No de al	Pursuant to NJAC 8:60-7 and 12:120-7)	9
Date of Notification (1)	Name of Building Owner/Operator (2)	12
10131/10141/11/191	BL England R.C (gpe Ma.	- Fleld Son
Agencies Notified Type Notification	Street Address	1000
[ ]EPA	900 North Shore Ra	1000
[]Initial Notification	City, State, Zip Code	* (1) A
[X] DOL Amended	D I D PH NJ. O	88737
[X] DOH	Name of Contact	Fr. O.
[  Cancellation	1111	
<b>∑</b> 1DCA	Doug Adolf Son	
	FACILITY INFORMATION	
Name of Facility Where Abatement is Ta		
B.L. England	5+9+101 [ ]School (K-12) [ ]Subchapter 8 (0	ther than K-12)
Street Address	[X]Other (i.e., pr cial buildings,	homes, etc.)
900 North S	- 12/10/97	ors Bldg. Age
City (5) County	(STATE USE ONLY) Current Use (Prior if b	
Beeleys P.T At		lant
Name of Monitoring Firm Hired by Build Owner (8)		1 , ,
J	New States Con	tracting
Street Address	Street Address	1 0 11 10
NIA	2400 Main St Ex	+ Suite10
City, State, Zip Code /	. Say reville NJ C	8072
Duniest Manager for Maritania Diss. Im		ense Number
Project Manager for Monitoring Firm T	732 525 -0 100	00749
Scheduled Start Date (10)   Sched.Comp.	letion Date (11) Name of OSHA Monitor	/ / /
	Tiger Envirence	atal.
Month / Day / Year   Month / Occupancy Status During Abatement (Che	ck only one) Street Address	717001
[ ]Facility Closed/Vacated During En	- 11	
of Abatement [ ]Abatement Performed Outside of No:		2
Hours - Describe: Area Va	cated Brick NJ 087	724
Scope of Work (Check all that apply)		
[ ]Demolition	[ ]Renovation [X]Full Containment with Negati	ve Pressure
[ ]>3 sf or >3 lf [x]>160 sf or >260 lf 60 SF	[ ]Glovebag Procedure [ ]Non-Friable Procedure	(F)
	Is	Abatement Type
Location of	Location Normally Description of	R R N
Asbestos-Containing Material (ACM)	Used Asbestos-Containing Amount Solely Material (ACM) (Specify	E R C C
TO BE ABATED in Facility	by Main- (i.e., thermal systems SF or tenance/ insulation, surfacing, VAT, LF)	0 P P 0 V A S S
(13)	Custodial or other miscellaneous) Staff(12)	A I U U L R
	Yes No N/A	. E
3. A. Hegter Ath	1 100 07 11130 14 1141 (30)	XX
	Mastic	
Name of Registered Waste Hauler		F111
	Hauler ID No. of Waste	( )
treehold Cartage	70 70)	d+111
		PA
Freehold NJ	7	
Completed By (Print or Type) Title	Signature	Date 7-/7 //
	erintendent But hale	3-11-14
ASB-41 JUN 95	notos pro tino	G4667
X V	100 4-1-090	6400/

UK-8977

JAN 13

## 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)  McNeil PPC Inc  Street Address 201 Tabor Road  City, State, Zip Code Morris Plains, NJ 07950  Name of Contact Phila Abdalla  FACILITY INFORMATION									
3/1	8 / _	14		McN	Veil PPC	Inc		26	970	* (	7	
Agencies Notified T	ype Notifica	tion		Street	Address		MAR	<b>)</b>	1	1		
1990	Initial			201	Tabor R	oad		ే తీప	. ''/	19		<
	Amended		İ	City, S	state, Zip C	ode		کم	S /		PA	,
⊠ DOH	Amendme			Mor	rris Plain	s, NJ 07950	00.44	G. (	100	1	.,	8.
DCA (NJAC 5:23-8)	justificatio	cy (including on)		Name	of Contact		***	Telephone Num	ber	50,	V 3.	
	] Cancellati			Phil	la Abdall	а		1			介	0,
				FAC	CILITY IN	IFORMATION						-
Name of Facility Where Aba	tement is T	aking Place	(3)				Type of Facility (	4)				
Johnson & Johnson							School (K-12					
Street Address		27.						(Other than K-12 ivate and comme		ildina	•	
175 Tabor Road							homes, etc.)	ivate and comme	roidi bu	nang	٥,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Morris Plains							100,000	3		50+		
County (6)				Coun	ntv Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			- 200
Morris				-	,	,	100	and Abandon	78			
Name of Monitoring Firm Hi	red by Ruild	ling Owner /	8)	ASCM	No	Name of Abateme	ement Contractor (9)					
Emilcott Environment	the new construction of the second con-	iiig Owner (	.0)	ASCIVI	140.		nvironmental S	vetome				
	Lai					Street Address	invironimental c	ystems	72		-	
Street Address								-:4- 00				
190 Park Ave							lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co						
Morristown, NJ 07960						Spring House	e, PA 19477					-
Project Manager for Monitor			The second	phone		Telephone No.		License No.				
Richard Andrejkovics					5-0991	215 542 7000		00847				
Start Date (10)3 /31 /		scheduled C 4 /				Name of OSHA M	ionitor					
		100000000000000000000000000000000000000	30/700			Street Address						
Occupancy Status During A						.:4- 60						
□ Facility Closed/Vacated     □ Abatement Performed O					cribe	uite 60						
Time of Abatement: 7:0					Clibe							
Scope of Work (Check all th	at apply)											
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Contract Con	novati molitic			☐ Full Cont ☐ Mini-Enc ☐ Gloveba ☐ Non-Exe	ıre					
		Is	Locat	ion	1		.,,			ateme	ent T	vne
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facility (13)	Norma d Sole intena todial (12)	lly ely by nce/		Description of estos Containing Mass., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Exterior Windows 1 <sup>st</sup> 2 <sup>r</sup>	nd 3 <sup>Rd</sup> floo	Yes  rs		N/A	Windo	w Glazing - all flo	oors	3,400 LF		П		
Laboratory 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>			lanes and	Hood / counters		4,505 SF				1		
Roof	110013					ated Duct - 6 se	ASS.	300 SF				
Roof					1.000	ated Fiberglass			-			
Name of Registered Waste	Hauler			20-00							ТП	
			-200	111 1 15 11					wach	n Ma	rric	villa
Carnevale Disposal Inc					17297 80 Glows-Tullyt			iytown-raiis i c	WIISII	h MO	1115	viiie
City, State Hamilton, NJ 08610				Disposal Date 4/30/14	City, State Falls Town	ship PA						
	T:41				2223.0326030	1 4113 10001		-1-		9.9		
Completed By (Print or Type)  Patricia Visco  Office Ma						Signature	in Dis	200 D	ate	è /,	J	
Patricia Visco Office Manager Hatusa Visco								1/10	1/1	7_		

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

CX-65851

000					w Jers			ib.					
)						BATEMENT and 12:120)	2	7500					
Date of Notification (1)		(Pur	Name of	f Buildir		/Operator (2)	2814 M	10.	IVE	D			
Agencies Notified	Notification T	уре	Street A	ddress			4320	48 19 A	M >				6.05
⊠ EPA ⊠ DEP ⊠ DOL	☐ Initial ☐ Amended		City, Sta				AJOES & LI	AR 19 F	17.	<del>56</del>			
	☐ Emergen		Name o					Tolow	RO NU	hhor		169	255
□ DCA	Justificat  Cancellat		Bryan					( BIBHRE	AND INC.				A
		***************************************	FAC	ILITY II	NFORMA	TION				J.			
Name of Facility Where	Abatement is Ta	aking Place (3)	)				Type of Facilit	y (4)					
Chamber Works Plant Street Address Rt 130 South			-0				School (K-Subchapte Other (i.e. homes, etc.	r 8 (other th private & co			ildir	ngs,	
City (5) Deepwater		33					Square Feet	# of Flo	ors	Bk	dg. /	Age	
County (6) Salem					ounty Cod SE ONLY	de (7) (STATE )	Current Use (	orior if being	g demo	lished	)		
Name of Monitoring Fir Harvard Environm		Owner (8)	ASCM I	No.	The state of the s	of Contractor (9) ty Environmen	tal						
Street Address 761 Pulaski Hwy					Street /	Address Iew Churchma			0.0000	- 57			
City, State, Zip Code Bear, De						ate, Zip Code Castle, DE 19	720						
Project Manager for Mo	onitoring Firm		phone No.		Teleph	one Number		License		er			
Wesly Morrison			2-326-233			322-8946		00578	3				
Scheduled Start Date ( 1-2-14	10) Sche 6-30	duled Complet 0-14	tion Date (1	11)	100-00-00-00	of OSHA Monitor ty Environmer	ital (	14-003A)					
Occupancy Status Dur	ing Abatement (0	Check only one	e)			Address Iew Churchma	ns Road		-				
☐ Abatement Perform	ed Outside of No	rmal Facility H			City, St	tate, Zip Code Castle, DE 19	*						-11-01
					INCW	Dastie, DL 19	120			- 100		4,92	
<ul> <li>         ≥ 3 sf or ≥ 3 lf         </li> <li>         ≥ 160 sf or ≥ 260 lf     </li> </ul>				⊠ Ren □ Den	ovation nolition	<ul><li>☐ Mini-Enclo</li><li>☑ Glovebag</li></ul>				re			
			• • • • • • • • • • • • • • • • • • • •	• 11.00						Α	bate		nt
			Is Locat Normal			Description	of				1 9	pe	
Asbestos-Conta TO BE	ation of ining Material (A ABATED cility (13)	CM)	Used Sole Maintena Custod Staff? (12)	ely by nce/ ial		stos Containing M . thermal systems surfacing, VA other miscellan	insulation, T, or	Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Y	res No	N/A		200							
Thermal Systems			X			nal coverings thro		10,000LF 2,000SF		X	V	Х	
Thermal Systems Floor Tile /Mastic			X			nal coverings through		1,800SF		X	-	-	
Name of Reg. Waste H S&J Transport.	lauler		NJDEP W ID No. 03217	/aste Ha		Cubic Yards of Waste >30	Name of Re Constoga						
City, State Woodstown, NJ						Disposal Date TBD	City, State Morgantow	n, PA					
Completed by Evelyn Walsh	Title Office M	Nanager				Signature	-n_		Date	4-14		Surv	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	Name of Building			F		_			
March 13, 201	4		Hue C	onstruction	Uno	250	53	3	
	ation al Notification ended Notification	Street Address		Mattapan Avenue			1-0		
	endment #	City, State, Zip Co		Pleasant, NJ 08742	2	WAT	1 3	401	4
	rgency (including fication)	Name of Contact			elephone N	men ==		-	2
I DCA	cellation		Donahue	1	elephone o				
	FA	CILITY INFORM	IATION				-	-	
Name of Facility Where Abatement is Taking				Type of Facility (4)					
Residence				[ ]	School (k-12)				
Street Address					Subchapter 8 (oth		1,100	1 1	
29 Alcala Drive				[x]	Other (i.e., priva- homes, etc.)	ie & com	imercia	ii buiid	lings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg.	Age 60		
Brick	Ocean			Current Use (Prior if Resider	0.72	)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Abatement Contractor					
N/A				Guardia	n Contracting,	Inc.			
Street Address			Street Ad		oute 9, Unit 61				
City, State, Zip Code			City, Stat	te, Zip Code	oute 9, Ollit 01				
Project Manager Co. Marita in Til				Toms R	iver, New Jers		55-12	71	
Project Manager for Monitoring Firm	Telephone Number		732-34	e Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 3/14/14	Scheduled Comple 3/17/14	tion Date (11)	-	OSHA Monitor			992		
Occupancy Status During Abatement (Check			Street Ad		L. Analytical		~		
	d During Entire Period of Ab			1056 St	elton Road				
Abatement Performed Other – Describe	Outside of Normal Facility H	ours	City, Stat	e, Zip Code					
[ ] Onier = Describe				Piscatav	way, New Jerse	y 0885	4		
Scope of Work (Check all that apply)			[ ]	Full Containment	with Negative Pres	sure		13.00	
[ ]	F 3		[ ]	Mini-Enclosure					
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf	[ X ] Renov		[ x]	Glovebag Procedu		D			
[ X ] 2100 31 01 2200 11	[ X ] Delilo	Indon	[ ^ ]	Non-Exempted (*	and Non-Friable	rocedur	e	-	
E*					-	Abate	ment T	ype	
Location of	Is Location Normally used		Descriptio pestos-Con		Amount	R	R	Е	E
Asbestos-Containing Material (ACM)	Solely by		Material (A		(Specify SF	E	E P	N C	N C
TO BE ABATED	Maintenance/Custodial	C C C C C C C C C C C C C C C C C C C	., thermal s		or LF)	M	A	A	L
in facility (13)	Staff (12)	ins	ulation, sur VAT, o			v	I R	P S	O S
	()	oth	er miscella			A		U	U
	YES NO N/A					L	1	L E	R E
Exterior	X	Asbestos sidir	ng		1400 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	r ID No. Cubic Ya	rds of Wast	e Name of Register	ed Landfill	•				
City, State	osal Date	City, Sta							
Toms River, New Jersey Completed by (Print or Type)	Toms River, New Jersey 3/18/				<del>/</del>	D-/			
Nicholas Fernicola	Project Manager	Signature	chiet	+2~	1	Date 3/13/	14		
	*Do not use this for	m for asbestos licer	sure exem	pted activities.		1			

( hock #1278	10	(Pu	rsuant 1	to NJAC 8:60 and	12:12	0)							F
Date of Notification (1) 3/5/2014	Ψ			Building Owner/O				-1-					
Agencies Notified Type Notification			Street Ad	ddress JFTON AVEN	UF P	о вох	9500		MAR	I	9 /	2014	1
EPA Initial Amended			City, Sta	te, Zip Code	<u> </u>			12/		TT.			
Amendment : Emergency (i				RK, NJ 07104 Contact				T=11				i i	- 4
DOH justification)  DCA Cancellation				ZEGLER					<u>,                                    </u>	-	-	ر'	
Name of Facility Where Abatement is Taking	Place (3	)	FACII	LITY INFORMAT	ON	Type of	Facility (4)		35			2	
SAINT ANN CATHOLIC CHURCH							hool (K-12)						
Street Address 704 JEFFERSON STREET			- 17°°°°			Su Si Ot etc	ibchapter 8 her (i.e. priv c.)	rate & com	mercial				s,
City (5) HOBOKEN						Square		# of Floor			dg. A	ge	
County (6) HUDSON			County ( STATE L	Code (7) JSE ONLY)		Current	Use (Prior	if being der	molished	d)			
Name of Monitoring Firm Hired by Building OMCCABE ENVIRONMENTAL	Owner (8)		ASCM	1 No.			ment Contra HERS C		TING	, IN	C.		
Street Address 94 WEST PASSAIC AVENUE						t Address RUTHE	ERFORD	BLVD.					
City, State, Zip Code RUTHERFORD NJ 07070						State, Zip FTON, I	Code NJ 07014						
Project Manager for Monitoring Firm JIM RUFF			(201) 438-4839 973				ephone No. License No. 00494						
Start Date (10) 3/24/2014	Schedule	ed Com	Completion Date (11) Name				Monitor	F		3-100			
Occupancy Status During Abatement (Chec			SAME AS (9) AB Street Address					_	-	41,3275			-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	Abatem Hours	ent		City, S	State, Zip	Code	<u> </u>					
Scope of Work (Check All That Apply)							12.70	_			Virgi		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					2			
	le	Location	on			Non-	Exempled	) and Non	-Friable		Abate	ment	
Location of	1	Normall d Solel	у		scriptio			27 97			Ту		-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/			ns insulati AT, or		Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
BASEMENT	res	X	IN/A	PIPF I	NSUI	ATION		250 LF	= +	Х			
BOILER ROOM	X				ATION		40 LF	-	X				
Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards		Name of Re	egistered L	andfill				
TWO BROTHERS CONTRACTING	Н	NJDEP Waste Hauler ID No. of Was 18743 6				WASTE			T G	.R.C	.W.S	S.	
City, State CLIFTON, NJ	1			sal Date	9	City, State MORRIS	SVILLE, F	PA					
Completed by VIVECA RAMOS	JECT	COOF		Signatur	re Neca	Nor	yn.	Date 3/13		14			

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building			2.2		7:		=
March 14, 2014			Martin Zer	ener	+ 5	20	12	-	.\
	Notification	Street Address	160 LaSall	e Avenue		1.0	- The same		, .
[x] DOL Amend	led Notification Iment #ency (including	City, State, Zip Coo		Heights, NJ 0	7604		.01	1	
[ ] DCA justifica	ation)	Name of Contact Martin	n Zerener	Ţę	elephone Number	16	- ·		i
	FAG	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking P Residence	rlace (3)		Ту	pe of Facility (4)	School (k-12)		1. 10\		
Street Address 11 Surf Road				[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			ıl buildi	ings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	uare feet 1500 sf	# of Floors 1	Bldg.	Age 6	0	
Ortley Beach	Ocean	8	Cu	rrent Use (Prior if Residen					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM No.	Name of Abat	ement Contractor (	(9)	Inc			
N/A Street Address		L	Street Address	S	n Contracting, oute 9, Unit 61	mc.			
City, State, Zip Code			City, State, Zi	p Code		007	55 10	.71	-
Project Manager for Monitoring Firm	Telephone Number	г	Telephone Nu		iver, New Jerse License N		55-12	2/1	
10			732-349-99	932	00624				
Scheduled Start Date (10) 4/01/14	Scheduled Comple 4/03/14	tion Date (11)	Name of OSH		. Analytical				
Occupancy Status During Abatement (Check of	nly one) During Entire Period of Ab	natament	Street Addres		elton Road				
	outside of Normal Facility F	CONTRACTOR OF CONTRACTOR CONTRACT							
Other – Describe			City, State, Zi		way, New Jerse	y 088:	54	ji.	
Scope of Work (Check all that apply)			[ ]	Full Containment Mini-Enclosure	with Negative Pres	sure			
>3 sf or ≥3 lf	[ ] Renov	vation		Glovebag Procedu	re				
[ X ] ≥160 sf or ≥260 lf	[x] Demo	olition	[x]	Non-Exempted (*	) and Non-Friable l	Procedu	re		
			2000			Abate	ement '	Гуре	
Toward and C	Is Location Normally used		Description of bestos-Contain		Amount	R	R	E	E
Location of Asbestos-Containing Material (ACM)	Solely by		Material (ACM		(Specify SF	E M	E P	N C	N C
TO BE ABATED	Maintenance/Custodia		e., thermal syst		or LF)	0	A I	A P	L
in facility	Staff (12)	ins	sulation, surfac VAT, or	ing,		v	R	S	S
(13)	(12)	ot	ner miscellaneo	ous)		A		U	U
	YES NO N/A					L		L E	R E
Exterior	X	Asbestos sidi	ng		1300 sf	Х			
e			2.50			<u> </u>		_	_
						-		_	
N 65 14 19 19 19 19 19 19 19 19 19 19 19 19 19	NJDEP Waste Haul	ar ID No.   Cubic V	ards of Waste	Name of Registe	red I andfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.	er ID No.   Cubic Y	arus or waste	T.R.R.F.	IVO DAIIOIIII					
City, State Toms River, New Jersey	oosal Date 4/14	City, State	n, Pennsylvania	1					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature Date							

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

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	Name of Building	Owner/Ope	rator (2)	-	,				
March 14, 201	.4			ment Leasing Spec	ialists, LLC	9	38	41	7
[ ] DEP [ ] Amo [x ] DOL Amo [x ] DOH [x ] Eme	al Notification ended Notification endment # ergency (including	Street Address  City, State, Zip Co	ode	fadison Avenue River, NJ 08753	<u>M</u>	- <i>d</i>	<u> </u>	( t	***
I DOM	fication) cellation	Name of Contact		T	elephone Number				
[ ] Can	cellation	Lou S	Santora						
	FA	CILITY INFORM	MATION					X	
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)					
12.000				[ ]	School (k-12)				
Street Address 123 Marshmallov	v Road			[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				dings,
City	County (6)	County Code (7)		Square feet	# of Floors	Bldg	g. Age		
Normandy Beech		(STATE USE ONI	Y)	1200 sf	1			60	
Normandy Beach	Ocean			Current Use (Prior if Residen		)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Abatement Contractor (					
N/A				Guardia	n Contracting,	Inc.			
Street Address			Street Ac						
City, State, Zip Code			City, Stat	te, Zip Code	oute 9, Unit 61				
29 99					iver, New Jers	ey 08'	755-1	271	
Project Manager for Monitoring Firm	Telephone Number	r	Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 3/17/14	Scheduled Comple 3/19/14	tion Date (11)		OSHA Monitor					
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate  [ ] Abatement Performed  [ ] Other – Describe		Street Ad	ddress 1056 Store, Zip Code	Analytical elton Road way, New Jerse	ey 088	54			
Scope of Work (Check all that apply)			[]	Full Containment v					
F 7			[ ]	Mini-Enclosure	••••				
[ ] >3 sf or ≥3 lf	[ ] Renov		[ ]	Glovebag Procedur					
[ X ] ≥160 sf or ≥260 lf	[x] Demo	lition	[x]	Non-Exempted (*)	and Non-Friable I	Procedu	re		
						Abat	ement	Туре	
Location of	Is Location		Descriptio			R	R	Е	Е
Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Con Material (A		Amount (Specify SF	E	Е	N	N
TO BE ABATED	Maintenance/Custodial		., thermal s		or LF)	М	P A	CA	CL
in facility	Staff	ins	ulation, sur			0	I	P	0
(13)	(12)	oth	VAT, o er miscella			V A	R	S	SU
	YES NO N/A	04	or imscent	ancous)		L		L	R
Exterior					1100 0			Е	E
Exterior	Asbestos sidir	ıg		1100 sf	X		-		
								$\square$	
Name of Registered Waste Hauler	r ID No.   Cubic Ya	-16331	Lat. on t	17 100					
Guardian Contracting, Inc.	TID No. Cubic Ya	rds of Waste	Name of Registere T.R.R.F.	ed Landfill					
City, State Toms River, New Jersey	osal Date /14	City, Sta		/					
Completed by (Print or Type)	Signature	. /	/ / / / / / / /	-/	Date			$\dashv$	
Nicholas Fernicola	1 ) /	1 Chi	12	1	3/14	/2014	1		

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name	of Building (		rator (2) ris Contracting,	LLC		238	4	<u> </u>	7 717			
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL	[ ] Ame	nl Notifica nded Not ndment #	ification	P.		Address tate, Zip Coo	313 H	alyard Road Beach, NJ 087	1				201	
[ X ] DOH	justi	rgency (ir fication)	iciuding		Name	of Contact			10	ne Number			_	<u>: :</u>
	Cand	ellation				200000000000000000000000000000000000000	Disantis			<u> </u>				
Name of Facility Where Ab	atement is Takina	Place (2)		FAC	CILITY	INFORM	IATION	T						
	idence	, riace (3,	li.					Type of Facility (	1977	ol (k-12)				
Street Address	Dellmuth Ave	enue						[ ] [x]	Other	hapter 8 (otl (i.e., privates, etc.)			al build	dings,
City		Count	y (6)			Code (7) USE ONL	v)	Square feet		Floors	Bldg	g. Age		
Ortley Beach	L.	Ocea	n		(SIAII	OSE ONL	1)	900 sf Current Use (Price		l demolished)	1	6	60	
Name of Monitoring Firm I	· · · · · · · · · · · · · · · · · · ·	Owner (8	)		ASCM	No.	Name of	Abatement Contrac						
N/A Street Address					-		Street Ad		dian Cor	ntracting,	Inc.			
C't 8t 1 7' 0 1								1889	Route 9	, Unit 61				
City, State, Zip Code							City, Stat	e, Zip Code Tom	s River	New Jerse	ev 08'	755-1	271	
Project Manager for Monito	Project Manager for Monitoring Firm Telephone Num  Scheduled Start Date (10) Scheduled Com						Telephon 732-34	e Number		License N 00624	_			
Scheduled Start Date (10)         Scheduled Com           3/17/14         3/19/14					on Date (	11)		OSHA Monitor	S.L. Ana				-	
Occupancy Status During A	batement (Check ity Closed/Vacate ement Performed	d During	Entire Peri	od of Abat			Street Ad	dress	Stelton					
	r – Describe						City, Stat	e, Zip Code Pisca	itaway, N	New Jerse	y 088	54		
Scope of Work (Check all th	nat apply)						[ ]	Full Containme	ent with Ne	gative Pres	sure			
[ ] >3 sf	or ≥3 lf		[ ]	Renova	tion		[ ]	Mini-Enclosure Glovebag Proc	ī.,,,,,,,					
1 - 1	sf or ≥260 lf		[x]	Demoli			[x]	Non-Exempted		on-Friable I	rocedu	re		
					T				T		Abat	ement T	Гуре	
Location o	£	5,000	Is Location				Description				R	R	Е	Е
Asbestos-Containing Ma			ormally u Solely by	y			estos-Con laterial (A			mount ecify SF	Е	E P	N C	N C
TO BE ABAT in facility		Maint	enance/C	ustodial			, thermal s			or LF)	M O	A	A	L
(13)			(12)			insu	lation, sur VAT, o				v	I R	P S	S
				uv.co.c		othe	er miscella				A		U L	U R
YES NO N/A				N/A							L		E	E
Exterior X					Asbe	stos sidin	g		850	sf	X			
					-				-					
·   -					-	5			-					$\vdash$
Name of Registered Waste Hauler  NJDEP Waste Hauler  NJDEP Waste Hauler				ID No.		rds of Waste		stered Land	dfill					
Guardian Contracting, Inc. 20223  City, State Dispos				al Date	3	City, Sta	T.R.R.F.	-						
Toms River, 1		m		3/20/	14		Tullyto	wn, Pennsylvar	iia					
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager					Signat	ure V	hd-	1,1			Date 3/14	/2014		
*Do not use this for						estos licen	sure exem	pted activities.						

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

Date of No ification (1)  March 14, 2014	4	Name of Building		ator (2) ole Construction	$\gamma$	38	36	
[ ] DEP [ ] Amer	tion I Notification nded Notification ndment #	Street Address  City, State, Zip Co	de	artlett Avenue			7 E	
[ X ] Emer	gency (including ication) ellation	Name of Contact Joyce		Creek, NJ 08092	elephone Number	1.9 2	214 7	
[ ] DOIL	TOA	CIL ITY INDODA	ATION	L			_	#
Name of Facility Where Abatement is Taking		CILITY INFORM	TATION	Type of Facility (4)		-	0.04	i
Residence	(0)			[]	School (k-12)			
Street Address				[ ]	Subchapter 8 (oth	er than k-	12)	
1035 Beach Haver	n Blvd.			[x]	Other (i.e., privat	e & comm	ercial buil	dings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg. A	ge 60	
Manahawkin	Ocean	(STATE OSE ONE	**	Current Use (Prior if Residen	2.752		00	
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (		Inc.		
Street Address			Street Ad		ii communing,	11101		
G: 0: 7: 0.1			Gir Si		oute 9, Unit 61			
City, State, Zip Code			City, Stat	e, Zip Code Toms R	iver, New Jerse	ev 0875	5-1271	
Project Manager for Monitoring Firm	Telephone Number	г	Telephon 732-34	e Number	License N 00624		12/1	
Scheduled Start Date (10) 3/14/14	Scheduled Comple 3/18/14	tion Date (11)	1	OSHA Monitor	. Analytical			
Occupancy Status During Abatement (Check [ X ] Facility Closed/Vacated	only one) d During Entire Period of Ab	atement	Street Ad	dress	elton Road			
Abatement Performed Other – Describe	Outside of Normal Facility H	Iours	City, Stat	e, Zip Code Piscatav	vay, New Jerse	y 08854		
Scope of Work (Check all that apply)	V-40-24004		[ ]	Full Containment	with Negative Pres	sure		
>3 sf or >3 lf	[ ] n			Mini-Enclosure				
[ X ] ≥160 sf or ≥260 lf	[X] Renov		[x]	Glovebag Procedur Non-Exempted (*)		Procedure		
[]	[ 1, ]		- L. 1	- 10.1 2.10.1.p.10.( )	1			
						Abatem	ent Type	_
Location of	Is Location Normally used	Δο	Descriptio bestos-Cor		Amount	R F		E
Asbestos-Containing Material (ACM)	Solely by		Material (A		(Specify SF	EE		N C
TO BE ABATED	Maintenance/Custodia		e., thermal		or LF)	M A	A	L
in facility (13)	Staff (12)	ins	ulation, su VAT, c			V F	· · · · · · · · · · · · · · · · · · ·	O S
(13)	(12)	oth	ner miscella			A	U	U
	YES NO N/A	100				L	L	R E
Exterior	X	Asbestos sidi	ng		1200 sf	X		
			<u> </u>					
		1						
							_	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule	er ID No.   Cubic Y	ards of Wast	Name of Register	ed Landfill			
City, State Toms River, New Jersey		osal Date	City, Sta					S-500 - 17 -
Completed by (Print or Type)	Title	Signature A.	1 1	'   cillisylvalita		Date		
Nicholas Fernicola	Project Manager	1 // 10	that	12/		3/14/2	014	
	*Do not use this for	rm for asbestos lice	nsure exem	pted activities.				

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

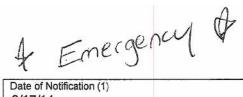
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			Name of Building	Owner/One	rator (2)		**			
March 14, 2014	1		Traine of Building		ole Construction	2	38	37		- ]
[ ] DEP [ ] Amer [x ] DOL Amer	Notification  nded Notification  ndment #		Street Address  City, State, Zip Co	de	artlett Avenue Creek, NJ 08092	MAR	1 9	201	Ą	
	gency (including ication)		Name of Contact			elephone Number			-	
I I A I DOD	ellation		Joyce			Ciophon ?	X-II			
<b>.</b>		FAC	CILITY INFORM	MOITAL						
Name of Facility Where Abatement is Taking Residence	Place (3)		*		Type of Facility (4)	School (k-12)				
Street Address 1416 Mill Creek R	Road				[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg	Age 6	0	
Manahawkin	Ocean		1) Part of the execution of the first of the state of the		Current Use (Prior if Resider					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	Abatement Contractor		Inc			
Street Address				Street A	ddress	oute 9, Unit 61				
City, State, Zip Code	7			City, Sta	te, Zip Code	liver, New Jers	1110000000	55 1	771	
Project Manager for Monitoring Firm	Telepho	ne Number			ne Number 19-9932	License N 00624		33-12	2/1	
Scheduled Start Date (10) 3/14/14	ed Complet 8/14	tion Date (11)	L. Analytical							
Occupancy Status During Abatement (Check	only one)		Street Address							
X Facility Closed/Vacated Abatement Performed										
Other – Describe	ISSESSES AND AND ADDRESSES AND			City, Sta		way, New Jerse	y 088:	54		
Scope of Work (Check all that apply)				[ ]	Full Containment Mini-Enclosure	with Negative Pres	ssure			
[ ] >3 sf or ≥3 lf	[ ]	Renov	ation	[ ]	Glovebag Procedu	ıre				
[ X ] ≥160 sf or ≥260 lf	[ x ]	Demo	lition	[x]	Non-Exempted (*	) and Non-Friable	Procedu	re		
			0				Abate	ement '	Гуре	
Location of	Is Loca Normally		As	Description bestos-Con		Amount	R	R	E	E
Asbestos-Containing Material (ACM)	Solely	by		Material (A	ACM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED	Maintenance Stat			e., thermal		or LF)	0	A I	A P	L O
in facility (13)	(12		ins	ulation, su VAT,			v	R	S	S
(/			otl	ner miscell			A		U L	U R
	N/A					L		E	E	
Exterior		Asbestos sidi	ng		1250 sf	X				
		+				-				
	-				-	$\vdash$				
Name of Registered Waste Hauler	r ID No. Cubic Y	ards of Was		red Landfill						
Guardian Contracting, Inc.		20223	3	100.0	T.R.R.F.					
City, State Toms River, New Jersey	osal Date 9/14	City, St Tullyt	town, Pennsylvania	la						
Completed by (Print or Type) Nicholas Fernicola	Signature	hol	Tel		Date 3/14	/2014	4			

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(0)			- F	1 .	+
Date of Notification (1)  March 14, 2014		Name of Building		tor (2) Castellano	238	133	5		
1 1 1	on Notification ded Notification	Street Address		tergreen Avenue E	ast MAR 1	9 20	ŊΔ		.
[x] DOL Amen [x] DOH [x] Emerg	dment # gency (including	City, State, Zip Co		, NJ 08820		-		4	
[ ] DCA justific	cation) ellation	Name of Contact Ralpl	n Castellan	1 00000	ephone Number				
	FA	ACILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)				School (k-12) Subchapter 8 (oth	er than k	-12)		
Street Address 103 N. Spinnaker I	Drive		_		Other (i.e., private homes, etc.)			l buildi	ngs,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors 1	Bldg.	Age 60	)	
Little Egg Harbor	Ocean			Current Use (Prior if b Residence	e				
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASCM No.			Contracting,	Inc.			
Street Address			Street Ad	1889 Ro	ute 9, Unit 61				
City, State, Zip Code					ver, New Jerse	ey 0875	55-12	71	
Project Manager for Monitoring Firm	Telephone Numb		732-34		00624	umber			
Scheduled Start Date (10) 3/14/14	Scheduled Comp 3/18/14	oletion Date (11)			. Analytical				
	only one) d During Entire Period of A Outside of Normal Facility								
Other – Describe			City, Sta		ay, New Jerse	y 0885	4		
Scope of Work (Check all that apply)			[ ]	Full Containment v Mini-Enclosure	vith Negative Pres	sure			
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	L 1	novation molition	[ ] [ x ]	Glovebag Procedur		Procedur	e		
[ X ] E100 31 01 E200 11	T T					Abate	ment 7	Гуре	
	Is Location		Description			R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		Asbestos-Con Material (A	ACM)	Amount (Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custoo		i.e., thermal nsulation, su		or LF)	0	A I	A P	L
(13)	(12)	2550	VAT,	or		V	R	S	S
2	YES NO N	1	other miscellaneous)  A L					L E	R E
Exterior	X	Asbestos sid	ding		1350 sf	X			
									-
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha		Yards of Was	Name of Register T.R.R.F.	red Landfill	30.5			
City, State Toms River, New Jersey	D	isposal Date /19/14 <sub>C</sub>	City, S Tully	tate town, Pennsylvania	7				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	1. And			Date 3/14			
Tylenolas Fermeola	T-	form for asbestos li	censure exer	mpted dctivities.					



Ch 3978

	e of Notification (1) 17/14			9	Name of Building Owner/Operator (2) Johnson Private Home													
	encies Notified	-	Notification	74	1 7	Street Ad 25 Pars											84	
×	DEP DOL		Initial Amended Amendment		3.3		e, Zip Cod ooro NJ		3					MAR	1	9 2	014	
	DOH	Section Land	Emergency ( justification)	including	N	lame of	Contact					Tole	nhone	Numb	er			
×	DCA		Cancellation		1	vir. Joh	nson					W.						
						FACIL	ITY INFO	RMATI	ON									
	me of Facility Where has on Private Ho		nent is Takin	g Place (3)		50				Type o	f Facility (4	1)						
		me -									chool (K-1		r than	V 12)				
	eet Address Parson Ln										ubchapter ther (i.e. p				buildi	ngs, l	nomes	s,
										e	tc.)	1 4 -4	- Flavor		DI	J_ A		_
	y (5) illingboro NJ 080-	16								Square 1000-		1 # 01	Floors		35	lg. Ag	je	
		40				Saumbu C	ada (7)					1	a dom	aliaba		т.		-
	unty (6) urlington		43			County C STATE U	SE ONLY)	·	_	Home	it Use (Prid e	or it beli	ig dem	iolisne	u)			
Nai	me of Monitoring Firm	Hired	by Building	Owner (8)		ASCM	No.		Name	of Abate	ement Con	tractor	(9)			-		$\neg$
N/	Α		100 0000	2842					Pern	aco In	С.					•		
Str	eet Address									Address 30x 32	\$2							
City	y, State, Zip Code			-						tate, Zip		01	7					
Dro	Project Manager for Monitoring Firm					Геlephor	no Nio		1	one No	NJ 080	91	Licen	se No.				
FIC	8					i elebi ioi	ie 140.		1 200 XXX	753-98			0072			000000000000000000000000000000000000000		
10000	Start Date (10) Schedul 3/17/14 3/18/14					Completion Date (11) Name of Same					A Monitor		-				1	
Oc	cupancy Status Durin	ng Aba	tement (Ched	k Only One	9)	Street Address								-				
B	Facility Closed/Vac Abatement Perform	ated D	ouring Entire	Period of A	batem Hours				City, S	state, Zi	o Code							-
×	Other – Describe:			will be nom	e													
50	ope of Work (Check A	Ali ina	( Apply)	1771		24.2M-2			-	7				-				
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enovat emoliti	10.7				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
									2		-Exempte		d Non-	Friable				$\overline{}$
		*2			Locati											Abate Ty	ment	
	Locatio		*		lormall d Sole				escription						-	- ',		=
	Asbestos-Containing TO BE AB			Mai	ntenar	nce/			ntaining N				mount Specify		Z)	_	Ē	Щ
	In Faci	ility		Cust	odial S (12)	Staff?	(1.0.	surfa	acing, VA	T, or			or LF		Remova	Repair	aps	Enclosure
	(13)	)			(12)			other	miscella	neous)					oval	air	Encapsulate	sure
				Yes	No	N/A								-140.0			е	
	Bedroom					X		F	Floor til	е		1	30 SF		x			
					1 1													
Name of Registered Waste Hauler				l Ni	JDEP W	laste	Cubi	Cubic Yards Name of Registered Landfill										
Name of Registered Waste Hauler United Containers				H	auler ID		of W			G.R.O.		J. 00 E6	IVIIII					
				12	2459		2 Dispo											
City, State Elm NJ							3/18											
Completed by Title				2 00				Signatur	e				Dat					
Anthony T Perna Presi					dent	ent				3/17/14								

12:		-
Cit	57	///
1 /1'		/ /

Date of Notification (1) 3/17/14		Nan	ne of Br	uilding Ow raham F	ner/Oper rivate F	ator (2) Iome	<u> </u>		3	,		7 ]	R F
Agencies Notified Type Notification			eet Add Howa										
EPA Initial Amended Amendment #				Zip Code wkin NJ			1		9A,A, 1	) (	20	14	7
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding		ne of C	ontact				Talan	hone Nur	nber	_	1007.00	
			FACILI	TY INFOR	MATION						įi.		
Name of Facility Where Abatement is Taking Scott Graham Private Home Street Address	Place (3)					□ Sc	f Facility (4) chool (K-12) ubchapter 8	(Other	than K-1	2)			
67 Howard						et	ther (i.e. priv						,
City (5) Manahawkin NJ 08050						Square 1000-	٠	1	loors	35	dg. Ag	e	
County (6) Burlington			unty Co	de (7) E ONLY)		- Curren	t Use (Prior	if being	g demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)	۱,	ASCM I	No.		lame of Abate		actor (	9)				
N/A Street Address			<del></del>	1		Pernaco In							$\dashv$
Street Address						PO Box 32					77.3		
City, State, Zip Code					,	city, State, Zip West Berlin	NJ 0809	1					
Project Manager for Monitoring Firm		Te	lephon	e No.		elephone No 356-753-98			License I 00727	No.			
	Scheduled 3/20/14	Compl	etion D	ate (11)	1 3	lame of OSH Same	A Monitor						
Occupancy Status During Abatement (Check				_		Street Addres	s						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba	atemer	nt		_	City, State, Zi	p Code						
Scope of Work (Check All That Apply)										1000110 200			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio				Mir Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				e	
	Т		T				I-Exemples	1 / 4/10	1100,710		Abate	ement	
		ocation rmally			Desc	ription of	1			-	Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main: Custo	(12)	ce/ aff?	Asbest (i.e.	tos Conta thermal s surfaci	ining Material ystems insula ng, VAT, or scellaneous)	(ACM) ation,	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			Ol-li	7	10	00 SF		-	-	-
Exterior Siding	+-+		Х		Exter	or Siding	+	12	00 SF	×	-	-	
	+++												
	1 1												
Name of Registered Waste Hauler United Containers		Ha	IDEP W		Cubic Y of Was		Name of G.R.O.		ered Land	lfill			
City, State		22	459		Dispos		City, Stat			_	200000		
Elm NJ	1		5		3/18/1		Morrisv	ille P	A 19067	Date			
Completed by Anthony T Perna	Title Presid	dent			Si	gnature			-	3/17/1	4		

Date of Notification (1) 3/13/14					Building Ow McConne	ner/Operator	r (2)	Check	- la	175	1	T,		
	Notification		4 5	Street Ad 34 Lind	ddress den Avenu	ie		N F .	id & P	1 9	2014			
EPA DEP DOL	Amended Amendment #				te, Zip Code ppe, NJ			1	2727				1	1
DOH DCA	Emergency (in justification) Cancellation	nciuaing	9		Contact McConne	ell			Telenho	ne Num	her_			
Name of English Where Abete	ment is Takina	Dines (2)		FACI	LITY INFOR	MATION	Tun	e of Facility (4						-
Name of Facility Where Abate house  Street Address	ment is raking	Place (5)				119.5	- E	School (K-12 Subchapter	<u>'</u> 2)	an K-12)	n.			
34 Linden Avenue			5-5-016				X	Other (i.e. pr etc.)	ivate & cor	nmercia	l build	552		es,
City (5) Stanhope							Squ 200	are Feet 00	# of Floo	ors	5 5	ldg. A D	ge	
County (6) Sussex					Code (7) USE ONLY)		Curi	rent Use (Prio	r if being d	emolishe	ed)			
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCN	l No.			atement Cont vironmental		s, LLC	10.5-2			
Street Address						(CALL) 140 CO	t Addr Gate	ess Drive, PO	Box 483					
City, State, Zip Code								Zip Code d, NJ 0741	18					
Project Manager for Monitoring	g Firm			Γelephor	ne No.		hone -583-	No. -8500	Lic 70	ense No 3				-CA13=
Start Date (10) 3/27/14		Scheduled 4/10/14	d Com	pletion (	Date (11)	Name	of OS	SHA Monitor				* 3		
Occupancy Status During Aba Facility Closed/Vacated I Abatement Performed Ot Other – Describe:	Ouring Entire P	eriod of A	batem				t Addr State,	Zip Code				-		
Scope of Work (Check All Tha	t Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				- N	full Containme Mini-Enclosure Glovebag Proc Mon-Exempted	edure				е	
		7.1	_ocatio							- S.		Abate	ement pe	
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Used Mair	Solel ntenar odial S (12)	y by ice/	(i.e. th	Descriptions Containing ermal system surfacing, Valther miscella	Materi ns insu AT, or	ulation,	(Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
Basement				х		pipe insul	ation		70 S	F		х		
										1 1611				
Name of Registered Waste Ha	uler			JDEP W auler ID		Cubic Yards of Waste		Name of F	Registered	Landfill				
City, State					1	Disposal Date	е	City, State	9					
Completed by Andrew Scott Higgins		Title Presid	dent			Signatu	e A			3/2	e  3/14	1		

14					to NJAC 8:6			Clar	12	153	?	-		677
Date of Notification (1) 3/13/14	53000	*			Building Ow Vincente	ner/Operator	(2)						e de la companya de l	1-1
Agencies Notified Type Notif	ication			Street A	1000000	Carlo Sara Horaca III			2.5		1	n -		
EPA X Initial Amer					on Place te, Zip Code					MAR	1	<u> </u>	U14	
▼ DOL	ndment #_ gency (in	aludina			a, NJ 0704	14								
DOH justifi	cation) cation	cluaing	1.0		Contact Vincente				Tolonhann	Mirmh	or			- 12
				FACI	LITY INFORI	MATION			T <sub>2</sub>			V.E.		
Name of Facility Where Abatement in house	s Taking	Place (3	)				Тур	e of Facility (4)						
Street Address					A			School (K-12 Subchapter 8	(Other than					
9 Sutton Place							×	Other (i.e. pri etc.)	vate & comm	nercial I	ouilo	lings,	home	es,
City (5) Verona							Squ. 210	are Feet 00	# of Floors		5:	ldg. A 5	ge	
County (6) Essex					Code (7) USE ONLY)		Curr	ent Use (Prior	if being dem	olished	1)			
Name of Monitoring Firm Hired by Br	uilding Ov	vner (8)		ASCM	1 No.			atement Contr ironmental		LLC				
Street Address						Street 4 E (		ess Drive, PO I	3ox 483					
City, State, Zip Code		12	N-10-000					Zip Code d, NJ 0741	8					
Project Manager for Monitoring Firm	5			Telephoi	ne No.	Teleph 973-			Licen:	se No.				
Start Date (10) 3/25/14		Schedule 1/10/14		pletion I	Date (11)	Name	of OS	SHA Monitor		- 1 0000				
Occupancy Status During Abatemen	it (Check	Only On	ie)	-		Street	Addre	ess						
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:						City, S	State, i	Zip Code						
Scope of Work (Check All That Apply	y)			570										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processing.	tenovat emoliti			-	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				e	
		Is	Location	on								Abate	ement	
Location of Asbestos-Containing Material (A	OM.		Vormall d Solel			Description			•	-		1 9	ре	
TO BE ABATED In Facility (13)	Civi)	Cust	intenar todial S (12)	taff?	(i.e. the	Containing Normal systems surfacing, VA her miscellar	s insu T, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						_			w	
Basement				Х		oipe insula	ition		90 SF		-	X		
Name of Registered Waste Hauler			T N	JDEP W	laste C	ubic Yards		Name of R	egistered La	ndfill				
3.1.1.00	0,00	auler ID	2000	f Waste			-3.010.00 Edi							
City, State				9	D	isposal Date	resimble enter	City, State				TIBE-3		
Completed by Andrew Scott Higgins		Title Presi	dent			Signature	Do	1		Date 3/13		10		

Al 14 mag No		te of New Jersey OF ASBESTOS A							
('MOCK # 88'1)	(Pursuant t	o NJAC 8:60 and	12:120)			1		/ F	3 -
Date of Notification (1) 3 - 14-14	Name of	Building Owner/O	perator(2)	BS	Structu	205		To	
Agencies Notified Type Notification	Street Ad	Idress 202	1001	*	MAN MAN	1.9	20	4.	<u>,                                     </u>
□ EPA  Initial  □ Amended	City, Stat	te, Zip Code	4 OK1	an	KOad	_			
DOL Amendment #  Emergency (including	Name of	Contact	ew Ha	Itand	Telephone Num	+	5	) T	
DOH justification)  Cancellation	BRE	ent W	hary.	. , :		IDEC	-		
Name of Facility Where Abatement is Taking Place (3)		ITY INFORMATI	Type of	Facility (4	4)				
NJ DOT Vacant ?	nesiden	Hial Dw	elling   so	chool (K-1	2) 8 (Other than K-12	η.			
2436 Paynter	2 Roa	d		ther (i.e. p	rivate & commercia		lings,	home	s,
City (5) Mall Train	077	119	Square	Feet	# of Floors	В	ldg. A	100	_
County (6)	County C	Code (7)			or if being demolish				۵
Name of Monitoring Firm Hired by Building Owner (8)	ASCM		Name of Abate		nily Dwe	lline	) 11	305	_
EPC Technologies  Street Address		MA	Street Address	Tee	hnolog	ies	,	In	6
Ro. Box 337			P.O. 1	Sox	337				
City, State, Zip Code New E e va + NJ	. 08	533	City State, Zip		ZU ta	0	95	13	3
Project Manager for Monif ri gu-irm	Telephor		Telephone No.	JI	License N	0. 7	10	U	
Start Date (10) Scheduled	Completion I	758-3365 Date (11)	609 758 Name of OSH	A Monitor	1		11	1	
3-24-14 H - Occupancy Status During Abatement (Check Only One	30 -	- 14	Street Address		hnologies	$\mathcal{I}$	nc		
Facility Closed/Vacated During Entire Period of Ab	atement		P-0.	BOX	337	72 1			
☐ Abatement Performed Outside of Normal Facility I ☐ Other – Describe:	Hours ·		City, State, Zip		NIT (	785	5.3	3	
Scope of Work (Check All That Apply)				JP	7,55				
20 31 01 20 11	novation molition		☐ Mini-	-Enclosure		ressu	re		
		r		ebag Prod Exempted	d (*) and Non-Friat	le Pro	and lanes		
No.	ocation ormally	n <sub>e</sub>	scription of					ement rpe	
Asbestos-Containing Material (ACM) Main	Solely by tenance/	Asbestos Con	taining Material ( I systems insulat		Amount (Specify	Z.	7	Enc	Ē
In Facility Custo	dial Staff? (12)	surfa	cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
Yes	No N/A							ate	œ'
ROOF	· x	Roof SI	ningles	0.0	3225 SF				
15+ Floor Basement	×	Floor	iles 9x	94	14275F	X			-
				-		1			
Name of Registered Waste Hauler	NJDEP W Hauler ID		Yards iste		Registered Landfil				. ^
EPC Technologies	200	00	12 sal Date	City, Stat	e Manage		t o	FY	14
City, State  New Equat  NJ	11520 - 15100	Var	vious Dates		isville 1	PA			
Completed by Title	sident		Signature	Sel	ha 1º	3-1	14-	14	1

### State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

March# Qr	200		(Pursua	nat to NJAC	8:60 and 12:120	))	MAB 1	9 2	014		
Date of Notification (1)	-13-	14	NS	me of Buildin	g Owner/Operator	(2) thru	e11- / Free	eho	11	1)	2001
Agencies Notified	Type Notific		St	reet Address	105	Knthy	Un				7
□ <del>CP</del> A	Dinital Amended	a.	=	y, State, Zip (		1	- 1	1	1	0-	
	Amenda	St#		y, see, E	GG HAN	bos 14	f. 10	0	0	82	
□ DOH	Canada Serial	ion)	Na	ame of Contac	it and a second	0	P				_
☐ DCA	Cancellal	lion .	<u> </u>		SAIC			-			1
		,		FACELITY IN	CRMATION	Type of Facility	(A)				$\dashv$
Name of Facility Where	Absorment is T	Taking Piece	(3)			CT School SEC12	91	C			-
24 6 15-22	28516		<u> </u>			T Oringhamber S	6 (Other than K-12) Nate & commercia	) I build	ings,		1
Street Addrisess G	CORGI	AK	0			* homes, etc.) Smare Feet	f & of Figures		g. Ac	e	$\dashv$
City (5) Free!	pold	NJ.			2 (2747)	Current I See (Pri	or if being demoks	190)	80		ᅱ
County (6) Mon M	outh		The state of the s	county Code (			esichent	3	_	_	=
Name of Monitoring Firm	Hared by Built	ting Owner	AS	DIM No.	Name of Atalan	ent Contractor (9)	LLC				_
(8)			_!_		Street Address		L. D	n			
Street Address					12/2 City, State, Zip C	Burlin	70.7	=	_	==	ᅱ
Cây, State, Zip Code					1 Del	phio 1	NJ 08	0)	<u>)</u>		=
Project Manager for Mon	iloing Firm		Telepho	me No.	Telephone No.	6-0916	License No.	570	さ		_ [
110,000					Name of OSHA		10				
Start Date (10) 3-24-14		Scheduled Co	4-1	Date (11)		Sel	11				$\dashv$
Commence Status Daniel	g Abatament	(Check only	one)		Street Address						_
Constitution of the contract o	्रे विश्ववस्था है	e reme or a	-	ni .	City, State, Zip C	coie					
Other - Describe:	i Ouside of N	miner facility	7 8 2000-0		J.J						=
Scope of Work (Check a	fullogs test B					deienent with Nex	-five Pressure				ì
	2 012( app.))	TPa	acration		T REPORT	desire					-
≥2 5f or ≥3 li     ≥160 sf or ≥260 li			no Eon		Gloven	eg Procedure empied (°) and No	n-Frieble Procedur	е			_
2100 St Gt 2222		1 8-1	ocation	$\neg$				A	baten Typ		
		i No	omally	.	Description of	.		9	- 1	$\overline{}$	$\dashv$
Asbestos-Containing I	of Selected (ACM)	Main	Solely by tenance/	Anhan	toe Containing Ma	terisi (ACM)	Amount (Specify	R	_	Encapsulate	E .
TO BE ABA			stocial Stali?	(Le	, thermal systems i surfacing, VAT	.05	SF or LF)	Removel	Repair	nade	Enclosure
5N Facility (13)	1	uatrus.	(12)	_	other miscellane	35)		val	-	late	100
		Yes	No A	UA AU	Cuty/WK	4/160	70015			$\dashv$	$\dashv$
Harris 1	BASER	ment		2 AC	M ( MECE	all) ripe	3000		$\dashv$	ᆉ	$\dashv$
11.25 3	nitzirle	5	C	AC	in Sidin		3200 SF	-	-	+	$\dashv$
Bung			10	1 AC.	KL Sicting		1000SF	i	-	- 1	$\dashv$
1401/56-1	BASET	nert	L	AC	M PAR	Name of Regi	100031		- 1	- 1	$\dashv$
Name of Registered Wa	ste Hauter			EP Weste or D No.	Cubic Yards of Waste	- WA	1 of Fa	-			
Ani do	5 LL	<u></u>		8639	Dispose! Date	City, State	-11 Lease	,	0		
City, State De	lanco	NJ	2		TBD	10	114 700011		4	.,,	=
	ıll	Table V	P		Signature	12	Date 3	-13	<u> </u>	4	
	111	l			tos licensure exer	noted activities.					
APB-41		" Do not u	se this fo	om for asses	IOS INCHISUIO CADI						

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

Madc# 13	<u> 295</u>			4			8:60 and 12:12	7070 4.0			- 3				1
Date of Notification (1) MARCH 14, 2014	T.				Name of I PROVI		Owner/Operato BANK	or (2)							1 1
Agencies Notified	Type Notific	cation			Street Ad 5410-5		ergenline Av	enue		į.	tAR 15	201	Ą	20	
EPA DEP DOL	Initial Amend	ded dment #		-	City, State West N	e, Zip Co lew Yor	de k, NJ 07093	3						1	
DOH DCA	Emerg	gency (incl	uding		Name of Marty (		ek		-	Tole		ashar'			一
L DCA	L Cance	Hation					ORMATION			**					100
Name of Facility Where PROVIDENT BAN	Abatement is	Taking Pl	ace (3)		.,,,,,,			Тур	oe of Facility (4 School (K-12						
Street Address 5410-5412 BERG	ENLINE AV	/ENUE							Subchapter 8 Other (i.e. pr etc.)	8 (Othe			dings,	home	es,
City (5) WEST NEW YOR	K								uare Feet 921 SF	# of 3	Floors	B 4	ldg. A 10+ \	ge ÆAF	38
County (6) HUDSON					County C		)		rrent Use (Prio ANK	r if bei	ng demolis	hed)	1288 2 1884		
Name of Monitoring Firm	m Hired by Bu	ilding Owr	ner (8)		ASCM	No.			batement Cont g Touch Ask			nent C	orp.	,Inc.	
Street Address				1/				et Add 0 Bro	ress adway, Unit	t A					
City, State, Zip Code									, Zip Code anch, NJ 07	7740					
Project Manager for Mo N/A	roject Manager for Monitoring Firm N/A							phone	No. 2.8372		License N	No.			
Start Date (10) 3/30/14			heduled		npletion D	Date (11)	Nam N//		SHA Monitor						
Occupancy Status Durin	ng Ahatement	(Check O	nly One	)			Stre	et Add	ress				-		
Facility Closed/Var Abatement Perforr Other – Describe:	cated During I	Entire Peri	od of Ab	atem	nent		City,	State	, Zip Code						
		4													
Scope of Work (Check of the state of the st	All Шас Арріу	-		nova				<u>×</u>	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
									Non-Exempled	() an	u Non-Fila	ble Flo	2747 100	emen	t
Locatio Asbestos-Containin <u>TO BE Af</u> In Fac (13	g Material (AC BATED illity	CM)	Used Main Custo	tena	ly ly by nce/		Descripti stos Containing thermal syste surfacing, \ other miscel	Mate ms ins /AT, o	sulation,	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
			Yes	No	N/A									U	_
BOILER	ROOM	1000	Х				TSI			3	5 LF	X			-
										51010			-	-	+
					-								-	-	
	note Univers				JDEP W	acto	Cubic Yards		Name of I	Registr	ered Landfi	11			
A1 CM - 1-1 1 1 1 1		atement	Corp.,I	, H	lauler ID 2058		of Waste	,			NDFILL				
Name of Registered War Finishing Touch As	bestos Aba														
							Disposal Da 3/31/14	ite	City, State	e ISVIL	LE, PA				

# State of New Jersey APPROVED CINOY MATCHELL NOTIFICATION OF ASBESTOS ABATEMENT NOTIFICATION OF ASBESTOS ABATEMENT

	(P	'urs	ua	nt	to	<u>N.</u>	.J.A.	<u>C.</u> 8:6	60 and	12:1	20)	70-H	- 24	57	8		
Date of Notification (1)			N	ame	e of	Bu	ilding	Owner	/ Operato	or (2)		10/	<del>R 1</del>	9 2	014		
3/13/201					ys I					53 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -							
Agencies Notified Type Not	fication				t Ac			n Stree	et								
	itial		-				Zip (				1						
<del></del>	mended							45202									
	nergency		7,010				ntact						Te	elenhr	ne N	Jumb	er
DCA Ca	ancellation		L	ou	Del	Ma	uro										
				FA	CIL	IT	Y INF	ORMA	ATION			-					
Name of Facility Where Abate	ment is Taking F	Place	(3)						e of Facil	ity (4)							
Macys Store #340032 - M	enio Park Mai	<u> </u>					1000000		School (	K-12)							
Street Address											Other than K-						
275 Parsonage Road								$\boxtimes$	Other (i.e	e. priva	ate & commer	cial bu	ıildings	, hon	nes, e	etc.)	
								Squ	are Feet		# of Floors		Bld	lg. Ag	e		
City (5)	County (6)	C	Cou	nty	Cod	le (	7)		200								
Edison	Middlesex							Cur	rent Use	(Prior i	f being demol	ished)					
					86			Sch	loor								
Name of Monitoring Firm Hire	d by Building Ow	ner (	8)		Α	SC	M No	. Nan	ne of Aba	temen	t Contractor (9	9)					
Pennoni Associates, Inc.	17		-								nental, Inc.				20		
Street Address								10000000	et Addres								
515 Grove St.					_				3 Beave								
City, State & Zip Code Haddon Heights, NJ 0803	_								, State &								
Project Manager for Monitoring		Tal	a = h		. Al.				stol, PA			T					
Alan Lloyd	3 1 11111				Nu 287		er	0.0000000000000000000000000000000000000	ephone N			0050	se Nur	nber			
Scheduled Start Date (10)	Scheduled Co				10.000	0.000			5)788-60 ne of OSH		aita.	UUSU	9		-		-
3/17/2014	ocheduled Co	3/27				11)					nitor nental Inc.						
Occupancy Status During Aba	tement (Check c	2-30/10 (2-3) - Sub-rule	117 at at a 174	015070111				_	et Addres		ientai inc.		7.10				
Facility Closed/Vacate	d During Entire	Period	d of	Ab	ater	ner	nt		3 Beave	2000	et						
Abatement Performed									, State &			-					
Describe: 10:00 PM t	o 7:00 AM								stol, PA								
Facility Occupied Durin									•								
Scope of Work (Check all that	apply)	Х,											1000000			CC07-2/0	d-code
≥3 sf or ≥3 lf				_						$\bowtie$	Full Containn		ith Neg	jative	Pres	ssure	
≥160 sf ≥260 lf		$\bowtie$			ova	100				Н	Mini-Enclosur						
2 100 SI 2200 II		Ш	J	Der	noli	lior	1			님	Glove Bag Pr				_		
Location of		l le	c I c	cat	ion				occription	<u></u>	Non-Exempte			-			
Asbestos-Contair	ina		T		Use	d			escription stos-Con			Amou (Speci	785	ADa	atem	ent T	ype
Material (ACM				ely l		٦			aterial (A			SF or L				т	
TO BE ABATE		Mai				or			thermal sy				,	Re	Z.	nca	Enc
in Facility		Cus			Staf	f?	i		on, surfac					Remova	Repair	psu	Enclosure
(13)		V		12)	NI/			or othe	er miscella	aneous	s)			a	=	Encapsulate	l le
D. T		Yes		No	N/	_											
Big Ticket Area		<del> </del>		$\boxtimes$	Ļ	_			nd mast			,000 \$		$\boxtimes$	Ш		
Children's Department		H	1	4	Ļ	4	Floor	r tile a	nd mast	ic	3	,800 \$	SF		$\sqcup$		
		Ц	1	_	Ļ	1								Ш			Ш
		Щ	ļļ	4	Ļ	1								Ш		Ц	Ш
			1	_	L	1								Ш		Ш	
										,							
Name of Registered Waste Ha	uler							Cubic `		Name	of Registere	d Land	Ifill				
Service Transport Inc.				на		99	No. <b>0</b>	of Was	3776	Mine	rva Landfill						
City, State			-	_		_		CONTRACTOR OF THE PARTY OF THE	al Date	City,		_					
New Castle, Delaware									eeded		nesburg, Oh	1					
Completed By (Print or Type)				Titl	е	5.00		Signati		1.3			1	Date,		ALC THE T	
Gino Pizzigoni					oje			U:	Pi		ni / K	7		3/1	2/	11	
				Ma	na	dei	r	pen	o luga	ngo	1-10		17	111	1/1	7	

MUL 10 2014 00-2041 1 00 1/ 00 1 NJ Bapt. of Health & Senior Services State of NJ Notification of Asbestos Abatement B&G proj.#: 2014-40 Dat Check #6432 (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* EMERGENCY \*\*\* Time: Date of Notification (1) Name of Building Owner/Operator (2). 0 3 / 1 2 / 1 4 Monmouth University Agancies Notifical Type Notification Street Address ☐ EPA 1 400 Cedar Avenue Inital DEP City, State, Zip Code DOL. Amendment West Long Branch, NJ 07764 DOH DO Name of Contact Telephone Number Cancellation D DCA Tim Orr FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) Monmouth University-Facilities Bldg. School (K - 12) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 400 Cedar Avenue Bldgs./Homes, etc. Square Feet | # of Floors Bidg. Age City (5) County (6) County Code (7) West Long Branch (State use only) Monmouth Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bidg. Owner (8) non-Sub 8 ASCM No. Name of Abatement Contractor (9) AHERA Consultants, Inc. 0057 B & G Restoration, Inc. Street Address Street Address PO Box # 385 105 Ryerson Road City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231-0385 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number John Smoyer 609-652-1833 973-696-6869 0378 Scheduled Start Date (10) School, Completion Date (11) Name of OSHA Monitor 03/14/2014 B & G Restoration, Inc. 03/15/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-City, Statu, Zip Code S

Other-Describe: Scope of Work (check all that app.					Lincoln Park, NJ	07035			1.0	
☐ Bernolition ☑	Renovatio ≥160 sf or				Full Containment wineg		o & ca abag p	roced		
Location of asbestos-containing material to be	is location by mainte staff(12)	normally hance/cus	used solely stodial	Description of	asbestos-containing	Amount	R	R	E	E
abated in facility (13)	Yes	No	N/A	material (ACM	)	(Specify SF or LF)	m o v	P a l	a	D L
main hallways & front main			X	VAT ·		1010	e	Lr.	<u>_</u>	
office		*			- (0.0) (1.0) (1.0) (1.0)	1010 saft	14	旦		
						- ·				
		VIO - 105								
									П	T
Registered Waste Hauler	NIDE	P Hauler I	D# (X	bic Yards of Waste	Name of Registered L	anediu				
B & G Restoration, Inc.	1956	3		4 vds		ce & Recovery Center				
City, State Lincoln Park, NJ 07035			Disposal Da 03/17		City, State Tullytown, PA	CE TICCOASTA CEITEL	_			
Correspond by Mint of The			-		Luitywwn, PA					

Date

03/12/2014

Completed by (Print or Type)
Gordana Luma

Secretary/Treasurer

CONTRACTOR WELLS HAVEN

B & G Restoration, Inc.
City, State
Lincoln Park, NJ 07035
Completed by (Print or Type)
Gordena Luca

NJDEP Hauler ID# 19563

Secretary/Treasurer

Title

Cubic Yards of Waste

Sighature

Disposed Date 03/17/2014 Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State

Tullytown, PA

Guden Long

Mar 12 2014 04:1/FM N.	ASDEST	os Contr	יבחם זם	033,0004	haze .	F	1 1 1	e F		71
B & @ proj. #: 2014-40		(	Pursuar	t to NJAC B	of NJ estos Abatement :80-7 and 12:120-7) 3 E N C Y ***	Check	MAR	1 9 2 - 10		1
Date of Notification (1)	.111	Vame of Bui	leting Own	er/Operator (2)						
0 31/1121/114		Monmou						0 1 2	1014	
Agencies Notified   Type Notifican	on g	treet Addre	55		THE RESERVE TO SERVE		MA	1	1	
indition of the state of the st		400 Ced	lar Aven	ue	Si .	1	IMI	1/661	M	
		Aty, State,	ip Code				WAIVE	RAP	PRI	VED
2 DOL Amend	nen:	West Lo	ing Bran	ch, NJ 0776	4	-	AAMIAT	11 141	1 110	
DOH		ame of Cor	iteci .			Telepho	ne Number			The state of
☐ DCA ☐ Carrical	atleri	Tim Orr						-		
			FAC	ILITY INFORM	ATION					
Name of facility where abatement	s taking pi	800 (3)				Type of Facility	(4)			
Monmouth University-Fact	ities Bid	<b>3</b> .		0.50		1 =	o (K - 12)			
Street Address		-					hapter 8 (Ot			
400 Cedar Avenue						Other Bidgs	Private/Co	mirecial C.	E.	
						Square Feet	of Floore		sidg. As	le
City (5)	Com	nty (8)			County Code (7)		-	جاب		
West Long Branch	Mon	mouth			(State use only)	non-Sub 8	ulos il piciua	demoksi	hed)	
Name of Manitering Firm Hired by	ide. Cwn	er (8)		ASCM No.	Name of Abstement					
AHERA Consultents, Inc.				0057	B & G Restoration	on Inc	10° <b>1</b> 2°			
Street Address	20000	7			Street Address	D41, 11241				
PO Box # 365					105 Ryerson Ro	ad .				
Cay, States, Zip Cobs			*		City, State. Zip Code					
Oceanville, NJ 08231-038					Lincoln Park, N	J 07035				
Project Manager for Monitoring Firm			one Numb		Talaphone Number		Ligense I	tumbar		
John Smoyer			9-652-18	F-100 F-100	973-696-6869 Name of OSHA Mon	Mar	0378		-	_
Scheduled Start Date (10)		. Completic	m Date (1	1)	B & O Restorati	7000				
03/14/2014	03	/16/2014			Street Address	4-17 m-141		-		
Occupancy Status During Abatemen					105 Ryerson Ro	ad				
Facility clased/vacated during					City, State, Zip Code	3.00				
Abstanced performed outside  Describe: F110ay 2 p.m 1	8.M.	receity nour	Die		-11					
Other-Describe:					Lincoln Park, N	J 07035				
Scope of Work (check all that apply  Demolition	Since I control	_			<b>-</b>		Wrap &	~~~~		10
	Renovetic				Full Containment wine			of busca		
N >3 et at >3 g	≥160 af or				☐ Mini-englosure		Non-fits	nete proc		
Location of		n normally ( angheateust		1	200	A		R R	E	E
a sbestos-containing material to be	818f7(12)		,	Description material (4	n of asbestos-containing	Amount (Specify:	SFor	mp	6	ñ.
stated in facility (13)	Yes	Na	N/A			LF)		¥ 1	8	L
main haliways & front main			X .	VAT :	<u> </u>	1010 saft		åb	1	
office		7		1		10.0 801		HH	17	F
					NAME OF TAXABLE PARTY.	C 100 CD 100	EG 500		45-	

03/12/2014

B & G proj. #: 2014-40

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* E M E R G E N C Y \*\*\*

Check #6/32

					GE	IN C T	Check	# 0432			
Date of Notification (1)		I Name o	f Building Ov	vner/Operator (2	2)			Ty :		7 72	
0 3 / 1 2 / 1 4		11	nouth Univ		-,						
Agencies Notified   Type Notifi	cation	Street A		orolej .	-				Name of the	Post of the last	
EPA Initia	al		Cedar Ave	nue				MAR 19	9 96	114	
DEP DEP		City, Sta	ite, Zip Code							570 E	
DOL Ame	ndment			nch, NJ 077	64						E
☑ DOH			Contact				Tolonha	a Musel as			:
DCA Cano	ellation	Tim						ne Number			
		11	OII -				*		27		
			FA	CILITY INFORM	OITAN	N	61				
Name of facility where abatement	nt is takir	ng place (3)			15502		Type of Facility				
Monmouth University-Fa	cilities	Bldg.					School	ol (K - 12)			
Street Address							The second of th	apter 8 (Oth			)
400 Cedar Avenue								(Private/Con /Homes, etc		cial	
							Square Feet	# of Floors	T	Bldg.	Age
City (5)		County (6)			118666	unty Code (7)			_ .		
West Long Branch	N	/lonmouth		72 +	(Sta	ate use only)	Current Use (P	rior if being	demo	lished)	
Name of Monitoring Firm Hired b	y Bldg. (	Owner (8)		ASCM No.	۲	Name of Abatement	non-Sub 8		_		
AHERA Consultants, Inc.				0057		B & G Restoration					
Street Address			<del></del>	L	-	Street Address	on, mc.				
PO Box # 385	2.					105 Ryerson Roa	d .				
City, State, Zip Code						City, State, Zip Code			Townson.		
Oceanville, NJ 08231-03						Lincoln Park, NJ	07035				
Project Manager for Monitoring Fi	m		Phone Num	ber		Telephone Number		License No	ımbe	Г	*
John Smoyer			609-652-1	833		973-696-6869		0378			87
Scheduled Start Date (10)	S	ched. Comp	letion Date (1	1)		Name of OSHA Monit	1500 p				
03/14/2014		03/15/20	14			B & G Restoration	n, Inc.				
Occupancy Status During Abatem	ent (Che	ck only one				105 Ryerson Roa	d				
Facility closed/vacated during	g entire	period of ab	atement.			City, State, Zip Code					
Abatement performed outside Describe: Friday 5 p.m	le of nom	mal facility h	ours-								
Other-Describe:						Lincoln Park, NJ	07035				
Scope of Work (check all that app	oly)		· · · · · · · · · · · · · · · · · · ·					¬ wгар &	cut		
☐ Demolition ☐	Renov	ration			□F	ull Containment w/neg	ative pressure	Glovebag		edure	65
✓ > <u>3</u> sf or > <u>3</u> If	≥160 s	f or ≥260 If				fini-enclosure	5	Non-friab			
Location of			lly used solel	у	20000			F		R E	T_
asbestos-containing material to be	staff(1	nintenance/o	ustodiai			sbestos-containing	Amount	_   e	0 I 3	n	E n
abated in facility (13)	Yes		N/A	material (	ACM)	36	(Specify S LF)	F or o	1 1	c c	c
		140					/	V e	ļ	P	-
main hallways & front main			X	VAT			1010 saft		1		
office	-	4-	-						][[		
	-	-	-							]   🗆	
	-	+	_				-		11	110	卄
legistered Waste Hauler	IN	JDEP Haule	er ID# I C	ubic Yards of V	Vaste	Name of Registered L	andfill				
B & G Restoration, Inc.		19563		4 yds	- 4010	Tullytown Resour		Center			
City, State			Disposal D	ate		City, State			-		
Lincoln Park, NJ 07035	<del></del>		03/1	7/2014		Tullytown, PA		9			
Completed by (Print or Type) Gordana Luna	Title	hami/Tuca		Signature		Gordana Luna		Date			
Oviding 150110	Secre	tary/Treasu	II CI			June School		03/12/20	14		

Date of Notification (1) March 14, 2014			Name of Dept.	of Building O of the Air	wner/Operator Force, 87th	(2) Contracting	Squadron/LG	CB Che	eck#	12	15
Agencies Notified	Type Notification		Street A		erg Avenue	18.	rea 1			1	
EPA DEP DOL	Initial Amended Amendment #_	aludina		ate, Zip Cod Base McC		kehurst, NJ (		· · · · · · · · · · · · · · · · · · ·	014		
DOH DCA	Emergency (inc justification) Cancellation	Juding	1000	of Contact Carl Knott			Talanhana	Mumbar	•		
			FAC	ILITY INFO	RMATION		3	7			
Name of Facility Where A McGuire Air Force E		Place (3)				Type of Facilit	<-12)	K 40)			
Street Address 2402 Vandenberg A	venue					Subchap Other (i.e etc.)	ter 8 (Other than e. private & comn	nercial build	ings, h	omes	5,
City (5) Hanover Twp.		ä				Square Feet 10,000	# of Floors	10.00	dg. Ag 00	е	
County (6) Morris				Code (7) USE ONLY)		Current Use (I Air Force B	Prior if being dem Base	nolished)			
Name of Monitoring Firm Management & Env	Hired by Building Ov	vner (8) ervices	ASC	M No.	- 5037793153	of Abatement ( de Environm					
Street Address P.O. Box 341						Address Cutler Ave.					
City, State, Zip Code Chesterfield, NJ 08	515			*		State, Zip Code	J 08052				
Project Manager for Mon				one No. 298-4070	Telep	hone No. 5)755-0099		nse No.		38 - LCO	
Bill Weisgarber Start Date (10)	1 5	Scheduled C			-	of OSHA Moni					-
March 29, 2014		April 13, 2			EMS						
Occupancy Status During	T4: N4		1010000000			t Address Haddon Ave	)				
Facility Closed/Vaci X Abatement Perform Other – Describe:	ated During Entire Pe ned Outside of Norma	eriod of Aba I Facility Ho	tement		100	State, Zip Code stmont, New	Jersey 08108	3			
Scope of Work (Check A	II That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		11/20/20/20	ovation olition			Mini-Enclos				<b>.</b>	
						Non-Exem	pted (*) and Non-	-Filable Fit	Abate		
	02.5	0.000	cation mally						Ту		
Location Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	Used S Mainte Custodi	colely by enance/ al Staff?		Description tos Containing thermal system surfacing, V other miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF	, Re	Repair	Encapsulate	Enclosure
		Yes N	N/A			41					
Exterior Trenches	of Bldg. B2901	X	XX	-	Cement P	iping	100 LF	- X			$\vdash$
Name of Registered Wa	sete Hauter		NJDEP	Waste	Cubic Yards	Name	e of Registered L	andfill			
Freehold	isto i ladio.		Hauler 15939	ID No.	of Waste	Grov	ws Landfill				
City, State Mount Holly, New J	ersey 08060				Disposal Dat 4/7/14		State ytown, PA.		120		
Completed by Christina Lynch		Title Operat	ons Ma	nager	Signatu	and C	21	Date 3/14/2	014		

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

No Chock			N			o NJAC 8					CH	ECK #20	1482			
Date of Notification (1) 03-14-14	5		(C. 1000)		Name of Verizor	Building O	wner/O	perator	(2)							
Agencies Notified	Type Notifi	cation			Street Ad	dress on Way										
EPA DEP	Initial Amen	ded			-2-400000000000000000000000000000000000	e, Zip Coo	ie						- 15			
X DOL	Amen	dment#				g Ridge,		7920								
DOH DCA	justific	gency (ir cation) ellation	iciuaing		Name of Bill Rot						Tele	phone Nu	mber	-		
_					FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A	Abatement is	s Taking	Place (3	)						of Facility (4)						
Street Address						-			S	School (K-12 Subchapter 8	(Othe	r than K-1	2)		¥:0000 -0000	
Rt. 35 SB										Other (i.e. pri		commerc	ial build	dings,	home	s,
City (5) (1) Toms River Tow	nship to I	Mantolo	oking			Control of			Squar 2400	e Feet	# of N/A	Floors	(10.00)	ldg. A I/A	ge	
County (6) Ocean					County C	ode (7) ISE ONLY)			Currer	nt Use (Prior rior	if bein	g demolis	hed)			
Name of Monitoring Firm Consulting & Testin					ASCM	No.				tement Control						
Street Address 622 Georges Road,									Addres	Street					333	
City, State, Zip Code									State, Zi						-	
North Brunswick, N								27-03-10-03		NJ 07072						
Project Manager for Mon Frank Selamie	itoring Firm				Telephor	ne No. '29-1800	)	1000	hone No 939-6			License N 00756	No.			
Start Date (10)		Т	Schedule		18 8 3	Date (11)				A Monitor						
10-28-13			(2)03-1					100000000000000000000000000000000000000	n-Air Ir					0-203		
Occupancy Status During									Addres	s kson Aven	ue					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside	of Norma	eriod of A al Facility	Abaten Hours	nent 3			City, S	State, Zi			01				
Scope of Work (Check A	II That Appl	y)		*						•	2, 300, 200, 20			120.42		
≥3 sf or ≥3 lf ≅ ≥160 sf or ≥260 lf				Renova Demolif					Min Glo	l Containme ni-Enclosure ovebag Proce	edure	2				
					•			Ŀ	△ Nor	n-Exempted	(*) and	Non-Fria	ble Pro		e ement	
Location	of		1	Locat Vormal	lly		De	scriptio	n of						ре	
Asbestos-Containing TO BE AB, In Facil (13)	Material (A	CM)	Ma	ed Sole intena todial S (12)	nce/		os Con thermal surfa	taining I	Material ns insula AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									_	- W	
Exteri	or				X		Transi	te Duc	t Bank	ζ	16,	000LF	X	-		
Name of Registered Was	ste Hauler			100	JDEP W			Yards		Name of F	Registe	red Landfi	11			
ATC, Inc. / JBT (500	171)				łauler ID 4310	NO.	of Wa	58363 L		Minerva		rprises	- 3141			
City, State Shirley, NY / Bronx,	NY	di S					TBD	1 11		City, State Waynes						
Completed by Richard Doran			Title Proje	ect Ma	anager		5	Signatur	e C	V D			ate 13-14-	14		

#### APPROVED CINDY MITCHELL State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NJAOH

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

		(Pu	rsua	ant	to	<u>N.</u> .	J.A.C	<u>.</u> 8:60 and 1	12:12	20)	le# 2	57	17			
Date of Notification	(1)		N	Vam	e o	f Buil	ding O	wner / Operator	(2)			-	-1.		rain)	
	3/12/14		٦	rer	nto	n Bo	ard o	f Education						Ä	厅	
Agencies Notified  EPA	Type Notifica	ition	0.07			ddre rost	ss ect Si	treet								1
☐ DEP							Zip Co			1	WAH	19	7/	11/1		1
□ DOL	☐ Amer	ded					J 0863						-	//7		.
	⊠ Emer	gency					ntact				J-	Talan	han	a Ni	ımhe	er
☐ DOH ☐ DCA	Cano	ellation	F	VIr.	Eve	erett	O. Co	ollins			1-					1
		NAME			andresse.			The state of the s								7 ]
					\CI	LITY	INFC	RMATION		T <sub>2</sub>		867			119	
Name of Facility W		ent is Taking Pla	ace (3	6)				Type of Facilit		NON SUB-CH	ADTED 0	4				
Jefferson Eleme	ntary															
Street Address										Other than K-		b			۱ ۵۰	
1 Whittlesey Roa	ad								. priva	ate & commerc					ic.)	-
								Square Feet		# of Floors		Bldg. /	1970			
City (5)		County (6)	Co	unty	Co	de (7	7)	70,000		2			- (	+06		
Trenton	40	Mercer						Current Use (	Prior i	f being demol	shed)					
								School								
Name of Monitoring		y Building Own	er (8)			ASC	M No.	Name of Abat		하나 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.	3)					
Environmental C	Connection							Bristol Envi		nental, Inc.						
Street Address								Street Addres								
120 North Warre								1123 Beave					_			
City, State & Zip Co								City, State & Z								
Trenton, NJ 080								Bristol, PA			1	I I.		-		
Project Manager fo		irm	Telep				er	Telephone Nu			License N 00509	umb	er			
Ryan Broadwate			609-					(215)788-60		.,	00509	_	_	-		
Scheduled Start Da		Scheduled Con				(11)		Name of OSH Bristol Envi								
3/13/14		1 (0)	3/14			_		_		iemai mc.				-		-
Occupancy Status	During Abater	nent (Check or	ily one	e)	hat			Street Addres	55 P							
		During Entire P						1123 Beave				-2015.				
		utside of Norma	al Hoi	urs -	- /8	am to	3pm	City, State & Z								
	3 PM to 11 cupied During							Bristol, PA	1900	ſ						
Scope of Work (Ch					-											OHOO
Scope of Work (Cit	ieck all triat ap	pp(y)							$\square$	Full Containn	nent with N	legat	ive	Pres	sure	
≥3 sf or ≥3	If		$\boxtimes$	Re	eno	vatio	n		Ħ	Mini-Enclosu		-				
□ ≥160 sf ≥26				9555		olition			Ħ	Glove Bag P	rocedures					
	30 II						70		Ħ	Non-Exempte	ed and No	n-Fria	ble	Pro	cedu	re
	ocation of		le	Loca	atio	n		Description	of		Amount				ent T	
	stos-Containin	a	Norr					Asbestos-Con			(Specify	-				71-
	terial (ACM)	9		olely				Material (AC			SF or LF)		_		Ш	ш
	BE ABATED		Main					(i.e., thermal sy					en l	Re	car	ncl
	in Facility		Custo	_		aff?		nsulation, surfac					Remova	Repair	Encapsulate	Enclsoure
70	(13)			(12				or other miscella	aneou	is)			2	7	late	F
			Yes	No		N/A							_	_		
Boiler Room			$\boxtimes$		]			Boiler Rib Ins	ulatio	on	10 SF		X]	Ш	Ш	
					]				10000000			[[				
			П	Г	11	П										
			T		it	П										
			Ħ	F	Ħ	Ħ		1				T	7	$\Box$		
Name of Registere	d Waste Haul	er		IN	JJD	EP V	Vaste	Cubic Yards	Nam	e of Registere	ed Landfill					
Traine of Trogictore	4 1140.0 1 144.							of Waste		Ü						
Bristol Environn	nental, Inc.			1	187	06		.25 cu yd	GRO	OWS Landfil	I					
City, State								Disposal Date	City.	State	***					
Bristol, PA 1900	7							3/14/14		ristown, PA						
Completed By (Prir				T	Title			Signature				Da	ite			
Gino Pizzigor	(TOO) 93701			100		ject				/		3/	12	/14		
goi					10 Y	, nage		Lino Pu	MI	une /	1			_		

6-I14033

Date of Notification (1) 03/13/14 CK# 3017	\$200					Owner/Ope		2)				7	
_	ype Notification		1	Street A						MAD	1 9	2014	- 10
DEP DOL	Amended Amendmen				ate, Zip Co wood, N	ode ew Jerse	ev 074	150				<u> </u>	3
☑ DOH DCA	Emergency justification) Cancellation			Name o	f Contact Infante				Telephon	e Numbe	-		
Name of Facility Where Aba	atement is Takir	ng Place (3)		FAC	ILITY INFO	ORMATION		Type of Facility (	4)				
Toyota Building Street Address								School (K-1	2)	K 42)			
1096 Route 17 North								Other (i.e. p	8 (Other than private & com	nercial b	uilding	s, hom	ies,
City (5) Ramsey, New Jersey	07446							Square Feet 10,000	# of Floor	S	Bldg. 55+	Age	
County (6) Bergen		2		County (STATE	Code (7) USE ONLY)			Current Use (Prid Car Dealersh		nolished			
Name of Monitoring Firm Hi N/A	red by Building	Owner (8)		ASCN	M No.		lame o	f Abatement Cor Corporation	•				
Street Address				-				ddress cBride Avenu	ie				
City, State, Zip Code		1755 S				C	ity, Sta	ite, Zip Code and Park, NJ					
Project Manager for Monitor	ing Firm			Telepho	ne No.	Т	elepho	ne No. 25-8400		ise No.			
Start Date (10) 04/07/14		Scheduled 04/21/14		pletion	Date (11)			OSHA Monitor					
Occupancy Status During Al  Facility Closed/Vacated Abatement Performed	During Entire	Period of At	natem	ent	1	S 2	treet A	<sup>ddress</sup> Route 22 Wes					
Other – Describe:		nai Facility i	Hours					te, Zip Code , New Jersey	07083				
Scope of Work (Check All Ti ≥3 sf or ≥3 if ≥160 sf or ≥260 if	hat Apply)	provinces	enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			ıre	
Location of		No	ocatio	у		Descri	ption o				Aba	temen ype	1
Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM)	Custo	tenan	ice/ taff?	Asbest (i.e.	es Contain thermal sys surfacing other misc	ing Ma stems i	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Zeriloval	Repair	Encapsulate	Enclosure
Roof		X	NO	N/A		Flas	hing		420 SF	X	+	10	
	×.												
Name of Registered Waste H	Hauler		N.	JDEP W	aste	Cubic Yar	ds	Name of F	Registered La	ndfill			
Lilich Corporation				auler ID 1724	No.	of Waste 10	esettico.	V management of the resulting	V.S Landfill				
City, State Woodland Park, New Je	ersey 07424	40				Disposal I 04/21/14		City, State Morrisvi	lle, Pennsy	Ivania			
Completed by Tatiana Kalenikova		Title Vice P	resid	lent			ature	ean tel	de.	Date 03/13	/14		

### Check # 0548

Date of Notification (1)			J=01 - 2002 - 31			Building O					w si		- 1		1	77 7	1
3/14/14				- 10 March	CANAL AND FOR	al Waste	& R	ecycling	Serv	ices						1 +	
Agencies Notified	Type No	tification		1000	Street Ad						-						- 1
□ EPA	☐ Initi	al				rnbull A						17.75	10	-	112		- 1
DEP	Am	ended		1000		e, Zip Cod						MAG	1 0	-	717		9/
DOL		endment# ergency (ir				on, NJ 0	8610	)	70								
DOH		ification)	icidanig	1	Name of						I Ald	anhone l	Number				
DCA	Car	ncellation			Phil Ab						3				_		
	<b>A1</b>	t in Takina	Disea (2)		FACIL	ITY INFO	RMAT	ION	Type	of Facility (	4)						-
Name of Facility Where		t is raking	Place (3)														
Commercial Prope	erty						-			chool (K-1 ubchapter	2) 8 (Oth	er than k	(-12)				
Street Address										other (i.e. p					ngs,	home	es,
388 Lake Ave										tc.)	1 # ~	Floors		DI	dg. A	70	
City (5)									100	e Feet	1	LIOOIS			19. A 0+	ge	
Metuchen									2,00		1 .		-liebed)		JT		
County (6)					County C	Sode (7)			Dine	nt Use (Pri	or it bei	ng demo	olisneu)				
Middlesex						1 3500						(0)		_			
Name of Monitoring Firm	n Hired by	Building C	wner (8)		ASCM	No.		1		ement Cor							2.
N/A					N/A					anagem	ent Co	υp		_			
Street Address									Addres								
N/A									roy Lr								
City, State, Zip Code								1 777	320 113	p Code	7025						
N/A	nager for Monitoring Firm									irk, NJ 0	7033	Linna	- No				
	t Manager for Monitoring Firm				Telephon	ie No.			none No			Licens 0119					
N/A					N/A				706-7			0119	ان 	_			
Start Date (10)			Schedule		pletion D	Date (11)		3335		A Monitor			6				-
3/24/14			3/31/14							anagem	en C	υþ					-
Occupancy Status Durin	ng Abatem	ent (Check	Only On	e)					Addres								3
Facility Closed/Vac	cated Durin	ng Entire P	eriod of A	batem	ent				roy Lr							-	
Abatement Perform Other – Describe:				Hours						p Code	7005						
100							_	Linc	oin Pa	ark, NJ 0	7035			_	_		
Scope of Work (Check /	All That Ap	ply)						-	-								
≥3 sf or ≥3 lf			and the same of th	enova				×		Containm		Negati	ve Pres	sur	е		
≥160 sf or ≥260 lf			X D	emolit	ion				- ·····	i-Enclosur vebag Pro					- 4		
							x 1 1/2	×	Nor	-Exempte	d (*) an	d Non-F	riable F	roc	edur	9	
25			Is	Locati	on											ment	t i
Locatio	n of		l N	lormal	ly		D	escription	of				-	-1	1 9	ре	_
Asbestos-Containing	g Material	(ACM)		d Sole intenar		Asbest	os Co	ntaining N	Material	(ACM)	10	mount		,		ᄪ	m
TO BE AE				odial S		(i.e.		al systems facing, VA		tion,		Specify or LF)	2		Rep	сар	nclo
(13)				(12)				miscellar					CHOCK		Repair	Encapsulate	Enclosure
			Yes	No	N/A								-	-		ē	Θ
F.,			1			-	Tro	noite Cir	dina			5 SF	-	1			
Exter			+		X			nsite Si					K	+	-	-	-
2nd Fl	oor				X	Jo		ompoun		cn		0 SF	K	-			-
Basen	nent				Х			9x9 VA7				20 SF	K				
SEE NEXT PAGE FOR						ADD		NAL QU	IANTI			TPAG					,
Name of Registered Wa	ame of Registered Waste Hauler				JDEP W		50000000000	ic Yards	o	Name of	Regist	ered Lar	ndfill				
Loznica Manageme	ent Corp			31 33	lauler ID 033137		TBI			GROV	VS No	rth Lar	ndfill				: <del>-</del>
City, State	(* 1)						700000000000000000000000000000000000000	osal Date	i.	City, Sta		24					
Lincoln Park, NJ 07	incoln Park, NJ 07035						TBI	1000		Morris	ville, f	A		_			
Completed by			Title	8900				Signature					Date	14	4		
Elizabeth Cirovic			Secr	etary				E. Gi	201	on			3/14	/14	•		

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

PAGE 1 OF 2





Date of Notification (1)					Name o	f Building (	Owner/Op	erator	(2)				•		Ħ.F
Agencies Notified	Type No	tification	1		Street A	ddress					/AR	1 0	20	13	
EPA DEP DOL	Am	ended endment			City, Sta	ate, Zip Co	ode	1			45.75.1		20	17	
DOH DCA	just	ergency ( tification) ncellation			Name o	f Contact				Telephone	e Num	ber .	71-		: 
					FAC	ILITY INFO	DRMATIC	N							
Name of Facility Where Street Address	Abatemen	t is Takin	g Place (	3)					Type of Facility (- School (K-1 Subchapter	S.F.	n K-12	) I build	dinas	hom	ac.
City (5)									etc.) Square Feet	# of Floor			Bldg. A		cs,
County (6)					County	Code (7)			Current Use (Pric	or if being der	nolish	ed)			
	m Ulirod by	Duilding (	Ours (9		(STATE	USE ONLY)		_ ]						57:45	
Name of Monitoring Fire	n Hirea by	Building (	Owner (8	)	ASCI	M No.		Name	of Abatement Cor	tractor (9)					
Street Address		61-						Street .	Address						
City, State, Zip Code								City, St	tate, Zip Code				-		
Project Manager for Mo		Telepho	ne No.		Teleph	one No.	Licer	nse No	).						
Start Date (10)								Name o	of OSHA Monitor		, c	70	= 51		o 855
Occupancy Status Durin	ng Abateme	ent (Chec	k Only Or	ne)	-			Street	Address				+01		
Facility Closed/Vac Abatement Perform	ated Durin	g Entire F	Period of	Abater	nent				ate, Zip Code		87				
Other – Describe:							-	ony, or	ato, Elp Godo						
Scope of Work (Check A	All That App	oly)			****			_							
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf				Renova Demoli					Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				Α.	
				Locat						( / 4.14 . 16.1	· nabi		Abate		
Asbestos-Containing TO BE AB In Faci (13)	Material (/ ATED lity	ACM)	Use Ma Cus	d Sole intena todial s (12)	ely by nce/ Staff?		os Contai	ystems ng, VA7	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Basem	ent		Yes	No	N/A		Duct I	naulat	tion	5 LF	-			Ф	
Basem			<del> </del>		X	Boi			sulation	2 LF		K			
Datom	OTT				<u>  ^                                   </u>	50	ilei das	KCL III	Sulation	2 LI		K			
Name of Registered Was	ste Hauler			IN	JDEP W	aste	Cubic Y	ards	Name of F	Registered La	ndfill				
*			100	lauler ID	Addition of the second	of Waste									
City, State		288				0	Disposa	l Date	City, State						
Completed by			Title				Sig	nature		1	Date	Э	9		

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

MC 56		(Pursu	ant to	NJAC 8	:60-7	and 12:	120-7)						
Date of Notification 3-14-14	n (1)		1	of Build	-	wner/Ope	rator	(2)		23		7	
Agencies Notified	Type Notif			t Addres		s Str	eet				1 (	0.00	
		fication	2:1	·						AB_	1 3	257	-
[ ]DEP	[]Amend	ed		State,			100		ï				11
[X]DOL	1 (0 82 82	fication	De.	TTEAT.	rre,	NJ,07	109						ن.
[X]DOH			Name	of Conta	act			Telephone	Number		-	100	
[ ]DCA	[ ]EMERG		Le	roy R	icha	rds							
	1			FACIL	ITY IN	NFORMATI	ON						
Name of Facility Wh	ere Abateme	ent is Tak	ing Pla					Type of Facili	ty (4)				
Same as above								[ ]School (		er tha	ın K	-12)	
Street Addres								[X]Other (i		te &	COM	mer-	
354 Stephens Stree	t	County	(6) Ess	sex	Cour	ty Code	(7)	Square Feet	# of Floo	ors	Bld	g. Age	<del>-</del>
Belleville		-				TE USE		Current Use (F	rior if be	ing c	lemo	lishe	d)
Name of Monitoring	Firm hired	by Buildi	no As	CM No.		Name of	Ahate	ment Contractor	(9)				
Owner (8) N/A		<i>D</i> , <i>D</i>						ANAGEMENT,					
Street Address	***************************************					Street A		stopher St.			70000		
City, State, Zip Co	ode							Zip Code					
, , , , , , , , , , , , , , , , , , , ,						700		Lr, NJ 0704	12				
Project Manager for	Monitoring	500	elephon/A	ne Numbe	er	relephor (973		ber 1-8800		icen:		Tumber	
Scheduled Start Dat 3-24-14		Sched. Com	14		(11)	Name of N/A	OSHA	Monitor					
Month Day Cocupancy Status Du [X]Facility Clo of Abatemer	osed/Vacate					Street 2	Addres	s					<u> </u>
[]Abatement Pe Hours - Desc []other - Desc	erformed Ou cribe:«OffH	lours Desci	:ipt»		Y	City, S	tate,	Zip Code					
Scope of Work (Chec	k all that	apply)				1							
[X]≥3 sf o	r ≥3 lf			ovation olition		[X	]Mini-	Containment wit Enclosure Phag Procedure		a Pre	ssu	e	
			Is			L	] NOII-1	Friable Procedu		12	bat	ement	Type
Asbestos-Co Material TO BE A In Faci	[ ]\geq160 sf or \geq260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					Asbest Mate (i.e., t sulation	rial herma , surf	ntaining	Amount (Specify SF or LF)	. 1	R E M O V A L	R C P P P P P P P P P P P P P P P P P P	N C L C S S U
Basement		Yes	No.	N/A X	Pin	e Ins	ulat	ion		2	2		1
									2.				
						46 -							
Name of Registered AZTECH MANA		TNC	NJDEP Hauler 1704	ID No.	17720000	waste		Name of Regi		dfill			
City, State			- 10-2		Die	sposal Da	ate	City, State					
Montclair, No	07042				100000000000000000000000000000000000000	3-26-1		Morrisvi	lle, PA	. 19	06	7	
Completed By (Print	c or Type)	Title				Sig	matúr	e		Da	te		
Constantine V	Vivian	Presid	lent				W	1100		3-	14-	14	

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

B & G proj. #: 2014-35	- (Purs	*** E M E F	8:60-7 and R G E N (	Y ***	Check #6	421		. ,	_F	
Date of Notification (1)	Name of Building Gerald Dono		(2)	19		Vision 1	0	KAV I		_
10131/10141/1141		IIIO				Withit	U	DATE:	7	30
Agencies Notified Type Notification  EPA Initial	Street Address 220 Park Av	enue						_	77 74	
DEP DEP	City, State, Zip C	ode			ţ.	\$				
DOL   Amendmen	nt Nutley, NJ (	)7110			Telephone I	Number	-			
DOH .	Name of Contact				1					
☐ DCA ☐ Cancellatio	on Gerald Dor	ofrio					_	_		=
		FACILITY INFO	RMATION							_
Name of facility where abatement is to	aking place (3)				Type of Facility (4)	(K - 12)				
	anding place (=)					oter 8 (Other	than	K-12	)	
Gerald Donofrio					7 Other (P	rivate/Comn	nercia	d		
Street Address						omes, etc.	_	Bldg.	Age	
220 Park Avenue					Square Feet #	OI FIOUIS				
City (5)	County (6)			y Code (7) use only)	Current Use (Pri	or if being de	emolis	shed)		_
Nutley, NJ 07110	Essex	* *	- 1		residential				_	_
Name of Monitoring Firm Hired by Bl	Idg. Owner (8)	ASCM	No.	lame of Abatement	Contractor (9)					
Name of Monitoring Fifth Filed by Bi	log. Oo. (=)			B & G Restorati	on, Inc.		_	_		_
Street Address			3	Street Address	,					
Stieer Vagless				105 Ryerson Ro						
City, State, Zip Code				Lincoln Park, N						
				Telephone Number	(3 07033	License No	umbe			
Project Manager for Monitoring Firm	Phor	e Number		973-696-6869		0378		_	_	_
500 150		D-1- (44)		Name of OSHA Mo						
Scheduled Start Date (10)	Sched. Completion	Date (11)		B & G Restora	tion, Inc.					
03/05/2014	03/06/2014			Street Address	oad				100	
Occupancy Status During Abatemen	nt (Check only one)		11	105 Ryerson R City, State, Zip Coo						
Facility closed/vacated during  Abatement performed outside	entire period of abatem	ent. -								*
Describe:				Lincoln Park,	NJ 07033	□ wrap &	e cut	=		
Scope of Work (check all that apply	v)					₩ Gloveba	_		re	
Demolition	Renovation		4000	ull Containment w/	negative pressure	☐ Non-fria				
	≥160 sf or ≥260 lf	2	<b>⊠</b> 1	/lini-enclosure			R	R	E	T-
<u>M. 193101 E</u>	Lis location normally u	sed solely			Amount		e m	e	n	E n
Location of asbestos-containing	by maintenance/cust	odial D	escription of a	sbestos-containing	(Specify	SF or	0	p a	c a	C L
material to be	staff(12)	N/A m	naterial (ACM)		LF)		v e	i	p	-
abated in facility (13)	Yes No		1 6 - 2		250 lf		V			
basement		X pipe	insulation		230 11					
Dascillone	7									
									口	닏
		D# L Cubic Y	ards of Waste	Name of Registe	ered Landfill	Comton				
Registered Waste Hauler	NJDEP Hauler 19563	2	1/2 yds	Tullytown Re	esource & Recove	ry Center	_			
B & G Restoration, Inc.		Disposal Date		City, State	DΑ		0 =			
City, State Lincoln Park, NJ 07035		03/06/20		Tullytown, l		Date				the constant
Completed by (Print or Type)	Title		nature	Gordana Lui	na	03/04	1/20	14		
Gordona Luna	Secretary/Treasur	er								

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

B&G proj. #: 2014-35	<del></del> .	(			;60-7 and (2:120-7) GENCY***	Check	#6424
Date of Rollifeation (1)	1111					1	JL - 10 BAY
10131/0141/114				ir/Óperator (2)	- "	1	
Agencies Notified   Type Notifical		Berald D			2		
T 584	1	eel Addres 220 Park	~			1 1	
							eil audio
DOL Amend		y, State, Z	**				POR A PRODUCTO
DOH .	11	Nugey, f		,			/FR APPROVED
Compati		me of Con				Tolophan	• Humbar
D DÇA CI CINCEN		Gerald I	Ognofrio				
			FACI	LITY INFORM	ATION .		MAR 19
Hame of facility where obstament	is taking plac	(S)				Type of Pacificy (	4) I (K - 12)
Gerald Donofrio			1	•			
Street Address			20 700		The same of the sa		eptor 8 (Other than K-12) Private/Commercial
220 Park Avenue			Total Control			Bidgit	Homes, etc.
		PIN				Square Past	# of Hoors Bldg. Age
City (5)	Court	À (@)	1		County Code (7) (State use only)		
Nutley, NJ 07110	Ess	iex .	1		(evenile case outh)	residential	for # being demolished)
Name of Montoning Firm Hired by	Bidg, Owner	(5)	1	ASCM No.	Name of Abataman		
N/A			,		B & G Restorati		
Street Address			لحبب		Street Address	ion, age.	
					105 Ryerson Ro	ned	
City, State, Zip Coze	The state of the s	The state of the s	ALIE CONTRACTOR		City, State, Zip Code		
					Lincoln Park, N	NJ 07035	
Project Manager for Monitoring Pirm	7 '	Phe	ane Numb	or	Yelephene Number		LI Senate Number
			`		973-696-6869		0378
Scheduled Start Date (10)	Sched,	Completio	n Date (11	7	Name of OSHA Mor		
03/05/2014	03/0	06/2014			B & G Restorat	ion, inc.	
Occupancy Status During Abatema	nt (Chack on	y one)	-		105 Ryerson Ro	กระดั	
Feelity closed/vecated during	entire period	of abater	nent		City, Stale, Zip Code		
Abatement performed subside Describe:	of normal fo	idility hour	le ,	,		±. 	
Other-Describe:					Lincoln Park, N	NJ 07035	
Scope of Work (anack all that appl	y)		_				Wrap & Cut
Domeillen 🖸	Renovation	ř.	.50		Full Containment wine	agustiva praemura	Glovebag procedure
□ 34 01 > 5 l.   □	≥180 af or ≥	260 If		.,	Mini-anclasure	[	Non-friable procedure
Location of	le location						RREE
asbestos-containing	by mainten steff(12)	ance/cust	CGWI		on of subestos-containing	Amount	m p n
motorial to be abated in facility (13)	Yes	No	N/A	material (	ACM)	(Specify S	
		.10					ا ا ا
basement			LX.	pipe insula	tlon	250 H	
		7					
desistered Wasie Hauler		= Hauler II		ING YARTH OF V	Vidua   Name of Registers	d Landell	
B & O Restoration, Inc.	1956			2 1/2 yds		nuce & Recovery	Center
City, State		- 1	isposal D	nto	City, State		
Lincoln Park, NJ 07035	-		03/0	8/2014	Tullytown, PA		
Completed by (Print or Type)	Title	T		Signature	Gindone Luna		Date
Gordana Luna	Secretary	TICIBILE	-				03/04/2014



	Date of Notification (1)	3-	15-1	4	N	ame of l	Building Own	er/Operato	or (2)	hun	-0		1		7	7 1
_	Agencies Notified	-	otification		S	treet Ad		)3.	Pito	nan	AUE	, (), D	1 0	22	,	- 1
- 1	D EPA DEP		itial mended mendment #	#	Ċ	ity, State	e, Zip Code	Oce	صن ارهن	GRO	ove, N	200	0	77	56	,
1	DOH DCA	ju	mergency (i stification) ancellation	ncluding -	Ŋ	lame of	Contact	Paur			Telephon		er	-		
:	Name of Facility Where			Place (3)		_	ITY INFORM	MATION	Type	of Facility (4	1)					
	Street Address	jle	fam	rily.		elli	79		□ s	chool (K-1		n K-12)				
	23	P	itma	1 A	UE				≫ e	other (i.e. p tc.)	rivate & com	mercial				i,
	City (5)	ean	GR	Loue			0775	56	Square	QÜ.	# of Floor		3	1g. Ag		0
	County (6) MOS	$\gamma m$	ruth		0	County C	code (7) SE ONLY) _		Currer	nt Use (Prid	or if being de	molishe	d)			
Ī	Name of Monitoring Fire	m Hired b	y Building (	- 0	<u> </u>	ASCM	No.	Nan	F PC	ement Con	tractor (9)	leei	es	3	<u>En</u>	e
ال	Street Address	Bo	× 3.	37			-	Stre	P.O.	Box	337	3.			<b>94 v</b>	<b>_</b>
1	City, State, Zip Code		7	NJ		280	533	City	State, Zip	Code	A &A	71	05	15	3	3
1	Project Manager for Mo	eil rig	irm			elephor		Tele	phone No	-336	CONTRACTOR OF THE PROPERTY OF	nse No.	2	9	A	
3	Start Date (10)	- N	NES	Schedule	d Com	pletion [	758-33 Date (11)	Nan	ne of OSH	A Monitor	. 1				-	
MINGO	Occupancy Status Duri	ng Abate	ment (Chec	k Only On		30-	14	Stre	et Addres		hnolog	ies	L	C		
3	❤ Facility Closed/Va	cated Du	ring Entire F	Period of A	batem	ent		Cib	P.O.	Box	337		8			
	☐ Abatement Performula Other – Describe:		side of North	iai Facility	·				New E		LU	- 0	85	3	3	0400-1
2	Scope of Work (Check	All That A	Apply)			2002 0.22				- (1			CI (CINCOCI)			
0	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				tenovat emoliti				Min Glo	i-Enclosure						
			-	Is	Locati	on			□ NOI	1-Exemple	u () and No.	1-Filable		Abate	ment	
	Location			1	Normali d Sole	у		Descript		(ACM)	Amour	.	$\neg$	Ту		
	Asbestos-Containin <u>TO BE A</u> In Fac (13	BATED	al (ACM)	Ma	intenar todial S (12)	ice/	(i.e. th				(Specification SF or L	fy	Remova	Repair	Encapsulate	Enclosure
	(,,	-1		Yes	No	N/A									ate	G)
	Basem	ent		X			Pipe	In:	Sular	hion	250	LF	X		-	
				+		-						5				
				+		·		_								
	Name of Registered W	1	ler Slogie	S		JDEP Wauler ID	No.	Cubic Yard of Waste	5	Committee and the contract of	Registered I		ient	ا ن ا	e P	A
	City, State New E		. 0	NJ				Disposal D	ate - 14	City, Sta	te Lisuille		A			
	Completed by	en Ke		Title	sid	ent		Signa		Sch	h	Date	3	15	5-1	4

CK#0547

Date of Notification (1) 03-11-2014			Building Ov e Constru	unier/Operator	(2)	APPROV	ED		T	
				action i		of Health & S	Senior Se	rvice	3	
Agencies Notified Type Notific	ation	Street Ac	odress alisade Ar	ve.	Hen	(signature	200	· A P		s ?
DEP II Amend	ed	City, Star	te, Zip Code	3	Date	31114	lme: "	DI,	9/-	
DOL Amend	ment#	Engle	wood Cliff	s, NJ 0763	2					
Emerge justifica	ency (Including	Name of	Contact			LT	h wher	-		
DCA Cancel		Ronal	d Reduce			1				
	<del></del>	FACI	LITY INFOR	MATION	<del></del>		-	Terror.	7	1-9
Name of Facility Where Abelement is	Taking Place (3)				Type of Facility	(4)				
House for Demolition					School (K-	12)				
Street Address	:				Subchapte	r8 (Other than k	(-12)			100
17 West Washington Str	!					private & commo	arciali buil	dings	, hom	8 <b>6</b> ,
City (5)	<del></del>				Square Feet	# of Floors	T IS	ildg. /	Lenn	
Palisades Park	ĺ				3,000	2		nug., / 50+	Ø÷.	
County (6)	- ! .	County C	Code (7)		Current Use (Pr	1 -		<b>3</b> 4.7	_	_
Bergen	i	STATE	USE ONLY)		Abandoned		Well start			
Name of Monitoring Firm Hard by Bui	Idina Out			1						
n/a	iding Owner (8)	ASCN	i No.		of Abatement Co					
		n/a	·		nica Managem	ient Corporat	ion	10-		
Street Address				100,000	Address					
n/a					roy Lane					
City, State, Zip Code	I				tala, Zip Code					
n/a					oln Park, NJ 0	7035				
Project Managor for Monitoring Firm	-	Telepho	ne No.	100	none No.	Licens	X2005			3-20 Un
n/a	i	n/a		973	706-7950	0119	3			
Start Date (10)		Completion I	Date (11)		of OSHA Monitor					
3-12-2013	3-16-20			Lozr	nica Managem	ent Corporat	ion			
Occupancy Status During Abatement	(Check Only One)			Stragt	Address					
Faulity Closed/Vacated During E	intire Pariod of Ab	atement		22 T	roy Lane					
Abatement Parformed Outside of	Normal Facility H	lours		City, S	tate, Zip Code					
Other - Describe: 9 m - 5 om				- Linc	oln Park, NJ 0	7035				
Scope of Work (Check All That Apply)									-	- 1
	T Ro	novation .			] Full Contains	ent with Negath				
≥150 af or ≥260 lf		malition		X	Mini-Enclosur	त ह्यार स्थातः । स्वतेवाध	d Liezzn	18		
22.000	Ţ			1	Glovebag Pro					
	<del></del>			E	Non-Exempte	d (") and Non-F	riable Pro		,,,,	
		melly imaliy				•	1.		emen /pe	
Location of Asbestos-Containing Materiel (AC		Soluly by		Description	NO. 27 No. 1		-	T-		
TO BE ABATED	HAZON	enance/	(i.e. ffr	s Containing K remal system	Asterial (ACM) sineulation	Amount (Specify	27		D	m
in Facility		dial Staff?" (12)	8 - A	surfacing, VA	T, or	SF or LF)	an a	Repair	gg	g.
(13)	1	,		ther miscellar	reotta)	2	Ramovel	=	Encepsulate	Endosura
-	Yes	No N/A					1-		9	
Basement		×	Ache	stos Pipe I	not tletion	100 LF	1-	-		
2nd Floor Closets	1 1		Laur	VAT	ISURIUM	80 SF	×	-	-	_
Exterior of House		X	7				*	-	-	-
Exterior of House		- 1	1	ransite Shi	ngles	1500 SF	ķ			_
Namo of Registered Waste Hauter		NJDEP W	aste .	Cubio Yards	Nome of	Registered Lan	-KED	ــــــــــــــــــــــــــــــــــــــ	<u></u>	<u> </u>
Loznica Management Corporat	lion	Hauler ID 0033137	No.	of Waste TBD	1114	VS Landfill				
City, State	<del></del>	10000107		Disposal Date						-
Lincoln Park, NJ 07035				Disposal Date TBD		e ville, PA 1908	="7"	8		
Completed by	: Title					VING, FA ISUN				
Lillie Lazarevich		Treasure e		Signature			Date			
THIS TOTAL CANAL	Secret	ar y	4	(C, ()	JUDITAC.		3-11-2	W14		

Check 877

ř	F 8		Mana of	Duilding Owner							
	Date of Notification (1) 3-15-1	4	Name or	Building Owner/Q	0	ecvil	inc De	moli	tio		5
	Agencies Notified Type Notification		Street Ad	dress D.O.	$\Omega$	21-21					
	□ EPA Initial		City State	e, Zip Code	NOON !	$\alpha 1 \alpha ($	0 4	AD 13	2	1999 J	_
	DEP Amended Amendment #_		City, Stati	Re Re	A Port	< N	TO	770	1	38.	
	DOH justification)	cluding	Name of		1/	1 18	Tolonhone N	dumber			. 1
1	□ DCA □ Cancellation		[1]0		eker	• •	<u>r</u>			0	i
8	Name of Facility Where Abatement is Taking I	Place (3)	FACIL	ITY INFORMATION		f Facility (4)	)				-1
	Single family		elline		100000 0000	chool (K-12				9	
	Street Address	1 9	, -	) .			(Other than K		inas	home	
	26 Oaklar	0 5	tree		et	c.)					
	City (5) Red Bank,	NJ	0	7701	Square	6 ( )	# of Floors		dg. Ag	ge )	-
	County (6) Monmouth		County C	code (7) SE ONLY)	- Six	t Use (Prior	if being demo	lished)	ell	in	٩
	Name of Monitoring Firm Hired by Building Ov		ASCM	No.	Name of Abate	ement Cont	ractor (9)			,	)
,		ries	4	MA	Street Address	166	hoole	Aica	) -	in	6
りり	Ro. Box 33	57			P.O. 1	30x 0	337				
2	City, State, Zip Code	NJ	08	533	City State, Zip	Code	of No	507	35	13	3
_	Project Manager for Movif ri .g Firm		Telephor		Telephone No.		Licens	e No.	10	u	
ž	Stene Schenker	Scheduled Co	604	758-3365	609 758 Name of OSH		5 (	105		工	
Š	Start Date (10) 3-25-14	4-1		4	100000000000000000000000000000000000000		mologie	SI	20		
2	Occupancy Status During Abatement (Check				Street Address	5					
3	Facility Closed/Vacated During Entire Pe	riod of Abate	ement			Box	337	- 12			
_	Abatement Performed Outside of Norma Other - Describe:	I Facility Hou	irs		City, State, Zip		11-	00	- T	7	
7	Scope of Work (Check All That Apply)				1400 0	SYPT	<i>N</i> 2	00	53	2	
)	≥3 sf or ≥3 lf	☐ Renov	vation		□ Full	Containme	nt with Negativ	e Pressu	e		
	≥160 sf or ≥260 lf	Demo	lition			-Enclosure vebag Proc					
							(*) and Non-F	riable Pro	Santana and in	visit Table	
		ls Loca Norm		n 970	52 32 E					ement pe	
	Location of Asbestos-Containing Material (ACM)	Used So	lely by		scription of taining Material	(ACM)	Amount			m	
	TO BE ABATED	Mainter Custodia		(i.e. thermal	systems insulations, VAT, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	In Facility (13)	(12	2)		niscellaneous)	- 1		oval	pair	sula	sure
		Yes No	N/A							e	
	exterior walls		X	Siding	Shing	es	2200 3	SF X			
	CACOCIONE VICTO										
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Name of Registered Waste Hauler	1	NJDEP W Hauler ID		Yards ste		Registered Lan			_	
	EPC Technologies	,	170	00	7	City, State	e Manac	jemen	f 0	e t	14
	City, State New Egypt	VJ		4	sal Date -15-14		isville	PA			
	Completed by _	Title	0 +		Signature	Sall		Date	15	5-1	4.
	Steve Schenker	Presi	den		Just P	معلاناهم	PA				

Ck# 2581

Date of Notification (1)					Name o	f Building (	Owner/Operator (2	2)	60			10	
	4/	14	_	-	New	Jersey D	epartment of T	ransportation	WAR 19	201	Ł,	-	
Agencies Notified	Type Not	ification			Street A	ddress						5	
⊠ EPA					PO B	ox 600						4	1
□ DOLWD				.	City, Sta	ate, Zip Co	ode		. 5				_4
□ DOH		dment # <u>2</u>		4	Tren	ton, NJ 0	8525-0600		•				
☐ DCA (NJAC 5:23-8)		gency (inc cation)	luaing		Name o	f Contact			Telephone Number	r			
(NJAC 3.23-0)	☐ Cance	and the second second			Andr	ew York	е	111	1		_		
					FAC	LITY INF	ORMATION			<u> </u>			
Name of Facility Where A	batement	is Taking	Place (	3)				Type of Facility (	4)				
Parcel M-56 - Forme	er Dynan	nic Truc	king					School (K-12					
Street Address								☐ Subchapter 8	(Other than K-12) ivate and commercial	al buil	dinas	8	
177 Pennsylvania A	venue							homes, etc.)					
City (5)						7.00		Square Feet	# of Floors	Bld	g. Ag	е	
Kearney, NJ								38400	2	3	0+		
County (6)					Count	v Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	ed)	and the		
Hudson						,	Commission (Commission Commission		ehouse Distribut	ion (	ente	er	
Name of Monitoring Firm	Hired by I	Building C	wner (8	8) [	ASCM N	lo T	Name of Abateme	ent Contractor (9)					
Shaw Environment		Juliumiy C	wilei (c	"	1001111			onmental Inc					
	ai iiic						Street Address					-	$\neg$
Street Address	Interné	oto Tour	٥.				1123 Beaver	Street					
128 S. Tryon Street	- mterst	ate 10w					City, State, Zip C						-
City, State, Zip Code	_						Bristol, PA 1						
Charlotte, NC 2820							120 100 100 100 100 100 100 100 100 100	3007	License No.				-
Project Manager for Mon	itoring Firr	n			phone N		Telephone No.		00509				
Gary Wywra					2-939-		215-788-6040		00503				-
Start Date (10)					tion Dat		Name of OSHA N						
3 / 17 /	14		3_ /	31	_ / _	14	Shaw Enviro	nmental inc		- 100			
Occupancy Status Durin							Street Address						9
□ Facility Closed/Vacate							128 South Tr	ryon Street, Int	erstate Tower				
☐ Abatement Performed							City, State, Zip C	ode					
Time of Abatement:	AM-	Pi	VI/	_PIM-		AIVI	Charlotte, No	C 28202					
Scope of Work (Check a	II that app	y)		7,65									
			□Re	novati	ion		⊠ Full Con	ntainment with Ne	gative Pressure				- 1
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re				☐ Gloveba	ag Procedure					
23 - 100 of of -200 ii							☐ Non-Exe	empted (*) and No	on-Friable Procedure	_			
				Loca						Aba	ateme	ent Ty	/pe
Location			100	lorma d Sole	illy ely by	A = b = c	Description stos Containing M		Amount	Re	Re	四	四
Asbestos-Containing TO BE AB		ACM)	44.00	intena			, thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Faci			Cust		Staff?	V. 1.	surfacing, VAT	Γ, or	SF or LF)	val .	37.5%	Encapsulate	ure
(13)			Yes	(12) No	N/A		other miscelland	eous)				ite	
Throughout				П		Floor T	ile & Mastic		4200 SF	×			
Exterior of Structure							ulking & Roof T	Tar Flashing	270 SF	$\boxtimes$			
Along Elevated Load		ke		H			pansion Joint N		254 LF				
Along Elevated Load	unig Doc		-							$\overline{\Box}$	П	П	П
				Ц		011-	Ouble Verde of	Name of De-	istered Landfill				
Name of Registered Wa	ste Hauler			1.00	NJDEP I Hauler II		Cubic Yards of Waste						
Waste Managemer	nt			,	SW17		Waste	// // // // // // // // // // // // //	North Landfill				
City, State							Disposal Date	City, State					
Camden, NJ								Morrisvill	e, PA				
Completed By (Print or	Туре)	Titl	е				Signature	1997. 1997.	/. Da	te /	1	. /	
Patrick T. DeCaro		E	Estima	tor			1 fot	ck J D	Caro Ist 3	3/15	//	4	
ASB-41							INVIN	A D	way go				

JAN 13 PD/3/29

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

Date of Notification (1)		÷		Nam	e of Buildin	g Owner/Operator	(2)						
2 / 4	/ 1	4				Department of		n i i	R 19	anr			
Agencies Notified Type	Notification	1		Stree	t Address			WA	n 13	201	+	_	
⊠ EPA ⊠ In	iitial				Box 600	100							
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	mended				City, State, Zip Code								
☑ DOH A	mendment a	#1-2/1	7/14								-		
	mergency (	includir	ıg			08525-0600							
	stification)			Name	e of Contac	at		Telephone I	Number	634		_	
ПС	ancellation			An	drew Yor	rke							
Name of Francisco Allege				FA	CILITY IN	NFORMATION		_					
Name of Facility Where Abatem Parcel M-56 - Former Dy			100				Type of Facility						
Street Address	namic m	CKING					School (K-1) Subchapter	2) 8 (Other than I	K-12)				
177 Pennsylvania Avenu	ie						Other (i.e., p	private and con	nmercial	buildir	ıgs,		
City (5)				-			homes, etc.						
Kearney, NJ							Square Feet	# of Floors	,	Bldg. A	Age		
							38400	2		30+			
County (6)				Cou	nty Code (7	(STATE USE ONLY)	Current Use (Pr	rior if being der	molished	)			
Hudson								rehouse Dis			nter		
Name of Monitoring Firm Hired	10 100	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)					
Shaw Environmental Inc		),				Bristol Enviro	onmental inc						
Street Address						Street Address					-		
128 S. Tryon Street - Inte	rstate To	wer				1123 Beaver	Street						
City, State, Zip Code						City, State, Zip Co	ode			-	_		
Charlotte, NC 28202						Bristol, PA 19	0007						
Project Manager for Monitoring I	Firm		Tele	ephone	No.	Telephone No.		License No	<b>.</b>			_	
Gary Wywra			7	32-939	-3707	215-788-6040		00509	509				
Start Date (10)  ON HOLD				etion Da		Name of OSHA M							
☐ Facility Closed/Vacated Durir     ☐ Abatement Performed Outsid     ☐ Time of Abatement:A     ☐ Abatement     ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement     ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement     ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement    ☐ Abatement     ☐ Abatement	le of Norma MP	I Facilit	y Hou	rs - Des	cribe AM	128 South Try City, State, Zip Co Charlotte, NC	erstate Towe	ər					
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf	777		enovat			☐ Mini-Encl ☐ Glovebag							
		1 1	Local							batem	ent T	vnr	
Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	I (ACM)	Use Ma Cus	(12)	ely by ince/ Staff?	Asbes (i.e.	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remo		Encapsulate	Eliciosure	
		Yes	No	N/A	Floor Ti	la 9 Mantia				<u> </u>	0	_	
hroughour						le & Mastic		4200 SF		+		ĮC	
	_				E	Illian on ce	P1			117			
Exterior of Structure						Ilking & Roof Ta		270 SF	×	1		_	
exterior of Structure	cks					alking & Roof Ta pansion Joint Ma		270 SF 254 LF	⊠ ⊠	+			
Exterior of Structure		-			Ext. Exp	pansion Joint Ma	terial	254 LF		+			
Exterior of Structure			O N H	JDEP V	Ext. Exp		terial  Name of Regist	254 LF					
Fhroughout Exterior of Structure Along Elevated Loading Do lame of Registered Waste Haule Waste Management Sity, State Camden, NJ			O N H	□ JDEP V	Ext. Exp	cansion Joint Ma	terial  Name of Regist	254 LF					

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

N. Olivek		NO	TIF	CATIO	State of ON OF A	New Jersey ASBESTOS ABA	TEMENT	CR7	£25	5	7	
Nochell				(Pursu	ant to N	JAC 8:60 and 5:	16)			1.7	E	F.
Date of Notification (1)	1000			Na	me of Build	ding Owner/Operator	(2)		-		12.4	-
	4 / _	14				ey Department of		n	100000			1
	Type Notifica	tion	_		eet Addres	Salestan and the Salestan Sale	1000	WVB 1	Q 0			
	Initial			P	O Box 6	00						- •
	☐ Amended			City	, State, Zi	p Code						
DOH 8060	Amendme					NJ 08525-0600				:		
(NJAC 5:23-8)	justificatio	n) in)	ing		ne of Cont			Talanharia				
1	☐ Cancellati				ndrew Y			Telephone Nu	mhar	2		530
						INFORMATION		_				
Name of Facility Where Ab	atement is Ta	aking Pla	ice (3	3)	ACILITY	INFORMATION	T=	- (4)				
Parcel M-56 - Former	Dynamic '	Truckin	a	-,			Type of Facility					
Street Address			9				School (K-1	8 (Other than K-	121			
177 Pennsylvania Av	enue						Other (i.e.,	private and comm	ercial	buildir	nas.	
City (5)							homes, etc	.)			3-1	
Kearney, NJ							Square Feet	# of Floors		Bldg.	Age	
County (6)				- 10-		(T) (A.E	38400	2		30+	9	
Hudson				100	unty Code	(7)(STATE USE ONLY)		rior if being demo				
Name of Monitoring Firm H	ired by Buildi	20 0000	- (0)	1000			Former Wa	rehouse Distri	butio	n Cer	nter	
Shaw Environmental		ng Owne	r (8)	ASCI	W No.	Name of Abatem		)				
Street Address	IIIC						onmental inc					
Province of the second	lm4a4-4- 7					Street Address						
128 S. Tryon Street -	interstate i	ower				1123 Beaver	Street					
City, State, Zip Code						City, State, Zip C	ode					
Charlotte, NC 28202						Bristol, PA 1	9007					
Project Manager for Monitor	ing I-irm		1	elephone		Telephone No.		License No.			_	
Gary Wywra			$\perp$	732-93		215-788-6040	00000					
Start Date (10)		heduled				Name of OSHA N	Monitor					
/18'/				7_/	_14_	Shaw Enviro	nmental Inc					
Occupancy Status During Al						Street Address						
Facility Closed/Vacated [	Ouring Entire	Period o	f Aba	atement		128 South Tr	yon Street, Int	erstate Tower				
Abatement Performed Ou Time of Abatement:	Itside of Nort	nal Facili	ity H	ours - De	scribe	City, State, Zip Co	ode					_
Time of Abatement.			— <sup>r</sup>	- IVI-	_AM	Charlotte, NC						
Scope of Work (Check all that	at apply)	**				<del></del>						
] ≥3 sf or ≥3 ff		Пр	900	ation			ainment with Neg	gative Pressure				
≥ 160 sf or ≥260 lf		⊠ D				☐ Mini-Enc	osure Procedure					
						☐ Non-Exe	npted (*) and No	n-Friable Procedu	ıre			
				cation nally						patem	ont T	
Location of Asbestos-Containing Mate	erial (ACM)			olely by	Ash	Description of				_		_
TO BE ABATEL				nance/	(i.e	estos Containing Mat e., thermal systems i	erial (ACM)	Amount	Removal	Repair	nc.	Enclosure
IN Facility		Cus	stodia (1)	al Staff?	1	surfacing, VAT,	or	(Specify SF or LF)	OVA	활	aps	losu
(13)		Yes	TN		1	other miscellaned	ous)		=		Encapsulate	Fe
hroughout					Floor T	ile & Mastic			_	_		
exterior of Structure			旨		-			4200 SF				
	D = 1	_	+			ulking & Roof Ta		270 SF	X			
long Elevated Loading	Docks	12			Ext. Ex	pansion Joint Ma	terial	254 LF	×			
me of Registered Waste Ha	auler.			NJDEP V	Manta							
Waste Management	zuici			Hauler IC		Cubic Yards of Waste	Name of Regist					
				SW17			GROWS No	orth Landfill				
y, State						Disposal Date	City, State					_
Camden, NJ		200					Morrisville,	PA				
empleted By (Print or Type)	Tit	tle				Signature		0 / · 0 Da	te	,	,	$\dashv$
Patrick T. DeCaro	1 1	Estimat	tor			Patie	1 /11, 104	1.0	- 4	1,11	/	

ASB-41

0015199

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

			TICATI	ONIC	OF AS	RES LOS VELLE	* 1	F 5				
o Check		NOTI (F	Pursuar	nt to 1	NJAC	BESTOS ABATEMEN 8:60-7 and 12:120-7) ame of Building Owr	ner/Ope	erator (2)		-	* //	
					M	ERCK SHARP & DO	HME CO	JRF.				
te of Notification (1)					s	treet Address		o BOY 200	n RY28-414	10		1
3 /	14 /14				1	treet Address 26 E. LINCOLN AVEN	NUE, P.	O. BOX 200	JO, 1(120 1)(17)	1 0		1
encies Notified	Type Notifi	cation			-	Chata Zin Code	***************************************					1
EPA	Initia	Notification	tion		F	RAHWAY, NEW JERS	SEY 070	)65				4.
DEP	Ame	ended Notifica	HIOH		- 1			T	elephone N	er		
X DOL		cellation				Name of Contact		-				-
X DOH	X On F	HOIG ERGENCY N	OTIFIC	ATIC		MARY BETH BAKER						+
DCA				FAC	LITY	INFORMATION	Type	of Facility (	4)			1
ame of Facility When	A hatement i	s Taking Pla	ce (3)					School (K-1)	2)	40)		1
ame of Facility When	e Abatement							Subchapter	8 (Other than K	-12) bldas h	omes,	etc
a DC	NAME CORPOR	RATION					X	Other (ie. pr	8 (Other than revivate & commol # of Floors		. Age	7
IERCK SHARP & DC	HIVE CON O						Sq	uare Feet	# 01 10013		59	
treet Address								260	or if being demo	lished)		7
Street Address 26 EAST LINCOLN	AVENUE - BUI	LDING 87		_	_	County Code (7)		ANIT				_
	100	Julity (~)			1 (	STATE USE ONLY)	VAC		ment Contracto	or (9)	acm.	
City (5)	UN	VION	upor 15	3)	<del>`</del>	ASCM No.	Nam	ENVIRONI	MENTAL CORP	ORATIO	N	$\dashv$
Name of Monitoring	Firm Hired by	Building O	NC.	-,		17	Chro	ot Address				
ENVIRONME I AL HE	ALTH INVEST	IGATIONS,		_			313	SPOOK RC	CK ROAD			$\dashv$
Chroat Address							- 016	Ctata Zin	Code			
655 WEST SHORE	TRAIL				•		SUE	FERN, NE	W YORK 1030	ense Nu	mber	
City, State, Zip Code	SPAR	TA, NEW JE	RSEY	0787	1	mbor		ephone Num	nber 46			
Project Manager for	Monitoring Firm	n	11616	sprior	10		845	-369-7500				$\neg$
Project Manager for	CIH		973	-729-	5649	Date (11)	Na	me of OSHA	BORATORIES	NC	#11	480
WILLIAM S. KERBE Expected State Da	te (10)	Sc	ched. C	8 /	iletio	Date (11) 30 /14	AN	IERISCI LAI	BURATURIES			
Expected State Da	15 /	/14	Month			Day Yea	104	eet Address	3			
5 4 4b	Day Ye	ai	Liens				11	7 EAST 307	H STREET			
Month Occupancy Status	During Abatem Closed/Vacate	d Durina Enti	re Peri	od of	Abate	ement	1					
X Facility	Closed Age			CILITAC	y Hou	Irs - Describe.	Ci	ty, State, Zi	p Code V YORK, NEW	YORK 10	016	
	Describe:	Outside of N SATURDAY	& SUN	IDAY	AIVI	-3.301 W	1	NEV	gative Pressure	•		
						Full C	ontainn	nent with the	egative Pressure			
1000		olv)	Renova	tior		Mini-E	Enclo:,	rocedure				
Scope of Work (Ch	neck all that ap	F-)/				Glove	eDay :					
I IDemoil	neck all that application					Non-	Friable	Procedure		1	1	+ Tun
Demoil y >3SF (	OR LF						Friable	Procedure			atemen	t Typ
x >3SF 0	OR LF SF OR 260		Is Lo	ocatio	on .	Description	of Asbe	Procedure estos-	Amour	t R	REP	ENC
x >3SF 0	OR LF SF OR 260	LF	Is Lo	ally u	sed	Description Containing N	of Asbe Material mal syst	estos- (ACM) ems	(Specif	t R	REP	ENC
Demoli  x   >3SF 0  >160 S	DR LF SF OR 260  _ocation of estos-containing	LF	Is Lo	ally u lely b	sed	Description Containing M (ie. Therm	of Asbe Material mal syst urfacing	estos- (ACM) ems		t R		ENC
Demoli  x   >3SF 0  >160 S   L   Asbe	DR LF SF OR 260  _ocation of estos-containing aterial (ACM)	LF	Is Lo	ally u lely b /Cust	sed y odial	Description Containing N	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Specif	REMO	REP	ENCAPSULE
x >3SF 0 >160 S Asbe	DR LF SF OR 260  _ocation of stos-containing aterial (ACM)  BE ABATED	LF	Is Lo norma sol Maint	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing M (ie. Therm	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
x >3SF 0 >160 S Asbe	DR LF SF OR 260  _ocation of estos-containing aterial (ACM)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Specif	t R	REP	ENC
X >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norma sol Maint	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing M (ie. Therm	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
x >3SF 0 >160 S Asbe	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
X >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
X >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
X >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
x >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
X >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems	(Speci	REMOVAL PLANTED	REP	ENC
X >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m	of Asbe Material mal syst urfacing	estos- (ACM) ems g, VAT, neous)	(Specification of SF or L	REMOVAL X	REP	ENC
X >3SF 0 >160 S L Asbe Ma TO	DR LF SF OR 260  _ocation of estos-containing aterial (ACM) BE ABATED Facility (13)	LF	Is Lo norm: sol Maint Sta Yes I	ally u lely b /Cust aff (12	sed y odial 2)	Description Containing N (ie. Therm insulation, s or other m  ROOF FLASHING	Friable of Asbe Material nal syst urfacing	estos- (ACM) ems g, VAT, leous)	(Speciing SF or Line 150 SF	REMOVAL X	REPAIR	ENCAPSULE
X >3SF 0 >160 S L Asbe Ma TO in	DR LF	LF	Is Lo	ally u lely b le	sed y odial 2) N/A	Description Containing M (ie. Therm insulation, s or other m  ROOF FLASHING	Friable of Asbe Material nal syst urfacing	Procedure estos- (ACM) ems g, VAT, neous)	(Specification of Specification of Speci	REMOVAL X	REPAIR	ENCAPSULE
Asbe BUILDING 87 RG	DR LF	LF	Is Lo	JEP VILLE	sed y odial N/A N/A N/A	Description Containing M (ie. Therm insulation, s or other m	Friable of Asbe Material nal syst urfacing	Procedure estos- (ACM) ems g, VAT, leous)	(Specification of Country Registered Land GOUNTY REGISTER OF COUNTY RE	REMOVAL X	REPAIR	ENCAPSULE
Name of Regis	DOR LF OR LF	LF	Is Lo	ally u lely b le	sed y odial N/A N/A N/A	Description Containing M (ie. Therm insulation, s or other m  ROOF FLASHING  Cubic Yards of War 10	Friable of Asbe Material nal syst urfacing	Procedure estos- (ACM) ems g, VAT, neous)	(Specification of the control of the	REMOVAL X	REPAIR	ENCAPSULE
Name of Regis FREEHOLD C 825 HIGHWAY	DOR LF OR LF	LF	Is Lo	JEP VILLE	sed y odial N/A N/A N/A	Description Containing M (ie. Therm insulation, s or other m  ROOF FLASHING  Cubic Yards of Wat 10  Disposal Date 03/15-0/8/30/14	Friable of Asbe Material nal syst urfacing iscellar	Procedure estos- (ACM) ems g, VAT, neous)	(Specification of Country Registered Land GOUNTY REGISTER OF COUNTY RE	If IIII SOURCE F/ROUTE	REPAIR 15	ENCAPSULE
Name of Regis	DOR LF SF OR 260 Location of Lestos-containing aterial (ACM) BE ABATED Tracility (13) DOF  Stered Waste Harrage, INC. (13)	LF	Is Lonorma sol Maintu Sta Yes II X	lely blely library libra	sed yy odial (22) N/A Vaste O No. 39	Description Containing M (ie. Therm insulation, s or other m  ROOF FLASHING  Cubic Yards of War 10	Friable of Asbe Material nal syst urfacing iscellar	Procedure estos- (ACM) ems g, VAT, neous)	(Specification of the control of the	REMOVAL X	REPAIR 15	ENCAPSULE

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 114 Type Notification City, State, Zip Code Agencies Notified RAHWAY, NEW JERSEY 07065 Initial Notification **EPA** Amended Notification Telephone Number 🗻 DEP Cancellation Name of Contact DOL MARY BETH BAKER On Hold EMERGENCY NOTIFICATION DOH FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes, etc. MERCK SHARP & DOHME CORPORATION Bldg. Age # of Floors Square Feet 260 Current Use (Prior if being demolished) Street Address 126 EAST LINCOLN AVENUE - BUILDING 87 County Code (7) VACANT (STATE USE ONLY) County (6) Name of Abatement Contractor (9) City (5) PAR ENVIRONMENTAL CORPORATION ASCM No. UNION Name of Monitoring Firm Hired by Building Owner (8) 17 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD City, State, Zip Code Street Address 655 WEST SHORE TRAIL SUFFERN, NEW YORK 10901 License Number SPARTA, NEW JERSEY 07871 City, State, Zip Code Telephone Number Telephone Number Project Manager for Monitoring Firm 845-369-7500 973-729-5649 Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 Sched. Completion Date (11) WILLIAM S. KERBEL, CIH 114 Expected State Date (10) 8/ Year Street Address 3/ Month Year 117 EAST 30TH STREET Occupancy Status During Abatement (Check only one) Day Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016 SATURDAY & SUNDAY 7AM-3:30PM Full Containment with Negative Pressure Other - Describe: Mini-Enclos, Scope of Work (Check all that apply) Glovebag Procedure Renovation Demolition Non-Friable Procedure Abatement Type >3SF OR LF 260 LF Description of Asbestos-REPAIR ENCAPSULE >160 SF OR REMOVAL Amount Containing Material (ACM) Is Location Location of (Specify normally used (ie. Thermal systems Asbestos-containing SF or LF) solely by insulation, surfacing, VAT, Material (ACM) Maint/Custodial or other miscellaneous) TO BE ABATED Staff (12) in Facility (13) Yes No N/A 150 SF ROOF FLASHING **BUILDING 87 ROOF** Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMEN Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler 447 ALEXANDER DRIVE/ROUTE 15 Hauler ID No. FREEHOLD CARTAGE, INC. 15939 City, State Disposal Date MONTOOMERY, PA 17752 825 HIGHWAY 33

03/15-0/8/30/14

Signature

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type) BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

No Chock		N	-		OF ASBE									7 /	7 .	7			
Date of Notification (1) 3/12/2014			0.00		Building O			(2)											
	lotification			Street Ac	idress EEN STI	REET			. 2	1	AAF 1	9	4	3					
DEP X A	itial mended mendment #	2			te, Zip Coo				<b>*</b>			¥.		R.					
_	mergency (ir stification)	ncluding	1.00		Contact					phone Nu	Number								
	ancellation			25	EL FINE	20000000	NA.			150				-		_			
Name of Facility Where Abatemer		Place (3)	)	FACIL	LITY INFO	KIVIATIC	N		of Facility (4			-0.00							
Street Address 50 WALL STREET								×	r than K-	n K-12) mercial buildings, homes,									
City (5) OXFORD									etc.) ire Feet	# of	Floors		Blo	dg. A	ge				
County (6) WARREN				County C	Code (7) ISE ONLY)		_		ent Use (Prid D TOOL M										
Name of Monitoring Firm Hired b	L AN.	ASCM	No.				atement Con			NG,	INC	Э.							
Street Address 403 ST. JAMES AVENUE					Street 250		ss HERFOR	D BLV	D.										
City, State, Zip Code PHILLIPSBURG, NJ 0886		70.			City, S														
Project Manager for Monitoring I JON GILGERT		Telephor 856-76	ne No. 88-8414		Teleph 973-		lo. 8700		License 00494										
Start Date (10) 3/24/2014		Schedule 5/8/201							e of OSHA Monitor .ME AS (9) ABOVE										
Occupancy Status During Abate	ment (Check	Only On	e)	Stree					et Address										
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: VACAN	ide of Norm								Zip Code				-						
Scope of Work (Check All That A	Apply)				54/11														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				ovation nolition					Full Containment with Nega Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-										
	1	ls	Locati	on										Abate Ty	ment	ĝ			
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenal todial S (12)	ly by nce/		tos Conta thermal surfac	Description of ontaining Material (ACN nal systems insulation, rfacing, VAT, or er miscellaneous)			(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure				
		Yes	No	N/A								-							
TRUCK DOCK			Х	-		(WRA					0 LF	_							
EXTERIOR			X	-	The second second	1222			G DEBR		,000 SF	-				-			
				-	1000000	OFING				6,0	00 SF	+							
				JDEP W	The state of the s	MIXEL Cubic		UKN	T BLDG	Ponisto	red Land	fill							
Name of Registered Waste Hau TWO BROTHERS CONT			H	lauler ID 8743		of Was			The second of the second of the second		NAGEM		ΓG	.R.C	).W.	S.			
City, State CLIFTON, NJ						Dispos 5/8/20	sal Date 014 /	2	City, Stat		LE, PA								
Completed by VIVECA RAMOS		Title PRO	JECT	COOL	RDINAT		ignatur	ire Linea Camo					Date 3/12/2014						

Machack			(Pu	rsuant (	to NJAC 8	:60 and	12:120	)		75					1		
Date of Notification (1) 2/28/2014			20)			Building C			(2)			144D	7 (	) 6	11		
Agencies Notified	Type Notific	cation			Street A	ddress EEN STI	REET					2.740° (c)			77.9		
EPA DEP DOL	Initial Amend	ded dment #1	Ī	100		te, Zip Coo										ĵ.	
DOH	Emerg justific	ency (ind			Name of	Contact					Tele	phone Numb	er				
☐ DCA	Cance	ellation				LITY INFO		DN							<u> </u>		
Name of Facility Where FORMER OXWAL			Place (3	)	2 2				Тур	e of Facility (4 School (K-1)							
Street Address 50 WALL STREE	т								×	Subchapter Other (i.e. p	8 (Othe	er than K-12) commercial	build	ings,	home	s,	
City (5) OXFORD									Squ	etc.) are Feet	# of	Floors	BI	dg. A	ge		
County (6) WARREN						Code (7) USE ONLY)				rent Use (Prio							
Name of Monitoring Fir			ASCM	No.			of Al	oatement Con	tractor	(9)							
Street Address		KUNIVI	ENTA	L AIN.		- 38		Street	Addı				,				
403 ST. JAMES A	City, State, Zip Code							City, S	tate,	Zip Code	<i>D</i> .						
PHILLIPSBURG,		Telepho	ne No		Teleph	100	N, NJ 0701	License No									
JON GILGERT								973-	956	-8700		00494	·				
Start Date (10) ON HOLD		8	Schedule	ed Con	Completion Parts (117)					SHA Monitor AS (9) ABO							
Occupancy Status Dur	ing Abatement	(Check	Only Or	ne)				Street	Addı	ess							
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside of	Entire Pe of Norma	riod of A	Abaten / Hours	nent			City, S	itate,	Zip Code	-						
Scope of Work (Check	All That Apply	')									-		_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit					N	full Containme Mini-Enclosure Blovebag Proc Mon-Exempte	e cedure				e		
			1.7	Locati									Abatement Type				
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  Ma				ed Sole intena todial S (12)	ly by nce/ Staff?		tos Conta thermal	system sing, VA	Mater s ins T, o		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
			Yes	No	N/A	DIDE		D 0 0	u 1 <del>-</del>	ONLY	- 4	015		_		-	
TRUCK				X	-					ONLY) NG DEBR		0 LF 0,000 SF			-		
EXTE	RIOR			X	-		OFING			77		000 SF					
					-	117505				NT BLDG	0,0	,00 SF					
	lanta Havdon			L .	JDEP V	50,000,000,000	Cubic '		UKI		Registe	ered Landfill					
Name of Registered W TWO BROTHERS		TING		F	lauler ID 8743	515150 0.50	of Was	ste	-	WAST	E MAI	NAGEME	NT G	3.R.C	).W.	S.	
City, State CLIFTON, NJ	-						Dispos 4/18/2	al Date 2014/	_	City, Star		LE, PA					
Completed by VIVECA RAMOS			Title PRO	JEC1	COO	RDINAT		ignatur	e Ur	cen X	Jar	1.000	Date 2/28/2014				

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

Agencies Notified    Type Notification	Date of Notification (1) 2/20/2014					Name of Building Owner/Operator (2) TOWNSHIP OF OXFORD													
Initial DOH		Type Notifi	cation			Street A	ddress						- 1/	4		4.3	4		
DOH	EPA DEP	Amen	ded		+	City, Sta	te, Zip Co	de			-		88						
		☐ Emer	gency (in	cluding	-			37863		-		Tele	ephone Num	ber			-		
Name of Facility (Where Abatement is Taking Place (3)   FORMER OXWALL TOOLS SITE	Ď DCA					MICHAEL FINELLI													
Served MCHES   STREET   Served MCHES   Street Address	Name of English Whore	A hatamant is	Taking	Place /3	1	FACI	LITY INFO	RMATI	ON	Type	of Facility (	4)							
Subchalpier 8 (Other than Kr.12)				riace (3	,					<u>- P</u>									
County (6)	7(0)									Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes									
Name of Monitoring Firm Hired by Building Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL AN.  Street Address 403 ST. JAMES AVENUE  Street Address 250 RUTHERFORD BLVD.  Street Address 250 RUTHERFORD BLVD.  City, State, Zip Code PHILLIPSBURG, NJ 08865  Project Manager for Monitoring Firm JON GILGERT  Start Date (10) 3/3/2014  Start Da		- N - N-12										Floors	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL AN.    Name of Monitoring Firm Hired by Building Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL AN.   Name of Abatement Contractor (9)	E 250 5 50			10)		County (	Code (7) JSE ONLY)												
Street Address	Name of Monitoring Firm			1 No.															
250 RUTHERFORD BLVD.		LAN			-				CON	TOTOTING	J, 114	· ·							
PHILLIPSBURG, NJ 08865  Project Manager for Monitoring Firm JON GILGERT  Scheduled Completion Date (11) 3/3/2014  Scheduled Completion Date (11) Scheduled Completion Dat	TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE								D BL\	/D.	0								
Start Date (10) 3/3/2014  Start Date (10) 3/3/2014  Scheduled Completion Date (11) A/18/2014  Scheduled Completion Date (11) SAME AS (9) ABOVE  Street Address  Street Address  City, State, Zip Code  City, State  C		J 08865																	
3/3/2014  SAME AS (9) ABOVE  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-											).								
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code			npletion	Date (11)					VE			82							
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State,		ne)					-	A CONTROL OF THE PARTY OF THE P	-										
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Demolition □ Renovation □ Demolition □ Description of Normally Used Solely by Maintenance/ Custodial Staff? (12) □ Yes No N/A □ N/A □ TRUCK DOCK □ X PIPE (WRAP & CUT ONLY) □ Normally Used Solely by Maintenance/ Custodial Staff? (12) □ Yes No N/A □ PIPE (WRAP & CUT ONLY) □ Normally Used Solely by Maintenance/ Custodial Staff? (12) □ Yes No N/A □ TRUCK DOCK □ X PIPE (WRAP & CUT ONLY) □ Normally Used Solely by Maintenance/ Custodial Staff? (12) □ Yes No N/A □ Renovation □ Description of Abatement Type □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ TRUCK DOCK □ X PIPE (WRAP & CUT ONLY) □ Used Solely by Maintenance/ Custodial Staff? (12) □ Yes No N/A □ Renovation □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ TRUCK DOCK □ X PIPE (WRAP & CUT ONLY) □ TRUCK DOCK □ X CLEAN UP OF ROOFING DEBR +/-20,000 SF □ INTERMIXED IN BURNT BLDG □	Abatement Perform										-								
≥3 sf or ≥3 if																			
Second   Demolition   Demoli		ui i nat Appi	()	п.	Renovation						II Containm	ent with	Negative P	ressur	·e				
Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  TRUCK DOCK  X PIPE (WRAP & CUT ONLY)  EXTERIOR  X CLEAN UP OF ROOFING DEBRIS PILE  ROOFING DEBRIS PILE  Fig. 100 SF  Name of Registered Waste Hauler  TWO BROTHERS CONTRACTING  Name of Registered Waste Hauler  TWO BROTHERS CONTRACTING  Title  Non-Exempted (*) and Non-Friable Procedure  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Abotement  Abatement  Type  Abotement  Fig. 2  F									F	Mi	ni-Enclosure	9			. <del></del>				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  TRUCK DOCK  EXTERIOR  X PIPE (WRAP & CUT ONLY)  ROOFING DEBRIS PILE  NoTE MINTERMIXED IN BURNT BLDG  Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  PIPE (WRAP & CUT ONLY)  ROOFING DEBRIS PILE 6,000 SF  INTERMIXED IN BURNT BLDG  Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  PIPE (WRAP & CUT ONLY)  ROOFING DEBRIS PILE 6,000 SF  INTERMIXED IN BURNT BLDG  Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.  City, State CLIFTON, NJ  Completed by  PROJECT COORDINATOR  ROOFING DEBRIS VILLE, PA  Signature  Date 2/20/2014												oted (*) and Non-Friable Procedure							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  TRUCK DOCK  EXTERIOR  X  CLEAN UP OF ROOFING DEBRIS PILE  ROOFING DEBRIS PILE  For LF  Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  NJDEP Waste Hauler ID No. 18743  Disposal Date CLIFTON, NJ  Completed by  Completed by  Completed by  Completed by  Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems i				0.00															
Maintenance/Custodial Staff? (12)   WRAP & CUT ONLY)   TRUCK DOCK   X   PIPE (WRAP & CUT ONLY)   TO LF   TRUCK DOCK   X   CLEAN UP OF ROOFING DEBR   +/-20,000 SF   TO DO			CM)	Use	d Sole	ely by	Asbes				I (ACM)	Α	mount			Е			
TRUCK DOCK  X PIPE (WRAP & CUT ONLY)  EXTERIOR  X CLEAN UP OF ROOFING DEBR +/-20,000 SF  ROOFING DEBRIS PILE 6,000 SF  INTERMIXED IN BURNT BLDG  Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  Completed by  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  Completed by  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  NAME of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.  Disposal Date 4/18/2014  Date 2/20/2014	TO BE AB	ATED	Z,			to de sucreta	(i.e.	thermal	system	s insul	ation,			Rem	Re	ncap	Enclo		
TRUCK DOCK  X PIPE (WRAP & CUT ONLY)  EXTERIOR  X CLEAN UP OF ROOFING DEBR +/-20,000 SF  ROOFING DEBRIS PILE 6,000 SF  INTERMIXED IN BURNT BLDG  Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  Completed by  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  Completed by  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  NAME of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.  Disposal Date 4/18/2014  Date 2/20/2014					(12)									oval	pair	sulat	sure		
EXTERIOR  X  CLEAN UP OF ROOFING DEBR +/-20,000 SF  ROOFING DEBRIS PILE 6,000 SF  INTERMIXED IN BURNT BLDG  Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  Completed by  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  Completed by  NAME OF REGISTER LANDING City, State MORRISVILLE, PA  Completed by  PRO IF CT COOPDINATOR				Yes		N/A								1		Ф			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  NJDEP Waste Hauler ID No. 18743  City, State CLIFTON, NJ  Completed by  NJDEP Waste Hauler ID No. 18743  Disposal Date 4/18/2014  Completed by  Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.  City, State MORRISVILLE, PA  Date 2/20/2014					8,003			727.0											
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  NJDEP Waste Hauler ID No. 18743  City, State CLIFTON, NJ  Completed by Comple	EXTER	IOR			X														
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING  NJDEP Waste Hauler ID No. 18743  Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.  City, State CLIFTON, NJ  Completed by  Title Signature Date 2/20/2014	-										-	6,0	000 SF						
TWO BROTHERS CONTRACTING  Hauler ID No. 18743  Of Waste 100  WASTE MANAGEMENT G.R.O.W.S.  City, State  CLIFTON, NJ  Completed by  Title  Date 2/20/2014  Date 2/20/2014		4-11-1			L.	LIDED W			3 305 3	URN		Pagiete	ared   andfill						
CLIFTON, NJ  Completed by  Title  Signature  Date 2/20/2014			CTING		1	Hauler ID		of Wa				•		NT G	.R.C	).W.	S.		
Completed by  Title  Signature  Date 2/20/2014																			
	Completed by				IEC		אואות		Signatur	4 /									

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