CK 1842

Agencies Notified Page Initial	Date of Notification (1)			1		f Building		Operator	(2)				- 5	91		ile.
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DOH justification Name of Contact Eric Placks			z.	(City, Sta	ate, Zip Co	ode	A 1-	- :	7777	_					
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1 3/15 TRANSFORMATION CNT ER PRISES Type Notification Street Address Agencies Notified 601 W [2] DOL Initial Amended City, State, Zip Code Amendment #] Emergency (including DOH DCA justification) Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) R. G SIDENICE School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e., private & commercial buildings, Street Address homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demofished) County Code (7) (STATE USE ÓNLY) VACANT Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. 16 com co Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE Telephone No. License No. Project Manager for Monitoring Firm Telephone No

856-779-0472

Name of OSHA Monitor

00444

3/14/5	3/21	115		33.5 177		1	[]A	*				
Occupancy Status During Abatement (C	heck onl	y one)			Street Addr	ess						
Facility Closed/Vacated During Entire	Period o	of Abate	ement									_
Abatement Performed Outside of Nor	mal Facil	ity Hou	шs		City, State,	Zip Co	ode					
Other - Describe:											_	_
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolitic			☐ Mar ☐ Glo	n-Enc	losure g Procedure	legative Pressure				
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City State				<u> </u>	Disposal Dat	te	City, State		-	p	. ,	17

Scheduled Completion Date (11)

MILLE SHOPE, N. J. Drosz

JOSEPHILLE MAN

Start Date (10)

Signature

CK 1844

Date of Notification (1)	11			Name of	Building C	Ovyner/O	perator	(2)	-					
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× DOL	Amendment #		- [151	10/16	IN) E	19 120			**********		-	
DOH DOH	justification)	J			Contact				Tel	ephone Nu	umber			
DCA L	Cancellation			Eric P	LITY INFO	DREATIO	ON						-	
Name of Facility Where Ab	atement is Taking	Place (3)	FACI	LITTINFO	KWAI	ON	Type of Facility	(4)					747 DOG
			5)					School (K-	3785					
Street Address								Subchapte	er 8 (Oth					
401 Wen!	Lane							Other (i.e. etc.)	private	& commer	cial bui	dings	, hom	es,
City (5) (Square Feet	# 0	f Floors	E	Bldg. A	Age	
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County (6)	- 11/2				Code (7)	\(\(\)		Current Use (P		ing demoli	shed)			
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Name of Monitoring Firm H	ired by Building O	wner (8)		ASCM	1 No.	. 731.3130.465173		of Abatement Co		(9)				
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Street Address								Address Box 915						
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City, State, Zip Code								tate, Zip Code , New Jersey	08723	3				
Project Manager for Monito	ring Firm		_	Telepho	ne No			one No.	00120	License	No			
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Facility Closed/Vacate	d During Entire Pe	eriod of A	batem	nent										
Abatement Performed	Outside of Norma	I Facility	Hours	3			City, S	tate, Zip Code						
Other – Describe:						-								
Scope of Work (Check All 7	hat Apply)	/						_				- 0,-2		
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2160 sf or ≥260 lf			emolit	ion				Mini-Enclosu Glovebag Pro	100					
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Brick Industries Inc.				1602			4	GROV	vS					
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Brick, New Jersey			Ġ.				12/15	PA						
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Eric Plackis		Presi	uent			1	3	1110			1	71	1)	

Check# 11500

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) March 4, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **D**EPA ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including) City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) **⊠** DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) UBHC BEHAVIORAL HEALTH, BLDG# 3690 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS BUSCH CAMPUS Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years County (6) County Code (7) PISCATAWAY (State Use Only) MIDDLESEX Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/13/15 03/16/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \square \geq 3 sf or \geq 3 lf **X**Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 lf ■ Demolition Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Room C-112 X VAT 400 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 10 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 03/16/15 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino March 4, 2015 MANAGER

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT CHK#11332

Date of Notification (1)	11			Name of Buildin		rator (2)			1 1	19	-51
02/26/2015				Olga Bartr			(=1, 1+)		/ *******	+ + 1	S 6 1
Agencies Notified	Type of Notificat	tion		Street Address							
(X)EPA	(X) Initial No	otification		534 Huds			14.7				···
(X) NJDEP	() Amende			City, State, Zip	Code						
(X) NJ DOL	Amendr			Hoboken	NJ 07030						
(X) DOH		ncy (includin	ng	Name of Conta		-	1	Tel Nur	nhor		-
() DCA	justifica			Olga Bart	nicki	+					
	() Cancella		CILITY	INFORMATION			-				
Name of Facility Where Abatement	is Taking Place (101211	Type of Facility	(4)						
Residential Property				() School (K		14.40					
Short Address				() Subchapt (X) Other (i.e				mac a	to		
Street Address 534 Hudson St				(X) Other (i.e	. private & co	minero	ai biugs., iioi	1105, 0			
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<u>City (5)</u> <u>C</u>	County (6)	County Code (State Use O					5000		_		
Hoboken I	Hudson	1-1111		Current Use (if being demo	olished):	abandoned				
Name of Monitoring Firm Hired by E		ASCM No.		Name of Contra	actor (9)						
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Street Address				Street Address					,		
				3300 Hudso	on Avenue						
City, State, Zip Code				City State, ZipC							
				Union City							
Project Manager for Monitoring Firm	Telephone No	umber		Telephone Num	100 C C C C C C C C C C C C C C C C C C				cense N		
Fillit			(201)325-0	055			0	1124			
Scheduled Start Date (10)	Scheduled Co	ompletion Date	(11)	Name of OSHA	Monitor						
03/13/2015	03/15/201	5		ISES, Inc.							
Occupancy Status During Abateme	ent (Check only on	<u>e)</u>		Street Address							
() Facility Closed/Vacated Durin () Abatement Performed Outsid				3300 Hudso	on Avenue						
(X) Other - Describe:		.,		City, State, Zip	Code						
Work area is located in unoccur	pied basement			Union City	·						
Source of Work (Check all that app	(() Demolition		(X)R	enovation						30
() Minor Project (< 25 SF c	or < 10 LF ACM)	ř		(X) Fi	ull Containme	ent with	Negative Pre	essure			
(X) Small Project (>25 <160	SF or >10 <260	LF ACM)			lini-Enclosure						
() Large Project (>160 SF of	or > 260 LF ACN	Л			love-bag Pro						
Location of Asbestos-	Is Location Norm	heal Lyller		() N Description	on-Exempted	d (*) and	Amount		dure Abateme	nt Type	
Containing Material (ACM)	Solely by Mainte		(i.e.	hermal systems i		acing,	(Specify SF			226	
To be Abated in Facility (13)	Custodial Sta	ff? (12)		VAT, or other m	iscellaneous.)		or LF)	Re m	Rep	Enc a	En c
								0	i	p s	- 1
	V50 N0	21/2						v a	r	u	0 S
	YES NO	N/A						Ĩ		l a	u
										t e	r e
		T									-
Basement Mechanical System	Basement Mechanical System X						~ 140 LFT	X			
										-	
Name of Reg. Waste Hauler	0.500 - 0.000 - 0.000	Waste Hauler	ID#		ic Yards of Wa	<u>iste</u>	Name of Reg			DEII I	
NEWARK CARTING	0450	9	Dian	.5			IESI BETH	LEHE	VI LAN	DLILL	_
City, State 369 Raymond Blvd., Newar	k. NJ 07105		Disp. 03/1	5/2015			City, State BETHLEHI	EM D	A 180	15	
Completed by (Print or Type)	Title		Signa		11		Date	J1V1, 1	1100	10	
				ZDV1.11	Kon SU	X	·				
David Camacho	Project Sup	ervisor	(1000	7/10		02/26/201	5			

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

				The second secon	_	7 and 12:120-7)		· · \ E	/ P		7 1	7	CD cm
3-3-15	ion (1)		l	mes E		Owner/Operator e	(2)						= 1.
Agencies Notified	Type Notific			t Addre		Ave.		4.	4.8	5			No.
120 1000		cation			-			39-					
[]DEP	[] Amondod			State,									
[X]DOL	[]Amended Notifi	cation	Ke	arny,	NJ,	07032		F-1					D:
[X]DOH			Name	of Cont	tact		Telephor	ne Number		-			
[]DCA	[]EMERGEN	ICY	Jai	mes E	Boyle	9							
1 1201	[]Cancell	ation			4		1						
				FACI	LITY I	NFORMATION							
Name of Facility V	Where Abatement	t is Takir	ng Pla	ace (3)			Type of Facil	ity (4)		211100			
Same as abov	<i>7</i> e						[]School		or th		v-10		
Street Addres								ter 8 (Othe i.e., priva					
							cial b	uildings, l	homes	, e	tc.)		
City (5		County	(6) Ess	sex	Cou	nty Code (7)	Square Feet	# of Flo	ors	BTC	ig.	Age	
			(0, 200			ATE USE ONLY)	Current Use (Prior if be	eing (dem	olis	hed)
Name of Monitoring	g Firm hired by	y Building	J AS	CM No.		Name of Abate	ment Contracto	r (9)		-			
N/A (8)						AZTECH M	MANAGEMENT	, Inc.					
Street Address						86 Chris	s stopher St	•					
City, State, Zip	Code					City, State,	Zip Code .r, NJ 070	42					
Project Manager fo	ar Monitoring I	Zim mol	onhor	o Mumb		Telephone Numl			T :		NY		
Project Manager fo	or monitoring i	N/		ne Numbe	er	(973)744			Licen:			er	
Scheduled Start Da	ate (10) Sch	ned. Compl	etior	Date	(11)	Name of OSHA	Monitor	1					
3-12-15	5	3-13	-15			N/A							
Month Day	1,121,002,003,11	LESTING OF SECTION 1	ay	Year	ġ.								
Occupancy Status I [X]Facility C of Abatem	losed/Vacated			222		Street Address	s						
[]Abatement Hours - De	Performed Outs scribe: «OffHou	rs Descri	pt»		-Y	City, State,	Zip Code						- G
	scribe: «Other		Desc	ript»									
Scope of Work (Che	eck all that ar	oply)				[1m-11	Containment	th Mosstins	- D				
[X]>3 sf (or >3 lf f or >260 lf	0.27		ovation olition		[]Mini-	Containment wi Enclosure bag Procedure	th Negative	e Pres	ssu.	re		
			- S. 				riable Procedu	re					
T		I.	Is ocati	on			2		A	bat	eme	nt I	
Locati Asbestos-C			ormal	ly		Description Asbestos-Con		Amount		R	R	E	E
Materia	[2]		Used Solel			Material ((Specify		E	E	CA	C
TO BE	ABATED		y Mai enanc			(i.e., thermal	systems	SF or		0	PA	P	0
	cility	Cu	istodi	al		sulation, surfa		LF)		V A	I	S	S
(1	3)	Yes	aff (12) N/A		or other misce	llaneous)			L	R	L	R
Basement		100	110	X	Pip	e Insulat	ion	82 lf	X			·	E
-													
Name of Registered AZTECH MANA		NC Ha	DEP W	ID No.	1	oic Yards Waste 1.5	Name of Regi.		afill				
City, State	-		- 1500 F.S	8	Dis	sposal Date	City, State						_
Montclair, N	IJ 07042				200	-16-15	Morrisvi	lle, PA	190	06'	7		
Completed By (Prin	nt or Type) Ti	itle				Signature			Dat				
Constantine	reside	nt			(V	Mille		1192.53	3-1	5			
						~ 1	1010			_			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification	* C						_	Owner / Operator								
Aganaica Natified	2/9/15	4:						p Public School	ols							
Agencies Notified EPA	Type Notifica	ation		Stree				seeses Dd								
□ □ □ DEP	☑ Initial							ncocas Rd		100				_	1	-
□ DOL		nded R#1-2/20/	200				Zip C									
								08046				T=-1	- 1			ſ
□ DOH		gency	- 1	Name								lele	epno	ne N	umb	er
☐ DCA	Cand	ellation		Kelv	ın	Sm	ith		30 - S. 10 - S							
					CII	LIT	Y INF	ORMATION								
Name of Facility Wh		ent is Taking Pl	ace (3	3)				Type of Facili		1011011						
Levitt Middle Sch	1001										B-CHAPTER 8	5				
Street Address								Subchap							21 12	
50 Rev. Dr. MLK	Jr. Drive	P -									nmercial buildi				etc.)	
					i.			Square Feet		# of Flo	ors	Bldg	J. Ag	е		
City (5)		County (6)	Co	unty	Co	de (7)	150,000			1			40÷		
Willingboro		Burlington						Current Use (Prior i	f being d	emolished)					
								School								
Name of Monitoring		y Building Own	er (8))	A	ASC	M No.									
AHERA Consulta	nts Inc							Bristol Envi		ental, l	nc.					
Street Address								Street Addres								
36 North Quail H								1123 Beave		-77.67.97.11						
City, State & Zip Co	ty, State & Zip Code alloway, NJ 08205							City, State & 2								
						Bristol, PA										
	roject Manager for Monitoring Firm Telepho ric Clarkson 609-652							Telephone Nu			License	Num	iber			
	(40)							(215)788-60	BURNISH SHOW	-11	00509					
Scheduled Start Date 2/23/15	1,027	Scheduled Con	10 3/27		ite	(11)		Name of OSH Bristol Envi			10					
Occupancy Status I		mont (Chook on			_			Street Addres		elitai ii	10.			-		
Facility Clos	ed/Vacated [During Entire Po	eriod	of Ab	ate	mer	nt	1123 Beave		et						
_		utside of Norma						City, State & 2							-	
Describe:	7:00 AM -		11 110	uis	1 4	111 10	opini	Bristol, PA								
Special State of the State of t	upied During							Director, 174								
Scope of Work (Che																
										Full Cor	ntainment with	Neg	ative	Pres	sure	ŧ
≥3 sf or ≥3 l ²	f		\boxtimes	Rei	nov	atio	n			Mini-En	closure					
≥160 sf ≥26	O If			Der	mol	litior	1			Glove B	ag Procedures	š				
									\boxtimes	Non-Exe	empted and No	on-Fr	iable	Pro	cedu	re
52 92 170	cation of			Locat				Description			Amount		Aba	ateme	ent T	ype
	os-Containin	g		mally		ed		Asbestos-Cont			(Specify				_	
	erial (ACM)			olely				Material (AC			SF or LF)		ی	-	Enc	Щ
	BE ABATED Tacility			itenar odial		8638000	,	(i.e., thermal synsulation, surfac					em	Repair	aps	cls
1	(13)		Oust	(12)			8	or other miscella					Removal	air	Encapsulate	Enclsoure
	()		Yes	No		I/A				· ·					e	(D
Exterior Window	Caulk		П		tr			Window Ca	aulk		7000 LF			П	П	П
Exterior triniden			Ħ	П	Τħ	Ŧ									Ħ	Ħ
			ī	Ī	ΤÌ	٦i	127						T	\Box	Ħ	
			Ħ	Ħ	۲ř	Ħ							Ħ	Ħ	Ħ	Ħ
	Ħ	Ħ	ti		-						Ħ	Ħ	Ħ	Ħ		
			Ħ	Ħ	1	Ħ							Ħ	Ħ	Ħ	Ħ
Name of Registered	Waste Haule	er		N.	JDE	PV	Vaste	Cubic Yards	Name	of Regi	stered Landfill				_	
				На	aule	er ID	No.	of Waste								
Service Transpor	t Inc.			20	99	0		8 Cu Yd	Mine	rva Lai	ndfill					
City, State								Disposal Date	City,							
New Castle, DE		400						3/27/15	Morr	isville,	PA					
Completed By (Print				Tit				Signature	~	*	1		ate			
Gino Pizzigon	i				-	ect		4.			/il	2	2/9/1	15		
0.78				M	ana	age	r	News 1 1	XXC,	gow	1-11					

MOCK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ch#2760

Date of Notification (1) 2/9/15	Name	of Buildin	g Owner / Operate wp Public Scho	or (2)		
Agencies Notified Type Notification		Address	wh Laplic Scu	DOIS	4	
☐ EPA			ancocas Rd			
☐ DEP ☐ Initial		State & Zip				
DOL 5667 Amended			J 08046			
□ DOH 5643 □ Emergency		of Contac				Telephone Number
DCA Cancellation	Kelvi	n Smith				**************************************
	FAC	CILITY IN	IFORMATION			-
Name of Facility Where Abatement is Taking	Place (3)		Type of Faci		= 8	
Levitt Middle School Street Address				(C) (B)	JB-CHAPTER 8	}
50 Salem Road				pter 8 (Other th		
50 Salem Road						ngs, homes, etc.)
City (5) County (6)	Country)-d- (7)	Square Feet		oors	Bldg. Age
	County C	Jode (7)	150,00		1	40+
Willingboro Burlington				(Prior if being	demolished)	
Name of Monitoring Firm Hired by Building Ov	(POF (R)	ASCM N	School School	-1	-1 (0)	
AHERA Consultants Inc	vilei (6)	ASCIVITY		atement Contra		
Street Address			Street Addre		IIIC.	
36 North Quail Hill Blvd			1123 Beave			
City, State & Zip Code			City, State &			
Galloway, NJ 08205			Bristol, PA	19007		
Project Manager for Monitoring Firm	Telephone		Telephone N		License	Number
Eric Clarkson	609-652-1		(215)788-60		00509	
Scheduled Start Date (10) Scheduled Co 2/23/15	mpletion Dat 3/27/15	e (11)	Name of OS Bristol Env	HA Monitor v ironmental I	nc.	
Occupancy Status During Abatement (Check			Street Addre			
Facility Closed/Vacated During Entire			1123 Beave			
Abatement Performed Outside of Norm	nal Hours - 7	am to 3pr				
Describe: 7:00 AM – 3:30 PM			Bristol, PA	19007		
Facility Occupied During Abatement Scope of Work (Check all that apply)						
Coope of trem (encourant mat apply)				☐ Full Co	ntainment with	Negative Pressure
≥3 sf or ≥3 lf	⊠ Rene	ovation			closure	
≥160 sf ≥260 lf	Dem	olition		☐ Glove B	Bag Procedures	*
					empted and No	n-Friable Procedure
Location of	Is Location	7 to 1	Description		Amount	Abatement Type
Asbestos-Containing Material (ACM)	Normally U Solely b		Asbestos-Con		(Specify	
TO BE ABATED	Maintenand		Material (A (i.e., thermal s		SF or LF)	R F F
in Facility	Custodial S		insulation, surface			Enclsoure ncapsula Repair Removal
(13)	(12)		or other miscell			Enclsoure Encapsulate Repair Removal
		N/A				6
Exterior Window Caulk			Window C	aulk	7000 LF	
Name of Registered Waste Hauler			Cubic Yards	Name of Reg	istered Landfill	
Service Transport Inc.	209	iler ID No.	of Waste 8 Cu Yd	Minonyala	ndfill	
City, State	203			Minerva La	IIIIII	
New Castle, DE			Disposal Date 3/27/15	City, State Morrisville,	ΡΔ	
Completed By (Print or Type)	Title		Signature	omio,		Date
Gino Pizzigoni		ject		· · .	/ - ,	2/9/15
		nager	Deno P	ggigoni	17	210110

NOCK

Date of Notification						Public Schoo			1143	3			-			
Agencies Notified	2/9/15 Type Notific	ation		Street				T ubile octioe	/13				- 52			
	,,		4	40 E	3ev	erly	/ Ran	cocas Rd								
☐ DEP ☐ DOL		l nded R#1-2/20/1					Zip Co , NJ	ode 08046		Kirther as a		NE A		5		
□ DOH □ DCA		rgency cellation	100	lame (elvi								Tele	nhon	o Ni	ımha	ar
	1			FA	CIL	ITY	INFO	DRMATION				1	-			
Name of Facility Wi	here Abatem	ent is Taking Pla	ce (3					Type of Facilit								
Levitt Middle Sc	hool						- 20	School (K								
Street Address								Subchapt					h a a		۱۱	
50 Rev. Dr. MLK	Jr. Drive	2 14						Square Feet	. priv	# of Floor	nercial buildi		. Age		(6.)	
City (5)		County (6)	ICo	unty (200	10 (7	7)	150,000		# 01 1 1001	1	Diag		40+		
Willingboro		Burlington		arrey (000	. (.	,	Current Use (I		if being der	nolished)					
**************************************		Burmigton						School								
Name of Monitoring		by Building Owne	r (8)		A	SCI	M No.	Name of Abat Bristol Envi								
Street Address	anto mo							Street Addres								
36 North Quail H	COLUMN TO SERVICE SERV							1123 Beave				- Constant				
City, State & Zip Co	alloway, NJ 08205							City, State & Z Bristol, PA 1								
	oject Manager for Monitoring Firm						er	Telephone Nu			License	Num	ber			
Eric Clarkson	ic Clarkson							(215)788-604	-		00509					
Scheduled Start Da 3/2/15	oletic 5/1/	n Da 15	te ((11)		Name of OSH Bristol Envi										
Occupancy Status								Street Addres								
		During Entire Pe outside of Normal						City, State & Z	_					1/10/1/1		
	7:00 AM -		1100	115 —	I al	111 10	opin	Bristol, PA								
	upied During															
Scope of Work (Ch	eck all that a	pply)								Full Conta	inment with	Near	ativa	Droc	cura	
≥3 sf or ≥3	If		\boxtimes	Rer	าดง	atio	n			Mini-Enclo		recge	20100	103	Jaic	
≥160 sf ≥26			П			ition					Procedure	S				
	20									Non-Exen	pted and N			_		
	ocation of			Locat				Description Asbestos-Cont		_	Amount (Specify		Aba	teme	nt T	ype
	tos-Containir terial (ACM)	19		nally l		eu		Material (AC		9	SF or LF)				Щ	
	BE ABATED		Main	tenan	ice			(i.e., thermal sy	stem		S		Rem	Re	ncap	ncl
i	n Facility	19	Custo	odial (12)	Sta	iff?		nsulation, surfactor or other miscella					Remova	Repair	Encapsulate	Enclsoure
	(13)	-	Yes	No	IN	I/A		or other miscene	aricot	13)			-		te	е
RM A-12/A-12a			П	\boxtimes	I			Floor tile & N	lasti	С	353 SF					
Throughout				\boxtimes				Sheetroo	k		1,980 SF	:				
				님	H	4							뮈	믬	井	H
	井	H	1	╣							H	H	H	H		
Name of Registered	d Waste Hau	ler	Ш	N.	JDE	P V	Vaste	Cubic Yards	Nan	ne of Regist	ered Landfil	1				
S-E4				Ha	aule	er ID		of Waste	17/925010	J						
Service Transpo	rt Inc.			20	99	0		30 Cu Yd	0.1	01.1						
City, State New Castle, DE								Disposal Date 5/1/15	City	State						
Completed By (Prin	it or Type)			Tit				Signature	_	•	1.		ate			
Gino Pizzigor				1 (30)	-	ect		U. Fer	2	MOK I	12	2	2/9/1	5		
- 0				M	an	age	r	sens 1	1/2	30,00	17					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

(F	oursuant to N.J.A.	<u>C.</u> 8:60 and 12:12	20)	2761
Date of Notification (1)	Name of Building	Owner / Operator (2)	uc"	0 101
2/9/15 Agencies Notified Type Notification	Willingboro Tw	p Public Schools		
Agencies Notified Type Notification	Street Address	25//27		P. Lander
☐ DEP ☐ Initial	440 Beverly Rai		the designation of the con-	and the second second
DOL 5667 Amended	City, State & Zip C			
DOH 5643 Emergency	Willingboro, NJ	08046		
DCA 5629 Cancellation	Name of Contact			Tolonhone M.
Z / L cancellation	Kelvin Smith			
	FACILITY INF	ORMATION		
Name of Facility Where Abatement is Taking I	Place (3)	Type of Facility (4)		
Levitt Middle School		School (K-12)		
Street Address		Subchapter 8 (0	Other than K-12)	
50 Salem Road			te & commercial build	dings, homes, etc.)
			# of Floors	Bldg. Age
City (5) County (6)	County Code (7)	150,000	1	40+
Willingboro Burlington		Current Use (Prior if	being demolished)	407
		School	being demonstred)	
Name of Monitoring Firm Hired by Building Ow	ner (8) ASCM No.		Contractor (0)	
AHERA Consultants Inc	7.0011110.	Bristol Environme		
Street Address		Street Address	siitai, iiiC.	
36 North Quail Hill Blvd		1123 Beaver Stree	ot	
City, State & Zip Code		City, State & Zip Coo		
Galloway, NJ 08205		Bristol, PA 19007		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		e Number
Eric Clarkson	609-652-1833	(215)788-6040	00509	
	mpletion Date (11)	Name of OSHA Mon	itor	
3/2/15	5/1/15	Bristol Environme	ental Inc.	
Occupancy Status During Abatement (Check of	only one)	Street Address		
Facility Closed/Vacated During Entire I		1123 Beaver Stree	et .	
Abatement Performed Outside of Norm	nal Hours - 7am to 3pm	City, State & Zip Cod	ie	
Describe: 7:00 AM - 3:30 PM		Bristol, PA 19007		
Facility Occupied During Abatement				
Scope of Work (Check all that apply)		79-4001	Mark No. 20 C. agr	
□ >0.4>0.16			Full Containment with	n Negative Pressure
≥3 sf or ≥3 lf	Renovation		Mini-Enclosure	, com
≥160 sf ≥260 lf	Demolition		Glove Bag Procedure	
			Non-Exempted and N	Ion-Friable Procedure
Location of	Is Location	Description of	Amount	Abatement Type
Asbestos-Containing Material (ACM)	Normally Used	Asbestos-Containing	(Specify	
TO BE ABATED	Solely by Maintenance or	Material (ACM) (i.e., thermal systems	SF or LF	
in Facility	[] : [isulation, surfacing, VA	т	Rep
(13)		or other miscellaneous)		Enclsoure Encapsulate Repair Removal
	Yes No N/A	,	· .	ate e
RM A-12/A-12a		Floor tile & Mastic	353 SF	
Throughout		Sheetrock		
	H H H	SHEELIOCK	1,980 SF	
	 			
	 			
Name of Registered Waste Hauler	NJDEP Waste	Dukia Vanda III	<u> </u>	
value of Registered Waste Hauler		of Waste	of Registered Landfill	
Service Transport Inc.		30 Cu Yd		
City, State	2002/00/2002	The second secon	lata.	
New Castle, DE		Disposal Date City, St	ate	
Completed By (Print or Type)				
맛있는 아이를 가게 있다면 하다면 다른 사람들이 가입니다. 아이를 보고 있다면 하다 없다.		Signature	/ '	Date
Gino Pizzigoni	Project	Lino Puzz	egone / Il	2/9/15
	Manager	Lanco . Il	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#2133		NOTI				C 8:60 and 5:16	1		7 1	W/ [Ē	H-
Date of Notification (1)		-		Name	of Building	Owner/Operator (2)		, n			-
030)4 / 15			Gary (Ogilby					50 T		
Agencies Notified T	ype Notification				Address			\.(j \cdot \)	-			
	Initial			326 G	randview	Circle						
	Amended		1		tate, Zip C			7.55		-	7	
⊠ DHSS	Amendment #				wood, NJ			ASDLE N Lici	EN Salak	24		
DCA (NJAC 5:23-8)	☐ Emergency (in justification)	cluding	ļ.		of Contact			Telephone Numb				
	Cancellation		į,	Gary (Ogilby			5				
						FORMATION						-
Name of Facility Where Ab	atement is Taking	Place	(3)	10000			Type of Facility	(4)				
Private house		19					School (K-1					
Street Address				-200112022				8 (Other than K-1 2)		arcono.		
326 Grandview Circle							homes, etc.	orivate and commer	ciai buli	aings.		
City (5)							Square Feet		Bido	a. Age		
Ridgewood, NJ 07450								No. and the contract of				
County (6)				Coun	ty Code (7) ((STATE USE ONLY)	Current Use (P	rior if being demolis	shed)		/	
Bergen							700					
Name of Monitoring Firm H	ired by Building	Owner (8) .	ASCM	No.	Name of Abatem	ent Contractor (9)				_
						Gr Tech LLC						
Street Address						Street Address				-		
						576 Valley Rd	#283					
City, State, Zip Code						City, State, Zip C						
						Wayne, NJ 074	70					
Project Manager for Monito	ring Firm		Tele	phone	No.	Telephone No.		License No.				
						973-638-1777		01127				
Start Date (10)		duled C				Name of OSHA	Monitor					
03/13/	15	03	14	_ / _	15	Envirovision Co	onsultants Inc					
Occupancy Status During A	Abatement (Chec	k only d	ne)			Street Address	011041141110,1110					
	During Entire Pe	eriod of	Abate	ment		20-21 Wagaraw	Road Bldg #	35 E				
Abatement Performed C	Outside of Norma	I Facility	Hour	s - Des	cribe	City, State, Zip C						
Time of Abatement:		W /	PIVI_		AM	Fair Lawn, NJ (07410					
Scope of Work (Check all t	hat apply)							nation with negative		re	-	-
⊠ >3 sf or >3 lf		▼ Re	novati	on		Full Cor Mini-En		egative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf			molitic			Gloveba	ag Procedure	Tent with Negative	Pressu	re		
						☐ Non-Exe	empted (*) and N	on-Friable Procedu	re	1		
Lagation	£		Locat Vorma			B	120		Aba	temen	t Ty	ре
Location o Asbestos-Containing M.			d Sole	0.00	Ashe	Description stos Containing Ma		Amount	Re	Re	m o	E
TO BE ABAT	CONTRACTOR OF THE PARTY OF THE		intena todial			e., thermal systems	insulation,	(Specify	Removal	Repair	Can	Enclosure
IN Facility (13)		Ous	(12)	otan:		surfacing, VAT other miscelland		SIF or LF)	\\\ \alpha \	Repair	2	e.in
1.57		Yes	No	N/A	1	other impochan	0003)			র	D	
Decement sailing				×	т	Y		150.00			7	П
Basement-ceiling		10		1	Transite	paneis		150 SF			_	Ш
			Ш									
		ĪП	П	П		Table 1	*[:			ПГ	7	П
Name of Registered Waste	Hauler	1	NJ	DEP Wast	E Hauler ID No.	Cubic Yards of Was	ste Name of Rec	L istered Landfill		<u> </u>		
Gr Tech LLC			_									
City, State			(00337	0.0	TBD Disposal Date	T.R.R.F. Inc					
Wayne, NJ 07470 Completed By (Print or Typ	20)					TBD	Tullytown, F					
	pe) Tit	C				Signature	0/1 /		ate			
N.Jevtic ASB-41	Ow	mer					who wer	190° 03	/04/201	15		
ASB-41 MAY 11		* Do no	1 115 C I	his fori	n for asbes	tos licensure ekem	pted activities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

ch# 26304

200000000000000000000000000000000000000	Nicholas Fernicola Project Manager *Do not use this for						ure exemp	ted a	activities.						
Completed by (Print or Type) Nicholas Fernicola Title Project Manager					Signat	11:1	hot	_	10/			3/3/			
					/2015	1170 4	Tullyt	owr	n, Pennsylva	mia		Date			
City, State	5, IIIC.			Dispos	al Date	7	City, St				117-2				
Name of Registered Waste Hauler NJDEP Waste Hauler Guardian Contracting, Inc. 20223					ID No.	Cubic Y	ards of Was	ste	Name of Reg T.R.R.F		ndfill				
										15					
Exterior X					Sidin	g				30	00 sf				
Interior			X		Pipe	insulatio	n		8		0 lf	X			
Asbestos-Containing Material (A TO BE ABATED in facility (13)	y ustodial N/A		(i.e ins	Material (A c., thermal culation, su VAT, oner miscell	syste irfaci or	ems ing,		or LF)	M O V A L	P A I R	C A P S U L E	C L O S U R E			
Location of	.00.0	No	Locations Locations Locations Location	sed		As	Description	ntain	ing		Amount pecify SF	Abat R E	ement R E	E N	EN
Scope of Work (Check all that apply) $[x] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $[] \ge 160 \text{ sf or } \ge 260 \text{ lf}$]			Renovat					[] Mini-End	closure g Procedui				re	
Occupancy Status During Abatement [X] Facility Closed [] Abatement Per [] Other – Descri				Street Ac		1056 ip Code	Stelton	Road New Jerse	y 0.88	54					
Scheduled Start Date (10) 03/05/2015		0	cheduled 3/09/20	Completion 15	on Date (1	.1)	Name of	OSF	IA Monitor E.M.	S.L. An	alytical				
Project Manager for Monitoring Firm	Number			Telephor 732-34	9-99	932		License N 00624	umber						
City, State, Zip Code							City, Sta		Tom	s River,	New Jers			271	
Street Address							Street Ac	ddres		Route 9), Unit 61				
Name of Monitoring Firm Hired by E N/A	building O	wner (8)			ASCM N	0.					ntracting,	Inc.			
Chatham		Morris								dence	demolished))			
City		County (6)		County C (STATE	ode (7) USE ONL	Y)		uare feet 1912 sf		f Floors 2		g. Age	25	
Street Address 51 Summit A	Avenue								[x]	Othe build	hapter 8 (oth r (i.e., privat lings, homes	e & co		ial	
Name of Facility Where Abatement is residence	Taking P	Place (3)						Ту	pe of Facility (ol (k-12)				
				FACIL	ITY IN	FORMA	TION		an 11.	(4)					
[] DCA []	Cancella	6.5			Name of		io. Dimuz	zio		Telephol	ne Number				
[x] DOL [x]	Amendr Emerger justifica	ncy (incl	uding				Hillsbo	orou	gh, NJ 0884		200208				
[X] EPA [] []	Amende	ed Notific		-	City, Star	te, Zip Coo							.0 8.		+
	Votification	n Iotificatio	n		Street Ac	Idress	2156 C	lami	plain Road			10.1		-	
March 3,	2015				. 1988				nolition						
Date of Notification (1)		Name of	Building C	Owner/Oper	ator	(2)			1.11			i			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

,	(Pursuant	t to NJAC 8:60 a	nd 12:120)	Cle	*	26	30	3
Date of Notification (1) March 3, 2015		Name of Building	Owner/Ope EDM,		7		12		
[] DEP [] Amen	ion Notification ded Notification dment #	Street Address City, State, Zip C	ode	chley Drive	1/4,5				
[x] DOH [x] Emerg	gency (including cation)		Marlb	oro, NJ 07746			- A		
I I DCA	ellation	Name of Contact Matt	Martino	16	lephone Number		- with a party		
	FACI	LITY INFORM	ATION						
Name of Facility Where Abatement is Taking	Place (3)			Type of Facility (4)	School (k-12)				
Residence		70 SEE SEE SEE			Subchapter 8 (oth	ner than	ı k-12)		
Street Address 290 Madison Hill	Rd.			[x]	Other (i.e., privat buildings, homes	e & co			
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1555 sf	# of Floors 2	Bldg	g. Age	70	
Clark	Morris			Current Use (Prior if)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Residen f Abatement Contractor					
N/A	o mer (o)			Guardia	n Contracting,	Inc.			
Street Address			Street A		oute 9, Unit 61				
City, State, Zip Code			City, Sta	ate, Zip Code	iver, New Jerse	ev 08	755-1	271	
Project Manager for Monitoring Firm	Telephone Numbe	er		ne Number 19-9932	License N 00624				
Scheduled Start Date (10) 03/03/2015	Scheduled Comple 03/04/2015	etion Date (11)		f OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check			Street A	ddress 1056 Sto	elton Road vay, New Jerse	y 088	354		
Scope of Work (Check all that apply)] $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[] Renov [x] Demo			[] Full Containn [] Mini-Enclose [] Glovebag Pro [x] Non-Exempt	ocedure			re	
						Aba	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	d (i ir	Descriptionsbestos-Co Material (a.e., thermal isulation, su VAT, ther miscell	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior – house peaks	X	Asbestos sid	ing		400 sf	X			
Exterior- garage	X	Asbestos sid	ing		600 sf				
Interior- mudroom	X	VAT	32		70 sf				
Interior- basement	X	VAT			35 sf				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223		Yards of Wa	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey	03/0	oosal Date 05/2015	City, S Tulky	tate town, Pennsylvania	1	Date			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol"	ter		3/3			

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

NO CK

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

							_				27		57.5	
Date of Notification (1)							Own	er/Operator (2	2)					
	11 /	15			Veriz	zon								
Agencies Notified	Type Notificat	ion		St	treet A	Address								
□ EPA					15 E	ast Mont	gom	ery Place,	Lower Level	The second second				
□ DOLWD						ate, Zip Co								
☑ DHSS	Amendmer			15000		burgh, P		5212			-		****	
□ DCA	Emergency		ng	-		of Contact				Telephone Nun	nher			
(NJAC 5:23-8)	justification Cancellation					ony Por				Totophone ivan				
	☐ Caricellatio)II		_		•				L	_			
					FAC	ILITY IN	-OR	MATION						
Name of Facility Where	Abatement is Ta	aking Pla	ce (3)						Type of Facility					
Verizon Market CO									School (K-12) 3 (Other than K-1	2)			
Street Address									Other (i.e., p	rivate and comme	ercial b	uildir	ngs,	
95 Williams St.									homes, etc.)				. 30.00	
City (5)									Square Feet	# of Floors	В	ldg.	Age	
Newark											-			
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pr	or if being demol	lished)		******	
Essex						D 0.00		50. 1	Office					
Name of Monitoring Firm	Hired by Buildi	ina Owne	r (8)	TAS	SCM N	Vo.	Nan	ne of Abateme	ent Contractor (9)					
USA Environmenta			. (0)						VIRONMENTA					
Street Address	ii manageme		-		-			et Address		,				
8436 Enterprise Av								123 BEAVE	RSTREET					
	/e													
City, State, Zip Code							355	, State, Zip Co						
Philadelphia, PA 19							4-0	RISTOL, PA	19007	I I to a see No.				
Project Manager for Mon	itoring Firm		- 14	6 2 3	none N			phone No.		License No.				
Mark Jenkins				770,35-70		5810		15-788-6040		00509				
Start Date (10)	S	cheduled	Comp	oletio	n Dat	e (11)	1000000	ne of OSHA M						
ON HO	LD		/		_ / _		В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	g Abatement (C	heck onl	y one))			Stre	et Address						
☐ Facility Closed/Vacat					ent		11	123 BEAVE	R STREET					
☐ Abatement Performe	d Outside of No	rmal Fac	ility Ho	ours -	- Des	cribe	City	, State, Zip Co	ode		10-10-00			
Time of Abatement:	AM	PM/ <u>5:</u>	00PM	- <u>1:3(</u>	0AM			RISTOL, PA						
Scope of Work (Check a	II that apply)													
Scope of Work (Check a	iii tilat appiy)							☐ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf		\boxtimes	Renov	ation	1			Mini-End						
≥160 sf or ≥260 lf			Demol	lition				☐ Gloveba	g Procedure empted (*) and No	n-Friable Proced	lure			
			Is Lo	catio	n			ZZ NO.1 ZAC	mptod () dila i i			hate	ment 7	Type
Location	of			mally				Description of	of		-	_		Ť
Asbestos-Containing)	sed S					Containing Ma	aterial (ACM)	Amount	Kemova	Kepair	Encapsulate	Enclosure
TO BE AB	ATED		Mainte ustodi			(i.e.		rmal systems		(Specify	100	=	. aps	losu
IN Faci		"		2)	aii:			urfacing, VAT er miscellane		SF or LF)	2		ula	Гe
(13)		Ye			N/A		Ott	iei illisociiano	.043)				e e	
- toth-		57		1		Elean til		d mastic		75 SF		1	П	ĪП
Throughout 10 th Flo	or			1	ш	Floor ui	e ai	iu iliastic		7001				-
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				1										
					Min da							1 -	1	
X X										t		1 _	ا ا	
Name of Registered Wa		9.900		100000		Naste	Cub	oic Yards of	Name of Regis					
SERVICE TRANSP	ORT GROUP	, INC.		201202000	uler II 20990		100000		MINERVA	LANDFILL				
City, State							Disp	oosal Date	City, State					
NEW CASTLE, DE	19720								WAYNESE	BURG, OH 446	88			
Completed By (Print or		Title						Signature		. 11	Date	,	,	
1 ST-01	1 3 PC)	F-5500-F-1	nator					2	Scoliro		2/	20	112	5
Brian Scafiro		Esul	iator					Brean	Acofero	1-18	2/-	-	//	0

ASB-41 MAY 11 B S 14/15 * Do not use this form for asbestos licensure exempted activities.

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

OR# 2762

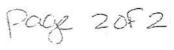
				Nar	ne of Ruildi	00 OurselO	(6)			ک	
_ 2 / _ 1	1 /	15			erizon	ng Owner/Operator	(2)				
	ype Notification	on		Stre	et Address						ř.
F3 50000 7001	Initial			1	5 East Mo	ntgomery Place,	Lower Level	hat a second	1111		
☑ DHSS 5605	Amended Amendment	#			, State, Zip					-	
□ DCA □] Emergency	(includ	ing			PA 15212					
(NJAC 5:23-8)	justification)		J	Nan	ne of Conta	ct		Telephone Num	mha-		
	Cancellation	1			nthony Po						
Name of Facility Where Abar	A			F	ACILITY II	NFORMATION				1	
Verizon Market CO	tement is Tak	ing Pla	ce (3)				Type of Facility	35 53		-	
Street Address							School (K-12	2)			
95 Williams St.							Other (i.e., p	8 (Other than K-1) private and comme	2) ercial i	buildi	nne
City (5)							homes, etc.)			Danial	1193,
Newark							Square Feet	# of Floors	1	Bldg.	Age
County (6)				10-	-1 0 1 0						
Essex				001	unity Code (7)(STATE USE ONLY)	2 3	ior if being demoli	ished))	
Name of Monitoring Firm Hire	ed by Building	Owne	(8)	ASCN	ANa	The state of	Office				
USA Environmental Ma			(0)	ASCI	A NO.	Name of Abateme					
Street Address	30						VIRONMENTA	L, INC.			
8436 Enterprise Ave						Street Address					
City, State, Zip Code						1123 BEAVE					
Philadelphia, PA 19153	3					City, State, Zip Co				61	
Project Manager for Monitorin			Tel	ephone	No	BRISTOL, PA	19007				
Mark Jenkins			100		5-5810	Telephone No. 215-788-6040		License No.			
Start Date (10)	Sche	eduled (ate (11)	Name of OSHA M		00509			
2 /23 /1	5				15	The same of the property of th	/IRONMENTAL	INC			
Occupancy Status During Aba	atement (Che	ck only	one)			Street Address	THE TALL	.,			
☐ Facility Closed/Vacated Du	uring Entire Po	eriod of	Abate	ment		1123 BEAVER	STREET				
Abatement Performed Outs	side of Norma	al Facili	ty Hou	s - De	scribe	City, State, Zip Co					
Time of Abatement:	_AIVIP	M/5:00	<u> 2</u> PM- <u>1</u>	:30AM		BRISTOL, PA					
											-
Scope of Work (Check all that	apply)	0000000									
≥3 sf or ≥3 lf	apply)	⊠ Re	enovati	on		☐ Full Conta	ainment with Nega	ative Pressure			
≥3 sf or ≥3 lf	apply)	⊠ Re	enovati	on			ainment with Nega				
≥3 sf or ≥3 lf	apply)	□ De	emolitic	on			ainment with Nega	ative Pressure	re		
Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of		□ De	Locat Norma	ion lly		⊠ Mini-Enclo	ainment with Nega osure Procedure npted (*) and Non		T :	patem	ent T
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater	rial (ACM)	☐ De	Locat Norma	ion lly ely by	Asbes	⊠ Mini-Enclo □ Glovebag ☑ Non-Exen Description of tos Containing Mate	ainment with Negrosure Procedure npted (*) and Non	n-Friable Procedur	Ab	_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED	rial (ACM)	Use Ma	Locat Norma	ion Ily ely by nce/	Asbes (i.e.	☐ Glovebag ☐ Non-Exem Description of tos Containing Mate, thermal systems in	ainment with Negrosure Procedure npted (*) and Non erial (ACM) asulation,	Amount (Specify	Ab	_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater	rial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion Ily ely by nce/	Asbes (i.e.	☐ Glovebag ☐ Non-Exem Description of tos Containing Mate, thermal systems in surfacing, VAT, of	ainment with Negrosure Procedure npted (*) and Non erial (ACM) isulation,	n-Friable Procedur	T :	Pater	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	rial (ACM)	Use Ma	Locat Norma ed Sole intena todial S	ion Ily ely by nce/	Asbes (i.e.	☐ Glovebag ☐ Non-Exem Description of tos Containing Mate, thermal systems in	ainment with Negrosure Procedure npted (*) and Non erial (ACM) isulation,	Amount (Specify	Ab	_	ent T Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility	rial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.e.	☐ Glovebag ☐ Non-Exem Description of tos Containing Mate, thermal systems in surfacing, VAT, of	ainment with Negrosure Procedure npted (*) and Non erial (ACM) isulation,	Amount (Specify	Removal	_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	rial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion illy ely by nce/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneous	ainment with Negrosure Procedure npted (*) and Non erial (ACM) isulation,	Amount (Specify SF or LF)	Removal	_	_
2 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	rial (ACM)	Use Ma Cus	S Locate Norma ed Sole intena todial (12)	ion Illy Illy Ince/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneous	ainment with Negrosure Procedure npted (*) and Non erial (ACM) isulation,	Amount (Specify SF or LF)	Removal	_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	rial (ACM)	Use Ma Cus Yes	S Locate Norma ed Sole intena todial (12)	ion Illy Illy Ince/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneous	ainment with Negrosure Procedure npted (*) and Non erial (ACM) isulation,	Amount (Specify SF or LF)	Removal	_	_
Description 2 Section 2 S	rial (ACM)	Use Ma Cus	S Locat Norma ed Sole iintena todial ((12) No	ion Illy Illy by Ince/ Staff?	Floor tile		ainment with Negrosure Procedure npted (*) and Non erial (ACM) isulation, or us)	Amount (Specify SF or LF)	Removal	_	_
Description Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) A proughout 10 th Floor	rial (ACM)	Use Ma Cus Yes	S Locat Norma ed Sole intena todial ((12) No	ion Illy Illy Ince/ Staff? N/A DDEP Vauler ID	Floor tile	Description of tos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneous	einment with Negrosure Procedure Inpted (*) and Non Insulation, Insulation, Insulation I	Amount (Specify SF or LF) 75 SF	Removal	_	_
Description of Asbestos-Containing Mater TO BE ABATED IN Facility (13) A proughout 10 th Floor In the containing Mater TO BE ABATED IN Facility (13) The containing Mater TO BE ABATED IN Facility (13) The containing Mater TO BE ABATED IN Facility (13)	rial (ACM)	Use Ma Cus Yes	S Locat Norma ed Sole intena todial ((12) No	ion Illy Illy Ince/ Staff? N/A	Floor tile		einment with Negrosure Procedure Inpted (*) and Non Insulation, Insulation, Insulation I	Amount (Specify SF or LF) 75 SF	Removal	_	_
Description of Asbestos-Containing Mater Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) Proughout 10 th Floor In the containing Mater Abstract To BE ABATED IN Facility (13)	rial (ACM) uler GROUP, INC	Use Ma Cus Yes	S Locat Norma ed Sole intena todial ((12) No	ion Illy Illy Ince/ Staff? N/A DDEP Vauler ID	Floor tile		einment with Negrosure Procedure Procedure Inpted (*) and Non Perial (ACM) Isulation, Or Isulation,	Amount (Specify SF or LF) 75 SF	Removal	_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	rial (ACM) uler GROUP, INC	Use Ma Cus Yes	S Locat Norma ed Sole intena todial ((12) No	ion Illy Illy Ince/ Staff? N/A DDEP Vauler ID	Floor tile		einment with Negrosure Procedure Procedure Inpted (*) and Non Perial (ACM) Isulation, Or Isulation,	Amount (Specify SF or LF) 75 SF	Removal	_	_

Page 10f2

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

Check #23115

Date of Notification (1)			N	lame c	f Building (Owner/Operator (2)					
01 /	07 / 1	5		Vinel	and Con	struction Comp	pany					
Agencies Notified EPA	Type Notification	n	S	- Sec.	ddress Park Av	enue	D= 20					
⊠ DEP	☑ Amended		C	10.000	ate, Zip Co	The state of the s		104 105			1	
☑ DCA (NJAC 5:16) ☑ DHSS	Amendment Emergency			Vine	land, NJ	08360			-			
□ DCA	justification)		1	lame o	of Contact		1179	Telephone Numbe	IT.			
(NJAC 5:23-8)	☐ Cancellation	ij.		Tim I	France							
				FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facility (4)				
Victory Refrigerat	ion					1	School (K-12)	(Other than K-12)				
Street Address			5.0	-	e		☐ Subchapter o	vate & commercial	buildir	ngs,		
110 Woodcrest Ro	oad	2. 103		opt.			homes, etc.)					
Cîty (5)	70						Square Feet 233,000	# of Floors	1	g. Ag 0+	3	
Cherry Hill	1 14		W125	Count		STATE USE ONLY)	Talendar and the second and the seco	or if being demolish	ed)			-
County (6) Camden				Oddin	y 0000 (1)		Warehouse					Annual Control
Name of Monitoring Fin	m Hired by Buildin	g Owner (B) A	SCM	Vo.		ent Contractor (9)					
West Chester Env	rironmental LLC	3 1941	- 70 - 12	0268		THE STREET TO PROPERTY OF THE PARTY OF THE P	ntbach Constru	ction Corporati	on			
Street Address			dia			Street Address						
307 N Walnut Stre	eet		1	1 lag	A 45 0 1	500 East Luz						
City, State, Zip Code				5.40		City, State, Zip C	75 PM					
West Chester, PA	and the state of t		-	Esta de		Philadelphia		License No.				
Project Manager for Mo Matt Abraham	onitoring Firm	***	4 Transfer	ohone i 0.431.	m (# 7244) - 73	Telephone No. 215-739-8169		00646	5/1 #			
Start Date (10) 01 / 22	그 문문 이 노선에 함께	heduled C		ion Dat	PROCESS OF THE PARTY OF THE PAR	Name of OSHA I						01011001111
Occupancy Status Dur	ing Abatement (Cl	neck only o	one)	7 Tes	Patenta.	Street Address		441.7				
☑ Facility Closed/Vac				nent		÷wää						
Abatement Perform	ed Outside of Nor	mal Facilit	y Hour	s - Des	cribe	City, State, Zip C	ode, he made and the					
Scope of Work (Check	all that apply)							Condinates				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		+ 100	enovati emolitic	THE PARTY OF THE P		☐ Mini-En 図 Gloveba	closure	ative Pressure				
		ls	Locat	ion	V	Non-Ex	empled () and No	n-Friable Procedur	1	atem	ent T	vpe
Locati	on of		Norma	lly 💮	Earlie :	Description		A STATE OF THE STA		1		
Asbestos-Containii			ed Sole aintena	4 7 11 11	Asbe	stos Containing M rmal systems insu	laterial (ACM)	Amount (Specify	Rem	Repair	nce	incl
TO BE A		Cus	todial	Staff?	l li'e'' nie	VAT, or		SF or LF)	Removal	air	Encapsulate	Enclosure
(1:	3)	Yes	(12) No	N/A		other miscellan	eous)	ryasan vir Piga ya			late	Ġ.
Manufacturing Sec	ction		×		2" Pipe	Insulation		450 lf				
Manufacturing Sec	ction		\boxtimes	П	4" Pipe	Insulation		265 If				
Entire 2 nd Fir & Re	strooms		M	lo.	Grey Fl	oor Tile & Blac	k Mastic	5,000 sf	\boxtimes			
Various Througho	ut Building		\boxtimes		Red Fir	e Door		4 ea				
Name of Registered V		agentalia	(A)	2 - 2 -	Waste	Cubic Yards of Waste	Name of Regi	stered Landfill				
Diamond Huntba	ach or Service 1	Franspor	t F	lauler I	9/20990	100	Minerva					
City, State Philadelphia, PA	19124 / Now C	astle DF		tiida Avist		Disposal Date	City, State Waynesbu	irg, OH 44688				
Completed By (Print of		Title			enellist ser en	Signature		of all the second second	ate	8	,	
Wayne Huntback		Projec	t Man	ager		Wan	1x		3/	12/	115	5



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

Check # 23115

		-				100						1
Date of Notification (1)	15					g Owner/Operator (onstruction Com	Charles and the contract of the contract of					
Agencies Notified Type Notif ☑ EPA ☐ Initial	ication		10,14		Address N Park A	Avenue		42.5	-			
☑ DEP				City, S	tate, Zip	Code						
	ment #					J 08360		****				
☐ DCA justifica		uumg		1,712,7140	of Contac		N. C. C.	Telephone Numb	er	- rice of		
(NJAC 5:23-8)	lation			Tim	France			2.				
				FAC	CILITY II	NFORMATION		P. (*)				
Name of Facility Where Abatement is	Taking F	Place	(3)				Type of Facility (4)				-
Victory Refrigeration							School (K-12					
Street Address 110 Woodcrest Road						. Canada aras s Secarativa de d		(Other than K-12) wate & commercia	l build	ings,		
City (5)				Hest	1 4 M		Square Feet	# of Floors	BI	dg. A	ge	-
Cherry Hill			1				233,000	1		50+		
County (6)	8 8 8		1.5	Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)			
Camden					i-us-		Warehouse					
Name of Monitoring Firm Hired by Be West Chester Environmental		vner (8) /	4SCM 0268	10 37 30 1 1	A SECULAR CONTRACTOR OF THE SECURAR CONTRACTOR OF THE SECURATION OF THE SECU	ent Contractor (9) ntbach Constru	iction Corporat	on	-		
Street Address		L III			Paris in	Street Address	gse Petal.	linger .				
307 N Walnut Street	1					500 East Luz	erne Street	ili la r i la comp	16 90			
City, State, Zip Code	a. 47.5	Line d	6477		g¥w.j	City, State, Zip C	ode					
West Chester, PA 19380	1.575					Philadelphia	PA 19124	12511				
Project Manager for Monitoring Firm		. S. 11.	Tele	phone	No.	Telephone No.		License No.				
Matt Abraham	11 37 miles		(56; #EQ	0.431	等的一种。L.A.	215-739-8166		00646	1888			
Start Date (10) 01 /22 /15	Schedu 03			tion Da	1 All A - 1 - 12	Name of OSHA N						
Occupancy Status During Abatemen	t (Check	only c	ne)		Park of the	Street Address						
☐ Facility Closed/Vacated During E			112 12 12 12	4 - CONTRACTOR				Statistical Control	-			
☐ Abatement Performed Outside of Time of Abatement: 7AM-4PM/				s - Des	cribe	City, State, Zip C	ode			To the		
										1		
Scope of Work (Check all that apply)						□ Eull Con	tainment with Neg	afive Pressure	3 B			
☐ ≥3 sf or ≥3 lf		Charles all the	novati	ATTACABLE BY A		☐ Mini-End	olosure	auto 1 1033010				
≥160 sf or ≥260 lf	1	⊠ De	molitic	n			g Procedure moted (*) and No.	n-Friable Procedur	e			
		sequipment in the	Locat	tanks of the same	1.2			F1	1	atem	ent T	vpe
Location of Asbestos-Containing Material (A)	20.00		Vorma d Sole			Description of			-	T		1
TO BE ABATED	JIVI)	The state of the	intena	THE PARTY OF THE P		estos Containing Ma ermal systems insul		Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)		Cus	todial ((12)			VAT, or other miscellane		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	No	N/A	4.	oner miscellane	ous)	17			ate	Φ
Exterior			×		366 W	indows Caulk		366 ea	×	П	П	
Rooftop						Roof Flashing		3500 IF		In	П	
Roofing - Area C		h	— ⊠			d Roofing		25,900 sf				
1 ST FLOOR OFFICE Are	1	ñ	X	M	929	FLOORTILE		1.76034	X	In	П	
Name of Begistered Waste Hauler	۳۱ خوست		L'IN	JDEP	Waste	Cubic Yards of	Name of Regis	The second secon				1
Diamond Huntbach or Service	e Trans	port	Н	auler I 1968	D No. 9/20990	Waste 100	Minerva			12		
City, State						Disposal Date	City, State					10 415
Philadelphia, PA 19124 / Nev	1 1 1 1 1	, DE			Merci	(美麗麗) 建黄色	Waynesbu	rg, OH 44588		100	2. V	
Completed By (Print or Type)	Title					Signature		Da	te	1	, -	
Wayne Huntbach	Pro	oject	Man	ager		1 Wm	2×		3/	121	13	

State of New Jersey APPROVED: NJOOL - TOM VOORHEES
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification				2000			g Owner / Opera	ator (2)						
	3/2/15						rlington		In a st	Ī.			10	
Agencies Notified	Type Notifica	ition		1000		ddress	Dood							
□ EPA				100000000000000000000000000000000000000		cocas ite & Zij					,			_
□ DEP □ DOL	☐ Initial ☐ Amer	nded				lly, NJ			LIGHT					
⊠ DOH		gency				f Conta			a transcription	Teler	ohor	e Nı	ımbe	er .
DCA DCA		ellation		0.000			pinski							
							ORMATION							
Name of Facility Wh	nere Ahateme	ent is Taking Pla	ace (3)		71L11	1 1141 4	Type of Facilit	ty (4)						
Burlington Coun			.00 (0	,			School (K							
Street Address	-					12	Subchapt	ter 8 (Other t	than K-12)					
49 Rancocas Ro	ad								ommercial build				tc.)	
The same recommendation of the same section of the							Square Feet	# of F	loors	Bldg.	Age			
City (5)		County (6)	Cou	unty C	Code	(7)	80,000		4	2000	60	Yea	rs	
Mt. Holly		Burlington					Current Use (Prior if being	demolished)					
Control of the Contro							Courts							
Name of Monitoring			er (8)		AS	CM No.						-		
Environmental C	onnections	3					Bristol Envi		, Inc.					
Street Address							Street Addres 1123 Beave							1
120 North Warre							City, State & 2							
City, State & Zip Co Trenton NJ 0860							Bristol, PA	7.0						
Project Manager for		irm	Telep	hone	Num	ber	Telephone Nu		License	Numb	oer			
Rollie Jones	. mormoning .		609-3				(215)788-60		00509					
Scheduled Start Da	ite (10)	Scheduled Com	pletio	n Dat	te (11)	Name of OSH							
3/4/15			3/5/				Bristol Envi		Inc.					
Occupancy Status	During Abater	ment (Check on	ly one	9)			Street Addres							
		During Entire Pe					1123 Beave							
		utside of Norma	al Hou	ırs –	7am	to 3pm	City, State &							
	5:00 PM -						Bristol, PA	19007						
	cupied During											-		
Scope of Work (Ch	eck all that ap	opiy)						☐ Full C	Containment with	n Nega	tive	Pres	sure	,
≥3 sf or ≥3	If		M	Rer	novati	ion		Mini-E	Enclosure					
2160 sf ≥26			Ħ	Der	nolitio	on			e Bag Procedure					
							-1	N-mark -	Exempted and N					
	cation of			ocatio			Description		Amount		Aba	teme	ent T	ype
	os-Containing		Norm				Asbestos-Con Material (A		(Specify SF or LF	,			ш	
100000000000000000000000000000000000000	erial (ACM) BE ABATED		Mainte	lely b			(i.e., thermal s		0, 0, 2,	'	Re	Ŗ	Encapsulate	Enclsoure
	n Facility		Custo				insulation, surfac	cing, VAT	1		Remova	Repair	psu	Sou
	(13)			(12)		_	or other miscell	aneous)			al	7	late	ıге
	1		Yes	No	N/A	\	<i>1</i> 2							
Basement Area	Way						Fitting Insu		7 LF			닏	ᆜ	
Basement Area	Way		\boxtimes				Vat/Mast	tic	90 SF			ᆜ	<u> </u>	H
											님	H	H	H
				Ш							님	片	Η	H
				Ц	Щ						H	井	Η	H
						10/1-	O. his Varda	Name of D	egistered Landfi		Ш			
Name of Registere	d Waste Hau	ler		100		Waste ID No.	Cubic Yards of Waste	Name of K	egistered Landii	111				
Service Transpo	ort Group, Ir	ıc.			990	ID NO.	1	Minerva I	COMPANIES INVESTIGATION					
City, State New Castle, DE	SHE TANKS						Disposal Date TBD	City, State Waynesb	urg, Ohio					
Completed By (Prin	nt or Type)		1	Tit	le		Signature	-	1. 0	100	ate			
Patrick T. DeCar					stima	ator	Patrick	2.190	ow Il	3.	/2/1	5		

mo 2247686054

Date of Notification (1)		2.			Building C	wner/C	perator	(2)							
3/02/15					Meleka						11/2				
Agencies Notified EPA	Type Notification			Street Ad PO Box	idress x 1919										*
× EPA × DEP × DOL	Amended Amendment	#	1.00		te, Zip Coo Amboy, N		362			7.1.1					
ĭ DOH	Emergency (justification)		1	Name of	Contact			-		Tol	anhe **				
☐ DCA	Cancellation				Meleka										
Name of Facility Where	Ahatement is Takin	n Place (3)		FACIL	LITY INFO	RMATI	ON	Type	of Facility (4	(-)					
House	Abatement is Takin	g i lace (5)		v.				П	School (K-12	ě.					
Street Address					-				Subchapter of Other (i.e. pr	8 (Oth			linas	home	96
328 Hall Avenue									etc.)						.0,
City (5) Perth Amboy								Squa N/A	are Feet	# of	f Floors A	18150	ldg. A	ge	
County (6) Middlesex				County C	Code (7) USE ONLY)	Vi i		Curr	ent Use (Prio	r if bei	ng demolish	ed)		- 82	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.		Name	of Aba	atement Conf	tractor	(9)				
N/A									tement, Ind	c.					
Street Address							Street 11 R		ess Igren Aven	iue					4
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mor	nitoring Firm	7		Telephor	ne No.	89	Teleph	none N	No.		License No	0.			
Start Date (10)		Scheduled	Com	nletion I	Date (11)		105.1050		B685 SHA Monitor		#00675				
3/17/15		3/18/15	COII	ipieuori	Date (11)				tement, Inc	c.					
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street		ess Igren Aven	110					
Abatement Perform	cated During Entire ned Outside of Norr						0000 AC-		Zip Code	iue					
Other – Describe:						_	Toto	wa, i	NJ 07512						
Scope of Work (Check A	All I hat Apply)	П п		lian			Г	٦ .	II Containme	ont with	Nogotivo D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moliti		20		2	M G	ull Containme ini-Enclosure lovebag Proc	edure	-				
					r			J N	on-Exempted	i (*) an	d Non-Friab	le Pro	Same and	Commence of	
H			ocati ormali											ement pe	ř.
Locatio Asbestos-Containing		Used	Sole	ly by	Asbest		scriptior		al (ACM)		mount			1000	
TO BE AB	BATED	Main	tenar			therma	system	s insu		(5	Specify	Rer	Re	nca	Enc
In Fac (13)			(12)	10100000			icing, VA miscella)	Si	F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>n</u>		ate	ге
basem	nent		Χ		88	pipe	insula	ation		1	40 LF	X			
						ui:									
Name of Registered Wa	ste Hauler			JDEP W		Cubic of Wa	Yards		Name of I	Regist	ered Landfill		-		
D&S Abatement, In	c.		5/9353	20996	INU.	TBD		. 3.,			gement o	PA			
City, State Totowa, NJ						Dispo TBD	sal Date	9	City, State Tullytov		A				
Completed by		Title				1	Signatur	e o a	. 7/	W.	Da	2.5%	_	ħ	
Deanna Brkusanin		Projec	t Ma	anager			YV	lell	we fel	wa	Ul 3/	02/1)		

CK 9728708090

Date of Notification (1) 3/02/15		F		lame of E Sara Lo	Building O	wner/O	perator	(2)								
Agencies Notified	Type Notification		S	Street Add			Was a second					-7				
× EPA × DEP × DOL	Initial Amended	ш	C	City, State	e, Zip Cod		1	-			-					
	Amendment Emergency			0		0703			1 1 50	Tolo	phone Nu	ımhar				
N DOH	justification)			Name of 0 Sara Lo						Tele	epriorie inc	imbei				
DCA	Cancellation				ITY INFO	DM ATI	N.						-	_		\dashv
Name of Facility Where House	Abatement is Takin	g Place (3)	3	FAUIL	TTT INFO	NIMATI	JIV	Тур	be of Facility (4			74.5				
Street Address		- db2	-					×	School (K-12 Subchapter 8 Other (i.e. pr	(Othe			ldin	as. h	nome	s.
276 Broad Ave								_	etc.)							,
City (5) Englewood								Sq.	uare Feet A	# of N/A	Floors		3ldg	g. Ag	e	
County (6) Bergen				County C	ode (7) SE ONLY)			S. S. S.	rrent Use (Prio	r if beir	ng demolis	shed)				
Name of Monitoring Firr	n Hired by Building	Owner (8)		ASCM	No.				batement Conta		(9)					
N/A Street Address							Street		189	· .						
Street Address							11 R	lose	engren Aven	ue						
City, State, Zip Code									, Zip Code NJ 07512							
Project Manager for Mo	nitoring Firm		1	Telephon	e No.		Telepl 973-		No. 5-8685		License #00675					
Start Date (10) 3/24/15		Scheduled 3/25/15	Com	pletion D	ate (11)				SHA Monitor atement, In	n.						
Occupancy Status Durin	ng Abatement (Che)				Street									_
	cated During Entire			ent					engren Aver	iue						
	med Outside of Norr					_	100		, Zip Code , NJ 07512							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moliti				2	Ž	Full Containme Mini-Enclosure Glovebag Prod	edure						
									Non-Exempted	() an	d Non-File	able Fi			ment	
		ls L	ocati			1020								Ту		
Asbestos-Containin TO BE Al In Fac (13	ng Material (ACM) BATED cility	Used Mair Custo	Sole tenar	ly by nce/		os Con therma surfa		Matens in: AT, c		(5	Amount Specify F or LF)	Remova		Repair	Encapsulate	Enclosure
(10	7	Yes	No	N/A								<u> </u>			ate	re
baser	nent		Χ			pipe	insula	atio	n	1	50 LF	Х	1			
													-			
			_									-	+			
Name of Registered W	aste Hauler		1	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	ifill				
D&S Abatement, Ir				lauler ID 20996	No.	of Wa	aste	-7	Waste	Mana	gement	of PA	1			
City, State Totowa, NJ						Dispo TBD	sal Dat	е	City, Stat		A		10			
Completed by Deanna Brkusanin		Title Proied	et Ma	anager	***		Signatu		wo R. Ale	leu	-	Date 3/02/	15			
_ Janua Britadariii				3-1			111	UM	me 1/2 Mill	un	_					

CK1670806822

Date of Notification (1) 3/02/15			8	Name of I Paresh	Building C Patel)wner/O	perator	(2)							-
Agencies Notified	Type Notification		11 3	Street Ad 28.5 Ha	dress arrison S	Street					_				
EPA DEP DOL	Initial Amended Amendment		- 3		e, Zip Coo own, NJ		0		£	50.000					
⊠ DOH □ DCA	Emergency justification) Cancellation		100	Name of Paresh						Tel	ephone Nun	nhar			
L BOA				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where House	Abatement is Takin	g Place (3)						_	of Facility (4		ñ.				
Street Address 28.5 Harrison Street	et	-					N	×			er than K-12 & commercia		lings,	home	es,
City (5) Morristown									re Feet	# o N//	f Floors A		ldg. A /A	ge	15
County (6) Morris				County C	ode (7) SE ONLY)			Curre	2017년 2017년 1월 1일	or if bei	ing demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		STATE OF THE PARTY		tement Con ement, In		(9)				
Street Address								Addres	ss gren Aver	nue					
City, State, Zip Code	7			2					ip Code J 07512						
Project Manager for Mon	nitoring Firm			Telephor	ne No.			none N 345-8			License N #00675	0.			
Start Date (10) 3/18/15		Schedule 3/19/15		npletion [Date (11)		0.0000000000000000000000000000000000000		HA Monitor ement, In	C.					
Occupancy Status Durin	na Abatement (Che	35200 35772000000						Addres					_		
				X25 0225			100000000000000000000000000000000000000		gren Aver	nue					
	cated During Entire ned Outside of Norr Occupied					_	City, S	State, Z	ip Code IJ 07512						
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				>	Min	ni-Enclosure ovebag Prod	e cedure	h Negative F			e.	
		1.	1 4	12.02				- 110				T	17.00	emen	t
			Locati iormal	33000		Da	scription	n of					T	/pe	
Asbestos-Containing TO BE AF In Fac (13)	g Material (ACM) BATED illity	Mai	d Sole ntena odial 3 (12)		Asbes (i.e.	tos Con therma surfa		Materia is insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ie	
crawl s	pace		Χ			pipe	insula	ation			90 LF	X			
basen	nent		X			pipe	insula	ation			70 LF	X			-
-															+
Name of Registered Wa	aste Hauler			J NJDEP W		200000000000000000000000000000000000000	Yards		Name of	Regist	tered Landfil	I	1	1	1
D&S Abatement, In	IC.			lauler ID 20996	No.	of Wa	h h				agement c	f PA			
City, State Totowa, NJ						TBD			City, Star Tullyton	wn, P					
Completed by Deanna Brkusanin		Title Proje	ct Ma	anager	ă	1	Signatur	e Mu	ia f.M.	Vise.	1 D 3	ate /02/1:	5		

NOCK

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

D				(1-1			C 8:60 and 5:1		日子		100	1	=
Date of Notification (1) 01 /	15 /	14					g Owner/Operator ((5)	Construction				
-							niversity-Office	or Design and	Construction	č			
Agencies Notified ☐ EPA	Type Notifi	cation			0.0000000000000000000000000000000000000	Address							
⊠ DOLWD	⊠ Amende	ed				Elm Dr.			transmitted to the second of the second			111 %	
☑ DHSS	Amendr		26-3/3	115		State, Zip C			AND DESCRIPTION				
☐ DCA	☐ Emerge		cluding	1			NJ 08544	-		On the Control of			-
(NJAC 5:23-8)	justifica				100000-000	of Contac	-		Telephone Numb	or			
	- Cariceii	ation		-		pert Orte					Zienti Zie		_
Name of Facility Where A	hatement is	Taking	Dlace	(3)	FA	CILITY	IFORMATION	Type of Facility	(4)				
Princeton Universit				(3)				School (K-12	101				
Street Address	y i neston	ic Libi	ary					Subchapter	8 (Other than K-12)				
								Other (i.e., p	rivate and commerc		uilding	JS,	
Washington Rd							(3)	homes, etc.)	<u> </u>				_
City (5) Princeton								Square Feet	# of Floors	B	ldg. A	ge	
County (6)					Cour	tu Codo (7	VICTATE LICE ONLY	Current Hea /Dr	ias if haire dans dist	1\			_
MERCER					Cour	ity Code (7)(STATE USE ONLY)	11	ior if being demolish	nea)			
Name of Monitoring Firm	Hirad by D.	ildina C	hunn-	· (Ω)	ASCM	No	Name of Abateme	Library	,				_
ATC Associates Inc		nung C	wiler (0)	ASCIVI	NO.		ent Contractor (9) VIRONMENTA					
Street Address	re:						Street Address	VINORIVIENTA	L, INC.	-		_	_
Three Terri Center							1123 BEAVE	D STDEET					
City, State, Zip Code		V					City, State, Zip Co						_
Burlington, NJ 0801	16						BRISTOL, PA						
Project Manager for Moni		18		Tale	ephone	No	Telephone No.	(15007	License No.				_
Michael Keehn	toring r iiiii				09-386		215-788-6040	i	00509				
	SITE	Sched	uled C	1	tion Da		Name of OSHA M		00303				_
3 / _3_ /					7_/		Control of	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address						-
☐ Facility Closed/Vacate	d During En	tire Per	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed						cribe	City, State, Zip Co	ode					_
Time of Abatement: _	AM	PN	// <u>5:00</u>	PM- <u>1</u>	:30AM		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						□ Full Cool	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		⊠ Mini-Enc		gative Flessure				
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag		- Friehle Desertion				
			le	Loca	tion	Ι	⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	1	-4		_
Location	of			lorma			Description of	ıf .		-	atem		T
Asbestos-Containing I	Material (AC	M)		d Sol	ely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	
TO BE ABA IN Facilit			1000000		Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	lova	a-	sde	
(13)				(12)			other miscellane		Of Or Elly	_		Encapsulate	
			Yes	No	N/A								
Throughout Levels C	, B and A					Floor ti	le and mastic		1,465 SF				
Office A-7J			\boxtimes			Windov	v Caulk		96 LF				
Throughout Levels C	, B and A					Duct W	ork	-	1775 SF				
1 st Floor Level 1						Pipe Ins	sulation (Wrap 8	Cut)	72 LF				I
Name of Registered Wast SERVICE TRANSPO		IP INC		72	IJDEP V lauler II 20990	No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill . NORTH LANDF	ILL		E	
City, State					20330		Disposal Date	City, State					_
NEW CASTLE, DE								MORRISVI	LLE, PA 19067				
Completed By (Print or Ty Brian Scafiro	rpe)	Title	stimat	or			Signature	Seefin 1.	Dat	e/3	15	-	

ASB-41 BS 140 03 - B

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

NOCK

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



01 /	15 /	14			120000000000000000000000000000000000000		g Owner/Operator (Iniversity-Office		onstruction	2		
								or besign and e	Onstruction			
Agencies Notified EPA	Type Notifi	ication				Address						
☐ EPA		lad			1, 1,50,505.	Elm Dr.				21 000		
☑ DHSS		ied Iment # <u>2</u>	6-3/3	15	City, S	State, Zip C	Code					
□ DCA	☐ Emerge	Control of the Contro			Prir	nceton, N	NJ 08544					
(NJAC 5:23-8)	justifica				Name	of Contac	:t		Telephone Numb	ber		
	☐ Cancell	lation			Rot	pert Orte	ga	I.	0			
					FΔ(CILITY IN	FORMATION	1.				
Name of Facility Where	Ahatement is	s Taking	Place	(3)	174	JILIT III	OKWATION	Type of Facility (4	Y			
Princeton Universi		0.020		(0)				School (K-12)	,			
Street Address	ty-i ilestoi	ie Libia	al y					Subchapter 8	Other than K-12	Υ		
								Other (i.e., priv			uilding	JS,
Washington Rd								homes, etc.)				
City (5)	12							Square Feet	# of Floors	BI	ldg. A	ge
Princeton								.1185	20			
County (6)					Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)		
MERCER							••	Library	.3 -0	/		
Name of Monitoring Firm	Hired by Br	ilding O	wner /	8)	ASCM	No	Name of Abateme					_
ATC Associates In	Carlo 5, 50 (10.5)	iliding O	wilei (٥)	ASCIVI	NO.			INIO			
	U.							VIRONMENTAL,	INC.			
Street Address							Street Address					
Three Terri Center							1123 BEAVE	R STREET				
City, State, Zip Code							City, State, Zip Co	ode				
Burlington, NJ 080	16						BRISTOL, PA	19007				
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		License No.			
Michael Keehn				100000000000000000000000000000000000000	9-386		215-788-6040	1	00509			
Start Date (10) ON	SITE	Schedu	ıled C	.00,00			Name of OSHA M					
3 / 3 /					7 /			VIRONMENTAL,	INC			
						10		VIINORIVIEN I AL,	1140.			
Occupancy Status During							Street Address					
☐ Facility Closed/Vacate							1123 BEAVE	R STREET				
Abatement Performed						cribe	City, State, Zip Co	ode				
Time of Abatement: _	AM	PM	/ <u>5:00</u>	PM- <u>1:</u>	<u>30</u> AM		BRISTOL, PA					
Scope of Work (Check al	Il that apply)							,				
SCORE OF ANOLK IPLIECK ST												
		81	20.000					ainment with Nega	tive Pressure			
			⊠ Re					losure	tive Pressure			
			⊠ Re □ De					losure g Procedure				
			□ De	nolitic	on			losure			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	of		□ De	nolitic Locat	ion		⊠ Mini-Enc □ Glovebaç ⊠ Non-Exe	losure g Procedure mpted (*) and Non-			atem	ent
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location	4850 True to be a superior		Dei	nolitic	ion lly	Asha		losure g Procedure mpted (*) and Non-	Friable Procedur	Ab	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing	Material (AC		Is N Use Mai	Locat lorma d Sole ntena	ion Ily ely by nce/		☐ Mini-Enc ☐ Glovebag ☐ Non-Exe Description o stos Containing Ma	losure g Procedure mpted (*) and Non- f terial (ACM)	Friable Procedur Amount	Ab	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili	Material (AC ATED		Is N Use Mai	Locat lorma d Sole ntena odial S	ion lly ely by		☐ Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mains, thermal systems surfacing, VAT,	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or	Friable Procedur		atem Repair	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA	Material (AC ATED		Is N Use Mai Cust	Locat lorma d Sole ntena odial (12)	ion illy ely by nce/ Staff?		☐ Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Ma	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or	Friable Procedur Amount (Specify	Ab	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili	Material (AC ATED	CM)	Is No Use Mai Cust	Locat lorma d Sole ntena odial S	ion Ily ely by nce/		☐ Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mains, thermal systems surfacing, VAT,	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or	Friable Procedur Amount (Specify	Ab	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (AC ATED	CM)	Is N Use Mai Cust	Locat lorma d Sole ntena odial (12)	ion illy ely by nce/ Staff?	(i.e	☐ Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mains, thermal systems surfacing, VAT,	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or	Friable Procedur Amount (Specify	Ab	_	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13) 3 Level	Material (AC ATED	CM)	Is No Use Mai Cust	Locat lorma d Sole ntena odial S (12)	ion lly ely by nce/ Staff?	(i.e	☐ Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mainstance surfacing, VAT, other miscellane	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13) 3 Level	Material (AC ATED ity	CM)	Is Nuse Mai Cust	Locat lorma d Sole ntena odial S (12)	ion lly lly by nce/ Staff?	Floor til	☐ Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mathematics of the miscellane of the miscellane of the mastic	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13) B Level B Level Delong Reading Leve	Material (AC ATED ity	CM)	Is N Use Mai Cust	Locat lorma d Sole ntena odial S (12)	ion Illy Illy Ince/ Staff?	Floor til Pipe Ins	Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT, other miscellane le and mastic sulation (Wrap &	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 40 SF 2 LF	A Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13) B Level B Level Delong Reading Level C Level Near Vault	Material (ACATED ity	CM)	Is N Use Mai Cust	Locat lormal discoleration No No	ion Illy Illy Ince/ Staff?	Floor til Pipe Ins Pipe Ins Floor Ti	Mini-Enc ☐ Glovebag ☑ Non-Exe Description of stos Containing Mathematic surfacing, VAT, other miscellane le and mastic sulation (Wrap & sul	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 40 SF 2 LF 30 LF 700 SF	A Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13) B Level B Level Delong Reading Level C Level Near Vault	Material (ACATED ity el	CM)	Is N Use Mai Cust	Locat lormal d Sole ntena odial S (12)	on lively by nce/Staff?	Floor til Pipe Ins Pipe Ins Floor Ti	Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mains, thermal systems surfacing, VAT, other miscellane of the sulation (Wrap &	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous) a Cut) Route Name of Registe	Amount (Specify SF or LF) 40 SF 2 LF 30 LF 700 SF	Ab Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13) 3 Level 3 Level Delong Reading Level C Level Near Vault Name of Registered Was SERVICE TRANSPO	Material (ACATED ity el	CM)	Is N Use Mai Cust	Locat lormal d Sole ntena odial S (12)	on live ly by nce/Staff?	Floor til Pipe Ins Pipe Ins Floor Ti	Mini-Enc ☐ Glovebag ☑ Non-Exe Description of stos Containing Matana, thermal systems of surfacing, VAT, other miscellane. Ite and mastic sulation (Wrap & su	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous) a Cut) Route Name of Registe	Amount (Specify SF or LF) 40 SF 2 LF 30 LF 700 SF red Landfill	Ab Removal	Repair	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facili (13) 3 Level 3 Level Delong Reading Level C Level Near Vault Name of Registered Was SERVICE TRANSPO	Material (ACATED ity el	CM)	Is N Use Mai Cust	Locat lormal d Sole ntena odial S (12)	on lively by nce/Staff?	Floor til Pipe Ins Pipe Ins Floor Ti	Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mains, thermal systems surfacing, VAT, other miscellane of the sulation (Wrap &	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous) Cut) Name of Registe G.R.O.W.S. I City, State	Amount (Specify SF or LF) 40 SF 2 LF 30 LF 700 SF red Landfill	Ab Removal	Repair	Encapsulate
Location Asbestos-Containing TO BE ABA IN Facili (13) B Level B Level Delong Reading Leve C Level Near Vault Name of Registered Was SERVICE TRANSPO	Material (ACATED ity el ste Hauler ORT GROU	CM)	Is N Use Mai Cust	Locat lormal d Sole ntena odial S (12)	on lively by nce/Staff?	Floor til Pipe Ins Pipe Ins Floor Ti	Mini-Enc ☐ Glovebag ☐ Non-Exe Description of stos Containing Mathematic surfacing, VAT, other miscellane sulation (Wrap & s	losure g Procedure mpted (*) and Non- f terial (ACM) insulation, or ous) Cut) Name of Registe G.R.O.W.S. I City, State	Amount (Specify SF or LF) 40 SF 2 LF 30 LF 700 SF red Landfill NORTH LANDI	Removal S S	Repair	Encapsulate

ASB-41 MAY 11 B 5 14003-B

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

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

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			i	3	2	
*	TEE	7.77	19			
	+==		7			1.3

Date of Notification (1)	Disease.				Nam	e of Buildi	ng Owner/Operator	(2)			1.0		1508
	15 /	14			Pr	inceton	University-Office	of Design and	Constructi	on			
Agencies Notified EPA	Type Notif				a continue	et Address 0 Elm Dr					-		
□ DOLWD □ DHSS □	Amend Amend	ied Iment # <u>2</u>	26-3/	2/15	City,	State, Zip	Code						
□ DCA	☐ Emerge				Pr	inceton,	NJ 08544			100			4 2
(NJAC 5:23-8)	justifica		oludiii	9	Nam	e of Conta	ct		Telenhone	Number			Ad I State
	☐ Cancel	llation			Ro	bert Orto	ega						
				1000	FA	CILITY	NFORMATION		-				
Name of Facility Where	Abatement is	s Taking	Place	e (3)	2000			Type of Facility	(4)				_
Princeton Universi	ty-Firestor	ne Libr	ary					School (K-12	67 (8)				
Street Address								☐ Subchapter	8 (Other than	K-12)			
Washington Rd								Other (i.e., p homes, etc.)	rivate and cor	mmercial	buildi	ngs,	
City (5)								Square Feet	# of Floors		Bldg.	۸۵۵	_
Princeton								Oquale 1 cct	# 011 10013	•	blug.	Age	
County (6)					Соц	nty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if boing do	maliahad	\		
MERCER						, 0000	I NOTHIE GOE ONETY	Library	ioi ii beilig de	monsnea)		
Name of Monitoring Firm	Hired by Bu	uildina ∩)wner	(8)	ASCM	l No	Name of Abote-	ent Contractor (9)					
ATC Associates Inc		g O		(0)			1	ent Contractor (9)					
Street Address								VIRONIVIENTA	L, INC.				
Three Terri Center							Street Address	DOTREET					
City, State, Zip Code							1123 BEAVE						
Burlington, NJ 080	16						City, State, Zip Co						
Project Manager for Moni				Test			BRISTOL, PA	19007					
Michael Keehn	toring Firm				phone		Telephone No.		License N	0.			
		0 1 1				6-8800	215-788-6040		00509				
Start Date (10) ON :		Schedu 3				ate (11) 15	Name of OSHA N	fonitor VIRONMENTAL	INC				
Occupancy Status During								VIICONVIENTAL	L, INC.				
☐ Facility Closed/Vacate					mont		Street Address						
Abatement Performed	Outside of N	Normal F	Facilit	v Hou	rs - Des	scribe	1123 BEAVE						
Time of Abatement: _	AM	PM	/ <u>5:00</u>	PM- <u>1</u>	30AM		City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)												_
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati molitic			Mini-Enc Glovebag						
			Is	Locat	ion			, ,			batem	ent T	100
Location				Norma d Sole			Description of	f				T	-
Asbestos-Containing N TO BE ABA	naterial (ACI TED	M)	Ma	intena	nce/	Asbe	estos Containing Ma e., thermal systems i	terial (ACM)	Amount		Repair	Encapsulate	
IN Facilit				odial		(1.6	surfacing, VAT,		(Specify SF or LF)	ova	=	sde	
(13)		-	.,	(12)		-	other miscellaned			' -		llate	
B LEVEL NORTH COR	RIDOR		Yes	No	N/A	FLOOR	TILE/MASTIC		040.05	-	+		<u> </u>
RMS B-9J & B-12J B I									240 SF				L
(IIIO D-30 & D-123 B)	-LVEL I					PIPE IN	ISULATION		30 LF				
ame of Registered Wast		PINC			JDEP \auler II		Cubic Yards of Waste	Name of Regist		NDE"			
ity, State	51.00	1 1110			20990			G.R.O.W.S.	NORTH LA	NUFILL			
ILV. OLBIE							Disposal Date	City, State MORRISVIL	IF DA 100	67			
NEW CASTLE, DE							I	MONINOVIL	and the same of th				
NEW CASTLE, DE	ne)	Titlo					Cinnel					_	
	oe)	Title	timat	or			Signature	11.	1 0	Date 3/	3/	_	

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

NO CK

Date of Notification (1)				wner/Operator (2) OHME CORP.		17			
3 / 4 /15		Street Add	dress	95	5 10 5 cm				
Agencies Notified Type Noti	fication	126 E. LIN	NCOLN AVE	ENUE, P.O. BOX 2	2000, RY28-414		20		
DEP X Ame	al Notification ended Notification #1 acellation Hold			SEY 07065	Talanhono Num	her			
	ERGENCY NOTIFICATI	ON WILLIAM	MICHELUE	DIS					
Name of Facility Where Abatement is	s Taking Place (3)	FACILITY INFOR	RMATION	Type of Facility	(4)				
	o railing rado (e)			School (K-					
MERCK SHARP & DOHME CORPOR	ATION			Subchapte	r 8 (Other than K		home	es etc	.)
Street Address		, , , , , , , , , , , , , , , , , , ,		Square Feet	# of Floors	T		g. Age	
126 EAST LINCOLN AVENUE - BUILT	DING 32			120,000	7		9	45	
RAHWAY UNI		County C (STATE US		Current Use (Pric					
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG		A	ASCM No. 17	Name of Abater PAR ENVIRONM			N		
Street Address				Street Address					
655 WEST SHORE TRAIL City, State, Zip Code				313 SPOOK RO					
	A, NEW JERSEY 07871			City, State, Zip C SUFFERN, NEV					
Project Manager for Monitoring Firm	Telephone	Number		Telephone Numb		ense Ni	umber		\neg
WILLIAM S. KERBEL, CIH	973-729-5	549		845-369-7500	110	01			
Expected State Date (10)	Sched. Comple		1000000	Name of OSHA			Darway S	2004-024	
3 / 9 /15 Month Day Year	Month 5 /	30 Day	/15 Year	AMERISCI LABO	DRATORIES INC	2	#11	480	
Occupancy Status During Abatement (0		Day	Teal	Street Address					
X Facility Closed/Vacated Dur	ring Entire Period of Abat			117 EAST 30TH	STREET				
Abatement Performed Outs X Other - Describe: MO	ide of Normal Facility Ho NDAY - FRIDAY 5 PM -			City, State, Zip C	ode				\dashv
					V YORK, NEW	ORK 1	0016		
Scope of Work (Check all that apply) Demolition	X Renovation	Y	Full Conta Mini-Enclo	inment with Negati	ve Pressure				
X >3SF OR LF	IX IXENOVACION	<u> </u>		Procedure					
>160 SF OR 260 LF			_	le Procedure					
Location of	Is Location		ription of As			A	batem	ent T	/ре
Asbestos-containing	normally used		ining Materia		Amount	RE	REPAIR	E	E
Material (ACM) TO BE ABATED	solely by Maint/Custodial	A COLOR	Thermal systion, surfacil		(Specify SF or LF)	REMOVAL	PAI	ENCAPS	ENCLOS
in Facility (13)	Staff (12)		her miscella	1000 - 1000 1000 1000 B	SF OI LF)	\X	72	JSc	USC
	Yes No N/A					Ľ		ULE	URE
7TH FLOOR SOUTHWEST PERIMET	ER X	SPRAY ON INS	ULATION	+	50 SF	Х			
									\Box
						+	-		\vdash
								<u> </u>	\sqcup
				V.		\top			\Box
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of \	Naste	Name of Register	red Landfill				\vdash
FREEHOLD CARTAGE, INC.	Hauler ID No.	320		LYCOMING COL	JNTY RESOURCE	CE MAN	NAGE	MENT	SER
825 HIGHWAY 33	15939			447 ALEXANDE	R DRIVE/ROUTE	E 15			
City, State FREEHOLD, NEW JERSEY		Disposal Date 3/9 -03/30/2015	/	City, State MONTGOWERY	DA 17750		1	,	
Completed by (Print or Type)	Title		ature /	AINIGINI GOIVERY	, PA 17752 Dat	e7	111	1,	,
BENJAMIN SANCHEZ	DIRECTOR OF OPER	ATIONS	/	1)00		0/	H	11	5 1

Date of Notification (1)	45		of Building Ow CK SHARP & DO			•		5 50)			
2 / 24 /15		Stree	Address			CETS # 63	5 _ £1	E.M.	Ξ.,	19	
Agencies Notified Type Notification	1	126 E	t Address E. LINCOLN AVE	NUE,	P.O. BOX 2	000, RY28-41	4		- 1		
EPA X Initial Notification Amended	Notification	City, RAH	State, Zip Code WAY, NEW JER	SEY 0	7065	4: - E		*	.3'	Oi.	
X DOH On Hold	NCY NOTIFICATI	ON WILL	of Contact IAM MICHELUD	ols		Telephone N	umber				
		FACILITY IN	IFORMATION	(T	of Facility	(4)					\dashv
Name of Facility Where Abatement is Taki	ng Place (3)			Туре	School (K-						
MERCK SHARP & DOHME CORPORATION	N			X	Subchapte Other (ie. p	r 8 (Other that private & comr	ncl. blo	dgs., h	omes	, etc.)	
Street Address		7			uare Feet	# of Floo	rs		Bldg. 45		
126 EAST LINCOLN AVENUE - BUILDING		1 0	to Code (7)		120,000	or if being der	nolishe	ed)	-		\dashv
City (5) County (9) RAHWAY UNION	5)		nty Code (7) E USE ONLY)	VAC	ANT						
Name of Monitoring Firm Hired by Buildin ENVIRONMETAL HEALTH INVESTIGATIO	g Owner (8)	1	ASCM No.	Nam	e of Abater ENVIRONI	ment Contrac	ctor (9 RPOR) ATION	ı		
Street Address	143, 1140.			Stree	et Address						
655 WEST SHORE TRAIL					SPOOK RO						-
City, State, Zip Code	N. JEDSEV 07971			SUF	State, Zip C	V YORK 1090	01				
Project Manager for Monitoring Firm	N JERSEY 07871 Telephone	e Number			phone Numi		Licen	se Nur	nber		
WILLIAM S. KERBEL, CIH	973-729-5				369-7500		1101			*1	
Expected State Date (10)	Sched. Compl			Nam	e of OSHA	Monitor ORATORIES	INC		#114	180	1
3 / 9 /15	5 /	30 Day) /15 Year	AME	ERISCI LAB	ORATORIES	INO		nıı		
Month Day Year Occupancy Status During Abatement (Check	Month k only one)	Day	Tour		et Address						
X Facility Closed/Vacated During E	Intire Period of Aba f Normal Facility H	ours - Desci	ibe:		EAST 30TH						
X Other - Describe: MONDA	Y - FRIDAY 5 PM	- 1 AM		City	, State, Zip (NE	Joae W YORK, NE	EW YO	ORK 10	016		
Scope of Work (Check all that apply)					nt with Nega	tive Pressure					1
Demolition X	Renovation		X Mini-Enc Gloveba	los,	anduro.						
X >3SF OR LF			Non-Fria	ble Pro	cedure						
>160 SF OR 260 LF	Is Location	1	Description of A							ent Ty	
Location of Asbestos-containing	normally used	1	Containing Mate	rial (AC	CM)	Amou		REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Material (ACM)	solely by		(ie. Thermal s	systems	S AT	(Speci		NO.	AIF	AP	5
TO BE ABATED	Maint/Custodi	al	insulation, surface	cing, v Ilaneou	s)	0, 0, .	/	AL.	~	SUL	SUR
in Facility (13)	Staff (12) Yes No N/	4	or other misses					-		m	m
7TH FLOOR SOUTHWEST PERIMETER		SPRAY	ON INSULATION	١		50 SF		X	_	-	
								+-		+	-
								-	-	-	-
	+++										
	+++	_									
	+++	-								1	
						-		+	1	T	
							_	+	+	+	+-
						1 41 450					+-
Name of Registered Waste Hauler	NJDEP Wast		ards of Waste	Na IN	ame of Regis	stered Landfill OUNTY RES	SOUR	CE MA	NAG	EMEN	IT SER
FREEHOLD CARTAGE, INC.	Hauler ID No. 15939		320	44	7 ALEXANI	DER DRIVE/F	ROUTE	E 15			
825 HIGHWAY 33 City, State	1 10309	Disposa	l Date	Ci	ty. State					,	
FREEHOLD, NEW JERSEY		3/9 -03/	30/2015	> M	ONTGOME	RY , PA 1775	Da	te_	105	1,	
Completed by (Print or Type)	Fitle DIRECTOR OF O	PERATIONS	Signature	4	1			21	2	113	>
BENJAMIN SANCHEZ	JIKEO TOR OF O			1	0			6	1		



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Date of Notification (1) 03/05/2015				Building (JAMIE			All the same of th	d, 24 g					
Agencies Notified Type Notification		4.000000	reet Ad 7 WE	ddress ST BUC	KING	HAM A	VE .		1128		ì		
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Emergency (in justification)		Na	ame of	Contact				Tel	er' ans Nu-				
DCA Cancellation		IN		REMCH									
Name of Facility Where Abatement is Taking RESIDENTIAL	Place (3)		FACIL	LITY INFO	DRMATI	ON	Type of Facil	EG 33					
Street Address				11.11.00				ter 8 (Oth	er than K-1				
37 WEST BUCKINGHAM AVE.							etc.)		& commerci	***********			es,
City (5) MOUNT EPHRAIM							Square Feet 1213	1 40	f Floors		Bldg. A	ige	
County (6) CAMDEN				Code (7) JSE ONLY)			Current Use		ing demolis	ned)			
Name of Monitoring Firm Hired by Building Ov CONNELL-GREENE	wner (8)	1	ASCM	No.			of Abatement URED ENV			- RVI	CES	INC	
Street Address	-					Street	Address			-: () ((40	
904 KINGS ARM DRIVE City, State, Zip Code							CLEMS RU						
DOWNINGTOWN, PA 19335							LICA HILL I	NJ 08062	2	20			
Project Manager for Monitoring Firm RICK PELLISSIER		200.0	elephor 84-43	ne No. 32-9363		100000000000000000000000000000000000000	none No. 304-4676		License N 01145	0.			
	Scheduled 0 03/24/20		letion [Date (11)		Name EMS	of OSHA Moni L	tor					
Occupancy Status During Abatement (Check	Only One)						Address	DTU					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			nt				RT. 130 NO tate, Zip Code	RIH					
Other – Describe:	i raciiity ric	Juis			_	0.000 (100 to 100 to 10	NAMINSON	NJ 080	77				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if		nolition				×	Mini-Enclo	sure Procedure	n Negative F			_	
	is I o	cation	, 1			Boo.	■ NOH-EXEIN	Jied () an	iu Non-Friat	le Pro	Abate	ement	
Location of	Nor	mally			Des	scription	of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	enanc	e/		thermal surface			(5	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes 1	No	N/A							<u>a</u>		ate	re
ATTIC			Х	VERN	/ICUL	ITE IN	SULATION	4	00 SF	Х			
		4											
		\dashv						+					
Name of Registered Waste Hauler		NJE	DEP W	aste	Cubic	Yards	Name	of Registe	ered Landfill				
ASSURED ENVIRONMENTAL SERV	/ICES	7100000	uler ID 34895		of Was	ste	970000		ANDFILL				
City, State MULLICA HILL, NJ	v				Dispos 03/25	al Date /2015			RG, OH				
Completed by RON SWANSON	Title GM				S	ignature	all	Lin	C - 1	ite 3/05/2	2015		
					المر إ	3			VIII	1.5			
ASB-41 (R-06-08)						* Do no	ot use this form	for asbes	tos licensur	e exem	npted	activit	ies.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2134

(Pursuant to NJAC 8:60 and 5:16)

			. A.						ALT.	1-11.	300 m		
Date of Notification (1)				Name	of Building	Owner/C	perator (2	2)		No. 3 80	CL	Į.	
03/	05 /	15		Denis	e Borekey	iler			2015 MAR -	_			
Agencies Notified	Type Notificat				Address	TICI			TIAR -	9 AM	1.	21	
☐ EPA				745 E	rie Avenu	10			ASSES		1 .	34	
⊠ DOLWD	☐ Amended		1:		State, Zip C	1070.00			205010	1,019	Tran		_
X DHSS	Amendmer								A SoESTU	NSIL	I LES	t	
DCA	☐ Emergency				nd Park, I				Telephone Nu	.0114	2		
(NJAC 5:23-8)	justification Cancellation								Telephone No	MINDE:			
		20			e Borekev								
				FA	CILITY IN	FORMA	TION						
Name of Facility Where	Abatement is Ta	king Place	(3)					Type of Facility					
Private house								School (K-1)	2) 8 (Other than K-1	(2)			
Street Address									orivate and comn		ildina	S	
245 Erie Avenue								homes, etc.					
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Midland Park, NJ 074	32												
County (6)				Coun	ty Code (7)	(STATE US	SE ONLY)	Current Use (P	rior if being demo	olished)			
Bergen							0.0						
Name of Monitoring Firm	n Hired by Buildi	ing Owner (8)]	ASCM	No.	Name o	f Abateme	ent Contractor (9)				
						Gr Tech			6				
Street Address						Street A							-
						I constitution of	lley Rd#	702					
City, State, Zip Code							ate, Zip Co	W. 1 / W. W.					
						Compagno la casa							
Project Manager for Mor	nitorina Firm		Tale	phone	No	Telepho	NJ 0747	0	License No.				
. reject manager ter mic.	incoming 1 mm		1010	Pilolië	140.								
Start Date (10)	Te	cheduled C	nmnle:	tion Do	ta /11	973-638		1	01127				
_ 03 / 14 /		03/					f OSHA M						
				_ ' -				nsultants,Inc					
Occupancy Status Durin						Street A	ddress					3-3-3-0	
Facility Closed/Vacat	ted During Entire	e Period of	Abate	nent				Road, Bldg .#	35 E				
Abatement Performer	a Outside of No.	rmai Facilit	y Hour PM	s - Des	A M	City, Sta	ate, Zip Co	ode					
					. ∩ IVI	Fair Lav	wn, NJ 0						
Scope of Work (Check a	II that apply)					П	Clean up	and decontami	nation with nega	tive press	sure		
≥3 sf or >3 If		⊠ Re	novati	าก		Н	Mini-Fnc	logure	gative Pressure				
≥ 160 sf or ≥260 lf			molitio			\boxtimes	Glovebag	Procedure	Tent with Negat	ive Press	sure		
							Non-Exe	mpted (*) and No	on-Friable Proce	dure			
Policional	-		Locat Vormal							Ab	atem	ent T	ype
Location Asbestos-Containing			d Sole	ly by	Anha		scription o			Z	D	m	m
TO BE AB		Ma	intena	nce/				terial (ACM) nsulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
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(13)		1000000			-	other n	niscellane	ous)		-		ate	a l
		Yes	No	N/A								1000	
Basement				X	Pipe inst	ulation			250 LF	\boxtimes			
		П											
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			Ш								Ш	Ц	
												П	
Name of Registered Wa	ste Hauler		NJE	ÉP Wast	Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regi	stered Landfill		_		
Gr Tech LLC			1	03378	35	TBI		T.R.R.F. Inc					
City, State				00010	,,,	Disposa		City, State					
								T					
Wayne, NJ 07470 Completed By (Print or T	Typo) I	Title				TBI		Tullytown, P					
8500	ype)	11115				Sig	nature	who wer	7	Date			
N.Jevtic ASB-41		Owner						who wer	raor (03/05/20	15		
00D-41							. /						

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

MAY 11

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

Date of Notification	⁽¹⁾ 3/5/15	N	ame o	f Building Jersey	g Owne	er/Op	erator (2) nent of Milita	ar	y Affaligs MAR -9	t to the		heck	# /	76	
Agencies Notified [] EPA [] DEP [X] DOL	Type of Notific [X] Initial Notification [] Amended	on C	01 E		Code	ssin	g Road		ASSESTUS CO & LICENS	and the Co					
[X] DOH	Notification [] Cancellati	N		f Contac m McE				-	Telephone N	lumber					
					FACILI	TY II	NFORMATION								
Name of Facility Wh Vineland Home Street Address			ce (3)						Type of Facility (4) School (K-12) Subchapter 8 (Oth Other (i.e. private	er than K-	12) ercial b	ouildi	ngs,		
524 North Wes	st Blvd.								nomes, etc.)						
City (5) Vineland		County	0.00	nd			Code (7) E USE ONLY)	+	Square Feet # of Fl 15000 2 Current Use (Prior if being of Offices/kitchen		~65	g. Ag	е		
	Firm Hired by Build n Companies	(A)		00110	D.				ont Contractor (9) upiter Environmental	Service	s, Ind	Э.			
Street Address 7 Pleasant Hill City, State, Zip Code									23 Changebridge Ro	ad					
Cranbury, NJ ('	City, State, Zip C		ine Brook, NJ 07058						
Project Manager for Kevin Lovely		732	-390	Number)-5858				9	73-575-8700	Lice	nse Nu		r 08	52	
Scheduled Start Dat 3/16/	15	95000	1/15			Name of OSHA I		_{onitor} & S Environmental L	.aborat	ories,	LL	С			
	Ouring Abatement (sed/Vacated During Performed Outside	g Entire Pe	eriod o	f Abatem		(8)			333 Route 22W			100		9	
Charles Marieta Significa	scribe: scribe: <u>partially vac</u>	cant				1	City, State, Zip C		nion, NJ 07083						
Scope of Work (Che [] Demolition [] ≥3 sf or ≥3 [x] ≥160 sf or	lf			[]	Renov	vatio	n		[] Full Containmer [] Mini – Enclosur [] Glovebag Proce [x] Non – Friable F	e dure	gative F	Press	ure		
		Non		Used					otion of			At Ty	ate pe	mer	it
Location of Asbestos – Containing Material (ACM) TO BE ABATED Normally Used Solely by Maintenance/Cus todial Staff (12)							Asbestos – Containing Amount Material (ACM) (Specify (i.e., thermal systems SF or LF) insulation, surfacing, VAT,						REPA	N C A	N C L
In Fa (1	N/A	or other miscellaneous)						V A L	I R	PSU	0 8 U				
Bathrooms and ha	alway		х		VAT a	and	mastic			700 SF		X			_
Name of Registered Jupiter Environ		es Ha	DEP V uler ID 4782		7223	ubic of Wa	Yards aste 3		Name of Registered Landf Minerva Landfill	H					
City, State Pine Brook, NJ							sal Date /15								
Completed By (Print Pane Repic	or Type)	Title Gen	eral	Manag	ger		Signature		Cu	10000	te 5/15				
ASB-41 JUN 95															

William - Miliam State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

CHECK # 8690

Date of Notification (1)	1-1-			Blance	£70.1125	~	~								
3/	4/15	-01.	1	Name o	M/2	Owner, C	Sperator S	(2)		I.I.	Mant at	MPP			
Agencies Notified Ty	pe Notification	ب سند		Street A	Aridress	-				11	Dept. o	ngani	الريق ا	aniot,	Servic
D EPA 🖾	fedded.			3	6 5	716	L119 F	wi	AVE.	-	3/4/1		Eture)	1/4/	1101
D DEP	Amended		t	City, St	ate, Zip Co	de				- D	2/7//.	7	TI	no:_	110
IZI DOL	Amendment Ernergency (i	# particular a	_	GE	ate. Zip Co	1600	7	NJ	0	76	2-1	117		1101	
I KN DOH	justification)	ucinaing	Ī	Name o	of Contact						nhone M	imhar		-	
□ DCA □	Cancellation	Miles		,	Z PI	and and				3.000					
Name of Facility Where Abate	ment le Takino	Blace /31		FAC	ILITY INFO	RMAT	lON			MINERAL MARKET			-		
MR PRYOR		Place (3)						Type or	Facility (4	1)	500				
Street Address				,			-	□ Sc	hool (K-1	2)					
36 STILLM	OF W AV	£						RI OF	bchapter t her (l.e. pr c.)	ivale &	commerc	2) ial buil	dings,	home	ės,
City (5) ERGENFIE	ري				, i	· · · · · · · · · · · · · · · · · · ·	;	Square		# of	Floors		3100	Aga	3
County (6) BERGS			7	County	Code (7) USE ONLY)			Cuttent	Use (Prio	if bein		hed)	رين ا		T
Name of Monitoring Firm Hire	d by Building O	IR) sense			M No.		1 11		/ _ 0		Q.	250	- 3	5	
15 days a consumer a section of	a by bonding ¢	wiret (o)	Admillion of the	1	AN 140.		A. M	AC Contr	ment Coni acting inc	tractor (9)			ف	
Street Address								Address		WI-Man		-	NIN-MA	=	
City, State, Zip Code								reoland.	,	-		14:	1	_	_
							City, S Midla	itale, Zip nd Park.	Code NJ 07432			5	云		در د
Project Manager for Monitorin	oject Manager for Monitoring Firm						Teleph	one No.		$\neg \tau$	License I	·lo	6		(Dec
Stort Data (10) _ / /	1				201-	262-584			00156	•w.					
0/ 1//-	Start Date (10) 3/4/15 Schedule						Name	of OSHA	Monitor commental	Service	is Inc.		4000000		
Occupency Status During Ab Facility Closed/Vacated [atement (Check	k Only Or	ie)					Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************		
Abatement Performed Out	utside of Norma	eriod of A Il Facility I	batem Hours	ent				luyer Strate, Zip							
Other - Describe:									4J 07606						
Scope of Wark (Check All The	at Apply)						1	***************************************						_	
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☐ ≥160 sf or ≥260 IF		DEC R	emoliti	on			2	MINI-E	nclosure		eganve r	1623M	,		į
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		Is	Locati	ion		-			1	- Billion I	TOTI-I TIAL	1 100	-	men	_
Location of	X		Vormal			De	scription	οľ						/pe	
Asbestos-Containing Mate TO BE ABATED	rial (ACM)	Ma	d Sole Intena	nce/	Asbest	los Con	itaining N	Auterial (ACM)		nount	1		m	~
In Facility	todial 9 (12)	Staff?	(1.6.	Burfa	cing. VA	insulatio T. or	ın,		pecify or LF)	1997	Repair	UE II	Engl		
(13)		-	N			other r	niscellan	eous)	- 1		•	Вуспъей	E.	हुण्डा प्रवास कर	Enclosure
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Name of Registered Waste Ha	uler	, ,		JDEP W		Cubic		1	lame of R	egistere	d Landfill				
Newark Carting, Inc			H	auler ID 1 04502		of Was	ste /				ehem Lan	difilit Cov	D		
City, State, Zip Code Newark, NJ 07105							al Date	0	ity, State,	Zip Co					
Completed by		Title	-				ignature.	-						1	
R. McDonald	ent			_l°	170	-On	Tomato	1	DE	3/	4/	15	-		



Date of Notification (1)	_		Name of	Building Owner/C	perator (2)	. 6	1	11			
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Agencies Notified Type Notification			Street Ad	24	Cyp	Ress	Stree	+			
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DOH Emergency (ir justification)	ncluaing			Contact A 1 1	. 1 1		Tolonh N				
□ DCA □ Cancellation				ward N	otch						
Name of Facility Where Abatement is Taking	Dlam /2	`	FACI	LITY INFORMATI		e of Facility (4)				-
Name of Facility vivilere Abatement is Taking	riace (2	h	elli	nC			90 8x 950 9				
Street Address	7	0~				School (K-1 Subchapter	8 (Other than K-	-12)			
24 (100005	5	Pee"	+	\mathcal{I}	\gg	Other (i.e. p	orivate & comme	rcial build	dings,	home	es,
City (5)	0	1 100		02	Squa	etc.) are Feet	# of Floors	В	ldg. A	ge	
Carteret	N	5	070	800			2		2	+ C	_
County (6) Middlesex			County (Code (7) USE ONLY)	Сип	ent Use (Pri	or if being demol	ished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	No.	Name of Ab	atement Cor	ntractor (9)	11.		Tilbur	
EPC Technolo	116	<u> </u>		MA	EF	C 160	thnole	gie!	,	In	16
Ro. Box 33	57			20	Street Addre	Box	337	•			
City, State, Zip Code	NJ		80	533	City, State, 2	Zip Code Equ	At NO	50	85	53	3
Project Manager for Monithril gr Firm	,	- 1	Telephon	ne No. 758- 3365	Telephone N 609 758		License	No.	19	4	į.
	Schedule	ed Con	pletion l	Date (11)	Name of OS		~ C	in the		-	
3-16-15	3		·-15	<u> </u>	EP	C Tec	hnologie	s I	ńĊ		
Occupancy Status During Abatement (Check	Only Or	ie)			Street Addre	_	227	17.	40		
Facility Closed/Vacated During Entire Po					City, State, 2	Box	351	e la	-1000E		34,
Other – Describe:	ar r acinty	Tiours			New		AIT	na	5 72	2	- 100
Scope of Work (Check All That Apply)					1.00	-JAb1	/00	<u>U.U.</u>	<u>ب</u> مح	-	
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e 18)						lovebag Pro on-Exempte	cedure d (*) and Non-Fri	able Pro	cedur	е	
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TO BE ABATED In Facility		todial S			I systems insucing, VAT, or	liation,	(Specify SF or LF)	Rem	Repair	cap	nclo
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Name of Registered Waste Hauler		IN	JDEP W	/aste Cubic	Yards	Name of	Registered Land	Ifill			
Name of Registered Waste Hauler FPC Technologies		1 2	JDEP Wauler ID	No. of Wa		Was	te Manag		to	E P	A'
EPC Technologies		1 2	auler ID	No. of Wa		Was	te Manag		to	E 8	A'
EPC Technologies	NJ Title	H	auler ID	No. of Wa	sal Date	Was	te Manag.	PA Date		e P	





											
Date of Notification (1) 2 - 28 - 1	5	Na	ime of E	Building Owner/O	da W	hit	a Ker	9 4	ts.	ų,	7
Agencies Notified Type Notification	-	St	reet Add	dress 😞	O Kla	ock	ner R	d	Ta _s	- 71	
☐ EPA Initial ☐ Amended ☐ Amendment #_		Ci	ty, State	e, Zip Code	amilto		NJC	9(010	}	
Emergency (inclination)	luding	N		Contact / 1	:taker		Telephone Num	ber	_		3
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Name of Facility Where Abatement is Taking P	lace (3) .	Dr	10/1	ling		Facility (4 hool (K-1)					
Street Address	7	0	Dal		DEC Of	her (i.e. p	8 (Other than K-12 rivate & commercia) al buildi	ings, l	nomes	5,
City (5) 11 11	100		701		Square		# of Floors		dg. Ag		
Hamilton 1	JJ	0	ounty C		Current	Use (Prid	or if being demolish		80	ナー	-
County (6) Mercien	*		STATE U	SE ONLY)							
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.	Name of Abate	ment Con	thooleg	ies	,	In	6
Street Address	7				Street Address	Sox	337				
City, State, Zip Code	7	- /	19	533	City, State, Zip	Code	TIL SA	0	26	13	3
Project Manager for More firing Firm	CY	T	elephor	ne No.	Telephone No.	77	License N	0.	a	U	
Steve Schenker)	6	909	758-3365 Date (11)	609 758 Name of OSH	- 336 A Monitor	5 O	25	רנ	1	
Start Date (10) 3-1-15	3	- 1	~15		1		hnologies	I	nc		
Occupancy Status During Abatement (Check					Street Address		337				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility	Hours	ent		City, State, Zir	Code	UT	200	53	2	
Other - Describe:					New E	SYPT	NO (20-	رب		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	□ Re	enovat	ion				ent with Negative I	Pressu	re		
□ ≥160 sf or ≥260 lf		emoliti	on		Glov	-Enclosur rebag Pro	cedure	olo Pro	cadur	0	
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		Location ormail		De	escription of				T.y	rpe	
Location of Asbestos-Containing Material (ACM)		Sole		Asbestos Cor	ntaining Material al systems insula	(ACM)	Amount (Specify	20	77	Enc	m
TO BE ABATED In Facility	Custo	odial S (12)	taff?	surf	acing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			N/A	omei	miscellaneous)			al	7	ate	re
2 1 2 1 A Per	Yes	No	IN/A	Pine T	insulution		30 LF	X			
Basement Boiler Ailea				1100 3	113000010						
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Name of Registered Waste Hauler			JDEP V auler ID				te Manage		t o	e f	A
EPC Technologies City, State			ι /O	Disp	osal Date	City, Sta	ate	PA			
New Egypt 1	NJ Title	`\		1 2	Signature	MOR	1	ate	20		
Steve Schenker	PRe	sid	ent		Steer	Sch	when	2-	98	- 13)

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

Date of Notificatio	n (1)						Operator			5. Av	F 1			
3-4-15	2, 2				onaĥu			3-7			1			
Agencies Notified	Type Notificat	ion	Street	Addr	ess			17-4		1 1/1	1 64	b		
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[]DEP	Notificat	tion	City,	State	, Zip C	Code				Ti-		N.		
[X]DOL	[]Amended Notificat	tion	Map	lew	ood,N	J,0	7040							
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[]DCA	[]EMERGENCY	ion	Jac	k Do	onahu	1e								
					LITY IN	NFORMA	TION							
Name of Facility Wh		s Takin	g Pla	ce (3)				Type of Faci	lity (4)					
Same as above	2						0	[]School	(K-12)					
Street Addres								[X]Other	pter 8 (Ot (i.e., pri buildings,	vate	& C	omme	r-	
								Square Feet	# of Fl	oors	B1	dg.	Age	
City (5	Co	ounty (6) Esse	ex	100000	ATE US	de (7) E ONLY)						50	
							200000000	Current Use	(Prior if	bein	g de	noli	shed	1)
Name of Monitoring	Firm hired by B	uilding	ASC	M No.		Name o	of Abater	ment Contract	or (9)					-
Owner (8) N/A						AZI	ECH M	anagemen i	, Inc.					
Street Address			8			1	Chric		_					
City, State, Zip Co	3.							topher St						
city, state, zip co	ae						-	Zip Code r, NJ 070	142					
Project Manager for	Monitoring Fire			e Numb	er	-	none Numb				ense		ber	
		N/				(97	3)744	-8800		0	037	1		
Scheduled Start Date	e (10) Sched	Comple			- 11	22	of OSHA N	Monitor	(0)			01		
3-13-15 Month Day Y	Cear Mont		6-15	Year	- 11	N/A								
Occupancy Status Du	ring Abatement	(Check	ay only o	one)		Street	Address	3	-					
[X]Facility Clo of Abatemen	sed/Vacated Dur	ing Ent	tire P	eriod	- 11									
[]Abatement Pe	erformed Outside			acilit	ty k	City,	State, 2	Lip Code						
	ribe: «OffHours ribe: «Other Occ			ipt»										
Scope of Work (Check	k all that apply	7)												
[X]>3 sf or	>3 lf	ſχ	Reno	vation				Containment w: Enclosure	ith Negati	ve Pi	ressı	ire		
[]≥160 sf				lition				pag Procedure						
			Is				Non-F	riable Procedu	ire		122-	Land		•
Location			catio			Des	scription	n of			Aba	teme	nt 1	ype E
Asbestos-Cor Material		1000	Used	- 1			tos-Cont	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Amoun		R	R	C	N
TO BE AB		Ву	Main	- 1	(terial () thermal	systems	(Speci SF or		M	P	A	L
In Facil		Cus	enance, stodia	al				cing, VAT,	LF)		VA	A	S	S
(13)		Yes	ff (1:	2) N/A	OI	r othe	r miscel	laneous)			L	R	L	R
Basement					Pipe	Ins	ulatio	on	220 lf		X		•	E
							125							
Name of Registered V AZTECH MANAG		Hau	DEP Wa			ic Yar Waste		Name of Regi		ndfil	.1			
City, State	,	17	7040				D-1		٧.					
Montclair, NJ	07042					-17-		City, State Morrisvi	lle, P	A 1	906	7		
Completed By (Print	or Type) Title	4				04	mature				- 1			
Constantine V			ident Signature				Date 3-4-15							
							CV,	1 Cm		-	1			



1 = WELL	Know &				IO NJAC				C	K	4	1.0	5.0	_			
Date of Notification (1) 3/5/15					Building Thomps				2								
Agencies Notified	Type Notification		- 1	Street Ad 3 West	ddress t Delaw	are			LL_L.		5 1	11	į,	2			
EPA DEP DOL	Initial Amended Amendment				te, Zip Co gg Harl		08070)	FF		*	2	-31	eig:			
DOH DCA	Emergency (justification) Cancellation	1 150		Name of Paul	Contact					Tele	ephone N	lumb	er				
	1 -			FACII	LITY INFO	ORMATI	ON									_	
Name of Facility Where		g Place (3)					Type	of Facility (4	4)						11111	
Kathy Thompson	Private Home				5				School (K-1		821 828	- F21v					
Street Address 3 West Delaware		•		¥ 9				×	Subchapter Other (i.e. p etc.)				build	lings,	home	98,	
City (5) Little Egg Harbor N	IJ 08070							Squa 1000	re Feet)+	# of 2	Floors	- 30		ldg. A 5+	ge		
County (6) Ocean				County (Code (7) JSE ONLY)		Curre	nt Use (Prid	or if beir	ng demol	lishe	d)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.		0357701366	of Aba	tement Con	tractor	(9)						
Street Address	2. 76			-				Addres	25)						*		
City, State, Zip Code	-								ip Code in NJ 080	91							
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepl	hone N	0.		License	No.					
Start Date (10)		Schedule	ad Cor	nnletion l	Date (11)		100001000	753-9	800 HA Monitor		00727	•					
3/6/15		3/12/15	5	ripietioiri	Date (11)		Sam	e								ü	
Occupancy Status Durin	ng Abatement (Chec	ck Only Or	ie)				Street	Addres	SS								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norn	Period of Anal Facility	Abaten	nent s		_	City, S	State, Z	ip Code								
Scope of Work (Check A	All That Apply)														_		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-		Renova Demolit					Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					۵		
	-	le	Locat	ion						() =					ment		
Locatio	n of	1	Vorma	lly		De	scription	n of						Ту	ре	_	
Asbestos-Containing	g Material (ACM)		d Sole intena			stos Con	taining I	Materia		200	mount				Ш		
TO BE AB			todial 8		(i.e	. thermal surfa	system		ation,		Specify or LF)		Rem	Repair	сар	inclo	
(13)			(12)				miscella						Removal	oair	Encapsulate	Enclosure	
		Yes	No	N/A											te	(b	
Exterior	Siding			х		Exte	erior Si	ding		19	00 SF		x				
						0											
Name of Registered Wa	ste Hauler			NJDEP W			Yards		Name of	Registe	ered Land	dfill					
United Containers	•			Hauler ID 2459	INO.	of Wa			G.R.O.\								
City, State Elm NJ						3/12/	sal Date 15	9	City, State Morrisv		19067	7					
Completed by		Title	3/1				Signatur	e/7				Date	1				
Anthony T Perna		Pres	ident			/	1	/			-	3/5/	15				

- 1		
W	F N	
H	I mechency &	

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

CK 4703

Date of Notification (1) 3/5/15	. *			of Building Swishe						1 /			7		
Agencies Notified Type Notification		1	Street A	Address		ie Hori	ie		1800	1.17	-			42	
EPA Initial Amended Amendmen	· #	-	City, St	ate, Zip Ci	ode	00070	`								
■ DOH ■ Emergency justification)	(including		Little Egg Harbor NJ 08070 Name of Contact						Telephone Number						
			Paul FAC	ILITY INF	ORMATI	ON			1						
Name of Facility Where Abatement is Takin Kathy Swisher Private Home	ng Place (3	3)					_	of Facility	3 53					a Har	
Street Address 33 lake Superior							×	Subchapter Other (i.e. p	8 (Oth	er than K & comme	(-12) ercial b	uilo	lings,	hom	es,
City (5) Little Egg Harbor NJ 08070		Squa	etc.) Square Feet # of Floors Bldg. Age 1000+ 1 35+												
County (6) Ocean			County (STATE	Code (7) USE ONLY)			ent Use (Pri	or if bei	ng demo	lished	0.53			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.			ne of Abatement Contractor (9)								
Street Address						42.000.5903.5	et Address Box 329								
City, State, Zip Code						City, S	State, Z	ip Code in NJ 080	91						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	phone No. License No. 5-753-9800 00727									
Start Date (10) 3/6/15	Schedul		npletion	Date (11)		2000	of OSI	HA Monitor							
Occupancy Status During Abatement (Chec	k Only Or	ne)				ON POSITION	Addres	ss							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abatem Hours	ent			City, S	tate, Z	ip Code					-		
Scope of Work (Check Ali That Apply)						-									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demoliti				×	Mir Glo	Il Containmo ni-Enclosure ovebag Prod n-Exempted	e cedure						
	ls	Locati	on				110	II-Exemple	a () and	J NOII-FII	able P		Abate	ment	
Location of		Normall d Solel				cription					-	_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12) No	ice/ staff?				s insula T, or) Amour (Specit SF or L		Vellional	2	Repair	Encapsulate	Enclosure
Exterior Siding	165	140	N/A		Evto	dor Cia	die e		100	00.05		+			
Exterior Siding			X		Exter	rior Sic	aing		120	00 SF	х	+			
		14.										1			
Name of Registered Waste Hauler		- 1.00													
United Containers		H	JDEP Wauler ID 2459	No.	of Was			Name of I		red Land	fill				
City, State Elm NJ					Dispos 3/12/1	al Date 5		City, State Morrisvi		19067					
Completed by Anthony T Perna	Title Presi	dent			Si	gnature	1			0.0	Date 3/5/1	5			

(K 3054

			(PL	ırsuant t	o NJAC 8:6	0 and	12:120)			1500	1 j. j.				
Date of Notification (1) 03/04/15			100		Building Ow M LIQUI			(2)			- 4		3.00	10	i j
Agencies Notified	Type Notification			Street Ad 1652 S	dress OUTH 2N	ND S	 Т								7.1
DEP X DOL	Initial Amended Amendment	#	2.6		te, Zip Code FIELD NJ										
⊠ DOH □ DCA	justification) Cancellation	including	Ī	Name of ROY	Contact	u				Telenh	ana Niim	hor			
				FACIL	LITY INFOR	MATIC	ON								
Name of Facility Where A	Abatement is Takin	g Place (3))					Туре	of Facility (4 School (K-1						
Street Address 2 WALNUT ST								×	Subchapter Other (i.e. p etc.)				lings,	home	es,
City (5) SUMMIT								Squa 100	are Feet	# of Flo	oors	BI	ldg. A	ge	
County (6) UNION				County C	Code (7) USE ONLY)				rent Use (Prid		demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				atement Cor						
Street Address				1			Street	Addre							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701													
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	Telephone No. License No. 732-668-9078 1200							
Start Date (10)		Schedule	ed Cor	moletion	Date (11)	-			SHA Monitor						
03/15/15	Date (10) Soft 5/15 Soncy Status During Abatement (Check Orfacility Closed/Vacated During Entire Periodatement Performed Outside of Normal Fother – Describe:						AAA	LEA	D PROFE	SSIONA	ALS				
				mant			Street 6 WF		ess DOVE CO	DURT					
						_	1		Zip Code	8701					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 If ≥160 sf or ≥260 If	*	-	Renova Demoli				×	M G	ull Containm fini-Enclosure Blovebag Pro- Ion-Exempte	e cedure				e	
		Is	Local	tion		200							Abate	ement	t
Location			Norma ed Sole	2.50				cription of				-	Туре		
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Ma	intena	ince/ Staff?	(i.e. th	nermal surfa	taining M systems cing, VA niscellar	s insu T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
CRAWL S	DACE	X		1		-	TSI			40	-	7.5	-		-
CRAWES	IFACL	1		1			131			40	LF	X	_		
Name of Registered Was	ste Hauler			NJDEP V			Yards		Name of	Registere	d Landfill				
NEWARK CARTING	S		1,00	4509	C000000	of Wa			IESI						
City, State NEWARK, NJ		Title				03/16	121100-00		City, Stat	e EHEM F	PA				
Completed by JOSEPH PERLSTE	NER			8	Signature Date 9/9/14										

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

CHECK# 1549

Date of Notification (1)			of Building			(2)									
2/27/2015			Electric S	upply (Corp.		11.	100	4		ř ;				
Agencies Notified Type Notification	on		Address hird Stre	et			r				• •				
X DEP X Amended Amendment		2727	ate, Zip Co beth, NJ					-				m-0			
Emergence justification Cancellati			of Contact ank Barr	nes				Tele	ephone Nu	umber					
		FAC	ILITY INFO	ORMATI	ON				12.				12 <u>-</u>		
Name of Facility Where Abatement is Ta Commercial	king Place (3)						Facility (4	900 900				10			
Street Address 248 Third Street						Sul	ochapter ner (i.e. p	8 (Othe	er than K-1 & commerc		ldings	, hom	es,		
City (5) Elizabeth						Square 1 25,000	Feet	# of	Floors		Bldg. 1	Age			
County (6) Union			Code (7) USE ONLY)		Current		or if bei	ng demolis	shed)					
Name of Monitoring Firm Hired by Buildir TBD	g Owner (8)	ASCI	M No.			of Abaten			(9)						
Street Address						Address	Road. S	Suite					-		
City, State, Zip Code					City, S	tate, Zip (Code								
Project Manager for Monitoring Firm		Telepho	one No.		Teleph	one No.) 928-50		License No. 00874							
Start Date (10) 7/14/2014	Scheduled (3/31/2015		Date (11)		Name	of OSHA Contract	Monitor	C.	00074						
Occupancy Status During Abatement (Ch					Street	Address									
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Phase I - Unoccu	rmal Facility Ho	urs	I/Vacant		City, S	Valley tate, Zip 0	Code								
Scope of Work (Check All That Apply)	5,0471104,171400	711 010300	Vacant	_	Wayı	ne, New	/ Jersey	/ 074	70						
≥3 sf or ≥3 If	X Ren	ovation			×] Euli C	antainma	nt with	Nogotius	Dross					
× ≥160 sf or ≥260 lf	Printers.	olition			×	Mini-E Glove	inclosure bag Proc		Negative	Press	ıre				
			T			Non-E	xempted	(*) and	d Non-Fria	ble Pr	978765074				
Location of		cation mally		Dec	a a ria ti a a	iption of ning Material (ACM)					Abatement Type				
Asbestos-Containing Material (ACM)		olely by enance/	Asbes	tos Cont	taining M				mount			Е			
TO BE ABATED In Facility	Custodi	al Staff? 2)	(i.e.		systems cing, VA	s insulatio T, or	n,		pecify or LF)	Remova	Repair	ncap	Enclosure		
(13)			-	other n	niscellan	neous)				oval	air	Encapsulate	sure		
See attached	Yes N	lo N/A	40							+		Ф			
						12									
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic	Yards		lame of F	Pagista	red Landfi						
Service Transport Group, Inc.		Hauler ID 20990		of Was		19 500			rprises,						
City, State New Castle, Delaware				Dispos TBD	sal Date	197	City, State Vaynes		Ohio						
Completed by Predrag Sarcev	Title Vice Pre	esident		-8	gnature		>			ate 2/27/2	015				

Work is to be done in two (2) phases, as per owner's request.

Phase I - Boiler Room July 14th, 2014 to July 21st, 2014

Location of asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally			Description of		Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	estos-Containing Material (ACM) TO BE ABATED In Facility Used Solely by Maintenance/ Custodial Staff? (i.i.				Amount (Specify SF or LF)	Removal	Repair	Encapsula	Eliciosui	
	Yes	No	N/A			-		g	ď	
Boiler Room	х			Pipe Insulation	60 LF	х			Г	
Boiler Room	Х			Water Tank Insulation	60 SF	x				
Boiler Room	х			Boiler Insulation	150 SF	x				
Boiler Room	Х			ACM Debris	250 ≤∓	×				

Phase II - Warehouse and Office Areas January 15th, 2015 to January 31st, 2015

PROPOSED 3/16/15-3/31/15

Location of	1	Location	у	Description of		Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosure	
	Yes	No	N/A			8		ate	d	
Warehouse Area		х		Pipe Insulation (wrap&cut)	1,800 LF	x			H	
Office Area		X		Pipe Insulation (wrap&cut)	200 LF	х				

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

		(Pursua	ant to NJAC	8:60-	/ and 12:120-7)								
Date of Notificati	on (1)		Name of Bui	lding	Owner/Operator	(2)							
2-26-15			Andrew	Pak									
Agencies Notified	Type Notifica	tion	Street Addre		D 15	See Vince	DWTSX DAG						
[]EPA	[]Initial		48 Mapl	Lewo	od Ave.			1.,					
[]DEP	Notific	ation	City, State	, Zip	Code			era	-				
[X]DOL	[]Amended		Maplewo	ood,	NJ,07040	A single		11					
[X]DOH	Notific	202 202	Name of Con	tact		Telephor	ne Number						
[]DCA	[X] EMERGEN		Andrew			rerephor	ie Number						
[]DCA	[]Cancella	tion				1							
			FACI	LITY I	NFORMATION								
Name of Facility W	here Abatement	is Takir	ng Place (3)			Type of Facil	ity (4)						
Same as abov	e					[]School	(K-12)						
Street Addres		11 - 12 - 2 / 2 / 2 / 2 / 2 / 2				[]Subchap	ter 8 (Other						
Street Addres							i.e., privat uildings, ho			•))			
					22	Square Feet	# of Floor		dg. A	ma.			
City (5		County	(6) Essex	Cou	nty Code (7)	2200	3	100	35. Z	ge			
				(ST	ATE USE ONLY)	Current Use (Prior if bei		F. (. 276.)	ned)	į.		
						PERCONSTRUCTION SERVICES		_					
Name of Monitoring	Firm hired by	Building	ASCM No.		Name of Abater	ment Contracto	r (9)						
Owner (8) N/A					AZTECH M	ANAGEMENT	, Inc.						
Street Address					Street Address	s	<u> </u>						
					86 Chris	stopher St.							
City, State, Zip C	ode				City, State, 1	Zip Code							
2000-000-00-000-00-00-00-00-00-00-00-00-						r, NJ 070	42						
Project Manager fo	r Monitoring Fi	rm Tel	Lephone Numb	er	Telephone Numb			cense	Numbe	25	_		
in a second	I monitioning it	N/			(973) 744			0037		=L			
Scheduled Start Da	te (10) Sche		Letion Date	(11)	Name of OSHA 1	Monitor							
3-2-1		3-3	3-15		N/A								
Month Day Occupancy Status D	200000000000000000000000000000000000000	(A) 4 (A)	only one)		Street Address								
[X] Facility C]	Losed/Vacated Du				Street Address	•							
of Abateme	ent Performed Outsid	de of No	rmal Facilii		Git- Gt-t-	7/ 0-1-							
	scribe: «OffHours			-Y	City, State,	Zip Code							
[]other - Des	scribe: «Other Oc	ccupancy	Descript»										
Scope of Work (Che	ck all that app	ly)			f 12.11	a	LL W		DOLUMEN				
[X]≥3 sf o	or >3 lf	[3	X]Renovation	1		Containment wi Enclosure	th Negative	Pressi	ire				
	or >260 lf	I]Demolition	1		bag Procedure							
		1	Is		[]Non-F	riable Procedu	re	Δha	temen	+ m	hme		
Locati	on of		ocation ormally		Descriptio	on of		1039	Cemer	E	E		
Asbestos-C			Used		Asbestos-Cont		Amount	R	R	C	C		
Material TO BE A			Solely y Main-		Material ((i.e., thermal		(Specify SF or	M	E	A P	LO		
In Fac	C201212-24-70-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		enance/ stodial	in	sulation, surfa	[19] [19] [19] [19] [19] [19] [19] [19]	LF)	V	AI	S	S		
(13	3)	st	aff (12)		or other miscel			A L	R	U	UR		
Basement		Yes	No N/A	Di	o Trans-	:	2E 1£	7.7			E		
Dasement			_	PIF	e Insulat	1011	35 lf	X		_			
			8 2 (2.00)		±9 %								
Name of Registered	Vancana ramana arang		DEP Waste auler ID No.		oic Yards Waste 1.5	Name of Regi		ill					
AZTECH MANA	GEMENT, IN		7040	01	musce 1.3	G.R.O.W.	S.						
City, State				1000	sposal Date	City, State	0.000 to 0.0						
Montclair, N	J 07042			3	8-4-15	Morrisvi	lle, PA	1906	7				
Completed De (De)	+ an m h	10			lc: ·				_				
Completed By (Prin Constantine		ceside	n+		Signature		9	Date	.1 F				
Comstantine	ATATAII PI	estre	11.0		1 (' V	100		2-26-	.12				