

Data of Nicking and a 160		Mana	f Dudding Owner	0		hit is				
Date of Notification (1) 3-17-	15	Name o	f Building Owner/	C V (	Ser	ald	1.5	C. /	2: 3	7
Agencies Notified Type Notification	1-4:-	Street A	ddress / 1	5/Sr	000	100 K	1116		r.	
□ EPA Initial Amended		City, Sta	ate, Zip Code		41	TER I	TUC		-1	-
DOL Amendmen			Plain	Lield	N	J C		6	)	
DOH justification		/\ /	f Contact Q A C V	Gera	10	Telephone	Number	-		- 1
			LITY INFORMAT	ION	14_					
Name of Facility Where Abatement is Takin Single Famil		/ .			of Facility					
Street Address J	y Dwel	ling			School (K- Subchapte	er 8 (Other than I	K-12)			
615 Spoon	er AU	٤	2	×	Other (i.e. etc.)	private & comm	ercial bu	ldings,	home	es,
City (5) Plain field	NJ	070	260	Squa	re Feet	# of Floors		Bldg. A	\ge	
County (6)	1	County	Code (7)	Curre	ent Use (Pr	for if being demo	olished)	10	7-	
Union			USE ONLY)				30			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	No.	Name of Aba	atement Co	chnol	èie	S	7.	6.0
Street Address	17			Street Addre	ASSESS.	220	3.0		Spr. 6	-
City, State, Zip Code	<u> </u>	00	E22	City, State, Z	No.	357		0.4	7 9	
New Egypt	NO	90	393	Nem	Egy	At N	70	8	)3	3
Project Manager for Month in gu Firm	2	Telephor	7 <i>58-33</i> 65	Telephone N 609 758		Licens	No.	39	4	
Start Date (10)	Scheduled Con	npletion l		Name of OS	HA Monitor	. 1			-	
3-30-15 Occupancy Status During Abatement (Che		-15		Street Addre		hnologie	es I	nc		
Facility Closed/Vacated During Entire	\$ 8	nent				337			55	
☐ Abatement Performed Outside of Non ☐ Other – Describe:	nal Facility Hours			City, State, Z		/ 1~ <del>-</del>	~ 0		_	
Scope of Work (Check All That Apply)				[ACO ]	Egypt	NJ	08	53	3	
≥3 sf or ≥3 lf	☐ Renova					ent with Negativ	e Pressi	ıre		
□ ≥160 sf or ≥260 lf	☐ Demolit	ion		>≋ Gl	ni-Enclosur ovebag Pro	cedure				
	T			□ No	n-Exempte	ed (*) and Non-F	riable Pro	Abate		
Location of	ls Locati Normal	ly	De	escription of				Ту		
Asbestos-Containing Material (ACM)	Used Sole Maintenar		Asbestos Cor	taining Materia		Amount (Specify			Ε̈́n	п
TO BE ABATED In Facility	Custodial S (12)	Staff?	surfa	acing, VAT, or	30011,	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	N/A	ouner	miscellaneous)			val	=	ulate	sure
Basement	X	IN/A	D-0- To	Sulation		70 L	FX	-		
Daseric it	+^		Tipe III	Jularia		10 6	6 /			
		0.								
Name of Registered Waste Hauler	505	JDEP W auler ID		Yards aste		Registered Lan				
EPC Technologie	S	1700		sal Date	City, Star	te Manag	emen	tol	2 4	M
City, State New Egypt	NJ.		100000	-31-15		usville	PA			
Completed by	Title	1		Signature	SI		Data	,-1°	7-1	5
Steve Schenker	Preside	ent	14	Deep)	- Che	ok		1 1	<u> </u>	

Date of Notification (1) 03/09/15					Building		Operator	(2)	41 to 12 to	7 =						
Agencies Notified	Type Notification			Street A												
☐ EPA	Initial				OORE /				9875	H.	7 (Ç.	T:1	7.	55		
X DEP X DOL	Amended Amendmen	#			te, Zip Co IA NJ. 0								3.55	* 12		
	Emergency	(including	-		Contact	7 000			- 5,5	Tel	ephone	Num	her			
DOH DCA	justification) Cancellation				ABRA	HAMS	ON			1-104	CDHOME	INCHI	o Ci			
				FACI	LITY INF	ORMAT	ION									
Name of Facility Where PRIVATE	Abatement is Takir	ig Place (3)			2			Туре	of Facility (4	)						
									School (K-12 Subchapter 8		or than	Z 10\				
Street Address 189 MOORE AVE									Other (i.e. pr					dings	hom	es,
City (5)								_ (	etc.) re Feet	T # 0	f Floors		TR	ldg. A	\ne	
LEONIA NJ. 07605	5							1,60		" 0	2				EAR	S
County (6)			T	County (				Curre	nt Use (Prior	if bei	ng dem	olishe	:d)			
				•	JSE ONLY		_		N/A						41	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	l No.				tement Cont QUALITY			ICT	ON	110		
Street Address		55/02					Street			001	401110	701	ON	LLC	•	
Success Address									RDEN PL							
City, State, Zip Code									p Code	0700						
Drainet Manager for Mar	nitarina Firm		_	Telephor	no No		Teleph		SACK NJ.	0/60	Licens	o No				
Project Manager for Mor N/A	illoring Firm			releprior	ne no.		201-7				0113					
Start Date (10)		Scheduled		mpletion I	Date (11)				A Monitor				27			
03/10/15		03/11/15							ROMENT	AL S	SERVI	CES				
Occupancy Status Durin			81 2223		,		Street 2		s 22 WEST							
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Non	Period of At nal Facility I	ater lour	nent s				27/5/3/3	p Code	<u> </u>						
Other - Describe:						_			. 07083							
Scope of Work (Check A	All That Apply)	75-1-1-1														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova	ation			X	Full	Containmer i-Enclosure	nt with	Negativ	e Pr	essur	e		
2100 St 01 2200 II			HOII	uon			×		vebag Proce	dure						
								Nor	n-Exempted	(*) an	d Non-F	riable		5-68 (S)		
000 000			ocat												ement rpe	
Location Asbestos-Containing		Used	Sole	ely by	Ashes		scription taining M		(ACM)	Δ	mount	1				
TO BE AB	ATED	Main Custo			(i.e.	thermal	systems	insula	tion,	(5	Specify		Re	Z	Encapsulate	E
In Faci		1	(12)				cing, VAT			SF	or LF)	1	Removal	Repair	nsde	Enclosure
1 1 1		Yes	No	N/A									'al	7	late	лге .
BASEME	BASEMENT ()						NSULA	TION		2	0. LF	-	X			
D/ (OZIVIZ		X				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		O. L.	-				$\vdash$	
		-										-		-		
		-										-				
Name of Registered Wa	ste Hauler		TN	JDEP W	aste	Cubic	Yards		Name of R	eaiste	ered Lan	dfill				
TRI- STATE- ASSO		25	100	lauler ID 9951	No.	of Wa	ste		MINERV				EIN	IC.		
City, State			1	3501		25.000000	sal Date		City, State			11.12.22				
1199 RANDALL AV	E. BRONX. NY					TBD	cai Date		WAYNE:	SBU	RG OF	OIL				
Completed by		Title				5	Signature		1	110	20	Date				
CARLOS ESQUIVE	L-	MANA	GE	R			(148	Jen	informal.	1		03/	09/1	5		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Narification (1)   March 16, 2015   Name of Building Owner(Operator (2)   Type of Notification   Type of	Data Children (t)								200			1		
Street Address    Street Address   Stree					Name of	Building (		outh Univers	ity E	iya (	. 3	8	/	
Table   Tabl	[X] EPA [] Initia	l Notific						2015 H) edar Avenue	IR 19	AM 2: 34				
Time of Facility Where Abatement is Taking Place (3)   Monmouth University Bluffs Unit 9A   Steet Address   Sopo Ocean Blvd.   Type of Facility (4)   Steet Address   Sopo Ocean Blvd.   Steet Address   Sopo Ocean Blvd.   Steet Address   Sopo Ocean Blvd.   County (5)   (County Code (7)   (STATE USE ONLY)   (STATE USE ONLY)   Steet Address   Steet A	[x] DOL Amer	ndment gency (i	#		City, Stat	e, Zip Coo	West I	Abot Long Branch	NE 277	64 HTROL				
Type of Facility Where Abstracent is Taking Place (3)	DCA				Name of				Tele	phone Number				
Street Address   Subchapter 8 (other than k-12)   Subchapter 8 (				FAC	CILITY II	NFORM	ATION							
Store   County (6)				9A				Type of Facili	] s			81		
County (6)   County (6)   County (6)   (STATE USE ONLY)   Square feet   for Floors   Bldg. Age   60								[>	:] c	ther (i.e., priva				dings,
Current Lies (Prior if being demolished)   Apartment	City	Coun	ty (6)				7)			# of Floors	Bldg		50	
Street Address							, ,	A	partment					
1805 Atlantic Avenue	Brinkerhoff Enviro			s.	ASCM No	).	Name of			Contracting,	Inc.			
Project Manager for Monitoring Firm Jason Hooper 732-223-2225 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) 3/18/15 3/19	1805 Atlantic Ave	nue						18	89 Rout	te 9, Unit 61				
Telephone Number   Telephone Number   Telephone Number   Talephone N		3736					City, Stat	50 50	me Div	er New Jero	az. 00'	755 1	271	
Scheduled Start Date (10) 3/19/15 Occupancy Status During Abatement (Check only one)  [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Street Address  Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854  Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854  Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854  Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854  City, State, Zip Code Piscataway, New Jersey 08854  City, State (I) Mini-Enclosure [x] Abatement Type  R R E E E N N N Material (ACM) (Specify SF Or LF)  Normally used Absestos-Containing Amount (Specify SF Or LF)  Normally used Absestos-Containing Amount (Specify SF Or LF)  Normally used Absestos-Containing N P C C Or LF)  Normally used Absestos-Containing N P C C Or N N N N N N N N N N N N N N N N N N	Project Manager for Monitoring Firm	7,750					Telephon		IIIS KIV			133-1	2/1	
Occupancy Status During Abatement (Check only one)  [ X ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe    Street Address   1056 Stelton Road					ion Data (11	,				00624				
Street Address    Street Address   Street Address   Street Address					ion Date (11	)			M.S.L.	Analytical				
City, State, Zip Code  City, State, Zip Code  Piscataway, New Jersey 08854  City, State, Zip Code  Piscataway, New Jersey 1876  Full Containment with Negative Pressure  [x] Mini-Enclosure  [x] Manuelline  [x] Manuelline  [x] Manuelline  [x] Manuelline  [x] Manuelline  [x] Manuelline  [x]				1 ( )	************		Street Ad	dress	- Fo. S.					
City, State  Completed by (Print or Type)    City, State   Completed by (Print or Type)   City, State   Completed by (Print or Type)   City, State   Completed by (Print or Type)   City, State   Completed by (Print or Type)   City, State   Completed by (Print or Type)   City, State   Completed by (Print or Type)   City, State   Completed by (Print or Type)   City, State   City,									56 Stelt	on Road				
[x] Mini-Enclosure [x] Mont-Exempted (*) and Non-Friable Procedure  Respectively  Respectively  Non-Exempted (*) and Non-Friable Procedure  Respectively  Respectively  Non-Exempted (*) and Non-Friable Procedure  Respectively  Respectively  Non-Exempted (*) and Non-Friable Procedure  Respectively  Respectively  Respectively  Non-Exempted (*) and Non-Friable Procedure  Respectively  Resp	F 3						City, Stat		scatawa	y, New Jerse	y 088	54		
[X] >3 sf or ≥3 lf	Scope of Work (Check all that apply)									h Negative Pres	sure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Title  Location of Normally used Asbestos-Containing Material (ACM) (Specify SF or LF)  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  R R E E E N N N M P C C C ON TAIN N M P C C C C ON TAIN N	[X] >3 sf or ≥3 lf		[x]	Renova	ntion		[ X ]							
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  (13)  X  Solely by Maintenance/Custodial Staff insulation, surfacing, (12)  YES NO N/A  Bathroom  X  Sheet rock  Amount (Specify SF or LF)  Maintenance/Custodial insulation, surfacing, (12)  VAT, or other miscellaneous)  YES NO N/A  Bathroom  X  Sheet rock  Amount (Specify SF or LF)  M P C C C O A A A L C O A A	[ ] ≥160 sf or ≥260 lf		[ ]				[ ]			d Non-Friable I	rocedu	ire		
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  (13)  Normally used Solely by Material (ACM) Staff insulation, surfacing, (12)  VAT, or other miscellaneous)  YES NO N/A  Bathroom  X Sheet rock  Amount (Specify SF or LF)  Maintenance/Custodial in facility (12)  VAT, or other miscellaneous)  YES NO N/A  Bathroom  Normally used Asbestos-Containing Material (ACM) (i.e., thermal systems or LF)  VAT, or other miscellaneous)  A U U U U U U U U U U U U U U U U U U					T				T		Ahat	ement '	Tyme	
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM)  TO BE ABATED  in facility (13)  (12)  VAT, or other miscellaneous)  Asbestos-Containing Material (ACM) (Specify SF or LF)  Name of Registered Waste Hauler  Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Completed by (Print or Type)  Title  Name of Registor-Containing Material (ACM) (Specify SF or LF)  M P C C C MM P			Is Location	n		]	Descriptio	n of						
TO BE ABATED in facility in facility (12) Staff insulation, surfacing, (13) VAT, or other miscellaneous) VAT, or other miscellaneous VAT, or other miscellaneous) VAT, or other miscellaneous VAT, o		]												1
in facility (13)  (12)  YAT, or other miscellaneous)  YES NO N/A  Bathroom  X Sheet rock  O I P O V R S S S Other miscellaneous)  A U U U L R E E  Bathroom  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Completed by (Print or Type)  In facility (12)  NATH Toms Insulation, surfacing, variation, surfacing, variation, surfacing, variation, surfacing, insulation, surfacing, insulation, surfacing, variation, variation, variation, variation, surfacing, variation, variation, variation, surfacing, variation, variation, variation, variation, variation, surfacing, variation, vari		Mair									M	22.7		
Name of Registered Waste Hauler Guardian Contracting, Inc.  Name of River, New Jersey  Completed by (Print or Type)  VES NO N/A  Sheet rock  Sheet rock  City, State  Disposal Date  3/20/15  Title  Other miscellaneous)  A L U L R R E   U L R R E   City, State  Tullytown, Pennsylvania  Completed by (Print or Type)  Title  Other miscellaneous)  A L U L R E E   U R E E   City, State  Tr.R.R.F.  City, State  Tullytown, Pennsylvania  Completed by (Print or Type)  Date		172411		biodiai						Of LIT)	0	130000	30000	0.049
Pathroom    X   Sheet rock   6 sf   X	(13)		(12)								V	R	89	1 22 1
Bathroom X Sheet rock 6 sf X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Signature  Disposal Date Signature  Signature  Date  Date		VES	NO	NI/A		othe	er miscella	ineous)			800		1000	10700
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  NJDEP Waste Hauler ID No. Cubic Yards of Waste  Name of Registered Landfill T.R.R.F.  City, State City, State Tullytown, Pennsylvania  Date	7.1	11/71									Е	Е		
Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Signature  Date	Bathroom		X		Sheet	rock			- (	5 sf	X			
Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Signature  Date					+				_					
Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Signature  Date			-		-									
Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Completed by (Print or Type)  Title  Signature  Date	Name of Registered Waste Hauler		NJDEP Wast	e Hauler	ID No	Cubic Va	rds of Wast	e Name of D	egistered	I andfill				
Toms River, New Jersey 3/20/15 Tullytown, Pennsylvania  Completed by (Print or Type) Title Signature / / Date	Guardian Contracting, Inc.				2010.	1	as or mast			Candin				
Completed by (Print or Type) Title Signature Date	107.5								vania					
TOTAL		525	ect Manage	er	Signatur	re/\	11	/	1				;	

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	(signat	100)		
Data 31	11.66		1:00	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:420)

CHECK # 8699

Date: Britter Time: 1'6		- 3		ic to want 0:00	ALIG 12. 120	η	·					
Date of Notification (1) 3/13/15		***************************************	Name	of Building Own	er/Operator	(2) 4 NPG E ME				197	-	
Agendes Notified Type Notification	)	- Control of the Cont	Street	Address		STON AU		SUITE	<del>-</del> 2	20/	and	
Mendmer Emergency	Cincluding		City, S	State, Zip Code ハンハンドンファ		7 07039						
☑ DOH justification ☐ DCA ☐ Cancellation	1		1	of Contact CC/+ S.			Tel	aphone Nu	mber	-	-	
Name of Facility Where Abatement is Takin	g Place (3	)	FA	CILITY INFORM	ATION	Type of Facility	[4]	-				
Street Address 939 + 931 PA-CUTIC Oity (5)		22		·		☐ School (K- ☐ Subchapte ☑ Other (i.e. etc.)	12) r 8 (Other	r than K-12 commerci	e) al bui	idings	s, horr	185,
NEW MILTON						Square Feet	# of	Floors	Т	Bldg.	Age	
County (6)	***************************************		County	Code (7)	Marine T	Current Use (Pr	for if bein	 g demolish	ed)	6	2_	
Name of Monitoring Firm Hired by Building (	Owner (8)		AS	CM No.	Name A. MA	of Abatement Co AC Contracting In	nimetor/	9)	-consolera	-Hirecone	- Or Company	
Street Address		-	nix · Carago	THE REAL PROPERTY OF THE PARTY	Street	Address /reeland Ave.			>	F	5000	Marione
City, State, Zip Code					Ĉity, S	tale, Zip Code nd Park, NJ 0743	7	P10	ist.	Ē	Fi The	
Project Manager for Monitoring Firm			Telej	ohone No.	Teleph	อกต์ No. 262-5841		License No				
Start Date (10) +/15	Schedule	ed Co	mpletion	Date (11)	Name	of OSHA Monitor ge Environments		00156	- ) i	_		
Occupancy Status During Abatement (Chec Fecility Closed/Vacated During Entire F Abatement Performed Cutside of Normal Other - Describe:	parian of a	ė)			Street / 280 H City, St	Address  Uyer Street  ate, Zip Code  nsack, NJ 07606		s Inc.			: دِي دِرِ	ī ī
Scope of Work (Check All That Apply)  Id ≥3 sfor≥3 if  □ ≥160 af or≥250 if	选 Re 口 De	enova	tion ion			Full Containme Mini-Enclosure Glovebag Prop	nt with No					
Location of	l N	Locat	11y		<u></u>	Non-Exempted	(*) and N	on-Friable	Proc	Abat	emeni /pe	 I
Ashestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenal odial S (12)	nce/	Asbestos Co (i.e. therm	Description of ontaining Minal systems i facing, VAT r miscellane	aterial (ACM)	(Sp	ount eaify or 1_F)	Removal	Repair	Encapsuleta	ельвалэ
	Yes	No	N/A						<u>a</u>	4	late	e) III
CRAWL SPACE 929 CRAWL SPACE 931			X		Pirsz		-	85 <u>.</u> F	χ			
781		·	<u> </u>		PIPE		7	OU LF	X.			
lame of Registered Waste Hauler Jewark Carling, Inc Jity, State, Zip Coda Jewark, NJ 07105			JDEP Wi auler ID I 04509	to. of W:	Yards oste 3 osal Djate	City State	A Bethleh	em Landfil	Con	).		
Completed by R. McDonald	Title Presider	nt		7	Signature	M Some	hem, PA	18015   Date	/13	115		



Date of Notification (1) 3/13/15					f Building	Owner/0	Operator	r (2)						27,237	
	T 11 115 11			Edar F	5-0000 NOSCO (1000)						1 . 1	51			
Agencies Notified	Type Notification  X Initial			Street A	lddress wilight A	venue									
EPA DEP DOL	Amended Amendment				ate, Zip Co sburg NJ		4		e e	90 _	# 54				
<ul><li>☑ DOH</li><li>☑ DCA</li></ul>	Emergency justification) Cancellation				f Contact Okafor	32000-12-200				Te	ephone Ni	ımher	ž.		
				FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where NA	Abatement is Takin	g Place (3)						property .	of Facility ( School (K-1						
Street Address 203 Twilight Avenu	e							×	Subchapter Other (i.e. p	8 (Oth	er than K-	12) cial bu	ildings	, hom	ies,
City (5) Keansburg NJ 0773	34								re Feet	# 0	f Floors		Bldg. 79	Age	
County (6) Monmouth					Code (7) USE ONLY	)			nt Use (Prid	or if bei	ng demolis	shed)			
Name of Monitoring Firm Divine Environment		Owner (8)		ASCN	M No.				tement Con			tion			
Street Address 358 Broadway							Street	Addres			201 pore				
City, State, Zip Code Newark NJ					***		City, S		p Code						
Project Manager for Mon		*		Telepho			Teleph	hone No	o.		License I	No.		_	
Chinyelu Oraegbun Start Date (10)	am	Scheduled			33 9788		200000000000000000000000000000000000000	372-2	177 A Monitor		44331				
3/28/15		4/2/15		ipietion	Date (11)		100000000000000000000000000000000000000		nmental	Inc					
Occupancy Status Durin	7.0	- 5	8					Addres	s 5th Street	4					
Facility Closed/Vaci Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of At al Facility I	oatem Hours	ent			City, S	state, Zi	p Code						
Scope of Work (Check A	II That Apply					_	NYC	, NY 1	10007						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі тпасдрру)	-	nova moliti				×	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				10	
		ls I	ocatio	าก				1101	LACINIPLE	/ / din	2 TVOIT-I TIA			emen	t
Location		No	ormall	у		Des	scription	of					Ty	/ре	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED .	Custo	tenar	ice/				s insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	Œ
Exterio	X				ransite			8	0SF	x					
Baseme	Basement						Packi	ing		2	0SF				
19															
Name of Registered Was	te Hauler		1233392	JDEP Wauler ID	798	Cubic of Was			Name of F			l			
Newark Carter Inc				06		1			Tully Re	facilit	У				
City, State Newark NJ 07102						Dispos	al Date		City, State Tully toy		-				
Completed by Emeka Okeke		Title Presid	ent			Si	ignature	(K	in a	20	1 2500	ate 13/1	5		

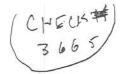
CK # 6150

11	01	() -	. 1			
					_	
	N	oTi	Fi	CAT	10	N

Date of Notification (1)					Building (	Owner/C	perator (	(2)							
3/13/	15			PSEG											
Agencies Notified  EPA	Type Notification  X Initial		- 1	Street Ad 4000 F	adress IADLEY	ROAL	)				- 1				
DEP DEP	Amended		14 0		te, Zip Co		0 000 0000								
X DOL	Amendment # Emergency (ir		-	SOUT	H PLAIN	IFIELD	), NJ 0	7080							
ĭ DOH	justification)	icidality	100		Contact	í				Telepho	ne Nun	nber			
DCA	Cancellation				KILLIAN		001			1					
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INFO	RIVIATI	ON	Type	of Facility (4	1)					
PSE&G . M -	1339	110	1	AT:	n) 20	+2	/)	П	School (K-1)						
Street Address	. 50,-		-/-	1100					Subchapter	8 (Other tha					
MH 18	- 100 GRE	EKN	5	T - R	146	1496	8.29	X G	Other (i.e. petc.)	rivate & cor	nmercia	al build	dings,	home	es,
City (5)								Squar	e Feet	# of Floo	ors		ldg. A	ge	
1616	-R BORC	1						N/A	7.0	N/A			N/A		
County (6) BERGEN	Abatement is Taking  1339  - 100 GRE			County C	Jode (7) JSE ONLY)			N/A	nt Use (Pric	r if being di	emolish	ed)			
Name of Monitoring Firm	Hired by Building O			ASCN	No.		Name	of Abat	tement Con						
ENVIRONMENTAL Street Address	TACTICS			0045			Street		SYSTEMS	OF AMI	ERICA	١			
64 BROAD STREE	T								EHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07	747			),			The state of the s		p Code IVER, NJ	08882					
Project Manager for Mor			T	Telephoi	ne No.		Teleph			200200000000000000000000000000000000000	ense N	D.			
TOM GEIGER					2-2217		732-4			01	111				
Start Date (10) 3/30/6	- 1 T	Scheduled 12/31/20		npletion l	Date (11)				A Monitor SYSTEMS	OF AME	ERICA				
Occupancy Status Durin		Only One	)				Street		37	\/ <b>_</b>					
	ated During Entire Poned Outside of Norma							200	EHEAD A	IVE.					
X Other – Describe:		ir acility i	10015			_	1000	- 55	p Code IVER, NJ	08882					
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf			nova						Containme		ative P	ressui	re		
≥160 sf or ≥260 lf		De	molit	ion				Glo	i-Enclosure vebag Proc						
		1					×	R 00000000	n-Exempted		n-Friab	e Prod	cedur	e	
		10000	ocati	33										ment pe	
Location		Used	ormal Sole		A = b = = =		scription		(4.01.0)				.,	pc	
Asbestos-Containing TO BE AB		Main	tenar	nce/			taining M systems			Amou (Speci		Z.	-	Enc	T.
In Faci (13)	2-11-4-1	Custo	diai 8 (12)	зап?			cing, VA'			SF or L	-F)	Remova	Repair	aps	Enclosure
(13)		Yes	No	N/A		Other	mscenan	eous)				val	₹	Encapsulate	ure
OUTS	DF	100	X	14//	AC	M PIF	PE SON	//AST	IC.	200 L	F	х			
0010.					710	2101 1 11		10 1	10	200 L					
										-					
Name of Registered Wa	ste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of F	Registered I	Landfill				
WASTE MANAGEN			11	lauler ID 125	No.	of Wa				S NORTH					
City, State			1			TANK TANK	sal Date		City, State						_
ELIZABETH, NJ						TBD				SVILLE, I	PA	Yá			
Completed by CAROL RAIMO		Title OFFIC	- N	ICP		S	Signature	_	Lan	-	Da 2		- /	/	
CAROL KAIIVIO		OFFIC	,⊏ IV	IGK.			Och	al	xaen	780)	3	1/5	3/1	15	•

# CK 1858

Date	of Notification (1)			Na	me of	Building Owne	r/Operato	1460tos	>					
Age	ncies Notified	Type Notification		Str	eet Ad	ddress Over b			2					
T X	EPA DEP DOL	Initial Amended Amendment #				te, Zip Code Pm 2 / M								
	DOH	Emergency (in justification)	ncluding			Contact RQC			Telephone	Numb	er	-	-	
Ш	DCA	Cancellation		10	-11				_					
Nan	ne of Facility Where	Abatement is Taking	Place (3)		FACIL	LITY INFORMA	ATION	Type of Facility	ty (4)					
Stre	et Address	^						School (I	K-12) iter 8 (Other than	K-12)				
	26 OVE	100K Rd.						Other (i.e etc.)	e. private & comm					es,
City	(5) Alpine	2						Square Feet	# of Floors		В	6. A		
Cou	inty (6) BE(9	en				Code (7) USE ONLY)			Prior if being dem	olishe	d)			
Nan	ne of Monitoring Firm	Hired by Building C	wner (8)		ASCIV	No.	Name	of Abatement	Contractor (9)	// N	C ,			
Stre	et Address						1.00	t Address	· -					
City	, State, Zip Code							0: : 7: 0 !		3				
Proj	ect Manager for Mor	nitoring Firm		Te	lephor	ne No.	Telep	hone No.	Licens	se No.	1			
Star	t Date (10)	117	Scheduled 3	Comp	etion [	Date (11)	Name	e of OSHA Moni		(1	10			
	211	1117		100	1=	>	Otros	4 A -1-1						
_/		g Abatement (Check					Stree	t Address						
X		ated During Entire P ned Outside of Norma			nt	10	City,	State, Zip Code			-			
Sco	pe of Work (Check A	All That Apply)									_			
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ar macroppy		ovation				Mini-Enclos Glovebag F	Procedure					
			1 191.11	620				Non-Exem	oted (*) and Non-F	Habie			e ment	
	920000000000000000000000000000000000000			cation mally									ре	
	Location Asbestos-Containing		Used S	Solely I			Description to the containing	n of Material (ACM)	Amount				ш	
	TO BE AB	ATED	Mainte	enance		(i.e. then	mal system	ns insulation,	(Specify		Rei	R	nca	Enc
	In Faci (13)			12)			ırfacing, V er miscella		SF or LF)		Remova	Repair	Encapsulate	Enclosure
	. 1		Yes 1	No	N/A			859			al		ate	re
					8	Assesta	of Fl	oor file	3505		X			
					×	F/001 1	NOST	76	7007E		8			
								1						
R	ne of Registered Wa	Ste Hauler	NC.	Hau	EP W ler ID	No. of	bic Yards Waste	Name	of Registered Lar	natili				
City		W, NJ		101			sposal Dat	e City	tate A					
Con	npleted by P(10	Phauhi	Title P	(25	140		Signatu	re SAM	<u></u>	Date	11	611	5	
	اب اب	1	V V	. 4)	, 0,	4 ,		040			11	0	9	



Date of Notification (1)	116/15			uilding Owner/Operat	or (2) CovuTRIAC	Tinic				
Agencies Notified	Type Notificati	00	Street Add		CONTRAC	TINO		_		_
□ ⊕A	□ Inital	511		RT. 50	We ti					
	Amended	iectia	City, State,	Zip Code						
Ĭ DOL	Amendmen Emergency		GR	EENIFIELD,	N.J.	08230				
Ø DOH	justification	n)	Name of C	570 170 170 170 170 170 170 170 170 170 1		Telephone Nur	nber	_		_
□ DCA	Cancellation	n	-BR	UCE BREU	NIG					
•			FACILIT	YINFORMATION						
Name of Facility Where	Abatement is Ta	king Place (3)			Type of Facili	y (4)				
RE	SINENCE				Gchool (K-					
Street Address	re liano	v /			Other (i.e.,	r 8 (Other than K- private & commen	ız) cial buil	dings		
	56 ASONA	1 18 (1)			homes, etc	5.)		dg. A		
City (5)	CEAN CI	44			Square Feet	# of Floors	1000	40 40		
			10.0	J- /71 /6TATE	1000	Prior if being demo		40	_	
County (6)	OF MAY		USE ONL	ode (7) (STATE Y)	0.50000 0	ANT	iisiieu)			
		o Ounos	ASCM No	I Name of Ahate	ment Contractor (					_
Name of Monitoring Firm	h Hired by buildin	g Owner	ASUM NO		mco În					
Street Address	Α			Street Address						
Street Address				369	S. SPR	UCE AVE				
City, State. Zip Code				City State Zip	Code			_		
City, Olate: Elp Gode	(4 9)			MAP	LE SHA	DE N.T	0	30	25	
Project Manager for Mo	nitoring Firm	Tei	ephone No	Telephone No.		License No.				
			e 1 - 1		19-0472	0044	14		-	_
Start Date, (10)	Sch	eduled Comple	tion Date (11	) Name of OSHA		+				
Start Date (10) / 15	÷ 60	4/5/1	5	J6SÉPE	+ Kitmu	1 JR				_
Occupancy Status Durin	ng Abatement (Ch	eck only one)		Street Address		- 1/	· ·			
☐ Facility Closed/Vacat	ed During Entire f	Period of Abate	ment		S. SPRUC	e Ave		_		_
Abatement Performe	d Outside of Norm	nal Facility Hou	12	City, State, Zip		NLT OF	205	>		
Other - Describe:				MAPLE	SHADE	N.) O	805	_	-	_
Scope of Work (Check a	ill that apply)			□ Full Co	ontainment with N	egative Pressure				
>3 sf or >3 lf		Renovati	on	Mini-Er	nclosure	X.0				
≥160 sf or ≥260 lf		Demolitio	a	Glovet	pag Procedure xempted (*) and N	on-Friable Proced	ure			
		Is Location	n T				- 1	bater	ment	22.0
7.9		Normally						Typ	е	
Location of	of Language CM	Used Soleh Maintenan	y by As	Description of bestos Containing Ma		Amount			ш	
Asbestos-Containing N TO BE ABAT	ratenar (ACIM)	Custodia		i.e. thermal systems	insulation,	(Specify	Re	R.	CO	Enc
IN Facility		Staff? (12)		surfacing, VAT		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		001011111000110110			a		ale	le.
		Yes No	N/4				1			
SIDING			X	TRAW SIT	E	1800\$	X			
910100										
		+			V 4 20 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					95
Name of Registered Was	te Hauler	N	JDEP Waste	Cubic Yards	Name of Reg	istered Landfill				
1/	T		auler_ID No.	of Waste	CM	C IM 11	A			
KLOMEO	INC.		7904	Disposal Date	City, State					
City, State		1 7		0000000000		OBINE Y	11. J		- 551	
	HANE TIO	<u>u.J</u>		Signature		Date	11.	1.		
Completed By			RESIDE	- 1	217h	Date 3	116	111		
MICHAELK	Itarus -	VILE. 1	ICC TIVE	The state of the s				_		

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

Date of Notification (1)	16 /	15							mer/Operator ol of the Ho		Child Che	eck No. 354	5 \$20	0			
Agencies Notified	Type Notific		_				Address			.,		6.4 (4	, Y = 0	. :	-	-	- 1.
□ EPA	Initial				2000000		lackbur	n R	oad			1.				0) 80	
⊠ DOLWD	☐ Amende	-			City	, St	ate, Zip C	Code							-		2. 1
☐ DHSS	Amendm								ersey 07901				5 to 1		. 5.		7.19
(NJAC 5:23-8)	☐ Emerger justificat		ciuain	g	-		of Contac					Telephone N	lumber		-	-	
	☐ Cancella				R	Raye	ejean Le	asti	man, DBA		- 1						
					F	AC	ILITY IN	IFOR	RMATION								
Name of Facility Where	Abatement is	Taking	Place	e (3)						TT	ype of Facility (4	4)					
Oak Knoll School					Hall						School (K-12)						
Street Address										- [	Subchapter 8	(Other than h	(-12)		453817		
44 Blackburn Roa	d									12	Other (i.e., pri homes, etc.)	vate and com	nmercia	ıl bu	ildin	js,	
City (5)										S	quare Feet	# of Floors		BI	dg. A	ae	
Summit, New Jers	sey 07901										20,000	2			55+	-	
County (6)					Co	ount	y Code (7	)(STA	TE USE ONLY)	C	urrent Use (Pric	or if being den	nolishe	d)			
Union											School						
Name of Monitoring Fire	m Hired by Buil	ding C	wner	(8)	ASC	M N	lo.	Na	me of Abatem	nent	Contractor (9)			_			
T&M Associates								L	ilich Corpo	rat	tion						
Street Address								Str	eet Address								
11 Tindall Road								6	06 McBride	A A	venue						
City, State, Zip Code							City	y, State, Zip C	ode	9	£0						
Middleton, New Je							V	Voodland P	ark	, New Jersey	07424						
Project Manager for Mo	nitoring Firm			Te	lephor	ne N	lo.	Tel	ephone No.			License No	),				
Kevin Burns				- North 2	908-3			1	73-225-8400	-	4	01101					
Start Date (10)					letion I				me of OSHA								
04/02/					06_ /	_	15	J	&S Environ	ıme	ental Labs LL	С					
Occupancy Status Durin									eet Address								
<ul><li>☐ Facility Closed/Vaca</li><li>☐ Abatement Performe</li></ul>	ted During Enti	re Per	Tod of	Abat	ement		rib a		333 Route 2								
Time of Abatement:	AM	PN	M/	y no PN	uis - D И-	A	.M		, State, Zip C								
Scope of Work (Check a							71	L	Inion, New	Jer	sey 07083						
	all triat apply)		8						☐ Full Con	ntair	nment with Nega	itive Pressure	,				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Re						Mini-End	clos	sure	1110011033410					
			∐ De	moli	tion				☐ Gloveba		Procedure oted (*) and Non-	Friable Proce	adura				
			Is	Loc	ation	T					ica ( ) and reon	- Hable Floci		۸h	atom	ont T	i un o
Location				Norm					Description of							ent T	1
Asbestos-Containing TO BE AB		1)			lely by ance/		Asbe	stos	Containing Ma	ater	ial (ACM)	Amount		₹em	Repair	nca	Encl
IN Faci			Cus		I Staff	?	(1.6	., the s	rmal systems surfacing, VAT	ins or	ulation,	(Specify SF or LF)		Removal	air	sde	Enclosure
(13)				(12 No	-	$\perp$		oth	ner miscellane	eous	s)			_		Encapsulate	re
0:: : :: ::	Yes																
Staircase (3 Floors)	Staircase (3 Floors)							Cut	TSI (Critica	als)		60 LF			$\boxtimes$		
																П	П
				П										7	П		
			$\overline{\Box}$							-				_	] [	] [	
Name of Registered Wa	ste Hauler		Ц_	14	NJDE	D W	acte	Cub	oic Yards of	1.	Name of Desire	med 1 160			Ш	Ш	
Lilich Corporation				- 1	Hauler		0000000	Was		1	Name of Registe G.R.O.W.S.						
City, State				e 1	187	24		10				Lanuilli 					
Woodland Park, Ne	ew Jersey								oosal Date 4/06/15	1	City, State						
Completed By (Print or 1					04			Morrisville,	rennsylvar								
Momo Glavatovic	(ype)	Title		001-	lone				Signature	it.	ch		Date	1.	111	-	
		VI	ce Pr	esid	ent					(	570		5,	116	1/6	د	

ASB-41 MAY 11

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:46)

				201								_		
Date of Notification (1)		45		1	Name o	of Building	Owner/Operator (2	2)						
	B / _	15			peve	erly City	Broad of Educa	LION	es et e	1 10 11				
⊠ EPA ⊠	pe Notificat   Initial	tion			Street /	Address Bentley		$\hat{L}_{i,j}$						
	Amended Amendme	nt#		(		ate, Zip C		i ii						
☐ DHSS ☐	Emergenc		- a		Beve	erly, NJ (	08010			= = = =				
(NJAC 5:23-8)	justificatio Cancellatio	n)	9	1	Name (	of Contact			1	Telephone N				
					FAC	ILITY IN	FORMATION							
Name of Facility Where Abar	tement is Ta	aking Plac	e (3)	_				Type of Fa	acility (4	)	CL, C			-
Beverly City School								School						
Street Address								Subcha	apter 8 (	Other than K-12) ate and commerci	ial hu	ildina	9	
601 Bentley Avenue								homes		ate and commerci	ai bu	nunig	3,	
City (5)			19 11					Square Fe	et	# of Floors	Blo	dg. A	ge	
Beverly								>50,00	0	1	4	40+		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Us	se (Prior	if being demolish	ed)			
Burlington								School						
Name of Monitoring Firm Hir	ed by Build	ing Owner	(8)	A	SCM N	No.	Name of Abateme	ent Contrac	tor (9)					-1.1.
Environmental Conne	ction, Inc						DELTA/BJDS	, INC						
Street Address							Street Address							
120 North Warren Stre	eet						1345 INDUST	RIAL BL	/D					
City, State, Zip Code							City, State, Zip Co	ode						
Trenton, NJ 08608							SOUTHAMPT	ON, PA 1	8966					
Project Manager for Monitor	ing Firm		Te	elep	hone l	No.	Telephone No.	ı		License No.				
Dominick Dercole				(60	9) 39:	2-4200	215 322-2900			00783				
Start Date (10)	S	cheduled					Name of OSHA N	1onitor						
04 /03 /	15	09	/ _	04	_ / _	15	CRITERION I	ABS						
Occupancy Status During Al	patement (C	Check only	one)				Street Address							
☐ Facility Closed/Vacated [							3370 PROGR	ESS DRIV	/E					
Abatement Performed On Time of Abatement: 7AM						cribe	City, State, Zip Co BENSALEM,		1					
Scope of Work (Check all th	at apply)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			lenov emol				☐ Mini-End ☐ Gloveba	closure g Procedur	е	tive Pressure -Friable Procedure	9			
<i>10</i>			ls Loc	cati	on						1	atem	ent T	vpe
Location of			Norr	nall	y		Description of					-		1
Asbestos-Containing Ma	The second second		sed S lainte			Asbe	stos Containing Ma	aterial (ACN	1)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	<u>:D</u>	Ci			Staff?	(1.6	surfacing, VAT		10	SF or LF)	vaj	=	nsc	sure
(13)		-	(1	-		-	other miscellane	eous)					ate	(D)
		Ye	3 100		N/A						_		_	-
Boiler Room (Phase I)							ing Insulation			250 SF				
Boiler Room (Phase I)				1		Fittings	3			33 LF		Ш	Ш	
Boiler Room (Phase I)			×	1		Plaster	Ceiling System			1000 SF				
Window through out (P	hase II)					Windov	v caulk			1,675 LF	$\boxtimes$		Ш	
Name of Registered Waste SERVICE TRANSPOR		•		1000	JDEP V	O No.	Cubic Yards of Waste			ered Landfill  ANDFILL				
City, State					20990	,	Disposal Date	City, Sta	ite					
58 PYLES LANE, NEV	V CASTLE	DE. 197	20				(152)			JRG, OH 44688	10.00			
Completed By (Print or Type	e)	Title					Signature	1.)		Dat	e	1	81	
Michael Parson		PRO.	ECT	M	GR.		1/Und	rel tar	200	$n \mid 3$	118	3/6	CL	15

ASB-41 MAY 11

NO CK

Date of Notification (1) 3-16-14			Name o										
Agencies Notified	Notification Type	_	Dupont Street A			pany		95. 19	71.				
			Rt 130										
⊠ EPA ⊠ DEP	Initial Amended /	-	City St	oto Zin	Codo		6 - 1 - 1		9 1				
⊠ DOL	Amended /		City, Sta Deepwa										
⊠ DOH	☐ Emergency (Includi	ing -	Name o	of Conta	ct		Telephone Number						
□ DCA	Justification)  Cancellation		Chris					l relebu		nnar			
				3				- ī					
			FAC	ILITY II	NFORM	ATION							
Name of Facility Where Ab	patement is Taking Plac	e (3)					Type of Facil	ity (4)					
Chamber Works Plant						1	☐ School (K	-12)					
Street Address Rt 130 South							Subchapte	er 8 (other ti	han K-12	2)			
rt 130 South							Other (i.e. homes, et		ommerci	al bu	ildi	ngs	3,
City (5)							Square Feet		oors	В	dg.	Ag	е
Deepwater							1 01110013						
County (6) Salem					unty Co	de (7) (STATE	Current Use	prior if bein	g demoli	shed	d)		
						1)							
Name of Monitoring Firm F Harvard Environment	of Monitoring Firm Hired by Bldg. Owner (8)					of Contractor (9)							
Street Address	ldl			_		nty Environment Address	al						
761 Pulaski Hwy				200100000000000000000000000000000000000	Address New Churchmans Rd.								
City, State, Zip Code						tate, Zip Code							
Bear, De						Castle, DE 197	20						
Project Manager for Monito Wesly Morrison	Project Manager for Monitoring Firm Tele;					none Number		N. C.	Numbe	r			
Scheduled Start Date (10)			26-233 Date (1			322-8946 of OSHA Monitor		00578	5				
1-2-15	6-30-15			fo		ty Environment	al (	15-003A)					
Occupancy Status During	Ahatement (Check only	one)			Street	Address							
	***************************************	0.000				New Churchmar	ns Road						
<ul> <li>☐ Facility Closed/Vacated</li> <li>☐ Abatement Performed (</li> </ul>	d During Entire Period of Outside of Normal Facili	f Abate	ment		City, S	tate, Zip Code							
Other - Describe: Unoc	ccupied area.	ty i loui				Castle, DE 1972	20						
Scope of Work (Check all t	that apply)						mont with No	active Dece					
≥ 3 sf or ≥ 3 lf			0	⊠ Reno		☐ Mini-Enclos		gative Press	sure				
≥ 160 sf or ≥ 260 lf			☐ Demolition			Glovebag P     Non-Exemp	n Eriabla Di	ro oo d					
						□ Non-Exemp	ned ( ) and No	II-FIIADIE PI	locedure				
		- 1	Is Location							A	oate Ty		HIL
		Us	Normall ed Solel		Ashe	Description o stos Containing Ma		Amou	und.				
Location		M	laintenan	ice/		thermal systems i		(Spec		_		Щ	т
Asbestos-Containing TO BE AB			Custodia Staff?	al		surfacing, VAT, other miscellane	or or	SF or	LF)	₹em	Re	ıcap	ncl
IN Facility	y (13)		(12)			other miscellane	ous)			Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-		ate	O	
Thermal Systems		103	1, 32765	13//3	There	-1	100000000000000000000000000000000000000						
Thermal Systems			X			nal coverings through al coverings through		10,000LF 3,000SF		Х	X	X	
Floor Tile /Mastic			х		Floor	Floor tile and mastic throughout area 2,300SF				Х		7	
0017			IDEP Wa No.	ste Hau	uler	er Cubic Yards of Name of Reg. Landfill							
			217			>30	Constoga						
City, State Woodstown, NJ						Disposal Date TBD							
Completed by Title					Signature Date								
Evelyn Walsh Office Manager						3-16-14							

NOCK

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

Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)								
03/	16 /	15			Cargille Knolls Corporation											
Agencies Notified	Type Notific	ation			Street Address											
☐ EPA	☐ Initial				55 C	55 Commerce Road										
□ DOLWD   □					City, St	y, State, Zip Code										
□ DHSS	Amendr	-			Ced	ar Grove										
DCA (NUAC 5:22 8)	☐ Emerger justificat		luding	-		Cedar Grove, NJ 07009  Name of Contact  Telephone Number										
(NJAC 5:23-8)	☐ Cancella				Contract of the	Cathy Ca			relephone iviii	1.0700						
	Caricella	20011							_				-			
					FAC	ILITY IN	FORMATION									
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	4)							
Building M								School (K-12								
Street Address									Other than K-12							
4 Frederick Place								homes, etc.)	rivate and comme	ercial bu	ilaing	s,				
City (5)				-				Square Feet	# of Floors	Blo	ig. Ag	10				
Cedar Knolls								2,312	1	1	19. AS 1940	10				
			-		0	L. C. J. (7)	ACTATE MOE ONLY	1975 S. W. W.			1940					
County (6)					Coun	ty Code (/)	(STATE USE ONLY)	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	or if being demol	ished)						
Essex								Vacant								
Name of Monitoring Firm				(8)	ASCM I		Name of Abateme									
Environmental Hea	Ith Investig	gation	S		2973	7	Superior Aba	atement Inc								
Street Address							Street Address									
655 West Shore Tra	ail,						2 Henderson	Drive								
City, State, Zip Code							City, State, Zip C	nde								
Sparta, NJ 07871																
	itaria a Circa			Tale		VI.	West Caldwell, NJ 07006									
Project Manager for Mon	litoring Firm			10000000	phone i		Telephone No. License No.									
Bill Kerbel					73)610		(973) 808-161		00411							
Start Date (10)					tion Dat		Name of OSHA N	/lonitor								
03 /23 /	_ 15	_0	3_ /	_ 27	_ / _	15	Superior Aba	atement Inc								
Occupancy Status During	g Abatement	(Check	only	one)			Street Address						-			
☐ Facility Closed/Vacate					ment		2 Henderson	Drive								
☐ Abatement Performed						cribe	City, State, Zip C					_	-			
Time of Abatement:							West Caldwe									
Carra of Mark (Oh and a	H.O L L.A.										-					
Scope of Work (Check a	II that apply)						M Full Con	tainment with Ne	active Proceure							
≥3 sf or ≥3 lf			⊠ Re	enovat	ion		☑ Mini-End		gative Fressure							
☐ ≥160 sf or ≥260 lf				emoliti				g Procedure								
							☐ Non-Exe	empted (*) and No	n-Friable Proced	ure						
200				Loca						Ab	atem	ent T	уре			
Location				Norma	ely by		Description				_		T			
Asbestos-Containing TO BE ABA		NI)		aintena			stos Containing Ma ., thermal systems		Amount (Specify	em	Repair	nca	Enclosure			
IN Facil			Cus	todial	Staff?	(1.6	surfacing, VAT		SF or LF)	Remova	=	psı	nso			
(13)				(12)	_		other miscellane		0. 0. 2. /	=		Encapsulate	l e			
			Yes	No	N/A							Ф				
Room 1 & 2						Pipe/Pi	pe Fitting Insula	ation	120 LF							
			-	-						_			-			
									0.4		П	П				
				1	-	<del> </del>					=		=			
				14						$  $ $\Box$						
Name of Registered Was					NJDEP V		Cubic Yards of	Name of Regi	stered Landfill							
Service Transport Group, Inc						D No. 1 <b>17</b>	Waste 10	Minerva L	andfill							
City, State							Disposal Date	City, State								
New Castle, DE							3/27/15	Waynesbu	irah OH							
		- 1						Waynesbl	-							
Completed By (Print or 7	Type)	Title					Signature	1, 1 11	//	Date	150	3				
Nick Petrovski		P	resid	ent			-//	allhi	Erren	3-	16	- /	15			
ASB-41			99		9-10002	60 VX	6	100			10		J			
MAY 11		*	Do no	t use t	his form	for asbes	tos licensure exem	pted activities.								

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

Date of Notification (1)					Name	of Building	Owner/	Operator (2	2)			5011-0				
03 /12	_ / _	15	_		Care	gille Kno	lls Cor	poration						;		
Agencies Notified Type	Notific	etion			Street	Address			5.17			-				
□ EPA 区 in					55 C	ommerc	e Road	Į								
	mende	The second			City, State, Zip Code											_
	mendm				Cedar Grove, NJ 07009											
	merger istificati		gnibut		Name of Contact Telephone Number											
The state of the s	ancella				Ms. Cathy Carpille											
	arroona					ILITY IN	-	TION								_
Name of Facility Where Abaten	nent is	Taking	Place	(3)	TAU	PILIT II I	FORM	KIION	TTV	pe of Facility (4	1					
Bullding M	TOTAL IO	ranng	. 1000	(0)						School (K-12)						
Street Address										Subchapter 8		12)				
55 Commerce Road										Other (i.e., priv	vate and comm	nerci	al bui	iding	s,	
									_	homes, etc.)						
City (5)									1,000	uare Feet	# of Floors			lg. Ag		
Cedar Grove										2,312	1		1	940		
County (6)					Coun	ty Code (7)	)(STATE	USE ONLY)		urrent Use (Prio	r if being dem	olish	ed)			
Essex					ASCM I					Vacant			1		_	
	Monitoring Firm Hired by Bullding Owner (8)									Contractor (9)						
Environmental Health In	vestig	gation	5		2973	7		erior Aba	ate	ment Inc						
Street Address								Address					77			
655 West Shore Trall,								enderson		3995				10		
City, State, Zip Code								tate, Zip C								
Sparta, NJ 07871					The state of the s				rell, NJ 07006							
Project Manager for Monitoring	Firm				elephone No. Telephone No.						License No.					
Bill Kerbel					(973)610-2634 (973) 808-16				16		00411					
Start Date (10)					letion Date (11) Name of OSH 27 / 15 Superior A				vion	itor						
03 / 23 / 15					/ _	15_	Sup	erlor Aba	ate	ment Inc						
Occupancy Status During Abat	ement	(Check	only o	ne)			Street	Address								
☐ Facility Closed/Vacated Dur							2 H	enderson	Dr	ive						
Abatement Performed Outs	ide of N	Vormal	Facility	y Hou	rs - Des	cribe	City, S	tate, Zip C	ode	)						
Time of Abatement: _AM		.IAN.	PW		_AM West Caldwell, NJ 07006											
Scope of Work (Check all that	apply)								1000	91 200 200	700 mm			Con a line		
⊠ >3 sf or >3 lf			⊠ Re	novat	☐ Full Con					ment with Nega	ative Pressure					
□ ≥160 sf or ≥260 lf			□ De													
-										ited (*) and Non	-Friable Proce	edure				
4				Loca									Ab	atem	ent T	vpe
Location of	-1 (40	1.45		Norma	ely by	1		escription			929	8	Z	70	т	m
Asbestos-Containing Mater TO BE ABATED		M)		inten				ntaining Ma al systems			Amount (Specify	8	em	Repair	nca	ncl
IN Facility			Cus		Staff?	(		acing, VAT			SF or LF)		Remova	=	psu	Enclosure
(13)			Yes	(12) No			other	miscellane	80U3	s)					Encapsulate	e
				-	N/A				62:07							
Room 1 & 2						Pipe/Pi	pe Fitti	ng Insula	atio	n	120 LF		$\boxtimes$			
										1						
			П	П					-				П		П	
			_	=	+-								=			-
Name of Registered Waste Ha	ulor			14	NJDEP V	Alenta	10	Vande - F		Name of E					Ш	
				100	Hauler I		Waste	Yards of		Name of Regist						
Service Transport Group, Inc					SW21		10	<u> </u>		Minerva La	пати					
City, State							1	al Date	1	City, State	1920 : garanean					
New Castle, DE							3/27	/15		Waynesbur	gh, OH					
Completed By (Print or Type)		Title	)				S	ignature	1	1 / //	//	Date	735			
NIck Petrovski		P	resid	ent				-//		1 1/10	Ernin'	-	?-1	2-	15	_
ASB-41		1	_					-0	0						, 4	_
MAY 11		*	Do not	use t	his form	for asbes	tos licer	sure exem	onte	d activities.						

NO CK

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

Date of Notification (1)	020							er/Operator (2	2)	Por		-				
/	16 /	15	_		Carg	gille Knol	lls Co	orporation								
Agencies Notified	Type Notific	ation			Street /	Address										
⊠ EPA	☐ Initial				55 C	ommerc	e Ro	ad								
□ DOLWD   □				t	City, St	tate, Zip C	ode			-	-					
☑ DHSS	Amendm	00	33		Ced	ar Grove	. NJ	07009								
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	-		edar Grove, NJ 07009 e of Contact										
(NUMC 0.23-0)	☐ Cancella	1000			100000000	Cathy Ca		9		1						
							_							40		_
AL					FAC	ILITY IN	FORI	MATION								
Name of Facility Where	Abatement is	Taking	Place	(3)						oe of Facility (4)	)					
Building 12										School (K-12) Subchapter 8 (	Other than K. 1	2)				
Street Address										Other (i.e., priv			bui	dings	s.	
4 Frederick Place	11									homes, etc.)				-		
City (5)									Squ	uare Feet	# of Floors		Bld	g. Ag	е	
Cedar Knolls									1	2,648	3		1	940		
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Cur	rrent Use (Prior	if being demo	lished	)			
Essex									V	/acant						
Name of Monitoring Fin	m Hired by Bui	Iding C	wner (	8)	ASCM I	No.	Nam	e of Abateme	ent C	Contractor (9)				10000		
Environmental He	alth Investig	gation	IS	500	2973	7	St	perior Aba	atem	nent Inc						
Street Address							Stre	et Address								
655 West Shore T	rail,						2	Henderson	Dri	ve						
City, State, Zip Code							City, State, Zip Code									
Sparta, NJ 07871								est Caldwe		JJ 07006						
Project Manager for Mo	nitorina Firm			Tele	elephone No. Telephone No.				,		License No.					
Bill Kerbel				100000000000000000000000000000000000000	973)610-2634			73) 808-161	00411							
Start Date (10)		Schen	luled Ca		tion Dat			ne of OSHA N		or	00411					
03 / 23	8				/ /			uperior Aba								
				3 37					aten	nent nic						
Occupancy Status Duri					Street Address The street Addres											
						cribo				ve						
Time of Abatement:						Citbe	-	, State, Zip Ci								
	Marie Marie and Aller	No.					W	est Caldwe	ell, N	NJ 07006						
Scope of Work (Check	all that apply)							M Eull Con	toinn	ment with Nega	tivo Procesure					
≥3 sf or ≥3 lf			⊠ Re	novati	ion			Mini-End	closu	ire ire	live Flessule					
≥160 sf or ≥260 lf			☐ De	molitic	on											
								☐ Non-Exe	empte	ed (*) and Non-	-Friable Proces					
Locatio			40000	Locat Norma		-		D					Aba	ateme	ent T	ype
Asbestos-Containin		(M	Use	d Sole	ely by	Asbe	stos (	Description of Containing Ma		al (ACM)	Amount		Re	Re	En	En
TO BE A	BATED	,		intena	ince/ Staff?		., then	mal systems	insu		(Specify		Removal	Repair	cap	clos
IN Fac			Cus	(12)				urfacing, VAT		,	SF or LF)	8	val	•	Encapsulate	Enclosure
(13	7		Yes	No	N/A	1	oth	er miscellane	eous	)					ate	
1 <sup>st</sup> & 2 <sup>nd</sup> Firs, Mezza	naina e Stair	Ilous		_		Dina/Di		44in n ln n ln	-41		407   5	-	7			
	allille & Stall	well			-	Pipe/Pi	pe ri	tting Insula	ation	n	497 LF	- 1	X	Ц	Ш	Ш
2 <sup>nd</sup> Floor			Transit	e fro	m Laborato	ory h	Hood	60 SF	1	X						
									1	7	П	П				
				Ħ	$\frac{1}{\Box}$	<u> </u>				-		- 1	=	1		-
Name of Desistant 135	onto Hauta-					Mest-	10.	1- V1	1	15.00				Ц	П	
Name of Registered W	1000	NJDEP N Hauler II		Was	ic Yards of ste	N	Name of Registe									
Service Transport Group, Inc						117	30	)		Minerva Lar	natill					
City, State							Disp	oosal Date	C	City, State						
New Castle, DE	£.						3/	27/15		Waynesbur	gh, OH					
Completed By (Print or	Type)	Titl	е				-	Signature		, ,	111	Date				
Nick Petrovski		F	reside	ent					/	11/1/	/_	3	1	1.	./(	_
								-//	12	we	1 cm	30	16	> -	10	E.

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

ASB-41

## 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)										
03/	12 / _	15		Cargille Knolls Corporation										
Agencies Notified	Type Notifical	tion		Street	Address									
⊠ EPA	☑ Initial			55 0	commerc	e Road								
☑ DOLWD	☐ Amended			City, S	tate, Zip C	seco		-						
☑ DHSS	Amendme	400	5	Ced	ar Grove	, NJ 07009								
□ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		9		of Contact			Telephone No	imhar					
(110/10 0.20 0)	☐ Cancellation				Cathy C			1 oropitotic rat	11111121					
				_		FORMATION						_		
Name of Facility Where A	Abatement is Ta	aking Place	(3)		7		Type of Facility	(4)				_		
Building 12							School (K-12	7 cm						
Street Address							☐ Subchapter	8 (Other than K-	-12)			1		
55 Commerce Road	d						Other (i.e., p		nercial b	uilding	s,			
City (5)				27			Square Feet	# of Floors	IB	idg. A	ge			
Cedar Grove							12,648	3		1940	•			
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pr	for if being dem	olished)			-		
Essex						,,	Vacant	io. ii zonig com	01101100)			1		
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)			-			
Environmental Hea		•	` '	2973		Superior Aba								
Street Address						Street Address	Tomone mo							
655 West Shore Tra	all.					2 Henderson	Drive							
City, State, Zip Code		***				City, State, Zip C	The second second							
Sparta, NJ 07871						West Caldwe								
Project Manager for Mon	itorina Firm		Tel	ephone	No	Telephone No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License No.		_				
Bill Kerbel			186	373)610		(973) 808-161	16	00411						
Start Date (10)	Is	cheduled (				Name of OSHA N		00411	_					
_03_/_23_/	500000	03				Superior Aba								
Occupancy Status During	g Abatement (C	check only	one)			Street Address						_		
□ Facility Closed/Vacate	ed During Entir	e Period of	Abate	ment		2 Henderson	Drive							
☐ Abatement Performed	d Outside of No	rmal Facili	ty Hou	rs - Des	cribe	City, State, Zip C	ode					_		
Time of Abatement: _	_AMPM	VPN	A	_AM		West Caldwe								
Scope of Work (Check a	Il that apply)		10				-							
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enoval emoliti			Mini-End	tainment with Ne closure g Procedure	gative Pressure						
				7000		☐ Non-Exe	empted (*) and No	on-Friable Proce	edure					
16		4	s Loca Norma				2		A	batem	ent T	уре		
Location Asbestos-Containing		Us		ely by	Asho	Description of stos Containing Ma		Amount	20	ਹ	m	Ш		
TO BE ABA	ATED	M	ainten		(i.e	., thermal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure		
IN Facil	ity	Cu	stodiai (12)	Staff?		surfacing, VAT		SF or LF)	Va	7	nsc	sur		
(13)		Yes		N/A		other miscellane	eous)				ate	9		
1 <sup>st</sup> Floor, Mezzanine	& Stairwell				Pipe/PI	pe Fitting Insula	ition	497 LF	×					
2 <sup>nd</sup> Floor					Transit	e from Laborato	ory Hood	60 SF			П	П		
											П			
			1							-		1		
Name of Registered Was	ste Hauler			NJDEP I	Vaste	Cubic Yards of	Name of Regi	stered Landfill				ריו		
Service Transport Group, Inc					No.	Waste	Minerva L							
City, State					17	30 Disposal Date	30							
New Castle, DE						3/27/15	City, State Waynesbu	ırah. OH						
Completed By (Print or T	'vpe')	Title				Signature		//	Data					
Nick Petrovski	7.50	Presid	lent									1		
ACR 44						- Mulhhrum 3-12								

MAY 11

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT PETTIMED

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

Date of Notification (1)		Na	Name of Building Owner/Operator (2)										
	15	ı	Ms. Mary Hugedus / Job #1503-1964 Chk. #3922										
Agencies Notified Type Notif	ication	Str	reet Address		4.1.								
☐ EPA ☐ Initial		9	90 Grant Av	enue									
☑ DOLWD ☐ Amend	7.70	Cit	y, State, Zip 0	Code					_				
	ment #	1	Fords, NJ 08863										
DCA Emergi (NJAC 5:23-8) justification	ency (including	1	me of Contac	er	г								
Cancel		24	Darlene Hug			Telephone Numb 732-423-4916							
			•	FORMATION		702 420 4010							
Name of Facility Where Abatement is	Taking Place (		AOILITTII	II ORIMATION	Type of Facility	(4)							
Residential Property	raking riace (	,			School (K-12								
Street Address						(Other than K-12)							
90 Grant Avenue						rivate and commerc	cial buildir	gs,					
					homes, etc.)								
City (5)					Square Feet	# of Floors	Bldg.	Age					
Fords					TBD	1	65						
County (6)		C	ounty Code (7	7)(STATE USE ONLY)		or if being demolish	ned)						
Middlesex				1900	Residential								
Name of Monitoring Firm Hired by B	uilding Owner (8)	ASC	CM No.	Name of Abateme	ent Contractor (9)								
Horizon Enviornmental				Asbestos an	d Mold Service	s, Corp.							
Street Address		-		Street Address									
PO Box 336				3859 Sylon B	oulevard								
City, State, Zip Code				City, State, Zip Co	ode			_					
Thorofare, NJ 08086				Hainesport, I									
Project Manager for Monitoring Firm		Telepho	ne No.	Telephone No.		License No.							
Steve Flanigan	*		348-0800	609-702-0400		00862							
Start Date (10)	Scheduled Cor			Name of OSHA M		00002							
3 / 25 / 15	3 /			EMSL Analyt	B 0.000 000								
Occupancy Status During Abatemen	(Check only on	e)		Street Address									
☐ Facility Closed/Vacated During E	경취하는 경기가 되었으나 기계를 다 있다.	- 50	nt	200 U.S. Rou	te 130 North								
☐ Abatement Performed Outside of				City, State, Zip Co									
Time of Abatement:AM	PM/	PM	AM	Cinnaminsor									
Scope of Work (Check all that apply)					- NY - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1						
□ ≥3 sf or ≥3 lf	⊠ Bon			⊠ Full Con	tainment with Neg	ative Pressure	nclosu	KL	_				
\(\simeg \geq 160 \text{ sf or } \geq 260 \text{ lf}\)	⊠ Rend □ Dem			☐ Mini-Enc	g Procedure								
The state of the s						n-Friable Procedure	Э						
		ocation					Abaten	nent T	уре				
Location of	11	rmally Solely b		Description of	X		Z Z	m	т				
Asbestos-Containing Material (ACTO BE ABATED		tenance	, Lone	estos Containing Ma e., thermal systems		Amount	Removal	nca	Enclosure				
IN Facility		dial Staf	f? (1.e	surfacing, VAT		(Specify SF or LF)	ova	psu	nsc				
(13)	-	(12)		other miscellane		,	_	Encapsulate	ō.				
	Yes	No N	I/A					(D					
Entry, Hallway and Bedroom			Floor T	ile and Mastic		380 SF			П				
							ПП		П				
	П		2					<del> -</del>					
		-  - -  -	7										
Name of Registered Waste Hauler			EP Waste	Cubic Yards of	Name of Regis	torod Landfill							
Freehold Cartage, Inc.		0.1000000000000000000000000000000000000	er ID No.	Waste	GROWS La								
		02	265	5		arum							
City, State				Disposal Date									
Freehold, NJ				3/27/15	Morrisville	, PA 19067							
Completed By (Print or Type)	Title	Signature											
Kimberly A. Trumbetti	Office Co	Coordinator 3-16-											

ASB-41 MAY 11

CK 1068

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

Agencies Notified    Start Address	Date of Notification (1) 03/18/15	5	Name	of Building ソンのイル	Owner/C	Operator AXX	(2) A / CO	SHI	I RE	A)	47	Y	40		
DEP DOL Amended Emergency (including justification) Name of Facility Where Abatement I Taking Place (3) PALLER 3 STATE  Street Address  City (5) PANTEC COMSULTING Name of Monitoring Firm Hired by Building Owner (6) STREET Address  County (6) STREET Address  County (6) STREET Address  County (6) STREET Address  County (7) STREET Address  County (7) STREET Address  County (7) STREET Address  County (8) STREET Address  County (8) STREET Address  County (8) STREET Address  County (8) STREET Address  Street Ad		4			13 1	V€57	FRONT	5.	70						
DOH	DEP Amended Amendment		City,	State, Zip C	Code PL	AIN	VFIELL	) , N	7,0	770	060				
Name of Facility Where Abatement is Taking Pilace (3)  DALKH'S CSTATE  Street Address  T33 - 743 WEST FRONT ST.  City (5)  PLAINFIELD  County (6)  UNION  County (6)  County (6)  UNION  County (77ATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  STHATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  STHATE USE ONLY)  Name of Abatement Contractor (9)  NOTHING CONTROLLE STR. SUITE 100  City, State, Zip Code  PHIND CLPHIA PA, 13/30  City, State, Zip Code  PHIND CLPHIA PA, 13/30  Project Manager for Monitoring Firm  Telephone No.  JIA NAM AND Scheduled Completion Date (11)  Name of SHA Monitor  Project Manager for Monitoring Firm  Abatement Performed Outside of Normal Facility Hours  City Istate, Zip Code  Name of OSHA Monitor  PHIND CLPHIA PA, 13/30  Cocupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  City Istate, Zip Code  Name of OSHA Monitor  Name of OSHA Monitor  Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City Istate, Zip Code  Normally  Name of OSHA Monitor  Facility Closed/Nacated During Entire Period of Abatement Performed Outside of Normal Facility Hours  City Istate, Zip Code  Normally	DOH justification)					PA									
Street Address    Street Address			FA	CILITY INF	ORMATI	ION									
Street Address  T3 3 - 743 WEST FRONT ST.  Subchapter 8 (Other Han K-12) Subchapter 9 (Other Han	Name of Facility Where Abatement is Takir	ig Place (3)	-6					C. (2)							
County (6)   PLAINFIELD   Square Feet   # of Floors   Bidg. Age //C. POED   PLAINFIELD   County Code (7)   Current Use (Prior if being demolished)   L/L	Street Address			17 5	7.		Subchapte Other (i.e.	r 8 (Other			dings	, hom	es,		
STATE USE ONLY   STATE USE ONLY   Name of Abatement Contractor (9)   ASCM No.   ASCM No.   Name of Abatement Contractor (9)   ASCM No.   ASCM No.   Name of Abatement Contractor (9)   ASCM No.   ASCM No.   Name of Contractor (9)   ASCM No.   Name of Registered Waste Hauler   ASCM No.   Name of Registered Landfill of Waste   Ascm No.   ASCM No.   Name of Registered Landfill   ASCM No	City (5) PLAINFIEL	D					Square Feet	# of F	Floors	E					
Name of Monitoring Firm Hired by Building Owner (8)  \$\sumsymbol{STANTEC} CONSULTING\$ ASCM No. Name of Abatement Contractor (9)  \$\sumsymbol{NDMM} \text{ MRROW} \text{ INDUSTRIES INC.} Street Address  \$\sumsymbol{STANTEC} CONSULTING\$ Street Address  \$\sumsymbol{STANTEC} \text{ CONSULTING} \text{ INDUSTRIES INC.} Street Address  \$\sumsymbol{STANTEC} \text{ INDUSTRIES INC.}  Industr	County (6) 1/N/ON							50	demolish	ed)		University of	-2.2.7		
Street Address   Street	Name of Monitoring Firm Hired by Building		AS	CM No.		Name	of Abatament Co	ntractor (			701	100	int		
Stool SPRING GARDEN STR. SUITE   100   144 NIZL ST2   150 Code   151 Code   151 Code   152 Code   153 Code   154 Code   155 Code	the state of the s	NG				Street	Address	KUW	IND	USI.	<i>(</i>	50	Inc		
Project Manager for Monitoring Firm    Telephone No.   JIM MPLANOS   Scheduled Completion Date (11)   Name of Registered Landfill	1500 SPRING GARDEN	I STR.	Sill	TE 11	00	144	MILL	57.							
Start Date (10)  OSCUPANCY Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  N/A  N/A  Street Address  // Sco SPR/NG GARDEN ST.  City, State, Zip Code // WILL DEL DH I A PA I SISO  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Abatement Type  Asbestos Containing Material (ACM) (Specify (Sp	City, State, Zip Code  PHILADELPHIA, P	A. 131	130					1, 1/2	7,0	750	Di				
Start Date (10)  ###					1000	Teleph 973	65396S	2	License N	0.	13				
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Renovation Description of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Street Address  // O SPRING GARDEN ST.  City, State, Zip Code PHILADELPHIA PAIJSIBO  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement		Scheduled (	Completio	n Date (11		Name	of OSHA Monitor		NAI	AN	00	9			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  IO BE ABATED In Facility (13)  Name of Registered Waste Hauler  ATLANTIC CARTING  Normally  Value Solely by All Poor  Normally  Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Registered Waste Hauler  ATLANTIC CARTING  Normally  Used Solely by Aspective, Vott, Roof, T.Sh.   O, 000   V    SURFACING, VOT, Roof, T.Sh.   O, 000   V    Name of Registered Landfill  G. R. O. W. S.  City, State, Zip Code  PHILIDOL DHIA. PA. 1913O  Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement  Type  Abatement  Type  Abatement  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill  G. R. O. W. S.  City, State, Zip Code  PHILIDOL DHIA. PA. 1913O  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill  G. R. O. W. S.		A	1201	10			Address	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NJDEP Waste Hayler ID No  About To Pend Solely and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Aboestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Renovation Description of Abatement Type  Abatement Type  Abatement Type  Aboestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Find Office In Thomas In The Description of Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Find Office In Thomas In The Description of Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Find Office In Thomas In Thoma			tement					GAR	DEN	57	-				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu		nal Facility Ho	ours			City, S	tate, Zip Code	HIA	PA;	191	130	2			
Demolition   Description of   Normally   Description of   Abatement   Type   Asbestos-Containing Material (ACM)   Used Solely by   Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A	Scope of Work (Check All That Apply)	0.0001.90					_		Qr.				i,J		
Abatement Type    Substitute   Containing Material (ACM)   Custodial Staff?   Custodial Staff?   (12)   Custodial Staff?   (13)   Custodial Staff?   (12)   Custodial Staff?   (12)   Custodial Staff?   (13)   Custodial Staff?   (14)   Custodial Staff?   (15)   Custodial Staff?   (16)   Custodial Staff?   (17)   Custodial Staff?   (17)   Custodial Staff?   (17)   Custodial Staff?   (18)   Custodial Staff?   (17)   Custodial Staff?   (18)   Custodial Staff?		(manual /					Mini-Enclosur Glovebag Pro	e cedure	77		i pa	e			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Surfacing, VAT, or other miscellaneous)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Surfacing, VAT, Roof, TSA / C, OOO  Name of Registered Waste Hauler  ATLANTIC CARTING  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Surfacing, VAT, Roof, TSA / C, OOO  Name of Registered Landfill  GROUND  Name of Registered Landfill		Is Lo	cation								Abate	ement			
Yes No N/A  GROUND FLOOR  V SURFACING, VAT, ROOF, T.SA 10,000  Name of Registered Waste Hauler  ATLANTIC CARTING  NJDEP Waste Hauler ID No. 26085  Cubic Yards of Waste G. R. O. W. S.		20040 900000				110000000000000000000000000000000000000				1	10	1			
Yes No N/A  GROUND FLOOR  V SURFACING, VAT, ROOF, T.SA 10,000  Name of Registered Waste Hauler  ATLANTIC CARTING  NJDEP Waste Hauler ID No. 26085  Cubic Yards of Waste G. R. O. W. S.	TO BE ABATED	Mainte	nance/		e. thermal	systems	s insulation,	(Sp	ecify	Rei	R	Enca	Enc		
Part of Registered Waste Hauler  ATLANTIC CARTING  NO N/A  SIRFACING, VAT, ROOF, TSA   0,000    NJDEP Waste Hauler Of Waste Hauler Hauler ID No Of Waste TBD    ATLANTIC CARTING CONSTITUTE    Property Parts of Waste G. R. O. W. S.								SFC	I LF)	noval	pair	psula	osure		
Name of Registered Waste Hauler  ATLANTIC CARTING  NJDEP Waste Hauler ID No.  Of Waste TBD  City State  G. R. O. W. S.		Yes N	lo N/A	1								e e			
ATLANTIC CARTING Hayler ID No. of Waste TBD G. R. O. W. S.	GROUND FLOOR	1		SURF	ACING	, VAT.	ROOF, TSA	10,0	000	1					
ATLANTIC CARTING Hayler ID No. of Waste TBD G. R. O. W. S.			-						1						
ATLANTIC CARTING Hayler ID No. of Waste TBD G. R. O. W. S.															
Discoved Date City, State	Name of Registered Waste Hauler	NG			of Was	ste				S.					
Completed by GORAN IGEN Title SECRETARY Signature Date 03/12/15			200		Dispos	sal Date	City Stat	łe .			N	P	A		
GORAN IGEN SECRETARY SIJA USINITS	Completed by	Title	.01-	101	1.0			1 42							
	GORAN IGEV	560	KE T	nky			FILE			03	1/3	//	0		