Monitor					id.		
Occupancy Status During Aba	tement (Chec	k Only O	ne)				Street	Addre	ess		-		_			
Facility Closed/Vacated I Abatement Performed On Other – Describe:	Ouring Entire Futside of Norm	Period of all Facility	Abatem Hours	nent		.	City, S	tate, 2	Zip Code							
Scope of Work (Check All Tha	t Apply)														-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	г Арріу)	passes and the same and the sam	Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	181				e	
		Is	Locati	on										Abate	ement	t
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use	Normal ed Sole iintenai todial S (12)	ly by nce/		tos Conta thermal s	systems ing, VA	Materia s insu T, or	lation,	(5	mount Specify or LF)		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	-								_		te	е
storage & furnace	storage & furnace room						insula	tion		1	5 LF	>	2			
		-													_	
							11-37-32						-2.0			
Name of Registered Waste Ha	uler	-	N	JDEP W	aste	Cubic Y	/ards		Name of F	Registe	red Land	dfill				
Freehold Cartage				auler ID 5939	No.	of Wast		l.		.5.		0				
City, State Freehold NJ			8	0		Disposa TBD	1147		City, State							
Completed by A. Scott Higgins		Title Presi	dent			Sig	gnature	1/2	~			Date 3/2/	15	11		-

NO CK

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

Date of Notification (1)						Nam	e of Build	ina Ov	wner/Operator	(2)		- PT				
2 /	6	/	15						Nemours	(-)						
Agencies Notified	Type N	otifica	ation			Stre	et Address									
⊠ EPA	☐ Initia		20011			100000000			ke Road							
☑ DOLWD	⊠ Ame	ended	i				State, Zip	5.5						-		
☑ DHSS	100			-3/2/		0.32	arlin, NJ									
DCA	☐ Eme			cluding	3	-	e of Cont		3			Talanhana Ni				
(NJAC 5:23-8)	☐ Can	fication					chol Rei		4			Telephone No	imner			
	oun	Jonas														
Name of Facility Where	\	-4:- 7		Di	(0)	F/	ACILITY	INFO	RMATION	-						
Name of Facility Where A				Place	(3)						pe of Facilit (					
DuPont Parlin Facil	iity - Bio	ag. 4	25								School (K 12)	) (Other than K-	12)			
Street Address												ivate and comn		uildin	gs,	
250 Cheesequake F	Road								<u> </u>		homes, etc.)				2%	
City (5)										Sq	uare Feet	# of Floors	В	ldg. A	ge	211
Parlin							1									
County (6)						Co	inty Code	(7)(ST	ATE USE ONLY)	Cu	irrent Use (Prid	or if being demo	olished)			
Middlesex																
Name of Monitoring Firm	Hired by	Build	ding C	wner	(8)	ASCI	No.	Na	ame of Abatem	nent C	Contractor (9)					
Cardno ATC									BRISTOL EN	VVIR	CONMENTAL	., INC.				
Street Address								St	reet Address	2011/11/11						
3 Terri Lane								1 8	1123 BEAVE	ER S	TREET					
City, State, Zip Code								Ci	ty, State, Zip C	Code		77.00				
Burlington, NJ 0801	16								BRISTOL, PA	A 19	007	F.				
Project Manager for Moni	itoring Fir	rm			Tel	ephon	No.	Te	elephone No.		1	License No.				
John Lutz					6	09-38	6-8800		215-788-6040	0		00509				
Start Date (10)		8	Sched	uled C	omple	etion D	ate (11)	Na	ame of OSHA	Monit	tor					
_3 / _2 /	15		_:	3_ /	_1	8_ /	15		BRISTOL EN	VIR	ONMENTAL	., INC.				
Occupancy Status During	Abatem	ent (0	Check	only	one)			St	reet Address							
☐ Facility Closed/Vacate									1123 BEAVE	R S	TREET					
Abatement Performed								Ci	ty, State, Zip C	ode						
Time of Abatement: 7	:00AM		_PIVI/ <u>.</u>	3:30P	IVI	AN	n	1	BRISTOL, PA	A 19	007					
Scope of Work (Check all	that app	ly)							M = 110		7 W. M.					
☐ >3 sf or >3 lf				⊠ Re	novat	tion			☐ Mini-End	ntaınn	ment with Nega are	ative Pressure				
≥160 sf or ≥260 lf				☐ De						ag Pro	ocedure					
									☐ Non-Exe	empte	ed (*) and Non	-Friable Proced	dure			
Location	- 6				Loca								At	atem	ent T	уре
Asbestos-Containing I	Tables control	ACM	)	Use	d Sol	ely by	Ast	estos	Description of Containing Ma		al (ACM)	Amount	Re	Repair	E	E
TO BE ABA	TED					ance/ Staff?		.e., th	ermal systems	insu		(Specify	Removal	pair	cap	Enclosure
IN Facilit (13)	ty			Cusi	(12)				surfacing, VAT ther miscellane			SF or LF)	<u>a</u>		Encapsulate	ure
(13)				Yes	No			U	thei miscellane	eous)	'				te	
Building 325 Various	Areas						Pipe I	nsula	ation			400 LF			П	
3														1		
							-									
								L.,								
					Щ				-						Ш	Ш
Name of Registered Wast			_		4.7		Waste ID No.	10000000	bic Yards of	00000	ame of Regist					
BRISTOL ENVIRON	IVIEN I A	L IN	L .			1870		-	10		GROWS La	natili				
City, State									sposal Date		ity, State					
BRISTOL, PA						3	3/18/15		Morrisville,	PA 19067						
Completed By (Print or Ty	rpe)		Title		11				Signature	0		/ [	Date	/	/	
Gino Pizzigoni			Es	timat	tor		2		Lino	Tis	zzegoni	12	3/0	2/1	5	

ASB-41 MAY 11 GI /4 2/0

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) March 3, 2015			N.	ame of I enape	Building Ov Regiona	wner/Op al Sch	perator (	(2) strict		C	heck #	-				
Agencies Notified	Type Notification		1 2	treet Ad 3 Willo	dress ow Grove	e Road	d		Ž.	12		×	9			
EPA DEP  DOL	Initial Amended Amendment #_				e, Zip Code ng, NJ 0					12.0				9		
X DOH X DCA	Emergency (indiginal justification)  Cancellation	cluding	N	ame of	Contact					Tolo	enhone Ni	ımber				
<u> </u>				FACIL	ITY INFO	RMATIC	ON .									
Name of Facility Where Lenape Regional H		Place (3)						Туре	of Facility ( School (K-1	31(5))						
Street Address 235 Hartford Road									Subchapter Other (i.e. petc.)	8 (Othe			ding	js, h	omes	s,
City (5) Medford								Squa 21,0	are Feet	# of	Floors		3ldg 70	. Ag	е	
County (6) Burlington				County C	ode (7) SE ONLY)				ent Use (Pri	or if bei	ng demoli	ished)				
Name of Monitoring Firm Westchester Enviro		ner (8)		ASCM 0012					atement Cor							
Street Address				0012	<u></u>		Street	Addre								
307 N. Walnut Stre							City, S	state,	Zip Code							
West Chester, PA Project Manager for Mo	· · · · · · · · · · · · · · · · · · ·		U. 0	elephor			Teleph	none I			License					
Matt Abraham Start Date (10)	1 8	Scheduled			1-7545 Date (11)				0099 SHA Monitor		00842		-			
April 2, 2015	1	April 11,	201		8 8		EMS		nalytical, Ir	nc.	* :- *:	-		1 5	= 0	
Occupancy Status Durin					S 8	5. 7			te 130 Noi							
Facility Closed/Vac Abatement Perforr Other – Describe:	cated During Entire Pe ned Outside of Norma	riod of Ab I Facility H	lours	ent		_	100 miles		Zip Code	08077						
Scope of Work (Check	All That Apply)							0.000		100000000000000000000000000000000000000						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitic				2	N G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure	5.7757-9 035555			dure		
				72 E E			-		ton Exompte						nent	
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac	g Material (ACM) BATED	Used Main Custo	ocation ocatio	y . y by ice/		os Cont thermal surfa	system cing, VA	Materi is insu AT, or		(	mount Specify F or LF)	Kemova		Typ	e Encapsulate	Enclosure
(13	)	Yes	No No	N/A		other n	niscella	neous	5)			val		Ĭ	ulate	ure
Stairwells 1	7 and 19	100000	ΚΧΧ			F	Plaster	r		3	88 SF	Х	İ			
													+	-		
								2 0					+			
Name of Registered W	aste Hauler		57930	JDEP W		A 400 CO	Yards		Name of	f Regist	ered Land	lift				
Freehold Cartage			0.60	auler ID 2265	No.	of Wa 5					County	Land	fill			
City, State Freehold, NJ					April de l'Article	Dispo: 4/11/	sal Date 2015	9	City, Sta Newbu		٠. ٠.			88		S
Completed by Christina Lynch	3	Title Opera	itions	s Mana	ager	(	Signatur	(D)	3	2		Date 3/3/2	015			

CK 2235

								red .					
Date of Notification (1) 03-03-201	5					Owner / Operator y Hospital	(2)						
Agencies Notified Type Notifi			Street			,		104	2	5			
⊠ EPA	odtorr			Sportstra	rel Road				- 6 <sub></sub>	. ( .			
☐ DEP ☑ Initi	al	-			& Zip C	ode							
	ended				NJ 0808								
	ergency				Contact	-		- + /	IT.	lanha	no M	una la a	
	ncellation				t Reed				116	elepho	He IV	umbe	21
L DCA L Cal	Iceliation		IVII. FXC	DDEI	i Reeu				1				
			F	ACIL	ITY INF	ORMATION							
Name of Facility Where Abatem	ent is Taking Pla	ace (3)				Type of Facilit	tv (4)						
Kennedy University Hospital-1st						School (K							
Street Address						☐ Subchapt		nan K-1	2)				
18 E. Laurel Road						Other (i.e.				home	e et	- )	
2. 200.0111000						Square Feet	# of F			lg. Ag		J. /	
City (5)	County (6)	ICo	unty C	and a	(7)	250,000	X-	2	l Dic	ig. Ag			
		100	unity C	Joue	(1)						52		
Stratford, NJ 08084	Camden					Current Use (I	Prior if being	demolis	inea)				
						Hospital							
Name of Monitoring Firm Hired	by Building Own	er (8)		AS	SCM No.	and the second s							
Criterion Laboratories						Resource Mar		oup, LL	C				
Street Address						Street Addres	s						
3370 Progress Drive, Suite J						2115 Hamilton	n Ave, Suite 2	202					
City, State & Zip Code						City, State & Z	7in Code						
Bensalem, PA, 19020						Trenton, NJ 0							
Project Manager for Monitoring		Talar		Nive		Telephone Nu			II : NI				-
	riim		ohone		nber				License Nu				
Mr. Mike Panepresso			244-130			609-977-6159				0118	35		
Scheduled Start Date (10)	Scheduled Cor	npletic	n Date	e (1'	1)	Name of OSH	A Monitor					force in	
3-16-2015		04-03	-2015			J&S Environm	nental Labora	tories Ir	ic				
Occupancy Status During Abate	ement (Check on	ly one	)			Street Addres	S						
				eme	ent	2333 Route 23							
Abatement Performed [						City, State & Z							
	3					0.1, 0.1.10							
Describe: 4:00PM to	1:00AM					Union, NJ 070	183						
☐ Facility Occupied During	a Abatement												
Scope of Work (Check all that a													
Total Company and India	PP-37							ontainm	ent with Neg	ative	Pres	SHIFE	
≥3 sf or ≥3 lf		$\boxtimes$	Ren	iova	tion			nclosur		Janvo	1 100	Juic	
≥160 sf ≥260 lf		Ħ		noliti					ocedures				
_		_							d and Non-F	riable	Proc	edur	е
Location of		Is	Locati	ion		Description			Amount		atem		
Asbestos-Contain	ing		mally l		d	Asbestos-Cont			(Specify		1		7,00
Material (ACM)			olely b			Material (AC	CM)		SF or LF)			四	Ш
TO BE ABATED	<u>)</u>	Mair	ntenan	ice o	or	(i.e., thermal sy				er	Re	32	nc
in Facility		Cust	odial S	Staff	?	insulation, surfac				Remova	Repair	sdi	so
(13)			(12)			or other miscella	aneous)			a	=	Encapsulat	Enclsoure
		Yes	No	N/A	A							=	
1 <sup>st</sup> Floor Cast Room						Pipe Insulat	tion		75 LF				
1st Floor Cast Room-ceiling deck ab	ove suspended				1 :	Spray applied Fire			300 SF				
ceiling													_
					] [.								
	***************************************			T			***						
Name of Registered Waste Hau	ıler		NJ	DEF	Waste	Cubic Yards of	Name of Re	aistered	d Landfill				
3	2.71		1000000		ID No.	Waste		9.0.0.0					
Resource Management Group,	LLC		00	352	18	TBD	Grows Land	fill					
City, State	-					Disposal Date	City, State						
Trenton, NJ						TBD /	Morrisville, F	PA					
			7.0	la.		1/	TVIOTTISVING, I	1		D .			
Completed By (Print or Type) Mr. Brian J. Haney			Titl	ie eside	ant	Signature		1 /1	1/3	Date	1204	=	
Wil. Brian 5. Halley			1	colue	Di IL	1 1	N	IMM	1	03/03	1201	,	1
Į.								1 111	~ \				



Party.	(196)			
1 7	1.		- 1944	
	COL.	2	-	3

Date of Notification (1)			Name of				-414 [	A SECOND	2000			
3/身/15				ashington A	ive , LLC			AR -6	My.	31		
Agencies Notified	Type Notification	n	Street Av	idress ashington A	Ave			8 800 8 =				
EPA BEB	X Initial   Amended			te, Zip Code	10000		Œ	LICENS,	ET:	U		
EPA DEP DOL	Amendme			Lake, New	Jersey				#G	10.50		
	Emergence justification	y (including	Name of	Contact			j Te	lephone Nun	nber			
DOH DCA	Cancellati		mike				1					
			FACI	LITY INFORM	ATION	T (F "	(4)					
Name of Facility Where 413 Washington A						Type of Facil  School	K-12)	1 1512				
Street Address 413 Washington A	ve					Subcha Other (i.	oter 8 (Otr e. private	ner than K-12 & commercia	() al buildi	ngs, I	nome	s,
City (5)				-		Square Feet	# 0	of Floors	Blo	ig. Ag	je	
Spring Lake						2200	2		60	)+		
County (6)			County	Code (7)		Current Use	Prior if be	ing demolish	led)			
Monmouth			(STATE	USE ONLY) _		Residence	•					
Name of Monitoring Fire	m Hired by Buildin	g Owner (8)	ASCI	A No.		of Abatement		r (9)				
					Ace	Insulation (	o., Inc.					
Street Address						Address Montrose R	oad					
City, State, Zip Code					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State, Zip Code						
					Colt	s Neck, N.J	07722					
Project Manager for Mo	onitoring Firm		Telepho	ne No.	1	hone No. -294-1757		License N 00029	lo.			
						-FOCULA Mos	itor					
Start Date (10)		Scheduled 3/18/15	Completion	Date (11)	Name	of OSHA Mor	itoi					
3/12/15	ing Abatement (C	3/18/15	•	Date (11)		t Address						_
3/12/15 Occupancy Status Duri		3/18/15 heck Only One)		Date (11)			itoi					
3/12/15 Occupancy Status Duri Facility Closed/Va Abatement Perfor	cated During Ent	3/18/15 heck Only One) re Period of Ab	atement	Date (11)	Stree							
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Ent med Outside of N 7am-7pm	3/18/15 heck Only One) re Period of Ab	atement	Date (11)	Stree	t Address						
3/12/15  Occupancy Status Duri  Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check  ≥3 sf or ≥3 lf	acated During Ent med Outside of N 7am-7pm All That Apply)	3/18/15 heck Only One) re Period of Ab ormal Facility H	atement	Date (11)	Stree	t Address  State, Zip Code  Full Conta	inment wi	ith Negative I	Pressur	re		
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe: Scope of Work (Check	acated During Ent med Outside of N 7am-7pm All That Apply)	3/18/15 heck Only One) re Period of Ab ormal Facility H	atement ours	Date (11)	Stree	t Address  State, Zip Code  Full Conta  Mini-Encla	inment wi	е				
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check ≥3 sf or ≥3 lf	acated During Ent med Outside of N 7am-7pm All That Apply)	3/18/15 heck Only One) re Period of Ab ormal Facility H	atement ours novation nolition	Date (11)	Stree	t Address  State, Zip Code  Full Conta  Mini-Encla	inment wi		ole Prod	cedure Abate	men	t
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ncated During Ent med Outside of N 7am-7pm  All That Apply)	3/18/15 heck Only One) re Period of Ab ormal Facility H	atement ours novation molition ocation rmally	Date (11)	Stree	t Address  State, Zip Code  Full Conta  Mini-Encla Glovebag Non-Exer	inment wi	е	ole Prod	cedure Abate		t
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3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locati Asbestos-Containin TO BE A In Fa (13	acated During Ent med Outside of N 7am-7pm  All That Apply)  Jon of ng Material (ACM BATED cility	3/18/15 heck Only One) re Period of Abormal Facility H Rei Dei lis L No Used Main Custo	atement ours  novation molition  ocation rmally Solely by tenance/ dial Staff? (12)  No N/A	Asbestos (i.e. the	Descriptic Containing ermal syster surfacing, V	Full Conta Mini-Encla Glovebag Non-Exement of Material (ACM ns insulation, AT, or aneous)	inment wissure Proceduri	e ind Non-Frial Amount (Specify SF or LF)	Removal	Dedure Abate Ty	pe	Γ
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locati Asbestos-Containin TO BE A In Fa (13	Acated During Entred Outside of Nam-7pm  All That Apply)  and on of a material (ACM BATED cility 3)	3/18/15 heck Only One) re Period of Abormal Facility H Rei Dei lis L No Used Main Custo	atement ours  novation molition  ocation rmally Solely by tenance/ dial Staff? (12)  No N/A X	Asbestos (i.e. the	Description Containing granal system surfacing, V ther miscella siding	Full Conta Mini-Enclor Glovebag Non-Exert Material (ACM ms insulation, AT, or aneous)	inment winsure Proceduri	Amount (Specify SF or LF)	Removal x	Dedure Abate Ty	pe	Γ
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locati Asbestos-Containin TO BE A In Fa (13)  Outdo	All That Apply)  All That Apply)  Ion of ng Material (ACM BATED cility 3)  Oors	3/18/15 heck Only One) re Period of Abormal Facility H Rei Dei lis L No Used Main Custo	atement ours  novation molition  ocation rmally Solely by tenance/ dial Staff? (12)  No N/A	Asbestos (i.e. the	Description Containing permal system surfacing, Vether miscellar siding	Full Conta Mini-Encla Glovebag Non-Exement of Material (ACM ns insulation, AT, or aneous)	inment wissure Procedurinpted (*) a	e ind Non-Frial Amount (Specify SF or LF)	Removal x	Dedure Abate Ty	pe	Γ
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locati Asbestos-Containin TO BE A In Fa (13	All That Apply)  All That Apply)  Ion of ng Material (ACM BATED cility 3)  Oors	3/18/15 heck Only One) re Period of Abormal Facility H Rei Dei lis L No Used Main Custo	atement ours  novation molition  ocation rmally Solely by tenance/ dial Staff? (12)  No N/A X	Asbestos (i.e. the	Description Containing granal system surfacing, V ther miscella siding Cubic Yards of Waste	Full Conta Mini-Enclor Glovebag Non-Exert Material (ACM nas insulation, AT, or aneous)	inment wind source procedure and the procedure a	Amount (Specify SF or LF)	Removal x	Dedure Abate Ty	pe	Γ
3/12/15  Occupancy Status Duri  Facility Closed/Va Abatement Perfor  Other – Describe:  Scope of Work (Check  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locati Asbestos-Containing TO BE A In Fa (13)  Outdo	All That Apply)  All That Apply)  ion of ng Material (ACM BATED cility 3)  OORS	3/18/15 heck Only One) re Period of Abormal Facility H Rei Dei lis L No Used Main Custo	atement ours  novation molition  ocation rmally Solely by tenance/ dial Staff? (12)  No N/A X  NJDEP Hauler I	Asbestos (i.e. the	Description Containing permal system surfacing, Vether miscellar siding	Full Conta Mini-Enclor Glovebag Non-Exert Material (ACM nas insulation, AT, or aneous)	inment wissure Procedurinpted (*) a	Amount (Specify SF or LF)	Removal x	Dedure Abate Ty	pe	Γ
3/12/15  Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:  Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locati Asbestos-Containing TO BE A In Fa (13)  Outdo	All That Apply)  All That Apply)  ion of ng Material (ACM BATED cility 3)  OORS	3/18/15 heck Only One) re Period of Abormal Facility H Rei Dei lis L No Used Main Custo	atement ours  novation molition  ocation rmally Solely by tenance/ dial Staff? (12)  No N/A X  NJDEP Hauler I	Asbestos (i.e. the	Description Containing or male system surfacing, Value in the miscella siding Cubic Yards of Waste	Full Conta Mini-Encla Glovebag Non-Exement of Material (ACM ins insulation, AT, or aneous)  Nam Ch te City,	inment wind source of Procedure of Regions State	Amount (Specify SF or LF)  1900 sf	Removal x	Abate Ty	pe	Γ

#### (K# 2585

#### timrang + Joney

Print Form

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

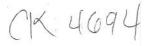
Date of Notification (1)						Building O		perator	(2)		20	15 MAR	7-5		64		
Agencies Notified	Type No	otification		$\exists$	Street Ad						di s	SE LI	·	R	17	: 5	4
EPA		tial		<u>_</u>	Activities of the							5	112		161	110	
EPA DEP DOL	An An	nended nendment#		_ \		e, Zip Cod quan, No		rsey 0	8736			& LI	CEN	31	HG	ħU,	1
X DOH		nergency (ir stification)	neluding		Name of	Contact	+				Tels	A enorice	!umber				
DCA DCA		ancellation			mike						1			_			
		+	Di (0	,	FACIL	ITY INFO	RMATI	ON	Time o	f Facility (	4)					-	
Name of Facility Where Furlong Residence		nt is Taking	Place (3			-2			☐ Sc	chool (K-1	2)		10)				
Street Address 77 Channel Drive									× O	ubchapter ther (i.e. p				ildi	ngs,	home	s,
									Square	C.)	1 # of	Floors	7	RIC	ig. A	70	-
City (5) Brick									2300		2			65			
County (6) Ocean					County C	ode (7) ISE ONLY)			The state of the s	t Use (Pri d <b>ence</b>	or if bei	ng demo	lished)				
Name of Monitoring Firm	n Hired by	v Building C	wner (8)		ASCM	No.		Name	of Abate	ement Cor	ntractor	(9)					-
Traine or memoring in		, 3 -				3 856		Ace	insulat	ion Co.,							
Street Address									Address fontros	e Road	1						
City, State, Zip Code								City, S	State, Zip	Code			5-100-0				
									, N.J. 07	722							
Project Manager for Mo.	nitoring Fi	irm			Telephor	ie No.			hone No. -294-17			License 00029					•
Start Date (10)		1	Schedul	ed Cor	npletion I	Date (11)		Name	of OSH	A Monitor							
3-4-2015			3-10-1	5													
Occupancy Status Duri	ng Abaten	ment (Check	Only Or	ne)				Street	t Address	S							
Facility Closed/Var Abatement Perforr Other – Describe:	ned Outsi							City, S	State, Zip	Code							-
Scope of Work (Check		nnlu															-
	All IIIal A	(hbih)						Г	٦								
× ≥3 sf or ≥3 lf   × ≥160 sf or ≥260 lf			- Comments	Renova Demoli	100100			2	Mini	Containm -Enclosur	9	Negativ	e Pres	sure	9		
_								1		ebag Pro- Exempte		ri Non-Er	ishle P	roc	edur		
			1			Y		-	- 110	Licinpie	4 / 411	4 14011-11	\			ment	
				s Local Norma			0-								Ту	ре	
Location Asbestos-Containin		L(ACM)	Use	ed Sole	ely by	Asbest		scriptio	n or Material	(ACM)	p	mount				m	
TO BE AS	BATED	(, , , , , , , , , , , , , , , , , ,		aintena todial			therma	system	ns insulat		(3	Specify	1 8	B	ZJ	inca	Enc
In Fac				(12)	500-0000000			cing, Vaniscella			Si	or LF)	TO HOVE	3	Repair	Encapsulate	Enclosure
(10	,		Yes	No	N/A		00.07	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2		7	late	ire
outdo	ors				х			siding			20	000 sf	x				
kitchen and	d hallwa	У			х	fl	oor til	e and	mastic		1	08 sf	X				
utility r		х	li	noleur	m and	mastic			18 sf	X							
Name of Registered Wa	aste Haute	er			VJDEP W		Cubic of Wa	Yards		Name of	Regist	ered Lan	dfill				
Ace Insulation Co.,	Inc.		55 A 3-5		Hauler ID 2086	INU.	4			Chrins							
City, State Colts Neck, New Je		8		Dispo 3-10-	sal Date -15	9	City, Star Easton										
Completed by			Title				15	ignatur	e	1 .		T	Date	1	0.00		
Bree McGuire			Secr	etary	Treasu	ırer		10	w	'			Date	31	15		

\* Do not use his form for asbestos licensure exempted activities.



CK 4695

Date of Notification (1) 3/3/15	7 1				Building Ov needy Pr				Ser.			15			
	pe Notification	) ,	2000	reet Add	dress side Driv	/e		) e				T År			
EPA DEP DOL	Amended Amendment #				, Zip Code NJ 080				100					10	
× DOH □ DCA	Emergency (inclination) Cancellation	uding	4 939	ame of 0 cott	Contact				H	Tele	phone Nu	mber	2		
				FACIL	ITY INFOR	MATIC	NC								
Name of Facility Where Aba Scott Sheedy Private		ace (3)			k			☐ s	f Facility (4 chool (K-12	2)					
Street Address 10 Lakeside Drive				83				X O	ubchapter 8 ther (i.e. pr tc.)	3 (Other ivate 8	er than K-1 commerc	2) ial build	lings	hom	es,
City (5) Medford NJ 08055					¥			Square 1000-	Feet	# of	Floors	- 1	ldg. / 5+	Age	-
County (6) Burlington			Co (S	ounty C	ode (7) SE ONLY)		_	Curren	t Use (Prio	r if bei	ng demolis	hed)		41	
Name of Monitoring Firm Hi	red by Building Ow	ner (8)	1	ASCM	No.			of Abate	ement Cont	tractor	(9)				
Street Address							Street	Address Box 32	S						
City, State, Zip Code						7	City, S	tate, Zip		01					-
Project Manager for Monito	ring Firm		Te	elephon	e No.		Teleph	none No	,	91	License	No.		-	
59							100000000000000000000000000000000000000	753-98			00727				
Start Date (10) 3/16/15	3	cheduled /20/15		oletion L	)ate (11)		Sam		A Monitor						
Occupancy Status During A	Abatement (Check (	Only One)			=		Street	Addres	S						60
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Normal	iod of Aba Facility H	ateme ours	ent		_	City, S	State, Zi	p Code				~		
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novati	T 100 0				Min	Containme i-Enclosure vebag Prod n-Exempted	e cedure				ıre	
		125 21	6207					1101	PEXCHIPTO	1/4			Aba	teme	nt
		1000	ocatio rmally	000		Do	scription	n of						уре	
Asbestos-Containing N TO BE ABAT In Facility (13)	laterial (ACM) <u>FED</u>	Custo	tenan	ce/ taff?	Asbest (i.e.	os Con therma surfa	itaining l il system acing, V miscella	viaterial ns insula AT, or	(ACM)	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
85 185		Yes	No	N/A							0=	-	-		-
Exterior Signature	Exterior Siding					Exte	erior S	iding	-	12	200 SF	x	+	-	
													T	$\top$	
Name of Registered Waste	e Hauler			JDEP V auler ID			c Yards		Name of	Regis	ered Land	fill	o nes		
United Containers	United Containers					of Wa	*		G.R.O.		2				ge .
City, State Elm NJ							osal Dat /15	е	City, Star		A 19067				
Completed by Anthony T Perna		Title Presid	lent				Signatu	re,				Date 3/3/15	5		



Date of Notification (1) 3/3/15					Building Ow a Alvia					F	7.04,				
Agencies Notified	Type Notification		100	reet Add	iress exas Ave	)							Ž.	2	
EPA DEP  DOL	Initial Amended Amendment	#			, Zip Code City NJ	2				Total Control					
NAME OF THE PARTY	Emergency (justification)			ame of C						Tele	phone Nur	mber			
DOH DCA	Cancellation		Z	ackaria	a					1					
				FACILI	ITY INFOR	RMATIC	ON	Tuna of	Facility (4	1					
Name of Facility Where A								-	0.						
Street Address	Jacke Home							T SL	chool (K-12 ubchapter 8	(Othe	er than K-1	2)			
116 N texas Ave								× Ot	ther (i.e. pr	ivate 8	commerc	ial build	ings,	nome	s,
City (5)								Square		# of	Floors	BI	dg. A	ge.	
Atlantic City NJ								1000+		2		35	5+		
County (6) Atlantic		<del></del>		ounty C	ode (7) SE ONLY)			Current	t Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	1	ASCM	No.		Name	of Abate	ment Cont	tractor	(9)				
N/A	Trined by Building			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Pern	aco Ind	o		5.05		*		
Street Address								Address 30x 329	S						
City, State, Zip Code								State, Zip t Berlin	Code NJ 080	91	(				
Project Manager for Mor	nitoring Firm		Т	elephon	e No.		- TOTAL - CONT.	none No. 753-98			License I	No.			
Start Date (10)		Scheduled	Com	pletion E	Date (11)		1000		A Monitor						
3/16/15		3/20/15					Sam					To Develop Sign	_		
Occupancy Status Durin							Street	Address	5						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Nor	Period of Aba mal Facility H	ours	ent		_	City, S	State, Zip	Code						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		4.55.65	novat		,			Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	e cedure		•		·e	32
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5		100	ocation rmall	2000	57.0	-	escriptio						T	/ре	
Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED cility	Used Maini Custoo	Solel	y by ice/		os Con therma surfa	ntaining Il systen acing, V	Material ns insula		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
100	8. 9	Yes	No	N/A							39			(D	
windo	ows			Х		win	ndow c	aulk		. 2	200 LF	x	-		
7.												+	-		-
*													-		
Name of Registered W	aste Hauler		IN	JDEP V	Vaste	Cubi	c Yards		Name of	Regis	tered Land	fill			
United Containers	ne of Registered Waste Hauler ted Containers				No.	of Wa			G.R.O.	w.s.	3				*:
City, State Elm NJ						Dispo 3/20	osal Da	te	City, Sta Morris		A 19067	,			
Completed by Anthony T Perna		Title Presid	lent				Signate	re		_		Date 3/3/15			
Antinony i Fema		1 10310						/					_		



& Emergency &

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Date of Notification (1) 3/2/14					Building C edger F				(							
Agencies Notified	Type Notification		5	Street Ad	ldress									-	7.4	Ç
EPA DEP DOL	Initial Amended Amendment		(	City, Stat	e, Zip Coo gg Harb		08070		-	- Angles	ξ' :					-
ĭ DOH □ DCA	Emergency ( justification) Cancellation	including	197	Name of David	Contact					Tele	phone N	lumbe	r			
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where David Ledger Priva		g Place (3)			36			District of the last	of Facility (4 School (K-1)	900						
Street Address 19 Kansas				31				×	Subchapter Other (i.e. patc.)				uildi	ngs,	home	s,
City (5) Little Egg Harbor N	IJ 08070							Squar 1000	re Feet )+	# of 1	Floors		Blo 35	dg. Ag	ge	
County (6) Ocean				County C	ode (7) SE ONLY)			Curre	nt Use (Prid se	or if beir	ng demol	lished				
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.		552.25	of Aba aco Ir	tement Con	tractor	(9)					
Street Address								Addres								12
City, State, Zip Code						*			ip Code n NJ 080	91						
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.			none N 753-9			License 00727					
Start Date (10) 3/3/15		Scheduled 3/6/15	d Com	pletion [	Date (11)		Name Sam		HA Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One	2)		-	-	Street	Addres	SS							
Facility Closed/Vac	cated During Entire I	Period of Al	batem		31		City, S	itate, Z	ip Code	9						
Scope of Work (Check /	All That Apply)												-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti				×	Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					a	
		le l	ocati	on											ment	
Locatic Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED ility	N Used Mair	ormall Solei ntenar odial S (12)	ly ly by nce/		tos Co therm surf	escription ntaining N al system facing, VA miscellar	Materia s insula T, or		(S	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
Exterior	Siding		1000-000	х		Ext	erior Si	ding		14	00 SF	×				
kitch				х			Floor Til			10	00 SF	×				
through	n-out			х			drywall			15	00 SF	x				
	-				= 7											
Name of Registered Wa	aste Hauler		0.00	JDEP W			ic Yards /aste		Name of		red Land	dfill				
United Containers	9			2459	INU.	4			G.R.O.			70				
City, State Elm NJ						Disp	osal Date		City, Stat Morrisv		1906	7				
Completed by Anthony T Perna		Title Presid	dent				Signature	0				Date 3/2/	15			



CK4696

Date of Notification (1) 3/4/15						Building O Sellers p				-		<u> </u>					
Agencies Notified	Туре	Notification		1	Street Ad	Idress rillard Av	/enu	 e			1				t.		
EPA DEP DOL		nitial Amended Amendment #_ Emergency (in		_   1	Jnion B	e, Zip Cod Beach N		735		* 6 -							
DOH DCA	j	ustification) Cancellation	ciduling	1,100	Name of Daved	Contact					Tele	nhone N	lumh	0.5			0.0
					FACIL	ITY INFO	RMAT	TION									
Name of Facility When David Sellers priv			Place (3)			ř.			☐ s	of Facility (4) chool (K-12	2)						
Street Address 807 Lorillard Aver	nue								× C	ubchapter 8 other (i.e. protec.)				build	ings,	home	s,
City (5) Union Beach NJ					20				Square 1000		# of 1	Floors		1 520	dg. A 5+	ge	
County (6) Monmouth					County C	ode (7) ISE ONLY)	_		Currer	nt Use (Prior	r if beir	ng demo	lished	d)			
Name of Monitoring Fi	rm Hired	by Building Ov	vner (8)		ASCM	No.		955	of Abat	ement Cont	ractor	(9)		7			
Street Address								2000 110	Addres					Si			
City, State, Zip Code									State, Zij	o Code n NJ 0809	91						
Project Manager for M	onitoring	Firm			Telephor	ne No.	Ĺ,		hone No 753-98			License					
Start Date (10) 3/5/15			Schedule	d Com	pletion [	Date (11)		Name		A Monitor					-		
Occupancy Status Dui	ring Ahate		38.8.8.12.12	9)					Addres	\$							
Facility Closed/Va	acated Di	uring Entire Pe	eriod of A	batem					State, Zi								
Other – Describe  Scope of Work (Check		Annly)					_					1			_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		, 46.3)		enovat emoliti					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure					е	
			le.	Locati	on		chicke									ement	
Asbestos-Containi TO BE A	tion of ing Mater ABATED acility	ial (ACM)	Use Mai	lormall d Solel intenar odial S	y ly by nce/		os Co therm	escription intaining I al system facing, VA	Material ns insula		(S	mount Specify or LF)		Ren		e Encar	End
	3)		Vas	(12) No	N/A			r miscella			01	0, 2, ,		Removal	Repair	Encapsulate	Enclosure
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Po	rch		-		X		Ь	lack pa	per	-		0 31	-	x			
		9.											_				
Name of Registered V	Nesta Lle	ulos		LN	JDEP W	lasta	Cub	ic Yards		Name of F	Panista	red I an	dfill				
United Containers		ulei		Н	auler ID 2459		- 100 35 35 30 1	/aste		G.R.O.V		nou Lun					
City, State Elm NJ							Disp 3/9/	osal Date	Э	City, State Morrisvi		1906	7		28		
Completed by			Title	-l				Signatur	re)				Date			100000	A 18 mm 2 pm
Anthony T Perna			Presi	uent					~				3/4	/15			

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

Date of Notification	(1)	,-	Na					Operator								
3-2-15				Bri	an D	ann	er				75.					
Agencies Notified	Type Notif	icatio	on St	treet	Addre	ess										
[ ]EPA	[X]Initi	al		315	Sal	em 1	Road									
[ ]DEP	Noti	ficati	on C:	itv. S	State.	Zip	Code	-10100					-	-		
[X]DOL	[ ]Amend						7083			- 1		*				
[X]DOH	Noti	ficati		ame of	Cont	eact.				mo l onhon	a Mirelan					
[ ]DCA	[ ]EMERG	ENCY				anne	er		10 0							
[ ]504	[ ]Cance	llatio														
			-			LITY I	INFORMA	TION								
Name of Facility Whe	ere Abateme	ent is	Taking	Plac	e (3)				Type o	of Facil	ity (4)					
Same as above									101	School						
Street Addres			-81								ter 8 (Oth					
									[ [		uildings,					
							C.,		Square	Feet	# of Flo	ors	Bl	dg.	Age	
City (5		Cou	nty (6	) Esse	x		nty Co	de (7) E ONLY)	130	00 SF	2		8	30		
						(51	ALE OS	d ONLI)	Currer	nt Use (	Prior if b	eing	den	olis	shed)	)
Name of Monitoring F	irm hirod	her Davi	lding	2000	No		Thrama .	. 6 3h - h -			- (0)					
Owner (8)	TIM UILEG	Dy Bul	.raing	ASCM	NO.					ntractor	, Inc.					
N/A Street Address										DIMBIN I	, IIIC.					
Street Address	6					3.		chris	T) 1000	er St						
City, State, Zip Cod	e							State,	(85)						-02/22	
										J 070	42					
Project Manager for	Monitoring	Firm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	phone	Numbe	er	Teleph	none Num	ber			Lice	ense	Numl	er	
		N/A				(97	3)744	-880	0		00	037	1			
Scheduled Start Date	(10) S		Comple		Date	(11)	10.000000000000000000000000000000000000	of OSHA 1	Monitor				,es.			
3-11-15 Month Day Ye		- 6	3-12-		77		N/A									
Month Day Ye Occupancy Status Dur	ear ing Abatem	Month ent (C			Year ne)		Street	Addres	s							
[X] Facility Close of Abatement		d Duri	ng Enti	re Pe	riod											
[ ]Abatement Per		tside o	of Norm	nal Fa	cilit	У	City,	State,	Zip Cod	le						
Hours - Desci [ ]other - Desci					nt.		-		•							
				Jescii	.pc»											
Scope of Work (Check	all that	аррту						[ ]Full	Contair	nment wi	th Negativ	e Pi	essu	ire		
[X]≥3 sf or			53005	Renov				[ ]Mini-								
[ ]≥160 sf c	2260 11			Demol	TCTOIL			[X]Glove []Non-F	3 - 30 - 30 - 30 - 30 - 30 - 30 - 30 -	Procedu	re					
	- 6		Loc	Is cation			<b>D</b> -						Aba	teme	nt I	Type E
Location Asbestos-Con			Nor	mally Jsed				scriptions		r	Amount		R	R	N	N
Material			Sc	olely	.			terial (	J. 16 16 16 16 16 16 16 16 16 16 16 16 16	2000	(Specif	У	E	E	C A	L
TO BE AB				Main- nance/				thermal	9	505 0050	SF or LF)		0	A	P	0
In Facil	ity.			todia f (12				on, surf			DE)		A	I R	U	U R
			Yes	No 2	N/A										-	E
Basement	sement					Pip	e In	sulat	ion		130 lf		X			
Name of Registered W				EP Wa		100000	bic Yar		100		stered Lan	dfil	Ll			
AZTECH MANAG	EMENT,	INC.		040	NO.	OI.	Waste	1.5	G.R	.O.W.	۵.					
City, State		7 70			1	*	sposal			State		-		_		222
Montclair, NJ	ontclair, NJ 07042						3-13-	15	Mor	risvi	lle, PA	. 1	906	7		
Completed By (Print	or Type)	Title		V			S	ignature	<u> </u>			П	ate			-
Constantine V		A CONTRACTOR OF STREET	siden	t			ſ	111	1 -			100	3-2	1_1	5	
				mpatali				(1 / 1	110m				5 2			

B & G proj. #: 2014-227

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

\*\*\* EXTRA FOOTAGES \*\*\*

Check # 7096

					LATRATI	001	AGES	Check	" 1000				_
Date of Notification	n (1)	111	Name of B	uildina Own	er/Operator (2)	)	September 19 Septe						
10 12 1/12 10	1/115				dical Center			a					
Agencies Notified	Type Notificati	on S	Street Addr								-	_	
☐ EPA	☐ Initial			Maass D	)rive			**					
☐ DEP		110	Dity, State,				<del></del>						
X DOL	X Amendr			lle, NJ 07	109								
<b>▼</b> DOH		IN	lame of Co	ntact				Telephor	ne Numbe	•			00 to 0.00
□ DCA	☐ Cancella	ition	Luis C	acreres									
			Luio O					<del></del>					
				FAC	ILITY INFORM	IATIO	N .						
Name of facility wi	here abatement is	taking pla	ace (3)					Type of Facility	(4) ol (K - 12)				
Main Hospita	l, Entrance (N	ON SUE	3 8)		3			=	apter 8 (C	ther t	han K	12)	
Street Address				)E	1			200000	(Private/C			-12)	
1 Clara Maas	ss Drive							Bldgs.	/Homes, e	tc.	10,000,000		
City (5)		I Cou	nty (6)			Co	unty Code (7)	Square Feet	# of Floor	S	В	dg. A	\ge
			illy (O)				ate use only)	Current Use (F	rior if bein	a dem	nolish	ed)	
Belleville		Es	sex					Hospital NC		-	10110111		
Name of Monitorin		Bldg. Own	er (8)		ASCM No.		Name of Abatement C	ontractor (9)			, it		
	N/A			16	-		B & G Restoration	n, Inc.					- T
Street Address							Street Address	and		9			
							105 Ryerson Ro				_		9
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park, N	1.07035					
Project Manager fo	r Monitorina Firm	_	Τp	hone Numb	or	_	Telephone Number	01000	License	Numh	)er	_	
1 Toject Manager To	w wormoning i min		1.	none ranno	Gi		(973)696-6869	1		378	<i>(</i> -1)		
Scheduled Start Da	ate (10)	IScher	1 Complet	ion Date (1	1)	_	Name of OSHA Monito	or					
12/22/2014	ate (10)		13 5	ion Date (1	1)	- 1	B & G Restoration	on, Inc.		1			. 72
- 12			31/2015				Street Address						10
Occupancy Status		and the second					105 Ryerson Ro	ad —————	<u> </u>				-21
	d/vacated during erformed outside					1	City, State, Zip Code						
Describe:	ibe: Occupied &			VACC)		-	LincolnPark, NJ	07035					
Scope of Work (ch			.ooum							_			2
Demolition	reck all triat apply	, Renovation	nn.			$\Box$	Full Containment w/nega	itive pressure	✓ Glovel		ocedi	ıro	
>3 sf or >3 if		>160 sf or					Mini-enclosure	Constitution and the state of t	Mon-fr				
				used solely	,	<u></u>	Willin-Criciosure		A NOII-II	R	R	_	1
Location of asbestos-cor	ntaining	by mainte	enance/cu		1		asbestos-containing	Amount		е	e	E n	E
material to be	e	staff(12)			material (			(Specify S	SF or	m	p a	c a	n
abated in fac	cility (13)	Yes	No	N/A				LF)		٧	i	p	L
Ground fl lobby &	adi to lobby			X	pipe fitting	ıs/p	ipe fittings	10 / 1 fitt	inas	e		П	$\Pi$
Ground fl foyer				X	pipe fitting			4 fittings	1190	X			盲
Ground floor next to	sprinkler room			X			& pipe fittings	15 lf / 4 f	ittings	X			同
Ground fl adj to	stairs			X	pipe insula	ation		125 lf	* e -	X			
Ground fl forme	er office			X	pipe insula			50 lf		X			
Registered Waste F			EP Hauler	ID# C	ubic Yards of V	Vaste			2				
B & G Restora	tion, Inc.		19563	Disposal D	5 yards			esource & Re	ecovery	Cent	er		
City, State Lincoln Park, N	NJ				/02/2015		City, State Tullytown, P	Α				0.00	
Completed by (Prin		Title		-	Signature	_	<del></del>		Date			- 5	
Gordana Luna			ry/Treas	urer	2000		Gordana Luna		02/	20/20	)15		

Re:

One page attachment to 10-day initial notification dated 12/15/2014 for asbestos removal at: Clara Maass Medical Center, 1 Clara Maass Drive, Belleville, NJ 07109

Original project start date: 12/22/2014

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
1 <sup>st</sup> fl. men's room in chase	NO	Pipe insulation	10 lf	X	
1 <sup>st</sup> fl. hallway	NO	Pipe fittings	25 fittings	X	
1 <sup>st</sup> fl. vault	NO	Floor tile & mastic	40 sf	X	
Roof Perimeter & partitions	NO	Roof flashing	500 lf	X	
East & West roofs	NO	Black asphaltic tar layering	100 sf	x *	
Ground floor Ceiling plenium	NO	Pipe insulation	75 lf	x	13
Ground floor cafeteria	NO	Pipe insulation	15 lf	X X	

ADDITIONAL NEW quantities are highlighted in YELLOW

#### State of NJ

Gordana Luna

Completed by (Print or Type)

Notification of Ashestos Abatement

B & G proj. #: 201	4-227	_	(	•			7 and 12:120-7) FOOTAGES ***	Check # 7	7064			
Date of Notification (1)		IIN	lame of Bui	ldina Own	er/Operator (2	)						
10   1   /   3   0   /   1					dical Cente		57.45		12			
Agencies Notified   Type I	Notification	S	treet Addre	SS								
D DEP	Initial		1 Clara	Maass D	rive							
_	0		ity, State, Z									
X DOL X	Amendmer	nt	Belleville	e, NJ 07	109							
X DOH		10000	ame of Con	tact				Telephone N	umber			300-14 (SI)
DCA DCA	Cancellatio	n	Luis Ca	creres			(31)					
				FACI	ILITY INFORM	IATIO	N	<del></del>				
Name of facility where abat	tement is ta	aking pla	ace (3)					Type of Facility (4)	20 1020			
Main Hospital, Entra	nce (NOI	N SUE	3 8)					School (F		12		
Street Address									er 8 (Other			
1 Clara Maass Drive	,							Other (Priv Bldgs./Hor		ierciai		
								Square Feet # o	f Floors	E	3ldg. A	ge
City (5)		Cour	nty (6)			100000000000000000000000000000000000000	unty Code (7)					
Belleville		Ess	sex			(St	ate use only)	Current Use (Prior Hospital NON S		molish	ned)	
Name of Monitoring Firm H		g. Owne	er (8)		AŚCM No.		Name of Abatement					
N/	A			х.			B & G Restora	tion, Inc.				
Street Address							Street Address 105 Ryerson F	Road				
City, State, Zip Code						-	City, State, Zip Code					-
							Lincoln Park,					
Project Manager for Monitori	ing Firm		Pho	one Numb	er	_	Telephone Number	Lie	cense Num	ber		
							(973)696-686		00378			
Scheduled Start Date (10)		Sched	. Completio	n Date (11	)	_	Name of OSHA Mor					
12/22/2014		02/2	28/2015				B & G Restora Street Address	tion, inc.				<u>(1)(4)</u>
Occupancy Status During Ab	patement (0	Check o	nly one)			-	105 Ryerson F	Road				
Facility closed/vacated				nent.			City, State, Zip Code					_
Abatement performed							Oity, Gtate, Zip Gode	50 TE				
Describe: OCCL	upied & s	tart: 7	:00am			_	LincolnPark, N	IJ 07035				
Scope of Work (check all th	at apply)										A	
☐ Demolition	<b>▼</b> Re	novatio	n				ull Containment w/ne	gative pressure	Glovebag p	roced	ure	
X >3 sf or >3 If	□ >16	0 sf or	>260 If			X	Mini-enclosure		Non-friable			
Location of	100 m		normally u	sed solely	I				R	R	E	1
asbestos-containing	by	mainte	nance/custo			on of a	sbestos-containing	Amount	e	е	n	E n
material to be abated in facility (13)		aff(12)		Ι	material (		g	(Specify SF or	. m	p a	a	c
abated in facility (15)		Yes	No	N/A				LF)	v e	i	p	L
Ground fl lobby & adj to lo	bby			X	pipe fitting	s/p	pe fittings	10 / 1 fittings				
Ground fl foyer				X	pipe fitting	S		4 fittings	X			
Ground floor nuxt to sprinkler	room			X			& pipe fittings	15 lf / 4 fitting				
Ground fl adj to stairs				X	pipe insula	ation		125 lf	X			
Ground fl former office				X	pipe insula			50 lf	X			
Registered Waste Hauler B & G Restoration, Inc	).		P Hauler ID 9563	)# Ci	ibic Yards of V 5 yards	Vaste	Name of Registered Tullytown	Landfill Resource & Recov	/erv Cen	ter	-	
City, State			ĮĊ	Disposal Da	ate		City, State		., 5011		-	
Lincoln Park, NJ				03/	02/2015		Tullytown,	PA				

Gordana Luna

Date

01/30/2015

Signature

Secretary/Treasurer

DE # 2773

Date of Notification (1)					Nar	ne of Buildi	na O	wner/Operator	(2)	ii-				
2 /	11 /	15	;		200.00	erizon	ng O	wilei/Operator	(2)					
Agencies Notified	Type Notifi				Chris	-1 6 -1 -1								
☐ EPA	□ Initial	CallOII				et Address		Di				j.		
☑ DOLWD	⊠ Amende	ed			_				Lower Level					
☑ DHSS	Amendr	nent #	2-3/2/	15	1000000	, State, Zip								
DCA	☐ Emerge		cludin	g		ittsburgh ne of Conta		15212						
(NJAC 5:23-8)	justifica	100			1000					Telephone Nu	ımber			
	- Caricella	ation				nthony P								
Name of Facility 100					F	ACILITY I	NFC	RMATION						
Name of Facility Where A	batement is	Taking	g Place	e (3)					Type of Facility (	99070				
Verizon Market CO									School (K-12)		40)			
Street Address									Subchapter 8 Other (i.e., pri	(Other than K-	12) nercial h	uildin	as	
95 Williams St.									homes, etc.)	Tate and comm	ioroiar i	Juliuli	95,	
City (5)									Square Feet	# of Floors	E	Bldg. A	\ge	
Newark			LES LOCALISTE											
County (6)					Co	unty Code	(7)(S7	TATE USE ONLY)	Current Use (Prid	or if being demo	olished)			
Essex									Office					
Name of Monitoring Firm			Owner	(8)	ASCI	VI No.	N	ame of Abateme	ent Contractor (9)					
USA Environmental	Managem	ent						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address					-		St	treet Address						
8436 Enterprise Ave	•						3	1123 BEAVE	R STREET					
City, State, Zip Code							Ci	ty, State, Zip Co	ode					
Philadelphia, PA 19								BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			Te	lephon	e No.	Te	elephone No.		License No.				
Mark Jenkins				:	215-36	5-5810		215-788-6040	)	00509				
Start Date (10)		Sched	uled C	omp	letion D	ate (11)	Na	ame of OSHA N	lonitor					
_3 / _3 / .	15	_ :	3_ /		5/	15		BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During	Abatement (	Check	only	one)			_	reet Address						
☐ Facility Closed/Vacated					ement			1123 BEAVE	R STREET					
Abatement Performed	Outside of N	lormal	Facilit	у Но	urs - De	escribe		ty, State, Zip Co				-		
Time of Abatement:	AM	PN	1/ <u>5:00</u>	PM-	1:30AN	Λ	10.00	BRISTOL, PA						
Scope of Work (Check all	that apply)							J. (1010L, 17						
	1. 27		_					☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			⊠ Re			33		Mini-Enc						
			□ ▷€	inom	1011			⊠ Non-Exe	g Procedure mpted (*) and Non-	-Friable Proced	lure			
				Loca					. ,,			atem	ent T	vne
Location of				Norm	ally lely by	1		Description o	f			_		T
Asbestos-Containing N TO BE ABAT		л)			ance/	Asbe	estos	Containing Ma ermal systems i	terial (ACM)	Amount	Rem	Repair	nc	inc
IN Facility			Cus		Staff?	(1.6		surfacing, VAT,		(Specify SF or LF)	Remova	ai-	sde	Enclosure
(13)		-		(12		-		ther miscellane		/	=		Encapsulate	Гe
4b.			Yes	No	N/A	12							(D	
Throughout 10 <sup>th</sup> Floor			$\boxtimes$			Floor ti	ile a	nd mastic		75 SF				
11 05					П						П	П	П	
			$\overline{\Box}$		+=		Server				-1-	12		
			<u> </u>			-					$\perp$		Ш	
Name of Registered Waste				1113		Waste	12/03/303	bic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPO	RT GROUP	, INC	•		Hauler 2099		Wa	ste	MINERVA LA	ANDFILL				
City, State					2000		Dis	posal Date	City, State				_	
NEW CASTLE, DE 19	720								WAYNESBU	RG, OH 4468	88			20
Completed By (Print or Typ	e)	Title			77			Signature			ate			_
Brian Scafiro	10 m m m m m m m m m m m m m m m m m m m		timat	or				A	Scaliro	1.0	3/2	1,,	/	
								Mun	. Deafero	11	0/2	115		

ASB-41 MAY 11 BS /4/15

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

hroughout 10 <sup>th</sup> Floor			Yes	No	N/A	Flooraile	e and mastic	us)	75 SF	a a a a a a a a a a a a a a a a a a a
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		:M)	Use	Norma ed Sola intena	illy ely by		Description of stos Containing Mate , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) esulation, or	Amount (Specify SF or LF)	Abatement Ty Encapsulate Repair
≥3 sf or ≥3 if     ≥160 sf or ≥260 if	ат арріу)			enovat emoliti	on					re
☐ Facility Closed/Vacated ☐ Abatement Performed C Time of Abatement: Scope of Work (Check all the	utside of AM	Norma P	l Facili	tv Hou	rs - De	scribe	1123 BEAVER City, State, Zip Co BRISTOL, PA	de		
Occupancy Status During A	batement	t (Chec	ck only	one)	_ /	ate (11)	Name of OSHA M BRISTOL EN' Street Address	onitor /IRONMENTAL	, INC.	
Project Manager for Monito Mark Jenkins Start Date (10)				2		5-5810	BRISTOL, PA Telephone No. 215-788-6040		License No. 00509	<u> </u>
City, State, Zip Code Philadelphia, PA 191							City, State, Zip Co	ode		
USA Environmental Street Address 8436 Enterprise Ave		ment					Street Address	VIRONMENTAL	_, INC.	
Essex Name of Monitoring Firm I				r (8)	ASCI		Name of Abatem	Office	or it being demoi	isned)
City (5)  Newark  County (6)					Co	unty Code (	7)(STATE USE ONLY)	homes, etc.) Square Feet	# of Floors	Bldg. Age
Verizon Market CO Street Address 95 Williams St.		9					54	Type of Facility  ☐ School (K-12 ☐ Subchapter 8 ☐ Other (i.e., p.	9 N	2)
Name of Facility Where A	batement	is Tak	ino Pla	ce (3)	F	ACILITY I	NFORMATION	T=	1	11
(NJAC 5:23-8)	justifi	ication)		mg	Nar	ne of Conta	ct		Telephone Nur	mber
☐ EPA ☑ DOLWD ☑ DHSS ☐ DCA		nded ndment			1 City	5 East Mo	Ontgomery Place Code	Lower Level	17	
☑ DHSS □ DCA	Amer Amer	l nded ndment rgency	# <u>1-2/</u>		City P	/, State, Zip ittsburgh	ontgomery Place Code , PA 15212	, Lower Level		

Date of Notification (1)

OR# 2762

Name of Building Owner/Operator (2) Verizon Agencies Notified Type Notification Street Address ☐ EPA M Initial 15 East Montgomery Place, Lower Level ☑ DOLWD 7784 ☐ Amended ☑ DHSS 5605 City, State, Zip Code Amendment # ☐ DCA ☐ Emergency (including Pittsburgh, PA 15212 (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation Telephone Number Anthony Porta Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Verizon Market CO Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) 95 Williams St. Other (i.e., private and commercial buildings, City (5) homes, etc.) Newark Square Feet # of Floors Bldg. Age County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. Mark Jenkins License No. 215-365-5810 215-788-6040 Start Date (10) Scheduled Completion Date (11) 00509 Name of OSHA Monitor \_\_2 / \_\_23 / \_\_15 2 / 25 / 15 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe 1123 BEAVER STREET Time of Abatement: \_\_\_\_AM-\_\_\_PM/5:00PM-1:30AM City, State, Zip Code BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ ≥160 sf or ≥260 If Mini-Enclosure □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount Encapsulate Enclosure (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A Throughout 10th Floor X П Floor tile and mastic 75 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of SERVICE TRANSPORT GROUP, INC. Name of Registered Landfill Hauler ID No. Waste 20990 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Brian Scaffro



Date of Notification (1) March 2, 2015	9			Name o	of Building e Town:	Owner/o	Operator	r (2)		(4)						
Agencies Notified	Type Notification	******		Street A	Address Ilis Driv		10110 00	5110013	2	11.						
× EPA DEP × DOL	Initial Amended Amendment	#		City, St	ate, Zip C e, NJ 07	ode				-1						
☑ DOH DCA	Emergency ( justification) Cancellation		_		of Contact					Te	lephone	N.,.				
	Caricellation				ILITY INF	OPMAT	ON									
Name of Facility Where Preakness School	Abatement is Taking	Place (3	3)	170	ILIT INC	ORIVIAT	ION	_	of Facility (							
Street Address 1006 Hamburg Tur	npike								School (K-1, Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12 ercia	) I buil	dings	, hom	es,
City (5) Wayne									etc.) re Feet 00	# 0	f Floors		1 33	Bldg. /	Age	
County (6) Passaic					Code (7) USE ONLY	)		Curre	ent Use (Pric	or if bei	ing dem	olish	ed)			
Name of Monitoring Firm Ramm Environmen	n Hired by Building C ntal	Owner (8)		ASCN *****					tement Con							
Street Address 77 Nottingham Roa	ad						Street	Addres								
City, State, Zip Code Fair Lawn, NJ							City, S	state, Zi	ip Code J 07512							
Project Manager for Mor Roger Headrick	nitoring Firm		T	Telepho 201-47	ne No. 75-9880	10	Teleph	none No 832-4	0.		Licens 0115					
Start Date (10) 3/13/15		Schedule			Date (11)		Name	of OSI-	A Monitor Construct	ion	0110					
Occupancy Status Durin								Addres		1011						
Facility Closed/Vac	ated During Entire P	eriod of A	Abaten	nent			205 F	Rt 46\	W, Suite 1	4						
Other – Describe:		al Facility	Hours			_			p Code J 07512							
Scope of Work (Check A	II That Apply)	X R		4:				1 -		## 1960		22.5				
≥160 sf or ≥260 lf			enova				×	Min Glo	Containme ii-Enclosure vebag Proc n-Exempted	edure	,					
		ls	Locati	on			-	1 1401	I-Exempled	() and	u NOH-F	Habie	PIO	Abate		
Location Containing		N	lormal d Sole	ly	20.00		scription						_	Ту	ре	_
Asbestos-Containing <u>TO BE AB</u> In Facil	ATED ity	Mai	ntena odial 3 (12)	nce/			systems	s insula T, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No No	N/A		other n	niscellan	eous)			2000000		oval	oair	sulate	sure
Room	1		Х			VAT	& Mas	stic		1	020	1	x			
Corridor/hallway &	two stairwells		х				& Mas				200	-	x			
Name of Registered Was	ste Hauler		N	JDEP W	aste	Cubic	Yards		Name of R	Registe	red Land	dfill	_			
Academy Construction	on, Inc	Н	auler ID 034422	No.	of Was		iii	Waste N				ROV	VS)		-	
City, State Totowa, NJ						Dispos 3/18/1	al Date	-	City, State Tullytow							
Completed by Frank Marino		Title VP of	Ope	rations			ignature		ice	_		Date				

CK# 24753
REDELIVELL

Date of Notification (1)		NI	f D - 11-11-	- 0 - 10 - 1	(6)	2000			-	4
3/2/15		ivame	e of Buildin	g Owner/Operator	(2) Ridings			1. 5		
Agencies Notified Type Notification		Stree	t Address	1	0 Claveland	Γ			-	i je
EPA  initial  Amended		0:1.	01-1- 7:- 6		0 Cleveland	Lane 🧸				
■ Amendment #     ■ Emergency (including)	_	City,	State, Zip (		inceton, NJ (	08543		No.	1 1	1
■ DOH justification)	19	Name	e of Contac		inocton, 145 c	Telephone Num	her			
☐ DCA ☐ Cancellation			Mr.	Barry Riding	gs	, oropiiono i tan				
		FA	CILITY INF	ORMATION						
Name of Facility Where Abatement is Taking Place	0.00				Type of Facility	<i>i</i> (4)				
Resident	ial				School (K-1		2.0			
Street Address  10 cleveland	l Lane	е				8 (Other than K-1 private & commerce		ldings	S,	
City (5)					Square Feet	# of Floors	E	ldg.	Age	
Princeton, NJ	0854				4500	2	-   -	70	)+/-	
County (6) Mercer			nty Code (	7) (STATE	Current Use (P	rior if being demoli	shed)			
Name of Monitoring Firm Hired by Building Owner	$\equiv$	ASCM	No.	Name of Abaten	nent Contractor (9	9)				_
(8) MECS				Stev	ens Environ	mental Servic	es, I	nc.		
Street Address				Street Address						
PO Box 341						30x 322				
City, State, Zip Code Crosswicks, NJ 085	15			City, State, Zip C		n, NJ 08501				
Project Manager for Monitoring Firm		phone	No.	Telephone No.	1 III CIII C VV	License No.				_
Bill Weisgarber		0.0	8-4070	(609) 25	59-9688		049	3		
Start Date (10) Scheduled	Comple	tion Da	ate (11)	Name of OSHA I	Monitor					
	3/14/	15	·		M	ECS				
Occupancy Status During Abatement (Check onl	50	79		Street Address	DO F	241				
Facility Closed/Vacated During Entire Period o  Abatement Performed Outside of Normal Facil			-	City State 7in C		341 Sox 341				
Other - Describe:	ity i ioui			City, State, Zip C		cs, NJ 08515				
Scope of Work (Check all that apply)						70 2				_
	enovati emolitio			☐ Mini-End Gloveba	g Procedure	gative Pressure on-Friable Procedu	ro			
Is	Locatio	n	10		Jinpled ( ) dild 116	in i nable i roceda		Abate	ment	_
	lormally d Solel			Description of				Ту		
Asbestos-Containing Material (ACM) Ma	intenan	ce/		os Containing Mat	erial (ACM)	Amount			ш	
TO BE ABATED IN Facility	ustodia Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
(13)	(12)			other miscellaneo		J. J	Remova	Repair	sul	nso
Yes	No	N/A					=		ate	re
Crawl Space	×		The	ermal Pipe Ins	sulation	50 lf	×			
Name of Desistant Marts 11		IDEE		S 1: V					(9)	
Name of Registered Waste Hauler	Н	JDEP V auler ID	No.	Cubic Yards of Waste	Name of Regis					
Stevens Environmental Services, Inc	<u>.                                    </u>	182	292	1 CU		GROWS Lan	dfill			
Allentown, NJ				Disposal Date 3/16/15,/	City, State	Mamiarill-	D A			
Completed By Title				Signature	11/1	Morrisville,	rA			_
	roject	Man	ager	1//			3/2	/15		_

(K2212)

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

Dr.	
111	445
	11/25

Date of Notification (1)					Name of Building Owner/Operator (2)									
3 / 5	/ 1	5		PNO	C Ban	k		f v g Sv.			.55	2.		
Agencies Notified	Type Notificat	tion			Address							***		
□ EPA	☐ Initial				Main St						4.8			
■ DOLWD	Amended Amendme	nt # 1	İ		tate, Zip C									
■ DHSS	Emergenc		8	Avon	by the	Sea, NJ 077	17							
☐ DCA (NJAC 5:23-8)	justificatio			Name	of Contact			Telephone Nur	nber					
(1.6.10 0.20 0)	☐ Cancellation	on		Mike	Smith		1-							
				FAC	ILITY IN	FORMATION								
Name of Facility Where A	Abatement is Ta	aking Place	(3)				Type of Facility (4)							
PNC Bank							School (K-12)							
Street Address							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,							
320 Main Street							homes, etc.)				3 88			
City (5)							Square Feet	# of Floors	В	ldg. A	ge	20.0		
Avon by the Sea	, NJ 07717	7					5000	2	5	0+/-				
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)					
Monmouth														
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)	72						
ECS Mid-Atlantic		~~ <del>.</del>			0.5000	Prism Respo	onse, Inc.							
Street Address	,					Street Address	•							
56 Grumbacher I	Road, Suit	e D				102 Techno	logy Lane							
City, State, Zip Code	,					City, State, Zip Co								
York, PA 17406						Export, PA								
Project Manager for Mon	itorina Firm		Tele	phone !	No.		Telephone No. License No.							
Mike Smith	morning v min				7-4788									
Start Date (10)	S	cheduled C	omple	tion Dat	e (11)	Name of OSHA M	lonitor					7 77.55		
3 / 13 /	15	3 ,	13	_ / _	15	ECS Mid-A	Atlantic, LL	С						
Occupancy Status During	a Abatement (C	Check only	one)			Street Address								
☐ Facility Closed/Vacati				ment		56 Grumbad	cher Road,	Suite D						
Abatement Performed	d Outside of No	rmal Facilit	y Hou	s - Des	cribe	City, State, Zip Co								
Time of Abatement:	AM- 12:30	PM/_8:00	PM-	<sup>AM</sup> York, PA 17406										
Scope of Work (Check a	Il that apply)					■ Full Con	tainment with Neg	nativa Pressure						
■ >3 sf or >3 lf		■ Re	enovat	on		☐ Mini-End		ganve i ressure						
☐ ≥160 sf or ≥260 lf		□ De	emolitie	on			Glovebag Procedure							
					_	□ Non-Exempted (*) and Non-Friable Procedure					T			
			s Loca Norma			Description of					ent T	Ť		
Location Asbestos-Containing		Llo	ed Sol		Asbe	stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure		
TO BE AB		Mi	aintena	ince/ Staff?		., thermal systems	insulation,	(Specify	TOV	air	aps	losu		
IN Facil	lity	Cus	(12)	Olaii!		surfacing, VAT other miscellane		SF or LF)	=		Encapsulate	Гe		
(13)		Yes	No	N/A		other missenance	.000)				Ф			
Through	nout			×		VAT & Mas	tic	63 SF	×					
				x										
	**	П	П	x					x					
				<del> </del>							$\Box$			
Name of Registered Wa	17,	JDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill								
	F	Hauler II W1724		Waste	170	orth Land	fill							
Waste Management					•	Disposal Date	The Cartina Control of the Cartina Control of							
City, State						3/13/15 Morrisville, PA								
Morrisville, PA						Signature   Date								
Completed By (Print or Type)  Jessica Wolfe  Administr					Cunn	01510045								
Jessica Wolfe		Admii	แรเก	auve	Supp	OIL LINK	VICE COU	Type	01012	.0 10	_			

ASB-41

MAY 11

\* Do not use this form for asbestos licensure exempted activities.

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 8:60-7 AND 12:120-7

			(PURSUAN		C 8:60-7 AND 12:12		FULL OF	R +	05.	1100			
Date of Notification (* 03 / 05	1) / 15				Building Owner / O SHARP & DOHME C		p===						
$ \frac{-65}{}/\frac{-65}{} $	/			Street Ad		OKF.	* 1		-	. 21			
Agencies Notified	Type of N	otification		2000 GAL	LOPING HILL ROA	D							
☑ EPA DEP		Initial Amended			e, Zip Code DRTH, NJ 07033		01-57 50 - 12 - 1			24			
☑ DEF	ш	Amendment	#		of Contact Telephone Number								
☑ DOL		Emergency	w/ justification	RON NAM									
		Cancellation		1 011 177 (11			1 22	18		· •			
			E	ACILITY	IFORMATION								
Name of Facility Whe	re Abatem	ent is Taking	Place (3)		Type of Facility (4	-)							
MERCK					☐ School	(K 12)							
Street Address					_	apter 8 (Other	than K-12	2)					
2000 GALLOPING HIL	L ROAD				Other (i.e., private & cmmercial bldgs., homes, etc.)								
City (5)	County (6)	N The state of the	County Code	(7)	bldgs., Square Feet	a A a a							
	UNION		County Code	(()	800,000	# Of Floor	2	Buildin	ig Age 50+	E E			
			3		Current Use (Prior if being demolished)								
Name of Monitoring F	irm Hirad	by Bldg Own	noz (9)	LACCM NO	WAREHOUSE/OF		(0)						
BRINKERHOFF	iiiii niieu	by Blug. Owl	ier (o)	ASCIVI NO	Name of Abateme	nt Contractor	(9)						
					Northstar Contracti	ng Group, Inc.	=						
Street Address 1805 ATLANTIC AVE					Street Address								
City, State, Zip Code					32 Williams Parkwa	av							
MANASQUAN, NJ 087					City, State, Zip Co								
Project Mngr. For Mo DENNIS BLUME	nitoring Fi	rm	Telephone Nu 732-223-2225	mber	East Hanover, NJ (	7026							
Sheduled Start Date (	10)	Sched. Com	oletetion Date (1	1)	Telephone Number		License	Number					
03_ /23	/15	08	/31/	15_	15								
Occupancy Status Du	ring Abat	mont (Chook	Only 1)		00860								
Facility Clo	sed/Vacat	ed During Er	tire Period of		Name of OSHA Mo Northstar Contracti	7.10							
Abatement		_			Street Address	0 1							
Abatement Hours - De		d Outside of	Normal Facility		32 Williams Parkwa	nv.							
		7:00AM-3:30	PM		City, State, Zip Co								
	0.5-90	MON-FRI		East Hanover, NJ 07936									
Scope of Work (Check	k All That	Apply)											
Demolition		<b>V</b>	Renovation	V	Full Containment	with Negative	Pressure						
<ul><li>≥3sf or ≥3lf</li><li>≥160 sf or ≥</li></ul>				~	Mini - Enclosure	0074600							
<u> </u>	2200 11			7	Glovebag Procedu Non-Exempted (*)		ble Proce	dure					
					to a star a mission of the star to			1					
Location of Asbestos Contai		ls Location	Ae	Descripti bestos - C			Abateme	nt Type	ΙE	Iε			
Material (ACN		Normally	A3	Material (	8.11m3.035	Amount	R E	R	N	N			
TO BE ABATE	<u>D</u>	Used		e., thermal		(Specify	M	E	С	С			
in Facility (13)		Solely by Main-			facing, VAT, ellaneous)	SF or LF)	O V	P	A	L			
(15)	- 1	tenance/	01.0	Julei IIIISC	elianeous)		A	A	P	o s			
		Custodial					L	R	U	U			
		Staff (12) YES NO N/A	<del> </del>			-			L	R			
SEE ATTACHED			1							+ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $  +$ $  +$ $  +$ $  +$ $  +$ $  +$ $  +$ $            -$			
									10				
						-							
Name of Registered W	/aste Haul	er	NJDEP Waste	Cubic	Name of Registere	d Landfill							
FREEHOLD CARTAGE			[COS 00 00 00 00 00 00 00 00 00 00 00 00 00	Yards	LYCOMING COUN					8			
City, State			1 2 2	of Waste	City State								
FREEHOLD, NJ 07728			Disposal Date	City. State MONTGOMERY, P.	A 17752								
0													
Completed by (Print o STEVEN STILES	r Type)		IAGER	Signatu	re		0	Date					
						even	St	illo		03/05/15			
100 44													

ASB-41

K-10 2ND FLOOR		VAT/MASTIC	75 SF	<b>V</b>			
K-10 2ND FLOOR		MASTIC GLUE	40 LF	V			
K-10 2ND FLOOR - MER		CAULK	100 LF	V		Th	In
K-10 1ST FLOOR		MIRROR/GUARD MASTIC	460 SF	V		Ti	T
K-10 COURTYARD		VIBRATION COLLAR	10 SF	V		TT	T
				n	TH	TH	
K-2 SOUTH		PIPE & FITTING	632 LF	V			H
K-2 SOUTH		GASKET	12 SF	V			TH
K-2 SOUTH		VAT	1750 SF	V			Th
K-2 SOUTH		VAT/MASTIC	8450 SF	N	T Th	Th	
K-2 SOUTH		CAULK	24 LF	V		Th	T
K-2 SOUTH		TRANSIT	120 SF	7			H
K-2 SOUTH		FIRE STOP	6 SF	V	T	H	
K-2 SOUTH		TAR	8 SF	7		H	
K-2 SOUTH		TAR	20 LF	7			
						H	H
K-2 NORTH		PIPE & FITTING	3325 LF	7		H	<del>                                     </del>
K-2 NORTH		VAT/MASTIC .	63770 SF	7		<del>                                     </del>	
K-2 NORTH		SLAB/DUCT MASTIC	22000 SF	7			
K-2 NORTH		DUCT SEALANT	950 LF	7		-	
K-2 NORTH		GLAZING	112 LF	[J]			
K-2 NORTH		GASKET	110 SF				
K-2 NORTH		CAULK	1076 LF	<u> </u>			
K-2 NORTH		TRANSIT	80 SF				
K-2 NORTH		WATERPROOFING		<b>V</b>			
K-2 NORTH		MASTIC	2930 SF	<u> </u>			
K-2 NORTH		WINDOW SILL	680 SF	7			
K-2 NORTH		FIRE STOP	60 SF	7			
K-2 NORTH		MIRROR/GUARD MASTIC	1 SF	. 🗸			
		WIRROW GUARD WAS TIC	425 SF				
MAINTENANCE-K-2	HHH	VAT/MASTIC	0450.05	<b>V</b>			
MAINTENANCE-K-2		CAULK	3150 SF	<b>V</b>			
MAINTENANCE-K-2		GLAZING	32 LF	✓			
W WITTERWINGE-IC-Z		GLAZING	90 LF	<b>V</b>			
ROOF		EL A CLUMO					
ROOF		FLASHING	7295 SF	V			
ROOF		GASKET	15 SF	7			
ROOF		CAULK	5346 LF	V			
ROOF		GLAZING	384 LF	<b>V</b>			
KOOF		TAR	102 LF	7			
		1 50 co					n
						Ti I	ī
				T	T	H	
				T	T I	H	H
				7			

NO CK

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

REGE .

Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)	Star.		1	- (			
33		15			Firs	t Hartfor	rd Reality Corp.		44.5						
Agencies Notified Ty	pe Notific	ation			Street	Address			1				2		
⊠ EPA □	Initial				149	Colonia	l Rd.						<		
☑ DOLWD □	Amende	d			City S	tate, Zip 0	Code		- F			5 10			
	Amendm						, CT 06045			43	4				
□ DCA □	Emerger		iding				•		Talaskasa Ni mekas						
(NJAC 5:23-8)	justificat					of Contac		Telephone Number							
N. C.	Cancella	ition			1500000	y Gallin	V2-23			V Lorenza					
Name of Facility Where Abate	oment in '	Takina D	la a a	(2)	FAC	CILITY IN	IFORMATION	T	(A)						
	ement is	Taking P	lace	(3)				Type of Facility							
Former Pizza Hut					W.			School (K-12		12)					
Street Address		3.						Other (i.e., p			ildino	IS.			
406 Springfield Ave.								homes, etc.)							
City (5)								Square Feet	# of Floors	BI	dg. A	ae			
Berkeley Heights, NJ 0	7922							5000	1		35+	_			
County (6)					Coun	ty Code (	7)(STATE USE ONLY)	Current Use (Pr	or if being demo				_		
Union					Coun	ty code (/	INGTATE OSE ONET	le many ser 🕅	or it being demi	olisited)					
				0)	10011		1	Restraunt							
Name of Monitoring Firm Hire		-		8)	ASCM	No.	Name of Abateme								
J&S Environmental La	borator	ies, LL	C		NA		Alliance Env	ironmental Sys	stems						
Street Address				7_1			Street Address								
2333 Route 22 West							550 East Uni	on St.							
City, State, Zip Code							City, State, Zip C	ode							
Union, NJ 07083							West Cheste								
Project Manager for Monitoria	na Firm			Tele	phone	No	Telephone No.	.,	License No.				_		
Sherrill Gelsomino	19 1 1111			100000	8-206		610-701-9000	V-1	00508						
Start Date (10)		0-11-1	-10						00506						
3 / 4 / 1	866	Schedul				15	Name of OSHA N	Monitor							
Occupancy Status During Ab	atement	(Check o	nly c	ne)			Street Address								
☑ Facility Closed/Vacated D	uring Ent	ire Perio	d of	Abate	ment		28 N. Pennel	Road							
☐ Abatement Performed Ou						cribe	City, State, Zip Co								
Time of Abatement: 7AM-					AM Media, PA 19063										
Scope of Work (Check all tha	t apply)						modia, 174 10				-(3				
							☐ Full Con	tainment with Neg	ative Pressure						
☐ ≥3 sf or ≥3 lf				novati			☐ Mini-End	closure							
≥160 sf or ≥260 lf		Z	g De	molitic	on			g Procedure	n Erichle Brees	dura					
			la.	Locat	la a		☑ Non-Exe	mpted (*) and No	n-Friable Proces						
Location of		-		Norma			D	,		Ab	atem	ent T	ype		
Location of Asbestos-Containing Mate	erial (ACI	M)		d Sole		Ashe	Description of estos Containing Ma		Amount	Re	Repair	9	四		
TO BE ABATE				intena			e., thermal systems		(Specify	Removal	pai	Encapsulate	Enclosure		
IN Facility			Cust	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	~	lus	sure		
(13)		- h	,		1	1	other miscellane	eous)				ate	(D		
			Yes	No	N/A										
Roof				П		Roofin	g		1265 SF						
Roof		[				Flashir	ng		484 SF						
Exterior		1			$\boxtimes$	Window	w Caulk	35.	272 LF						
	9														
Name of Registered Waste H	Name of Registered Waste Hauler						Cubic Yards of	Name of Regis	tered Landfill						
David Geppert Recycling						Naste D No.	Waste		erks Commu	nity I ar	dfill				
	3						30		CING COMMUNIC	iity Lai	ruttil				
City, State							Disposal Date	City, State							
Hatfield, PA							TBD	Birdsboro,	PA						
Completed By (Print or Type)		Title					Signature	A/M		Date 1	_ /		)		
Mark Griffin		Est	imat	tor			30 000000	177		21	31	1.	5		
ASB-41	-			1250 Te .				////		2/	-/	/_	1		
MAY 11		* Do	not	use th	is form	for asbes	tos licensure exemp	oted activities		,	95				

NO CK

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

REAF.

Date of Notification (1)					Name	of Building	g Owner/Operator (	2)	Cr.	- 4			-	
	29 /	15			100000000000000000000000000000000000000	eph Eva	-	***	b # 1501-1954	Chk	. #NA	4		
Agencies Notified  EPA	Type Notific  Initial	ation				Address West Ba	ayview Avenue						ેર્	
□ DOLWD   □		31.0				State, Zip C			- The same					
□ DHSS     □	Amendm	-	100		1118	allette, N					· */	1 0		
□ DCA (NJAC 5:23-8)	☐ Emergen justificati	icy (ind	cluding	]	Section 1	of Contac			Telephone Numb	er				
( 12/10/01/20/07	☐ Cancella				Rar	ndy Worr	ell							
					-		IFORMATION							
Name of Facility Where A	hatement is	Takina	Diaco	(3)	FA	JILII T IIV	IFORIVIATION	Type of Facility (4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Residential Propert		raking	1 lace	(0)				☐ School (K-12)						
Street Address								☐ Subchapter 8 (Other than K-12)						
306 West Bayview	Ave.							Other (i.e., private and commercial buildings, homes, etc.)						
City (5)			-					Square Feet	# of Floors	BI	dg. A	ae		
Lavallette								833 SF	1	1	1970	2000		
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Prio	r if being demolish	ned)				
Ocean								Residential						
Name of Monitoring Firm	Hired by Buil	ding C	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	陆					
NA							Asbestos an	d Mold Services	, Corp.					
Street Address							Street Address							
							3859 Sylon B	oulevard						
City, State, Zip Code							City, State, Zip Co							
							Hainesport, N	NJ 08036						
Project Manager for Moni	itoring Firm			Tele	ephone	No.	Telephone No.		License No.					
							609-702-0400		00862					
Start Date (10) / 9 /					etion Da 2 /	te (11) 15	Name of OSHA N EMSL Analyt							
Occupancy Status During	Abatement (	Check	only	one)			Street Address		- 300			-		
☐ Facility Closed/Vacate					ment		200 U.S. Rou	te 130 North						
☐ Abatement Performed	Outside of N	ormal	Facility	y Hou	rs - Des		City, State, Zip Co					1.03		
Time of Abatement: _	AM	PN	1/	_PM		AM	Cinnaminson							
Scope of Work (Check all	that apply)													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti	ion on		☐ Mini-Enc ☐ Glovebag	tainment with Nega losure g Procedure mpted (*) and Non-						
			le	Loca	tion		⊠ Noii-Exe	mpled ( ) and Non-	Friable Procedure				e direction	
Location	of		1	Norma	ally		Description o	f		-	atem		1	
Asbestos-Containing I		1)		d Sol	ely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure	
TO BE ABA					Staff?	(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	lova	a-	apsı	nso	
(13)	,			(12)			other miscellane		Of Of Lif	_		Encapsulate	ře	
Roof			Yes	No	N/A					_		_	_	
5.00 MOS. 197				Ш			Shingles & Fel	t	880 SF	$\boxtimes$		Ш	Ш	
Exterior						Transite	e Shingles		294 SF					
1						Vaste	Cubic Yards of	Name of Registe		-				
Freehold Cartage, In	nc.			1	lauler II 02265		Waste 5	GROWS Lar	ndfill					
City, State							Disposal Date	City, State						
Freehold, NJ						20	2/13/15	Morrisville, I	PA 19067					
Completed By (Print or Ty	/pe)	Title					Signature/	1	Date		7 30			
Kimberly A. Trumbe	etti	Of	ffice (	Coor	dinator		100		E a	)-	-10	5	di .	

ASB-41 MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

NO CT			CATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE	7 7 7 7 7 7 7		7	T.	-							
Date of Notification (1) 3/2/15			Name o	of Building	Owner/0	Operator	r (2)	C.										
Agencies Notified Type Notificatio	n		Street A	Address Hadley I	Rd				- 3					i.c.				
EPA X Initial DEP Amended Amendmen				ate, Zip Co Plainfie		7080		I.		1			Î					
DOH justification Cancellation				f Contact dette La	fond				Telenhone Number									
			FAC	ILITY INF	ORMATI	ON			-					-				
Name of Facility Where Abatement is Tak 40th St. Substation Street Address	ing Place (3	)	Type of Facility (4					2)		0)								
526 East 41st St.			11				×	Subchapter Other (i.e. p etc.)	rivate	& commerc	2) ial bui	Idings	, hom	ies,				
City (5) Paterson NJ 07504			Square Fe						n/a		, 1	Bldg n/a	Age					
County (6) Passaic						_		ent Use (Prio station	or if bei	ng demolis	hed)							
Name of Monitoring Firm Hired by Building n/a	Owner (8)		ASCN n/a	И No.				itement Con ironmenta		300 m								
Street Address n/a							Street Address 17 Old Dock Rd.						si <sup>2</sup>					
City, State, Zip Code n/a		0.000			-			ip Code NY 11980										
Project Manager for Monitoring Firm n/a			**   TOTAL BUILD AND ALL SHOWS SHOWS				none N 924-8			License N 01136	lo.							
Start Date (10) 3/12/15	Schedule 3/13/15		mpletion Date (11) Name of Oil Michael															
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			Street Address same as above															
Abatement Performed Outside of Nor Other – Describe:																		
Scope of Work (Check All That Apply)			Same as above															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	Mir Glo	ni-Enclosure ovebag Proc						94 1				
	8000	Location							( ) = 1	2 11011 1 1142		Abat	ement rpe	t				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Used Mai	ormall d Solel ntenar odial S (12)	y by nce/		tos Cont thermal surfac	systems cing, VA	faterial s insula T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure				
(13)	Yes	No	N/A		outern	niscellan	ieous)				val	Ħ.	ulate	sure				
Exterior Trenching			Х	Trans	site En	cased	Duct	Bank	18	30 LF	х							
	_			19.						-								
Name of Registered Waste Hauler	100000	JDEP W auler ID		Cubic of Was			800 0	10710	red Landfill		L							
ETGI		7107		20			Conesto		andfill									
City, State Flanders NJ			Disposal Date City, State TBD Morgntown, PA															
Completed by Michael J DiMaria							hae	PKI	Mar	Da 3/2	te 2/15							

NOCK

3/2/15			PSEG										
Agencies Notified	Type Notification			Street A	ddress agle Rock Rd								12
DEP DOL	Amended Amendment				ate, Zip Code and NJ 07068					7			
DOH DCA	Emergency justification)  Cancellation				f Contact Neville		50		Telephone Nu	mher.			
				FACI	LITY INFORMATI	ON				-			
Name of Facility Where A Saddle Brook Subs		g Place (3)					Type of Facility (4) School (K-12)						
Street Address 392 Jefferson Stree	et						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)						ies,
City (5) Bergen, NJ							Square Fe	eet :	# of Floors n/a		Bldg. /	Age	
County (6) Hudson				County (	Code (7) USE ONLY)		Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN n/a	I No.		of Abateme		tor (9) ervices Inc.				
Street Address						Street	Address						
City, State, Zip Code			City, State, Zip Code Yaphank NY 11980										
Project Manager for Mon	itoring Firm	T	Telepho	ne No.	Telephone No. License No. 631-924-8111 01136								
Start Date (10) 2/26/15		d Cor		Date (11)	Name	of OSHA N	Ionitor	01130					
	Abstamant (Chae	2/26/15				RESERVANCE (C)	as abov	/e					
Occupancy Status During	2 1 200	16 840000				n/a	Address						
Facility Closed/Vaca Abatement Perform Other – Describe: _													
Scope of Work (Check A	ll That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Balance St.	enova emolit			I.	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		ls I	ocati	ion			1 Nor-Exempled ( ) and Nor-Filal				90/3/ 00	ement	t
Location	of	No	ormal	ly.	Des	scription	of				Ту	rpe	
Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	ATED	Custo	itenai	nce/	Asbestos Cont (i.e. thermal surface	aining M	Material (AC s insulation, T, or	M)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								е	
Exterior Tre	enching			X	Asbestos	Trans	site Pipe		1 LF	x			
						2.4							
Name of Registered Was	1000	JDEP W		Yards	Na	me of Regi	stered Landfill						
Veoilia ES Technical		auler ID 0071	No. of Was	ste	W	ayne Dis	posal						
City, State 1 Eden Lane, Flanders NJ 07863					Disposal Date City, State TBD Belleville, MI								
Completed by Michael J DiMaria  Title Proj Mgr/					pervisor	M	chal	182	Maa 3/	te 2/15			



		(1	rursuant	to NJAC	8:60 and	a 12:12(	יי		of the	1.6						
Date of Notification (1) 3/3/15					f Building lith Neill		Operator	(2)	5.			+):				
Agencies Notified	Type Notification	n		Street A	ddress dwick A	venue			- 6	~				7		
DEP DOL	Amended Amendme	nt #	_		ate, Zip Co											
☑ DOH DCA	justificatio Cancellati			Name o	f Contact lith Neill					Tel	ephone	Nun	her			
					ILITY INF		ON	_								
Name of Facility Where A	Abatement is Tal	king Place (	3)	FACI	ILIT INF	ORWATI	ON	Тур	oe of Facility	(4)						
Street Address				Subchap				School (K- Subchapte	oter 8 (Other than K-12)							
3 Chadwick Avenue	2							Other (i.e. private & commercial b etc.)				al buil	dings	, hom	es,	
City (5) Marlton				Si .					uare Feet 367	# o	f Floors		Bldg. Age 42 years			
County (6) Burlington				County Code (7) (STATE USE ONLY)					rrent Use (Presidence (l							*
Name of Monitoring Firm RT Environmental S		g Owner (8	)	ASCN	/I No.			of A	batement Co							
Street Address							Street		ces, LLC							
215 West Church R	5 West Church Road State, Zip Code					407					7 West Lincoln Highway, Suite 500					
King of Prussia, PA					05.0	y, State, Zip Code xton, PA 19341										
Project Manager for Mon Tony Alessandrini	lanager for Monitoring Firm lessandrini					•	Teleph 484-8		No. -8884		Licens 0116		).			
Start Date (10) 3/16/15		Schedu 3/20/1		mpletion	Date (11)		Name	of O	SHA Monitor			-				
Occupancy Status During	Abatement (Ch		_	ń.			EMS Street		ress							
Facility Closed/Vaca Abatement Performe	ated During Entire	e Period of	Abaten	ment					te 130 Noi	th						
Other – Describe: _		illiai r aciiii	y Hours	5		_			Zip Code nson, NJ							
Scope of Work (Check Al	I That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Delivery	Renova Demolii	lition Mini-E					ull Containment with Negative Pressure fini-Enclosure Blovebag Procedure Ion-Exempted (*) and Non-Friable Procedure							
			1					1 1	von-Exemple	u ( ) an	i Non-F	naoi	e Pro		e ement	
Location	of	100	Locat Norma			Das	scription	- 5							ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Ma	ed Sole intena todial ( (12)	nce/ Staff?		tos Cont thermal surfac	aining M	later insu T, or		(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						));			a		late	ıre
Living Sp	ace			Х		FI	oor tile	)		88	80 SF		Х			
									2							
, N		-					3									
Name of Registered Waste Hauler					aste	Cubic '	Yards		Name of	Registe	red I an	dfill				
ecoservices, LLC			200	lauler ID		of Was		The state of the s								
City, State Exton, PA				Disposal Date City, State TBD Morrisville, PA												
Completed by Title  Jack Bally Sr. Project				Mona	205	Last State	ignature	1.	7 . 11	o, 17		Date				_