Date of Notification (1)	March 7, 2016				Name of	Building C	Owner/Oper Susan			MAR 2	9	00	14	
Agencies Notified [X] EPA [] DEP [X] DOL	Amen Amen	Notifica ded Not dment #	ification		Street Ad	idress te, Zip Cod		rille, l	NJ 07109			10		
[x]DOH []DCA	justifi	cation)	iciuumg		Name of		Valerie		Te	elephone Number				
				FAC	CILITY I	NFORM	ATION						State Co.	
Name of Facility Where A	batement is Taking sidence	Place (3)					Тур	e of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address									[x]	Other (i.e., privat homes, etc.)	e & cor	nmerci	al build	ings,
City		Count	y (6)		County C (STATE	ode (7) USE ONL	Y)		are feet 900 sf	# of Floors		. Age 6	0	
Ortley Beac		Ocea							Residen					
Name of Monitoring Firm		Owner (8)		ASCM N	0.	Name of	Abate	ment Contractor (Guardia	(9) in Contracting,	Inc.			
Street Address							Street Ac	ddress	1889 Ro	oute 9, Unit 61				
City, State, Zip Code				City, Sta	te, Zip		iver, New Jers	ey 087	755-12	271				
Project Manager for Monit	Number			Telephor 732-34			License N 00624	umber						
Scheduled Start Date (10) 3/7/16			Scheduled 3/8/1		ion Date (1	1)	Name of	OSHA	A Monitor E.M.S.I	. Analytical				
[] Aba	ility Closed/Vacated	During	Entire Perio	acility H	ours		Street Ad		Code	elton Road way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)							100		with Negative Pres	sure			
	sf or ≥3 lf 60 sf or ≥260 lf		[] [x]	Renov			[x]] (Mini-Enclosure Glovebag Procedu Non-Exempted (*	re) and Non-Friable	Procedu	ire		
					T						Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/						Asi (i.e ins	Description bestos-Con Material (A, thermal ulation, su VAT, of her miscell	ntainin ACM) system or or	ms ng,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbe	stos sidii	ng-gable	ends		250 sf	X			
Exterior											X			
Name of Registered Waste Hauler NJDEP Waste Hau Guardian Contracting, Inc. 20223					r ID No.	Cubic Y	ards of Was	ste	Name of Registe T.R.R.F.	red Landfill	1			
					osal Date		City, St	tate	1.1\.1\.1.					
	Toms River, New Jersey								Pennsylvania	1				
Completed by (Print or Ty Nicholas Fer	pe)	Title Proj	ect Manag	ger	Signat	Die	(1	-8	1	Date 3/7.	2016/		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

						9 ¥		7-7	-7					
Date of Notification (1)	March 7, 2016				Name of B	Building O		ator (2) Demolition &	Carting		20	100	7	
		Notifica	ation ification		Street Add		POB	ox 9		MAR 11	2016			
[x] DOL		dment # gency (ii	ncluding		City, State,	, Zip Coa		quan, NJ 0873	36	11/05/00	NTEA - G			
[x] DOH		cation) ellation			Name of C	Contact Linda			Teleph	one Number				
				EAC	ILITY IN	EODM	A TION							
Name of Facility Where Abar	tament is Taking	Dlace (3)	rac.	ILII IIN	FURIVI	ATION	Type of Facility	(4)					
Resid	Same a comment of a comment of a comment	r lace (J)						200	100l (k-12)				
								j] Sub	ochapter 8 (oth	er than	k-12)		
Street Address								[x		ner (i.e., private	& con	nmerci	al build	ings,
										nes, etc.)				
D : II		Count	y (6)		County Cod (STATE US		n	Square feet	#	of Floors	Bldg	Age 6	Λ	
Brielle		Mon	o.uth		(STATE US	SE ONL I	,	1100 sf Current Use (Pr	ior if being	demolished)		0	U	
		ivion	mouth					The state of the s	sidence	g demonstred)				
Name of Monitoring Firm H	ired by Building (Owner (3)	_	ASCM No.		Name of	Abatement Contr						
N/A		•						Gu	ardian C	ontracting,	Inc.			
Street Address		97					Street Ac		39 Route	9, Unit 61				
City, State, Zip Code							City, Sta	e, Zip Code		, New Jerse	w 087	55_1	271	
Project Manager for Monitor	ing Firm		Telephone N	lumber		-	Telephor	e Number	IIIS ICIVEI	License N		33-12	2/1	
110ject Manager for Monitor	m6 x		relephoner	umou				9-9932		00624				
Scheduled Start Date (10) 3/21/1	6		Scheduled C 3/22/16	-	on Date (11))	Name of	OSHA Monitor E. N	A.S.L. A	nalytical				
Occupancy Status During Ab		only one		,			Street Ad							
1/20 1/20	ty Closed/Vacated			of Abat	tement			105	66 Stelto	n Road				
[] Abate	ment Performed	Outside	of Normal Fac	cility Ho	urs		City Sta	te, Zip Code						
[] Other	- Describe						City, Sta		cataway,	, New Jerse	y 088	54		
Scope of Work (Check all the	at apply)			Vine I			[]	Full Contain	ment with	Negative Pres	sure			
							[]	Mini-Enclos						
	or ≥3 lf		L J	Renova			[]	Glovebag Pr		N. P.: 11. T		200		
[x] ≥160	sf or ≥260 lf		[x]	Demoli	tion		[x]	Non-Exemp	ted (*) and	Non-Friable F	roceau	re		
											Abat	ement '	Гуре	
			Is Location	1			Descriptio				R	R	Е	E
Location of]	Normally use	ed			estos-Co			Amount	E	E	N	N
Asbestos-Containing Ma			Solely by	. 11 1			Material (A		(Specify SF	M	P	C	C
TO BE ABAT in facility	<u>ED</u>	Mair	ntenance/Cus Staff	stodiai			, thermal			or LF)	0	A	A P	L
(13)			(12)			IIISt	VAT,				V	R	S	S
(13)			(12)			oth	er miscell				A		U	U
		YES	NO	N/A							L		L E	R E
T					A =1- ==4				1.	050 sf	X		-	-
Exterior X					Asbest	os sidin	g		1	030 SI	Λ			-
														-
Name of Registered Waste H Guardian Con	Hauler	ID No.	Cubic Ya	rds of Was	te Name of R T.R.R.		andfill							
City, State		sal Date		City, St										
Toms River, 1	Toms River, New Jersey 3/						Tullyt	own, Pennsylv	/ania/					
Completed by (Print or Type Nicholas Fern								1	1		Date 3/7/	2016		

Date of Notification (1)		Name of Buil	lding C	wner/Oper	rator (2)		and the same	/1 - /	4	*			
	March 7, 2016						EJP In		MA	21	1:06	9	
Agencies Notified [X] EPA [] DEP [X] DOL	[] Amer	l Notific	tification		Street Addres City, State, Z		e	ath Street	· · ·				
[] 202			ncluding				Jackso	on, NJ 08527					
[x] DOH [DCA		ication) ellation			Name of Con Jo		ngitore		Telephone Nu	mber			
				FAC	IL CILITY INFO	ORM	ATION						
Name of Facility Where Aba	atement is Taking idence	Place (3)	****		01411		Type of Facility (4	School (k-1	2)			
Street Address						1-17		[]	Subchapter				
					23			[x]	Other (i.e., homes, etc.	7	k comme	cial buil	dings,
City		Coun	y (6)		County Code ((STATE USE		n	Square feet 1500 sf	# of Floor	S	Bldg. Age	60	
Lakewood		Ocea	ın					Current Use (Prior		ished)			
Name of Monitoring Firm H		Owner (3)		ASCM No.		Name of	Abatement Contract		ting In			
Street Address							Street Ac	ldress					
City, State, Zip Code	City, State, Zip Code						City, Sta	te, Zip Code	Route 9, Un				
Project Manager for Monito	e Number		-	Telephor	Toms ne Number	River, New	Jersey nse Num		1271				
Scheduled Start Date (10)	500		Scheduled	i Complet	ion Date (11)	_	732-34 Name of	9-9932 OSHA Monitor	006	524			
3/18/16			3/21/					E.M.	S.L. Analytic	al			
Occupancy Status During A [X] Facili	batement (Check of the character) bateme	57.00		iod of Aba	tement		Street Ac		Stelton Road	i			
2 2	ement Performed	Outside	of Normal :	Facility H	ours		City, Sta	te, Zip Code			- 11		
[] Other	r – Describe					_		Pisca	taway, New .	Jersey (08854		
Scope of Work (Check all th	nat apply)						[]	Full Containme Mini-Enclosure	nt with Negative	e Pressur	re		
[] >3 sf	or≥3 lf		[]	Renova	ntion		[]	Glovebag Proce					
[X] ≥160	sf or ≥260 lf		[x]	Demol	ition		[x]	Non-Exempted	(*) and Non-Fr	iable Pro	cedure		
										1	Abatemen	t Type	
Location o	٤	,	Is Locati				Descriptio			I	R R	E	E
Asbestos-Containing M		1	Normally Solely b				estos-Cor faterial (A		Amour (Specify	SF 1	E E	N C	N C
TO BE ABAT		Main	tenance/C				, thermal		or LF) 1	M A	A	L
in facility			Staff			insu	ılation, su				I C	P	0
(13)			(12)			1	VAT, o				V R	S	SU
		YES	NO	N/A		otne	er miscell	aneous)		1000	A L	LE	R
Exterior house			X		Asbestos	sidin	g		1500 sf		X		
Exterior garage X					Asbestos	sidin	g		300 sf		X		
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223					화하 회사와 📗 경기에	bic Ya	rds of Wast	te Name of Regis	stered Landfill				
City, State	City, State Dis						City, Sta	ate	i.				
Completed by (Print or Type		Title		3/21	Signature		Tullyt	own, Pennsylvan	11a		Date		
Nicholas Fern		Proie	ct Mana	ger	-	1	1	+ 2/1			3/7/201	5	

		(Pursuan	t to NJAC	2 8:60 a	nd 12:12	0)	! ~		3	N. S.		
Date of Notification (1) March 7, 2016)			Name of B	uilding C		ator (2) s Residentia	al, LLC		2	100	18	
[] []	Notific	ation tification		Street Add	(XXXXXX)		arnegat Blvo	l. North	Calabara Pag		2016	1.	
[] Emer		f ncluding		City, State,	20 454		gat, NJ 0800		55.00 (C	9 EGA 2 - 2 - 1	eff.C		i i
X DOH	cation) ellation			Name of C	Contact Victor			Te	elephone Number				
			FAC	ILITY IN	FORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Faci	lity (4)	School (k-12)	41	l. 12)		
Street Address							[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,
City	Count	ty (6)		County Cod (STATE US		7	Square feet 1800 s		# of Floors		g. Age	60	
LB Twp.	Ocea	in						(Prior if) Residen	being demolished) ce				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM No.		Name of	Abatement Cor		9) n Contracting,	Inc.			
Street Address						Street Ad	dress		oute 9, Unit 61				
City, State, Zip Code	2-1010112					City, Stat	e, Zip Code		iver, New Jers	ev 08'	755-12	271	
Project Manager for Monitoring Firm		Telephone	Number			Telephon 732-34	e Number		License N 00624				
Scheduled Start Date (10) 3/17/16		Scheduled 3/18/		on Date (11)		Name of	OSHA Monito E		. Analytical				
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated			od of Abat	ement	A-127	Street Ad	dress		elton Road				
Abatement Performed C Other Describe	Outside	of Normal F	acility Ho	urs		City, Stat	e, Zip Code	Discotor	vay, New Jerse	v 088	5/		
Scope of Work (Check all that apply)						[]			with Negative Pres				
[] >2-6>216		r 1	D	4		[]	Mini-Encl		_				
$\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[x]	Renovat Demolit			[x]	Glovebag Non-Exer		and Non-Friable I	Procedi	ıre		
		52.5E								Abat	ement	Гуре	
T	,	Is Location				Descriptio				R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	1	Normally u Solely by				estos-Cor laterial (A			Amount (Specify SF	E	E P	N C	N C
TO BE ABATED	Mair	tenance/C			(i.e.	, thermal:	systems		or LF)	М	A	A	L
in facility (13)		Staff (12)			insu	lation, su VAT, c				V	R	PS	S
(20)		()			othe	er miscella				A		U L	U R
	YES	NO	N/A							L		E	E
Exterior house		Asbesto	os sidin	g			1800 sf	X					
Exterior garage		Asbesto	os sidin	g			450 sf	X					
NCD		IIDER III		m >1 - 1 -	21: **	1 0777	150	. D	11. 16.				
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Was 2	te Hauler . 20223	ID N0.	Cubic Yai	rds of Wast	e Name of		ed Landfill				
City, State Toms River, New Jersey			Dispos 3/18/			City, Sta							
Completed by (Print or Type)	Title	9.50 ganasa		Signature		_ runyt	Wir, Feilis	y i vailia		Date			
Nicholas Fernicola	ger		1		-tp-			3/7/	16				

CK 4327

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

Date of Notification (1) 03/08/16			of Building C			(2)		MAF	7 1	1 20	16	1 1	
Agencies Notified Type Notification		Street	Address										
EPA DEP DOL Amended Amendment #_ Emergency (inc justification)	cluding	WES	State, Zip Coo ST ORANG of Contact RDECHALL	SE, N	75	2		Telepho	one Nu	mber			
DCA Cancellation		Service Control	CILITY INFO										
Name of Facility Where Abatement is Taking F	Place (3)	EA	CILITI INFO	KINIAI	ION	Type of F	acility (4)						
HOME Street Address						Subo	ool (K-12) chapter 8 (er (i.e. priv	Other th	an K-1 mmerc	2) ial build	dings,	home	es,
City (5) WEST ORANGE, NJ						Square Fe	eet	# of Flo 2	ors	В	ldg. A	ge	
County (6) ESSEX COUNTY			y Code (7) E USE ONLY)			Current U HOME	se (Prior i	f being d	lemolis	hed)		9	
Name of Monitoring Firm Hired by Building Ow	vner (8)	ASC	CM No.			of Abateme			LS				
Street Address		Torvolum 1				Address HITE DO	VE COL	JRT					
City, State, Zip Code						tate, Zip C EWOOD,		'01					
Project Manager for Monitoring Firm		Telepi	hone No.		1 00000000	none No. 668-9078	3	11 070-	cense N	No.			
[Table 1 Table 2 Tabl	Scheduled C 03/21/16	ompletio	n Date (11)			of OSHA N LEAD P		SIONA	LS				
Occupancy Status During Abatement (Check	Only One)					Address	VE 001	ID.T.					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of Abat I Facility Ho	ement urs			City, S	HITE DO'	ode		<u> </u>				
Other - Describe:					LAK	EWOOD	, NJ 087	701					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation olition			×	Mini-Er Gloveb	entainment nclosure leag Proced cempted (1	dure				e	
	is Loc	cation									Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi (1	nally olely by nance/ al Staff?	(i.e.	tos Co therma surf		flaterial (AC s insulation T, or		Amor (Spec SF or	cify	Removal	Repair	e Encapsulate	Enclosure
BASEMENT		1,20		PIPE	INSULA	ATION		90 L	F	X			
D/ (OEIVIE) (1		_	-										
		-											
		-								+			
Name of Registered Waste Hauler		NJDEF) Waste	1 2222100	c Yards	N	ame of Re	egistered	Landfi	11	_		
NEWARK CARTING		Hauler 04509			ARDS		ESI						
City, State NEWARK, NJ			1	osal Date 21/16	В	ity, State ETHLEI	НЕМ Р		a ta				
Completed by JOSEPH PERLSTEIN	Title OWNER	3			Signature	e 			10000	ate 3/08/	16		

MCK

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

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)	(12) (2)	-			61
	16		City	of Camo	len	7 6					
Agencies Notified Type Notifica	tion		Street	Address			MAR 1.1	112			
☑ EPA ☐ Initial			520	Market S	treet - suite 325	;	WiKii				
□ DOLWD			City, S	tate, Zip C	ode						-
□ DOHAmendme				nden, NJ				7			
DCA Emergency (NJAC 5:23-8) Emergency justification		g		of Contact			Telephone Numbe	er			
(NJAC 5:23-8) justificatio				Ahiarak			1				
			FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking Plac	e (3)				Type of Facility	(4)				
Pine Street Pump Station						School (K-12					
Street Address						☐ Subchapter 8	(Other than K-12) rivate and commerci	ial bui	ldina	S.	
1169 Pine Street						homes, etc.)					
City (5)						Square Feet	# of Floors	10000000	lg. Ag	ie	
Camden						4,800	3		60		
County (6)			Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)			
Camden						Pump Statio	on				
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Services			117		Controlled E	nvironmental S	Systems				
Street Address					Street Address						
PO Box 365					1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code					City, State, Zip C	ode			-919		***************************************
Berlin, NJ 08009					Spring Hous	e, PA 19477					
Project Manager for Monitoring Firm	***	Tel	ephone	No.	Telephone No.		License No.				
James Proctor		8	56-452	-1311	215 542 7000)	00847				
Start Date (10)	Scheduled	Compl	etion Da	te (11)	Name of OSHA N	Monitor					
3 / 7 / 16	3	/ _3	1_/_	16	CES						
Occupancy Status During Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacated During Enti					1121 N. Beth	lehem Pike - S	uite 60				
Abatement Performed Outside of N Abatement Performed Outside of N N				cribe	City, State, Zip C	ode					
Time of Abatement: 7:00AM-5:00F	*IVI/F	/IVI	AW		Spring Hous	e, PA 19477					
Scope of Work (Check all that apply)					□ Eull Con	tainment with Ne	active Proceure				
☐ >3 sf or >3 lf	⊠ F	Renova	tion		☐ Full Con		galive Flessule				
≥160 sf or ≥260 lf	100	Demolit			☐ Gloveba	g Procedure W	end 4 Cot				
				т	∐ Non-Exe	empted (*) and No	on-Friable Procedure				
		Is Loca Norm			5			Ab	atem		-
Location of Asbestos-Containing Material (ACM	n U		lely by	Asbe	Description stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED	P	/lainter			., thermal systems	insulation,	(Specify	Nov	air	aps	losi
IN Facility		1510012 (12	Staff?		surfacing, VAT other miscelland		SF or LF)	<u>a</u>		ulai	Гe
(13)	Ye			1	Other miscelland	5043)				æ	
Sub Basement Through out				Pipe In	sulation & Fittin	igs(wrap/cut)	250 LF				
Sub Basement Through out				Boiler	Gasket Rope		40 LF x 1/4"	\boxtimes			
Name of Registered Waste Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill		-		1
Geppert Recycling			Hauler I	D No.	Waste 5	Western E	Berks Communti	/ Lar	ndfill		
City, State					Disposal Date	City, State					
Hatfield, PA					3/31/2016	Birdsboro	, PA 19508				
Completed By (Print or Type)	Title				Signature	11	Dat	te	1		
Patricia Visco	Offic	e Man	ager		Votus	a MICO	3	101	201	b	

ASB-41 JAN 13

* 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)

							100			000	2	70	1	-
Date of Notification (1)	40 /	16				of Building of Carno		er/Operator (2	?)					3.
			-8		City	Of Gairie	Jen			MAI	7 1	1 1	016	
Agencies Notified EPA	Type Notificat	tion				Address Box 9512	20							1
□ DOLWD	Amended				City, S	tate, Zip C	ode			. Herbook		n •)	f., .	L
⊠ DOH	Amendme		ding		Can	nden, NJ	0810	01						
☐ DCA (NJAC 5:23-8)			lullig		Name	of Contact				Telephone Numb	er			
(31111111111111111111111111111111111111	☐ Cancellation				Joh	n Bond								
					FAC	CILITY IN	FOR	MATION						
Name of Facility Where			lace	(3)	10000				Type of Facility					
CHERRY STREET	RESIDENCE								☐ School (K-12) 3 (Other than K-12)				
Street Address										rivate and commerc	ial bu	ilding	s,	
City (5)		77.5							Square Feet	# of Floors	Blo	dg. Ag	ge	
Camden									varies	varies		50+		
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	ior if being demolish	red)			
CAMDEN									HOUSING D	EEMED UNSAF	E			
Name of Monitoring Firm	Hired by Build	ing Ow	ner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)	· · · · · · · · · · · · · · · · · · ·				
Health and Safety	Services				117		C	ontrolled Er	nvironmental S	Systems				
Street Address							Stre	et Address						
PO Box 365							1	121 N. Bethl	ehem Pike - S	uite 60				
City, State, Zip Code							City	, State, Zip Co	ode					
Berlin, NJ 08009	erlin, NJ 08009						S	pring House	e, PA 19477					
Project Manager for Mor	oject Manager for Monitoring Firm						Tele	ephone No.		License No.				
Jim Proctor				С	609-8	39-2432	2	15 542 7000		00847				
Start Date (10)	S	chedul	ed Co	omple	tion Da	te (11)	Nan	ne of OSHA M	Ionitor					
3 / 11 /	16	4	_ /	15	_ / _	16	C	ES						
Occupancy Status Durin	g Abatement (C	Check o	nly o	ne)			Stre	et Address	1000					
☑ Facility Closed/Vacat	ed During Entir	e Perio	d of A	Abater	ment		1	121 N Bethle	ehem Pike -Su	ite 60				
Abatement Performe Time of Abatement:						cribe		, State, Zip Co pring House						
Scope of Work (Check a	all that apply)							pg	-,					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	in that apply/			novati molitic				☐ Mini-Enc	Procedure		•			
			-			1		XI Non-Exe	mpted (*) and No	n-Frable Procedur	-	atem	ont T	
Location	a of			Locat Iorma				Description of	ı.F			1	1	1
Asbestos-Containing)		d Sole				Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB IN Faci			7,0000000	intena odial :	nce/ Staff?	(i.∈		rmal systems urfacing, VAT		(Specify SF or LF)	ova	=	psu	unsc
(13)				(12)				ner miscellane		0, 0, 2,	-		iate	(0)
		,	Yes	No	N/A									
SEE ATTACHED EM	ERGENCY	[SEE AT	TAC	HED EMER	GENCY	200 YD per res				
										9				
		1							0.000					
		1		П							П		П	П
Name of Registered Wa	ste Hauler				JDEP V	Maste	Cut	oic Yards of	Name of Regis	L stered Landfill				
	Waste Management of NJ						Wa		GROWS		-1			
City, State Fairless Hills, PA					17273		15.55.00	oosal Date /15/16	City, State Tullytown	PA				
Completed By (Print or 7	[vne)	Title						Signature	11	Da	te /		-	
Patricia Visco	, , , , ,	ice l	Mana	ger			Tatue	a 1/100 se		3/1	0/1	6		

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

Date of Notification (1)			I The Court of the	of Building	Owner/Operator (2 den	2)	MAF	0 1 1	nnt	6	1		
Agencies Notified ⊠ EPA	Type Notifica	tion			1200000	Address Box 9512	20		WAF	1			
⊠ DOLWD	Amended					State, Zip C			الانتياسية المستعددات	X Y			7
⊠ DOH	Amendme		luding		Car	nden, NJ	08101	(2)					-
DCA (NJAC 5:23-8)	justification		luuling		Name	of Contact			Telephone Nun	mber			
***************************************	☐ Cancellati	ion			Joh	n Bond							
					FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking	Place	(3)	ATTENN			Type of Facility	(4)		. Barr		
BROADWAY RESI	DENCE							School (K-12					
Street Address						×			3 (Other than K-1 rivate and commo		iilding	s,	
City (5)				12000				Square Feet	# of Floors	BI	dg. Ag	je	
Camden								varies	varies		50+		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		9	
CAMDEN						1/50 100		HOUSING D	DEEMED UNSA	AFE			
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health and Safety S					117		Controlled E	nvironmental S	Systems				
Street Address						22 11 12 A 2 2 A 2 A 2 A 2 A 2 A 2 A 2 A	Street Address						
PO Box 365							1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code				-271			City, State, Zip Co	ode			71		
Berlin, NJ 08009							Spring House	e, PA 19477					
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License No.				
Jim Proctor						39-2432	215 542 7000		00847				
Start Date (10)					etion Da		Name of OSHA N	Ionitor					
Occupancy Status During	g Abatement (0	Check	only o	ne)			Street Address						
⊠ Facility Closed/Vacate	ed During Entir	e Peri	od of	Abate	ement		1121 N Bethl	ehem Pike -Su	ite 60				
Abatement Performed Time of Abatement: 7						scribe	City, State, Zip Co						
Scope of Work (Check al	Il that apply)		_										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re 図 De				☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Proced	lure			
				Loca						Alt	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM ATED	1)	Use Ma	inten	lely by ance/ Staff?		Description of stos Containing Ma a., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A			**					
SEE ATTACHED EM	ERGENCY					SEE AT	TACHED EMER	GENCY	200 YD per re	es 🛭			
Name of Registered Was	ste Hauler			T	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Waste Managemen	t of NJ				Hauler I 1727		Waste 200/residenc	GROWS					
City, State Fairless Hills, PA							Disposal Date 4/15/16	City, State Tullytown	PA				
Completed By (Print or T	vpe)	Title					Signature	1/		Date	7	,	
Patricia Visco	X1: -1	0.50	fice I	Vlana	ager		Patri	ca) // W	so	3/	10/	16	

ASB-41 JAN 13

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

Date of Notification (1)	9 /	16		Name	of Building	g Owner/Operator (2 itute for Rehabil	2) itation / .lob #1	603-4999 Chec	k #80	23		
	9 / _					itute for Keriabii	itation 7 30b #	1003-4333		20	1	
Agencies Notified	Type Notificat	ion			Address			· · · · · · · · · · · · · · · · · · ·			11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11	
☑ EPA ☑ DOLWD						nt Valley Way	4	*1224500	. () . ()		- 24	
☑ DHSS	Amendmen	nt#			State, Zip C						ALC: TO	
☐ DCA	☐ Emergency		ng			e, NJ 07052		I = 1 1 N 1				
(NJAC 5:23-8)	justification			(A1.5641.3.4.6	of Contact			Telephone Numb	er			
	☐ Cancellation	on			ry Formis							
				FA	CILITY IN	IFORMATION						
Name of Facility Where			e (3)				Type of Facility					
Kessler Institute f	or Rehabilitati	ion					School (K-12	ː) ß (Other than K-12)				
Street Address							Other (i.e., p	rivate and commerc		ilding	s,	
1199 Pleasant Val	ley Way						homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	dg. Ag	je	
West Orange												
County (6)				Cour	nty Code (7)(STATE USE ONLY)		ior if being demolish	ned)			
Essex							Institute					
Name of Monitoring Fire			r (8)	ASCM	No.	Name of Abateme						
Partner Engineeri	ng & Science,	Inc.				AbateTech, I	nc.					
Street Address						Street Address						
611 Insutrial Way	W					30 Maple Ave						
City, State, Zip Code						City, State, Zip C						
Eatontown, NJ 07						Lumberton, I	NJ 08048	1				
Project Manager for Mo	nitoring Firm			lephone		Telephone No.		License No.				
Brian Nemetz				732-904		609-265-2107		00529				
Start Date (10) 3 / 21		cheduled 3				Name of OSHA N EMSL Analyt						
			_			Street Address						
Occupancy Status Duri Facility Closed/Vaca						200 Route 13	0 North					
☐ Abatement Performe					scribe	City, State, Zip C				_		
Time of Abatement:						Cinnaminson						
Scope of Work (Check	all that apply)					Cilliamiisoi	1, 140 00077					
Scope of Work (Check	ан шасарыу)						tainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf		Barrell .	Renova	10.70		Mini-End Gloveba	closure a Procedure					
≥160 sf or ≥260 lf			Jemoi	lion		☐ Non-Exe	empted (*) and No	on-Friable Procedur	e			
			Is Loc	ation						atem	ent T	уре
Locatio	n of		Norn			Description			Z.	D	Ш	Ш
Asbestos-Containin				olely by nance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ncal	nclo
TO BE A			ustodia	al Staff?	(1.0	surfacing, VAT		SF or LF)	val	=	Encapsulate	Enclosure
(13		-	(1)	100,000	4	other miscellane	eous)	80			ate	(D
		Ye	TO 02.0		1			20.1.5				П
See Attached						sulation		30 LF				
See Attached					Pipe Fi			48 LF	12			
See Attached			L		Tank Ir	nsulation		25 SF	닏			
											Ш	Ш
Name of Registered W	aste Hauler			NJDEP Hauler		Cubic Yards of Waste	Name of Regi	stered Landfill				
AbateTech, Inc.				1875		12	350000000000000000000000000000000000000	J. Edilailli				
City, State						Disposal Date	City, State	DA				
Lumberton, NJ						3/22/16	Tullytown					
Completed By (Print or	15th (34)	Title	-100-0-00-			Signature	MMI	Da		111	1	
Gwendolyn Trum	betti	Oper	ation	s Coord	dinator		1111	3) 1	111	4	
ASB-41 MAY 11		* Do r	nt use	this form	n for ashes	stos licensure exem	nted activities	_	1	1		
IMO 1 11		DUI	01 436	and roll	101 23063	ACC HOCHOUSE CACIN	prod don vidoo.					

WEST ORANGE FACILITY COMMENTS REGARDING INSPECTION

Notes: sf = square feet lf = linear feet

ACBM	LOCATION	COMMENTS
White matrix block, grey corrugated aircell, and tan	L083 (Mechanical Room)	1 If damaged insulation
layered wafer pipe insulation and associated cementitious pipe joint compound	Basement hallway, adjacent L079	2 If damaged insulation
	Crawlspace area, Building C, South Pavilion, accessible through 1183	15 lf damaged insulation
	L042 (IT Office)	2 If damaged insulation
	L044 (Tele/Data Room)	1 If damaged insulation
Grey cementitious pipe fitting insulation associated with the fiber	L070	3 locations
glass pipe insulation (ACM)	L080 (Maintenance Room)	5 locations
	L081 (T-10 Fire Sprinkler Main)	1 locations
	L083 (T-12 Mechanical Room)	3 locations
	L086 (Boiler Room)	15 locations
Grey/white cementitious water tank insulation	L086 (Boiler Room)	25 sf damaged insulation
White matrix boiler flue insulation	L086 (Boiler Room)	30 lf cracks in insulation
· · · · · · · · · · · · · · · · · · ·	8	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Ck# 1973

D					1					MAR	1 1 0	010		
Date of Notification (1)					40000			wner/Operator (2				UID	1	
	7 /	16			Pi	inceton L	Jniv	ersity-Office	of Design and	Construction				
Agencies Notified	Type Notific	ation			Stre	et Address		-		1000				
□ EPA					20	0 Elm Dr			•					
□ DOLWD	☐ Amended				City.	State, Zip	Code	е						
☑ DHSS	Amendm					inceton, I								
DCA (NJAC 5:23-8)	☐ Emergen justificati		cluding	g		e of Contac				Telephone Nu	mher			
(113/10/3.20-0)	Cancella				100000000000000000000000000000000000000	bert Orte				Telephone rea	moci			
							_	DILLETION						
Name of Facility Misses A	Vb = 4 = 4 T = *	T - 1 - 1 - 1		(0)	F/	CILITY	NFO	RMATION	r=					
Name of Facility Where A		laking	Place	(3)					Type of Facility	5 52				
Princeton Universit	ty								☐ School (K-12 ☐ Subchapter 8		12)			
Street Address									Other (i.e., pr			uilding	gs,	
199 Nassau St									homes, etc.)	<u> </u>			200	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Princeton														
County (6)					Co	inty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if being demo	lished)	- 550-		
MERCER														
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCI	No.	Na	ame of Abateme	ent Contractor (9)					
ATC Group Service	s LLC							BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address	1001-7-11-1				1		_	reet Address						
Bromley Corporate	Center-Thr	ee Te	erri La	ane				1123 BEAVER	R STREET					
City, State, Zip Code							_	ty, State, Zip Co						
Burlington, NJ 0801	16						111000	BRISTOL, PA						
Project Manager for Moni				TTO	lephone	No		elephone No.	13007	License No.				
Michael Keehn	itoring r iiiii					6-8800		215-788-6040						
Start Date (10)	1	Cabad	م اممان							00509				
	0.5000					ate (11)		ame of OSHA M		1110				
3/18/					9 /		'	BRISTUL EN	VIRONMENTAL	_, INC.				
Occupancy Status During				750			St	reet Address						
☐ Facility Closed/Vacate								1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement:							Cit	ty, State, Zip Co	de					
SAT 3/19/16 =	7 AM -	- 3	.30	PI	1 1	1	1	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf			⊠ Re	20110	tion				ainment with Neg	ative Pressure				
□ ≥160 sf or >260 lf			De						<u></u>					
									mpted (*) and Nor	n-Friable Proced	lure			
				Loc							Ab	atem	ent T	уре
Location				Norm	aliy lely by			Description of		***************************************	R	D	Ш	m
Asbestos-Containing I TO BE ABA		1)			ance/			Containing Mat ermal systems i		Amount (Specify	Remova	Repair	nca	nclo
IN Facilit			Cus		Staff?	(1.6		surfacing, VAT,		SF or LF)	oval	150	Encapsulate	Enclosure
(13)				(12	1	4		ther miscellaned		or about a consideration of the termination of the			late	G.
			Yes	No	N/A		14-5							
Basement						pipe in	sul	ation debris		20 LF				
				_		1								
			-					$ \parallel$ \square	ш	Ш				
			П	П								П	П	П
Name of Registered Wast	te Hauler			1	NJDEP	Waste	Cu	bic Yards of	Name of Regist	ered Landfill				
BRISTOL ENVIRONI		IC.		- 1	Hauler		-260000	aste		NORTH LAN	DEILI			
					1870	6	-			HORTITLAN	JI ILL			
City, State							Dis	sposal Date	City, State		_			
BRISTOL, PA 19007									MORRISVIL	LE, PA 19067	7			
Completed By (Print or Type) Title								Signature	0 1	, [Date	1		
Brian Scafiro		Es	stima	tor				Bris.	Scoliro	18	3/7	116)	
								1 - June	- ww	110	1			

ASB-41 MAY 11

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

Ch# 2975

Date of Notification (1) 3/8/16	Name of Building CP Haddon & O					ij		
Agencies Notified Type Notification	Street Address	sopewood LLC				-		11.
⊠ EPA	826 Broadway,	9th Floor						
☐ DEP ☐ Initial	City, State & Zip (MAH	-11	2016)	11-
□ DOL □ Amended	New York, NY							
□ DOH □ Emergency	Name of Contact				elepho	ne N	umb	er
DCA Cancellation	Lewis Cook			ASSESSIT	2 (IN	(75) .9	SL 8	
	FACILITY INF	ORMATION					Tel-Ti-	
Name of Facility Where Abatement is Takir		Type of Facili	ity (4)					
Former Plumber Building #1		School (I	K-12)					
Street Address		Subchap	ter 8 (Other th	an K-12)				
87-89 Haddon Avenue			100	mmercial building	s, hom	es, e	tc.)	
		Square Feet	# of Flo		dg. Age		/	
City (5) County (6) County Code (7)	35000	100 Sec. 0100	3	-33	80		
Camden CAMDEI			Prior if being of			00		
OANDE	•	PLUMBING	T	zomonoriou _j				
Name of Monitoring Firm Hired by Building	Owner (8) ASCM No		tement Contra	otor (0)		-		
Whitman Environmental	Owner (6) ASCIVING		NVIRONMEN					
Street Address		Street Addres						
7 Pleasant Hill Road			ER STREET					
City, State & Zip Code		City, State & 2						
Cranbury New Jersey		BRISTOL, F						
Project Manager for Monitoring Firm	Telephone Number	Telephone Nu		License No				
Kevin Lovely	732-390-5858	215-788-604			0050	9		
Scheduled Start Date (10) Scheduled 3/22/16	Completion Date (11) 4/6/16	Name of OSH BRISTOL E	IA Monitor NVIRONMEN	NTAL INC				
Occupancy Status During Abatement (Chec	ck only one)	Street Addres						
Facility Closed/Vacated During Enti		1123 BEAVI	ER STREET					
Abatement Performed Outside of N	ormal Hours - 7am to 3pm	City, State & 2	Zip Code					
Describe:		BRISTOL, P						
Facility Occupied During Abatemen	t	,						
Scope of Work (Check all that apply)								
			Full Cor	ntainment with Ne	egative	Pres	sure	9
≥3 sf or ≥3 If	Renovation		Mini-En	closure				
≥160 sf ≥260 lf	Demolition		Glove E	Bag Procedures				
_	_		☐ Non-Ex	empted and Non-	Friable	Prod	cedu	ıre
Location of	Is Location	Description	of	Amount	Aba	teme	ent T	уре
Asbestos-Containing	Normally Used	Asbestos-Conf		(Specify				Ī
Material (ACM)	Solely by	Material (AC		SF or LF)	العا		En	
TO BE ABATED	Maintenance or	(i.e., thermal sy	ystems		em	Repair	cap	ncls
in Facility (13)	Custodial Staff? (12)	insulation, surfactor or other miscella			Remova	air	Encapsulate	Enclsoure
(.0)	Yes No N/A	or other missen	arredus)		-		te	0
Ground floor Offices		Vat/mast	ic	2100 SF		\Box	П	\vdash
Ground floor Offices		Plaster		4,040 S F		H	Η	H
Basement windows		Caulk/glaz		100 LF		H	H	H
Garage door		Caulk	ing	32 LF	H	H	H	H
Garage door		Caulk		32 LF	ᆛH	H	Η	ዙ
					+H	H	ዙ	H
Name of Desisters d'Alesta III-les	AUDED Wests	0 1: 1	N	-4				Ш
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	of Waste	Name of Reg	istered Landfill				
SERVICE TRANSPORT GROUP, INC.	20990	70	MINERVA L	ANDFILL				
City, State		Disposal Date	City, State	3,211,000,000				
NEW CASTLE, DE 19720		TBD		JRG, OH 44688				
Completed By (Print or Type)	Title	Signature	10.0	1 50	Date			
PATRICK T. DeCaro	PROJ. MGR.	Patrick	A. DeC	oro/jt	3/8/15)		

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

Date of Notification	(1)	ildina	Ourses	10	(O)				H.E.	1		, i								
Date of Notification	3/8/16						Owner				-4		-	****	-	11				
Agencies Notified	Type Notific	ation			t Addr		opew	JOU LL			1	MAD	٠, .			- 11				
							9th Flo	or				MAR	1	20	116	7.				
☐ DEP		I				& Zip (1				
□ DOL	☐ Ame	nded		New	York	, NY	10003			1	- ~ ·		2 /2							
□ DCA		rgency		Name	e of Co	ontact				1		7.11	Tele	epho	ne N	umb	er			
☐ DCA	☐ Cano	cellation		Lewi	is Co	ok										Profile				
				FA	CILIT	Y INF	ORMA	TION												
Name of Facility Wh	nere Abatem	ent is Taking F	Place (3	3)				e of Faci	ility (4))										
BUILDING # 2			•					School												
Street Address							$\neg \neg$	Subcha	pter 8	(Other th	Other than K-12)									
1683 Haddon Ave	enue			Other (i.e. private & commercial buildings										hom	es, e	tc.)				
													Bldg	Bldg. Age						
City (5)		County (6)	Co	unty	Code	(7)		35000			3				80					
Camden		CAMDEN					Curr	ent Use	(Prior	if being	demoli	shed)								
	0.						PLUMBING SUPPLY													
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)		ASC	CM No	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC													
Whitman Environ Street Address	mental						_			RONME	NTAL	INC								
7 Pleasant Hill Ro	and a							et Addre												
City, State & Zip Coo						1123 BEAVER STREET														
Cranbury New Je						20.00	City, State & Zip Code BRISTOL, PA 19007													
Project Manager for		irm	Telen	hone	Numl	ner		phone N				License	Nium	hor						
Kevin Lovely			732-3			501		-788-60				Licerise		050	٩					
Scheduled Start Date	e (10)	Scheduled Co)		e of OS		nitor				000						
3/30/16			4/15		(6				RONME	NTAL	INC								
Occupancy Status D	uring Abater	ment (Check o	nly one)				et Addre												
		During Entire F					1123	BEAV	ER S	TREET										
	Performed Ou	utside of Norm	al Hou	ırs –	7am to	3pm	City,	State &	Zip C	ode										
Describe:							BRIS	STOL, I	PA 19	007										
Facility Occu	pied During	Abatement						5%												
Scope of Work (Che	ck all that ap	ply)							_		F1 13	100 18600 1	997 0		1000					
≥3 sf or ≥3 lf									\boxtimes			ent with I	Nega	tive	Pres	sure				
≥3 \$1 01 ≥3 11 ≥160 sf ≥260					ovatio	196		Mini-Enclosure												
2100 SI 2200	7 11		\boxtimes	Den	nolition	1	☐ Glove Bag Procedures☐ Non-Exempted and Non-Friable Procedure										-000			
100	cation of		le l	occti	ion		De													
	s-Containing	3			ocation Description of ally Used Asbestos-Containing							Specify		Abat	eme	חז וי	/pe			
Mate	rial (ACM)			lely b				terial (A		9		F or LF)				Ш	_			
	E ABATED		Maint		121571000777			nermal s				2.000 1093.1653.		Ren	Re	nca	nc			
JII	Facility (13)		Custo	dial S (12)	staff?	1	nsulation	n, surfac r miscell						Remova	Repair	Encapsulate	Enclsoure			
	(10)			No	N/A		or other	IIIISCEII	aneou	15)				<u>a</u>	,	ate	Ге			
First floor							1//	at/mast	tic		21	000 SF	-		-		\Box			
Second floor				H	H			at/masi			-	50 S F			\dashv	H	님			
Basement boiler r	oom		H	H	H			Fransit			-	6 SF			=	H	H			
Windows			H	H	H			Glazing				65 LF			=	+	H			
			H	H	H			JIAZIIIÇ	1		10	JOJ LF			#	4	님			
			H	H	H									=	=	=	H			
Name of Registered	Waste Haule	er		NJI	DEP V	Vaste	Cubic Y	ards	Nam	e of Reg	istered	Landfill								
					uler ID		of Wast			9										
SERVICE TRANSP	ORT GRO	UP, INC.		209	990		40 MINERVA LANDFILL													
City, State							Disposa	al Date	City,	State										
NEW CASTLE, DE							TBD		WAY	NESBU	JRG, C	DH 4468	88							
Completed By (Print or Type) Title							Signatu	re			1	8	175000	ate						
PATRICK T. DeCar	ro			PR	OJ. N	IGR.	0-1	- 12	11.1	Mar	0/-	18	3/8	8/15						
A 0.000.000							1 ac	rick.	1	, we	11	/								

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

Ck# 2975

										0.0	27. 70	1122		- 7				
Date of Notification (1)	3/8/16						Owner / Operato								1			
	pe Notific	otion	-		Addre		opewood LL(_		140	1111	1 1	-	7010				
EPA	be Monic	ation			A CALL BOOK AND A STREET	(CONT.)	Oth Flans				MAH	1 1	12.	2010	,			
 	⊠ Initia	1	-				9 th Floor			1								
DOL					State 8								1 1000	-				
					York,		0003								-9			
□ DOH [rgency cellation	- 1		of Co						Tele	pho	ne N	lumb	per			
	_ oane	Chation		SOME SWEET		05100												
Name of Facility VAII-	- Al - I		N (FA	CILIT	Y INF	ORMATION											
Name of Facility When Warehouse Buildin		ent is Taking P	lace (3)			Type of Facil											
Street Address	g #4			School (K-12)														
							Subchapter 8 (Other than K-12)											
1675 – 77 Haddon A	Avenue			Other (i.e. private & commercial building										etc.)				
City (5)		County (6)	10-									3ldg. Age						
100 P P P P		County (6)	100	ounty (Joae (7)	35000			3			80					
Camden		CAMDEN				Current Use (Prior if being demolished)												
g							PLUMBING			har to be a second								
Name of Monitoring Fir		y Building Ow	ner (8)		ASC	M No.												
Whitman Environm	ental						BRISTOL ENVIRONMENTAL INC											
Street Address 7 Pleasant Hill Road		Street Address 1123 BEAVER STREET																
City, State & Zip Code																		
Cranbury New Jers					City, State & Zip Code													
Project Manager for Mo		irm	Teler	hone	Numb	er		BRISTOL, PA 19007 Telephone Number License Number										
Kevin Lovely	ormorning r			390-5		CI	215-788-60			License		050	19					
Scheduled Start Date (10)	Scheduled Cor					Name of OSI	-	nitor			000	5	-	-			
3/31/16			4/1		()		BRISTOL E			ITAL INC								
Occupancy Status Duri							Street Addres											
Facility Closed							1123 BEAV	ER S	TREET									
Abatement Per	formed Ou	utside of Norm	al Ho	urs – 7	7am to	3pm	City, State &	Zip Co	de			0000						
Describe:							BRISTOL, F	PA 19	007									
Facility Occupie																		
Scope of Work (Check	all that ap	ply)						_	4945 M 1050	25 KO 24 WAV	2500	99	one.					
D .0 (.0)				_	- 12					ntainment with	Nega	tive	Pres	ssure	9			
≥3 sf or ≥3 lf			Ш		ovatio				Mini-En	T1 T1 T1 T1 T1 T1								
≥160 sf ≥260 lf			\bowtie	Dem	nolition	1		Glove Bag Procedures										
							Non-Exempted and Non-Friable Proce											
	tion of			Locati			Description			Amount		Aba	teme	ent T	ype			
Asbestos-	Containing I (ACM)	g		nally L			Asbestos-Con		1	(Specify								
	ABATED			olely b tenan	-		Material (Al (i.e., thermal s			SF or LF)	'	Z.	71	Encapsulate	En			
	acility		100 mm	odial S	28,000	i	nsulation, surface					em	Repair	aps	cls			
	3)		Cuot	(12)	, tuiii .		or other miscell					Remova	ar.	sula	Enclsoure			
	6		Yes	No	N/A				-2					te	(D			
Stairs leading to see	cond floo	or		П	П		Transit	e		6 SF			П	П	П			
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	- ti-		T	Ħ	Ħ							Ħ	Ħ	Ħ	Ħ			
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				Ī	T								Ħ	Ħ	Ħ			
				Ħ	Ħ							Ħ١	Ħ	Ħ	Ħ			
Name of Registered Wa	aste Haule	er		NJE	DEP W	/aste	Cubic Yards	Name	of Regi	stered Landfil	I							
				Нац	uler ID	No.	of Waste											
SERVICE TRANSPO	RT GRO	UP, INC.		209	990		1	MINE	ERVA L	ANDFILL								
City, State							Disposal Date	City,			74 E							
NEW CASTLE, DE 1							TBD	WAY	NESBU	IRG, OH 446	88							
Completed By (Print or				Title			Signature	h	0	1-	100	ate						
PATRICK T. DeCaro				PR	OJ. N	IGK.	Patrick	1	, D'Ca	w/fr	3/	8/15)					
				71		- 1	100000	-		1 1								

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

Ck# 2975

Date of Notification (1)				Owner / Operato										
3/8/16				Beach School	Distri	ct	MAR	11	2015	Š.	711			
Agencies Notified Type Notific	ation	000	Address	_							1			
	s.I		ooks Lan											
	anded	T0000000000000000000000000000000000000	State & Zip		7.40		1 1431							
				Beach, NJ 087	42		I -		- N.	1				
	ergency cellation		of Contact McNamar				1	elepho	ne N	umb	er			
				9759										
Name of Equility Where Abster	ent in Takina DI		CILITY IN	ORMATION	E4. (4)									
Name of Facility Where Abatem G Harold Antrim School	ent is Taking Pia	ace (3)		Type of Facil										
Street Address			School (K-12) Subchapter 8 (Other than K-12)											
401 Niblick Street								a ham	00 0	+- \				
401 Miblick Street					ngs, homes, etc.) Bldg. Age									
City (5)	County (6)	Country	Square Feet # of Floors B ounty Code (7)											
Point Pleasant Beach	County (6)	County	Jode (7)											
Point Pleasant Beach	Ocean			Current Use			isried)							
Name of Monitoring Firm Hired	Duilding Our	(0)	ASCM No				0)			_				
RJB Environmental Inc	by Building Own	er (8)	ASCIVI NO	 Name of Aba Bristol Env 			9)							
Street Address				Street Addres	SS									
56 East Bridge Street				1123 Beave	er Stre	et								
City, State & Zip Code				City, State &	City, State & Zip Code									
Morrisville, PA 19067					Bristol, PA 19007 Telephone Number License Num									
Project Manager for Monitoring		Telephone		License No	Number									
Rick Beach		267-991-9		(215)788-60	-		00509							
Scheduled Start Date (10) 3/25/16	Scheduled Com	npletion Dat 4/1/16	te (11)	Name of OSI Bristol Env										
Occupancy Status During Abate	ment (Check on	ly one)		Street Addres	ss									
Facility Closed/Vacated			atement	1123 Beave	er Stre	et								
Abatement Performed C	utside of Norma	al Hours -		City, State &	Zip Coo	de								
Describe: 7:00 AM to	3 PM			Bristol, PA	19007									
Facility Occupied During														
Scope of Work (Check all that a	pply)				_		N 202 W	20	1000					
D >0.5>0.15			Full Containment with I							Negative Pressure				
≥3 sf or ≥3 lf					Mini-Enclosu									
≥160 sf ≥260 lf		☐ Dem	nolition			Glove Bag Pr			D					
I acation of		la lasari		Danasiatia		Non-Exempte								
Location of Asbestos-Containir	20	Is Location Normally L		Description Asbestos-Con			Amount (Specify	Aba	teme	ant i	уре			
Material (ACM)	19	Solely b		Material (A			SF or LF)			П	_			
TO BE ABATED		Maintenand		(i.e., thermal s			o. o ,	Re	Z	nca	no			
in Facility		Custodial S	Staff?	insulation, surfac				Remova	Repair	psu	Enclsoure			
(13)	_	(12)		or other miscell	aneous)		<u>a</u>	=	Encapsulate	are			
	<u></u>	Yes No	N/A											
Attic				Pipe Fitti			35 Ea.							
Attic				Pipe Insula	ation		170 LF							
Name of Registered Waste Hau	ler			Cubic Yards	Name	of Registere	d Landfill							
S		(0.5725)	uler ID No.	of Waste	8.6									
Service Transport Inc.		209	990	5 Cu YD		rva Landfill								
City, State				Disposal Date	City, State Waynesburg, Ohio									
New Castle, DE				4/1/16	vvayr	iesburg, Of	110	T						
Completed By (Print or Type)		Title		Signature) -	/		Date						
Gino Pizzigoni			oject	Gino P	igges	one / 1	1	3/8/1	0					
		IVIa	nager	/ -	110 A	, /								

CK# 25084

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

Date of Notification (1)	/9/16			Name of Building Owner/Operator (2) MAR 1 2016 Van Dyke											
Agencies Notified	Type Notifica	ation		Street	Address	1	64 Cranbury	-			FITS	ri			
EPA DEP	Initial Amended			City, S	State, Zip C		04 Clanbury	Nu.		1.5					
M DOL	Amendme Emergen	cy (includir	g				on Junction,						_		
DOH DCA	justificati Cancellat			Name	of Contact Mr.	t Carl Van Dyl	ke	Telepho	one Numb	er					
				FAC		ORMATION							_		
Name of Facility Where				1	Section of Section		Type of Facility								
Street Address	Old	Grover'	S IVIII	I .			School (K-1	8 (Other t	han K-12)	22				
	164	Cranbu	ry Rd				Other (i.e., phomes, etc.)	.)							
City (5)	Dringet	ton June	tion	NI			Square Feet 4000	# of FI	oors 3	Bio	dg. A	ge)+/-			
County (6)	TIMEE	ton June	поп,	Cour		7) (STATE	Current Use (P	rior if being		hed)	200	, , , -	_		
	Mercer				ONLY)	Name of Abotes		2)					_		
Name of Monitoring Firm (8)	MECS	ing Owner		ASCM	INO.	BEST 1000 - 100	nent Contractor (9 vens Environ		Service	s, In	c.				
Street Address						Street Address									
City, State, Zip Code	PO Box	341				PO Box 322 City, State, Zip Code									
	Crosswick, 1	NJ 0851	5			Allentown, NJ 08501									
Project Manager for Mo	nitoring Firm Weisgarber	ű	8,2000	ephone	No. 8-4070	Telephone No.	59-9688	Licens	se N o.	0493	1				
Start Date (10)		Scheduled		_		Name of OSHA				047.			_		
3/18/16			6/30/	16	22 (251)		N.	IECS_							
Occupancy Status Duri Facility Closed/Vaca				ement		Street Address	PO I	Box 341					140		
Abatement Performe	ed Outside of N	ormal Faci				City, State, Zip 0	Code								
Other - Describe:	Surger Surger	n				Crosswicks, NJ 08515									
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ан тат арруу)		enova:			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure									
		Is	Locati	on		Non-Ex	rempted (*) and N	on-Friable	Procedur	_	bate	ment			
Location	of	1	Normall d Sole	y		Description of Type									
Asbestos-Containing TO BE ABA	Material (ACM)	Ma	intenar Custodi	nce/		tos Containing Ma	terial (ACM)	Amo (Spe		70		En	Ш		
IN Facilit			Staff? (12)		(1.0.,	surfacing, VAT other miscellane	, or	SF or		Remova	Repair	Encapsulate	Enclosure		
(10)		Yes	No	N/A			,			'al	_	late	ıre		
Basem	ent	_ x			Th	ermal Pipe In	sulation	120	1f	×					
Basem		_ x				Transite Bo		8		×					
Exterior Siding	on Addtion	1				Transite Sic	ling	600	st	X					
Name of Registered Wa	aste Hauler			NJDEP Waste Cubic Yards Name of Registered Landfill											
Stevens Environ		vices, In	c.	Hauler II 182	0 No. 292	of Waste 3 CU GROWS Landfill									
City, State	A 11 to	m NIT				Disposal Date	City, State/	Man	ovilla	DA					
Allentown, NJ Completed By Title						6/30/16 Signature	ATV/	/ IVIOIT	sville,		_		_		
Mahlon E. St	evens	F	rojec	t Mar	nager		(//			3/9	/16				

CK 1439

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

[B. 11.06.00											, ,		2			
Date of Notification (1) 3/9/2016						Owner/Op sion of F			llife	M	ARV 6	إداً	2016	;		
Agencies Notified	Type Notification			Street A	Address Box 402					i i					1	
EPA DEP	InitialAmended		+	on solescenter	ate, Zip C				1	ASDE	STOS	500	1 4 2 . 2	01_8		
DEP DOL	Amendment					08625-04	402		(and the second	LICE		YG.	w-435.5	******	
DOH DCA	Emergency justification) Cancellation				of Contact h Maio					Telephor	ne Num	nber				
Name of Facility Ann an				FAC	FACILITY INFORMATION											
Name of Facility Where A Guard House - Fork			3)	Type of Facility (4) School (K-12)												
Street Address Game Farm Road						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings etc.)							dings	, hom	ies,	
City (5) Lacey, NJ 08731				5%									Bldg. A	. Age		
County (6) Ocean	-				Code (7) USE ONLY	0	_	Current Use (Prior if being demolished)								
Name of Monitoring Firm Bio Terra Solutions	Hired by Building)	ASC	M No.				ment Contra	200							
Street Address P.O. Box 1224							Address	ress rater Ln, Suite B								
City, State, Zip Code Union, NJ							ty, State, Zip Code Barfield, NJ 07026									
Project Manager for Monit Rick Eustaquio	toring Firm			Telepho 973-49	ne No. 94-3762			one No.	88	Lice	nse No),				
Start Date (10) 03/03/2016		Schedul 04/29/2	ed Con 2016	npletion	Date (11)		Name o	of OSHA	Monitor							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street A	Address								
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire I d Outside of Norm	Period of a	Abaten / Hours	nent			City, St	ate, Zip	Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,,	PROPERTY	Renova Demolit				×	Mini-l Glove	Containment Enclosure ebag Proced	lure				e		
		Is	Locati	on			Non-Exempted (*) and Non-Friable Proce							ement	t	
Location			Normal d Sole		334		ription (Ту	rpe T	1	
Asbestos-Containing M TO BE ABA' In Facility (13)	TED	Ma Cus	intenar todial S (12)	nce/ Staff?		tos Contai thermal sy surfacir other mis	ystems ng, VAT	insulatio Γ, or		Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								Townson .		CD		
Interior		X				Grey Flu				4 SF		X			X	
Attic		X					niculit			1,300 S	200	Х			X	
Interior X Interior X						VAT 8				84 SF		Х			Х	
Interior				Boiler I	0.000.000	WALLEY WALL		84 SF		Х			X			
ALL DRO MANAGEMENT LLC					/aste No.	Oubic Ya of Waste	Э		Name of Re IESI Land		andfill					
	034860)	As Nee	2011/2/2005/20			11111									
City, State Garfield, NJ		Title				Disposal TBD			City, State Bethlehen	n, PA						
Completed by Allen Monchik		ct Ma	nager		Sig	pà luite	-[_		1	Date 3	9	16				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

	Т			CONTINUATION SHEET										
	_			11 Melbourne Court		Abatement Type								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Us Main	ed Sole	e/Custo	Material (ACM) (i.e. thermal systems	Amount (Specify SF or LF)	R e m o v a	R e p a i r	e a ppp a s i u						
	Yes	No	N/A											
Exterior			Х	Caulking	280 LF	Х								
		-												
	-	-												
	\vdash		-											
							+							
		\neg					+		-					
							\neg							
							-	_						
	_	_												

MAR 1 1 2016

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	FSEEDS (IN DONE AND	_Date:	

	Print Form
PEP	上直前
AR 1 1 20	16
STOS CONT	ROLA I
LIVENCING	
ne Number	

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

Date of Notification (1) 02/23/2016				Name o	of Building P - Divi	Owner/0	Operator	(2)	211		_ MA	П 1		.=::	_			
Agencies Notified	Type Notification	1			Address	Sion of	FISH at	na vv	ildlife [[MA	П	1	2016)			
× EPA	× Initial				Box 402					1	SEE	STOS	10	NTF	ROL.	98		
X DEP X DOL	Amended Amendmen		Ī		ate, Zip C		0.400	1775			SECT	133	364	नुने द	14	understand in		
	Emergency	(including	-		on, NJ (0402		tione.	-	West to State of		Company Company	tores.	Participa	en management		
DOH DCA	justification) Cancellation				h Maio					Telephone Number								
Name of Facility Where	Abatement is Takir	na Placo (2)		FAC	ILITY INF	v (4)												
Guard House - For	ked River Gam	e Farm				201												
Street Address	G.										ter 8 (Other than K-12)							
Game Farm Road				etc.)							e. private & commercial buildings, homes,							
City (5) Lacey, NJ 08731					Square Feet						f Floors	3	Bldg. Age					
County (6)			Т	County	Code (7)			Curre	ent Use (Pri	ior if be	ina dem	nolishe	ed)					
Ocean					USE ONLY)					272		/					
Name of Monitoring Firm Bio Terra Solutions	Hired by Building		ASCI	M No.				atement Co anageme										
Street Address P.O. Box 1224						Street 27 O		ss ter Ln, Sı	ıite B									
City, State, Zip Code							City, State, Zip Code								==			
Union, NJ	Wardan Fi								NJ 07026	3								
Project Manager for Mon Rick Eustaquio	- 1	Telepho 973-49	ne No. 94-3762		Teleph 973-9				Licen	se No								
Start Date (10) 03/03/2016		Scheduled 04/29/20		npletion	Date (11)		Name	of OSI	HA Monitor			-						
Occupancy Status During	g Abatement (Ched	ck Only One	:)				Street	Addres	SS		- S. T		-					
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norn	Period of Al nal Facility I	oaten Hours	nent			City, St	tate, Z	ip Code		-							
Scope of Work (Check A	II That Apply					_												
≥3 sf or ≥3 lf	п тпас Арріу)	Пъ	nova	tion			×	1 -										
≥160 sf or ≥260 lf			molit				Mini-Enclosure Glovebag Procedure											
		1					×		n-Exempted		d Non-F	riable						
Location	of	83500	ocati ormal			-		•						Abate Ty	ement pe	t		
Asbestos-Containing	Material (ACM)	Used Main	Sole	ly by		tos Conta		aterial			mount		1000		П			
TO BE ABA In Facili		Custo			(i.e.	thermal surfac	systems cing, VA1		ation,		pecify or LF)		Removal	Repair	ncap	Enclosure		
(13)		Yes	No	N/A		other m	niscellane	eous)					oval	air	Encapsulate	sure		
Interio	r	X		147.		Grey F	lue Ce	ment			SF	-	Х			X		
Attic		X					rmiculit				00 SF		Х			X		
Interio	r	X				VAT	& Mas	tic		10.500	4 SF		Х			X		
Interio				Boiler	Insula	tion			4 SF	\neg	Х			X				
Name of Registered Was	te Hauler		500000	JDEP W	NO 75 75	Cubic '			Name of I	Registe	red Lan	dfill						
ALL PRO MANAGEN	auler ID 034860		of Was As Ne			IESI La	ndfill											
City, State Garfield, NJ						Dispos TBD	al Date		City, State Bethleh		A							
Completed by Title Allen Monchik Project Manager						Si	ignature	10	1			Date	1_	5	i.			
, morr worldrik		Project	ivia	nager				2	n		_	2	12	3	1			