#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 1911

Date of Notification (1)				uilding Own	er / Oper	ator (2)			2	200
$\frac{12}{2} / \frac{18}{2} / \frac{13}{2}$			PSE&G Street Add	iress				•	1	
Agencies Notified Type of Not	ification		80 PARK F	-		9		1,5	1 3	6
	nitial Imended Imendment #		City, State NEWARK, Name of C					Ć,	· (6)	22
DOL DE	mergency w/ ancellation		DAWN NE							,
		FA	CILITY IN	FORMATION		,			13	62
Name of Facility Where Abateme SUSQUEHANNA - ROSELAND PR		lace (3)		Type of Fac	ility (4)	.12\	¥			4
Street Address SEE ATTACHED		1		□ s	ubchapte other (l.e.,	er 8 (Other t , private & o mes, etc.)				
City (5) County (6)		County Code (	7)	Square Feet N/A		# Of Floors N/	١	Buildin	g Age N/A	
				Current Use N/A	(Prior if	being demo	lished)			
Name of Monitoring Firm Hired b	y Bldg. Owne	r (8)	ASCM NO	Name of Ab	atement (	Contractor	(9)			
ATLANTIC ENVIRONEMENTAL	94			LVI Demolition	on Service	es Inc				
Street Address				Street Addre		30 1110.				
2 EAST BLACKWELL ST				00 1450	D 1					
City, State, Zip Code DOVER, NJ				32 Williams   City, State,						-
Project Mngr. For Monitoring Fire	m	Telephone Nu	mber	Oity, Otato,	Lip oous	150	9			
BOB SHERIFF		973-366-4660		East Hanove	almost all			Monada		
Sheduled Start Date (10)   S	Sched, Compl 06	etetion Date (1 30	1) 14	Telephone I	Number		License	number		
$\frac{-01}{} / \frac{-00}{} / \frac{14}{}$	/	/	1 <del>-11-</del> 1	973-772	-3660			C	0860	
Occupancy Status During Abater	ment (Check (	Only 1)	5715	Name of OS LVI Demoliti	200					
Facility Closed/Vacate Abatement	d During Enti	re Period of		Street Addr		es inc.				
Abatement Performed Hours - Describe:	Outside of N	ormal Facility		32 Williams						
Other - Describe:7	:00AM - 5:00F	PM		City, State, East Hanove						
Scope of Work (Check All That A	(ylag	* -		East Hanove	er, NJ 079	30				
		- COLUMN OUT TO 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				u Namatina	Decour			
☐ Demolition ☐ >3sf or >3lf	v	Renovation	H	Full Contain Mini - Enclo		in Negative	Pressure	9		
✓ ≥160 sf or ≥260 lf				Glovebag P			- 1 Lincoln Lize-1 (1977)	era wasa serios		
		471	7	Non-Exemp	ted (*) an	id Non-Frial	ole Proce	edure		
Location of	ls		Descript	ion of			Abateme	ent Type		
Asbestos Containing	Location	As	sbestos - C	ontaining			R	R	E	E N
Material (ACM) TO BE ABATED	Normally Used	. //	Material e., therma			Amount (Specify	E M	E	C	C
in Facility	Solely			facing, VAT,		SF or LF)	0	P	A	L
(13)	by Main-			ellaneous)			٧	A	P	0
4	tenance/ Custodial						A .	R	S U	S
	Staff (12)	74				*	_	`	Ĺ	R
	YES NO N/A								1 =	
EXTERIOR		TAR/MASTIC				1160 SF		+	++	++-
SEE ATTACHED							-	1 1	1 -	+-
Name of Registered Waste Haule OWNER	er	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Re OWNER	gistered	Landfill				
City, State			Disposal Date	City. State						
Completed by (Print or Type) STEVEN STILES		Title PROJECT MA	NAGER		Signature		1	an	Date	03/20/14



Date of Notification (1)			Nai	me of Bu	uilding Ov	vner/Opera	itor (2)		MA	P 2.		· od	50	)
3/20/14			St	ate of	New Je	rsey, De	partment	of Transpo	ogation	</td <td>P</td> <td>4.</td> <td>20000</td> <td></td>	P	4.	20000	
	Notification			eet Add 35 Pa		venue, (	CN 600		& L/0	250		' /.	رق	
EPA DEP DOL	Initial Amended Amendment #				Zip Code				odation & C	NS/	Vis	TRO	7	
	Emergency (including justification)	luding	1000000	me of C	ontact es Britto	nn.								
□ DOH  ☑ DCA □	Cancellation		- 1			RMATION					20	-2		
Name of Facility Where Abate Route 206 Bypass - Sec	ment is Taking P	Place (3) cel R11		PACILI	i i illi oi	distroit		of Facility (4) school (K-12)						
Street Address 22 - 28 Hamilton Road								Subchapter 8 Other (i.e. priv	(Other than K vate & comme	-12) rcial bu	ildin	ıgs, h	omes	
City (5)		_						tc.) e Feet	# of Floors		Bld:	g. Ag	9	
Hillsborough County (6)				ounty Co			Curre	nt Use (Prior	if being demo	lished)				
Somerset	d by Building Or	mer (8)		ASCM I	No.		382	ccupied ement Contr	actor (9)					
Name of Monitoring Firm Hire Cardno ATC	a by Building Ov	mer (o)		AOOM		е	coservice	s, LLC			_			_
Street Address 3 Terri Lane							treet Addres 07 West		ghway, Suit	e 500				
City, State, Zip Code	ity, State, Zip Code surlington, NJ 08016						ity, State, Z xton, PA							
Project Manager for Monitorin		222	elephon	e No. 6-8800		elephone N		Licens 0116						
John Lutz Start Date (10)	ohn Lutz						ame of OSI	DECEMBER OF THE PERSON OF THE						
4/7/14		4/11/14 Only One	\				treet Addre	SS					_	
Occupancy Status During Ab  Facility Closed/Vacated	During Entire Pe	eriod of Ab	ateme	ent		1100		130 North	n					
Abatement Performed C Other – Describe: 7:00	outside of Norma	I Facility F	Hours	<u> </u>		100	ity, State, Z Cinnamin		-					
Scope of Work (Check All Th	at Apply)						П			- D				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			novati molitic				H Mi	ni-Enclosure ovebag Proc	edure					
				т			≥ No	n-Exempted	(*) and Non-F	riable F			ment	
		100	ocatio	220		Descri	dintion of			_	_	Ту	ре	
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility					tos Contair thermal sy surfacir	ription of ning Materia ystems insuling, VAT, or scellaneous	ation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	11	Yes	No	N/A X		Flor	or Tile		748	×				
Residence - Main		X			or Tile	- 10	1,500	х						
Behind Buildir	19 4			~										
No. 10-11-1-1W-1-	Haulor		N	JDEP W	/aste	Cubic Y	ards	Name of	Registered La	ndfill				
Name of Registered Waste Waste Management of				auler ID		of Waste		GROW	S					
City, State Trenton, NJ						Disposa TBD	l Date	City, Stat Morrisv	e rille, PA					500.50
Completed by Jack Bally	d by Title						gnature	Zally	- (1)	3/20	)/14	4		



<b>3</b>	(Pu	ATION O	NJAC	v Jersey ESTOS ABAT 8:60 and 12:				ě	14 pg	AR 21 OS CO ENS/A Number	8/1	30	7	
		Name of F	Building	Owner/Opera	tor (2)			4.5	- 1,	AR 21	Dr.	· 47	4	
ate of Notification (1)		Colgate		Ollve		-			ES	-0	77.	_	1	
/20/14 gencies Notified Type Notification		Street Ad 909 Riv	dress ver Roa	ad					4	ENCO	Wr.	40	7	
EPA Initial Amended	-	Other Chat	7in C	ode						182/4	G ROL		-	
Amendment #_	uding	Piscata Name of	Contac	NJ 08854				Tele	phone	Number				
iustification)	uuiiig	David	Borch										$\exists$	
DCA Candenan		FACI	LITY IN	FORMATION	1	Ту	pe of Facility	(4)	25 d					
Name of Facility Where Abatement is Taking F Colgate Palmolive	lace (3)				_		School (K- Subchapte Other (i.e.	12) r 8 (Other private 8	er than & com	n K-12) mercial bu	uildings, h	omes	s, \	
Street Address						×	etc.)		f Floor		Bldg. Ag	je		
909 River Road						Q	quare Feet 00,000	2			50 yea	rs	-	
City (5)			0 1- 1	(7)		1	11100/5	rior if be	ing de	molished	)			
Piscataway County (6)	S-909	(STATE	y Code ( E USE O	NLY)		1	Administrat	ion and	rese	al CIT				
	wner (8)	1550/050	CM No.		Name	e 0	Abatement Crvices, LLC	ontracto,	), (a)	55-573				-
Name of Monitoring Firm Hired by Building C	Wilei (o)		80 20 20 20 20 20 20 20 20 20 20 20 20 20							0 :40 EC	00			
EMI					407	V	Vest Lincol	n High	way,	Suite 50				1
Street Address 34 E. Germantown Pike					City,	St	ate, Zip Code	1				7.555		1
City State Zip Code							n, PA 1934 one No.			cense No				1
F Norriton, PA 19401		Tele	phone N	10. 5360	484	4-8	372-8884		0.	1161				4
Project Manager for Monitoring Firm Ray Giordano	Schedule		5-229-5				of OSHA Mo	nitor						
Start Date (10)	Schedule 4/4/14	d Comple	lion Dat		EN									
3/31/14 Occupancy Status During Abatement (Che	1	e)		70.000 *	Str	eet 70	Address Route 130	North						-
Occupancy Status During Abatement (Status During Entire Facility Closed/Vacated During Entire Occupancy Closed/Vacated During Entire Occupancy Status During Abatement (Status During Abatement (Sta	Period of A	Abatemen	t		C:4		State 7in Co	ie	077					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Area only used by	rmal Facility custodial sta	Hours aff			C	in	naminson,	NJ UO		,	D			
Scope of Work (Check All That Apply)	10000		_				Full Cor	ntainmen	t with	Negative	Pressure			
A STATE OF THE STA	ĕ.	Renovatio Demolition	n n				X Mini-En	g Proce	dure	Non-Fria	ble Proce	edure		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			_			_	Non-Ex	empted	( and	TWOIT T.	F			
		Is Location	n				52				-	Typ		-
		Normally sed Solely	/	Ashactas	Desci	min	a Material IA	CM)		mount Specify	R	R	Encapsulate	Licioner
Location of Asbestos-Containing Material (ACM	)   1	Maintenan	ice/	(i a the	rmal S	VSL	ems insulation	١,	SI	F or LF)	Removal	Repair	psul	1
TO BE ABATED In Facility	Cı	ustodial S (12)	tane	of	ther mi	SCE	ellaneous)				<u>a</u>		ate	
(13)	Yes	s No	N/A	1		34-36-				6	X			1
		-	-	Tra	ansite	S	torm drain				-	1	+	1
2 Manholes on Campus Drive	way ^		+								-	1	1	T
		+	+	1					-		+	+	1	1
		-	+-	1					f Pagi	stered La	ndfill			
			NJDEP	Waste	Cubic of Wa	Ya	ards	Name o	Cher	mical Se	ervices			
Name of Registered Waste Hauler		1	Hauter I	D No. 30631369	2				191					
Veolia ES Technical Solutions			40000				I Date	City, St Mode	late I City	, NY				_
City, State					TBD		anature /	100		(TN	Date 3/20	114		
Flanders, NJ		Title	at Ma	nager		01	Vack/-	5all	4	Or Con	3/20	17		
Completed by Jack Bally		Sr. Proje	ect Ma	nayer			Do not use		0	bactor lic	ensure e	xemp	ted ac	ctiv
Jack Daily							Do not use	this form	for as	spesios ilc	,5,1,50,00			

	(F	ursuant	to NJA	C 8:60-7 at	nd 12:12	20-1)		* * * * * * * * * * * * * * * * * * * *	11 - 7	R F	7	. 19	
Paragon Job#													ļ
	Name of Build	ding Owne	r/Operato	or (2)			8 11 9				. 1		
= ( Matification (1)								With L	7 2014		-1	_	
10 13 1/11 18 1/11 17	Church of		leart									rees.	
Agencies Notified Type Notification	Street Address									- 4		_	
☑ EPA ☑ Initial	171 Clifto	on Ave.					*		7		لـــ		
DEP Amendment	City, State, 2							I Numb	er			-	
DOL Amendment #	Newark,	NJ 0710	14				Tele	ephone Numb	,01				
Fmergency (includ	Name of Co	ntact					Æ				=	=	
Justinoation	Chris T	omlan						-					
DCA Cancellation		EΔ	CILITY IN	IFORMATION	E .	7		- Tith. (4)				_	
<u> </u>		- 100					Type of F	School (K-	12)				
Name of facility where abatement is takin	g place (3)							Subchapter 8	3 (Other th	an K-12	2)		
Name of facility will be	ding						H	Other (Privat	e/Comme	rcial	4)		
Main School North Side of the Buil	allig						L	Bldgs./Home	es, etc.		. Age	-	
Street Address							Square		-10015	50		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
1060-1066 South Orange Avenue				Tico	unty Cod	e (7)	16,000	sf 03 t Use (Prior if	heing den		i)		
	County (6)			(S	tate use o	only)	Curren	t Use (Prior if	being den				
City (5)						1	Schoo	7(9)					
Newark	Essex		LASC	CM No.		of Abatement							45%
Newark  Name of Monitoring Firm Hired by Bldg	Owner (8)		001		Para	agon Contrac	ting, Inc.						-
Whitman Companies				110	Street	Address							_
Street Address					590	) River Rd.						52	
7 Pleasant Hill Rd.						State, Zip Code							_
City, State, Zip Code					CI	lifton, NJ 070	)14	10	icense Nu	mber		(8)	
Cranbury, NJ 08512		750	Number		Telep	phone Number	0		00748			_	=
Project Manager for Monitoring Firm		1			(9	973) 614-160	0				25		
	====	732-3	90-5858		- Nam	ne of OSHA Mo	oniioi ootina It	nc.			_	_	==
Kevin Lovely Scheduled Start Date (10)	Sched. Cor	npletion D	ate (11)		Pa	aragon Contr	acting, in						
	05/15/20	14			25.50						_	_	=
04/01/2014 Occupancy Status During Abatement	(Check only o	ne)	No. of Concession, Name of		1 5	90 River Rd. , State, Zip Co	de						
Occupancy Status During Abatement	ntire period of	f abateme	nt.		City	, State, Zip oo							
- t portormed dutside .			19		-11 ,	Clifton, NJ 0	7014				=	=	=
Describe: After 5:00 PM  Describe: Occupied, are  Occupied, are	a under contain	ment			- 11 -	Clirton,							
Other-Describe.						Containment v	Unegative	pressure [	Gloveb	ag proc	edure	•	
Scope of Work (check all that apply	Renovation				Full	Containment	Villoguaria	Non-Exem	pted(")	Non-fria	ble p	roced	ure
I Demolition		co If			☐ Min	i-enclosure	<del>_</del>			LK	R	E	Ε
	≥160 sf or ≥20	00 II	ed solely	I			1	Amount		e m	e	n c	n
Location of	Is location n	ance/custo	dial	Descript	ion of asb	estos-containii	ng	(Specify S	SF or	0	a	a	C L
asbestos-containing	staff(12)			material	(ACM)		- 1	LF)		v e	r	р	-
material to be abated in facility (13)	Yes	No	N/A					310 EA		X		Ц	上
abated in radiii,		~	<del> </del>	Pipe Elbo	ws			19,000 SF		X			岸
1st & 2nd Floors		-		VAT & N	lastic			23,000 SF				旦	挊
1et & 2nd Floors		-		Ceiling T	iles			150 SF		X		1	丰
Basement 1st & 2nd Floors		-	-	Sink Bac									TF
Basement, 1st & 2nd Floors			#	4			ictored I s	ndfill					
		P Hauler	ID# T	Cubic Yards	of Waste	Name of Reg	GROW	S			_	_	
Registered Waste Hauler	221	61		120 cyds		City, State	GIC						
Paragon Contracting, me.	تقاحد		Disposa	Date		Tullytow	n, PA				_	_	===
City, State		100	TBD	T Olamakı		1///			Date	9 18/201	4		
Clifton, NJ 07014	Title			Signatur		1/	1004-312		03/	10/201	_		==
Completed by (Print or Type)	Presiden	nt				·							
Goran Lazevski													

		Pursua	ant to	MJAC	8.00 a	(2)				1			
		Nar	ne of E	Building	Owner/Op	perator (2)	Resident	ial	LR 2 1 2014		ᅱ		
te of Notification (1)	18/14		1 00	dress			1	Deixo			_	1	
gencies Notified	Type Notification	Str	eet Ac	luiess		29 I	mbrook	Dive		i i		ڶ	
EPA DEP	Initial Amended	Cit	ty, Stat	te, Zip C	ode	Mata	wan, NJ	07747			=		
DEP DOL	Amendment # Emergency (including	_		r O = nto		IVIUL		T:					
	instification)	N	ame of	f Conta	narles D	onohue							
DOH DCA	Cancellation	l=	FACI		FORMATI	ON	Type of Fa	cility (4)				7	
	Toking Place	(3)	170						K 12\	<b>*</b> 18	W.	4.	130
Name of Facility When	re Abatement is Taking Place Residential Pro	operty				=	Subcha	pter 8 (Other	er than K-12) & commercial buildir	ngs,			
Street Address					-000		homes	, etc.)	f Floors Bld	g. Age		7	
Street Address	29 Imbrook	Drive	==				Square Fe	2	2	55		=	
City (5)	Matawan,	NJ_			(CT)	ATE	Current U	ee (Prior if t	peing demolished)				
10-11 W-1711	Iviatuve		Coul	nty Cod	e (7) (STA			K	esidentia			=	
County (6)	Monmouth		ASCN	70 - C - C - C - C - C	Nam	e of Abaten	nent Contra	ctor (9) vironmen	tal Services, Ir	ıc.		=	
Name of Monitoring	Firm Hired by Building Owne	'											
(8)	MECS	1			Stre	et Address		PO Box	322		==	=	
Street Address	PO Box 341			===	City	, State, Zip	Code	ontown 1	NJ 08501				
City, State, Zip Coo	de NI 085	15					All	71110 4411, 1	License No.	12			1
	Clusswickey		lephor	ne No.		ephone No.	259-9688	3	0049	93	==	=	1
Project Manager fo	m Weisgarber Jr.	_ \ @	609) 2	298-40	1) Na	me of OSH	A Monitor	ME	26				1
Start Date (10)	m Weisgarber J1.	d Comp	oletion /1 /	Date (1				ME					1
	/14	anly on	/14 e)		St	reet Addres	SS	PO Bo	x 341		==	=	4
Occupancy Statu	s During Abatement (Check	d of Ab	ateme	nt	=	ity, State, Z	ip Code		NII 00515				
		acility F	lours		_   "	5550	<u>Cr</u>		, NJ 08515	====			7
Other - Desc	noe. Odisi					□Full	Containme	ent with Neg	ative Pressure				
Scope of Work	Check all that apply)	X Ren	ovation	n		T A Ain	LEnclosule						
≥3 sf or ≥3 lf ≥160 sf or ≥	F	Dem	ovation	•		No	n-Exempted	(*) and No	n-Friable Procedure	Aba	atem	ent	
≥160 sf or ≥	260 11	Is Lo	ocation	T		1					Type	-	
		No Used	mally	1		Descript os Containin		ACM)	Amount (Specify	20	Repair	Enc	Encl
	Location of ontaining Material (ACM)	Main	tenand	ce/	Asbesto (i.e., t			tion,	SF or LF)	Removal	air	Encapsulate	Enclosure
Asbestos-Co		1 8	staff?	`		surfacing, other misce				=	1	ate	u
	IN Facility (13)		(12)	N/A						1		-	_
		Yes	No	NIA		V	AT		312 sf	×		-	Г
1 of El	oor Living room	_	×	1-	===		/AT		590 sf	×	-	-	1
2nd 1	Floor Bedrooms		-	+	-				-	+-	-	1	T
		=	+-	+-	-			Name of Re	egistered Landfill		1		5/61
			1	NJDEF	Waste	Cubic Ya	arue	Name of the	T.R.R.F.,	Inc.			_
Name of Re	gistered Waste Hauler	1		Hauler	1D No. 3292	of Waste	U	City, State			3665		
	Stevens Environmenta		1			Disposa	/14/	$\sim 1$	Tullytown	ı, PA	_		=
City, State	Allentowr	ı, NJ					nature	1//	Date	3/	18/1	4	_
Completed	By	Title	Proj	ect M	anager		111	_/_					5-25-5
Mal	nlon E. Stevens		110			entos licens	sure exemp	oted activitie	es.				
ASB-41	28	* Do n	ot use	this fo	rm for asb	estos noons							

ASB-41 MAR 00

03/13/2014	-		I I	BIOMET	lding Owner/Opera Inc.	tor (2)		5170	- Z
Agencies Notified Type Noti	ification		S	treet Addre	ess				-
DEP Initial Amend	hah		-	0-01 Poll			-		- 1 - 1
☑ DOL	dment #_			ity, State, Z		1			
⊠ DOH ☐ Emerg	ency (inclu cation)	ding		air Lawn					
DCA Cance				ame of Con	itact ra (Owner's Rep		Talanhana	ilmho	r
						).)			
Name of Facility Where Abatement is	s Taking Pi	ace (3	)	PACILITY	NFORMATION	Type of Fa	cility (d)		
BIOMET Inc.						School			
Street Address		-				Subcha	pter 8 (Other than I	K-1 2)	
20-01 Pollit Drive						Other (i.	.e., private & comm	ercial t	oui
City (5)			30/2011	***		Square Fee			B
Fair Lawn, NJ						40,000	1	1	4
County (6)			C	ounty Code	e (7) (STATE	Current Use	e (Prior if being der	nolishe	d)
Bergen				SE ONLY)		Commerci	ial Space		- 1
Name of Monitoring Firm Hired by Bu	ilding Own	er		M No.	Name of Abate				
(8) Bio-Terra Environmental Solu	tions LLC		N/A	4	Valiant Ass	ociates, LL	C		
Street Address		1)			Street Address				
P.O. Box 1224					145 Mill Stre	eet			
City, State, Zip Code Union, NJ 07083	11.11.11.11.11.14.44.41.11.11.11.11				City, State, Zip Paterson, N	Code			
Project Manager for Monitoring Firm		I Te	lephor	ne No	Telephone No.	10 07301			
Rick Eustaquio				4-3762	973-553-53	74	License No		
Start Date (10)	Scheduled	Compl	etion (	Date (11)	Name of OSHA		<u>01108</u>		
03/28/2014	03/31/20			,	Valiant Asso		,		
Occupancy Status During Abatement	(Check onl	y one)			Street Address				_
Facility Closed/Vacated During Enti	ire Period c	f Abat	ement		145 Mill Stre	et			
Abstement Derformed Outside of N									
Abatement Performed Outside of N	ormal Facil	ity Hou	II S		City, State, Zip C	ode			
Other - Describe:	ormal Facil	ity Hou	JIS		City, State, Zip C Paterson, N.				
Other - Describe:	ormal Faci	ity Hou	irs .		Paterson, N.	J 07501			_
Other - Describe:  Scope of Work (Check all that apply)  >3 sf or >3 if		enovat			Paterson, N.	J 07501	Negative Pressure		
Other - Describe:  Scope of Work (Check all that apply)  >3 sf or >3 if	⊠ R		ion		Paterson, N. Full Cor	J 07501 ntainment with polosure g Procedure			
Other - Describe:  Scope of Work (Check all that apply)  >3 sf or >3 if	⊠ R	enovat	ion ition		Paterson, N. Full Cor	J 07501 ntainment with polosure g Procedure	Negative Pressure d Non-Friable Pro		
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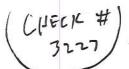
· Do not use this form for asbestos licensure exempted activities.

			Mar 18 20	14 08:29am Approved	1001/	1001	
Emergeny	NOTIFICATION OF	of New Jerzoy F ASBESTOS ABA NJAC 8:80 and 12:	TEMENT - 1	of Health & Senio	r Servi	ces	
Date of Notification (1)	Name of Bi	uilding Owner/Opera	tor (2) Date:	ATTE			$\neg$
Agencies Notified Type Notification	on Street Addi	ress 100	) Box	I RI	长	کلک	-
D EPA Initial .  DEP DOI Amended		, Zip Godo	oked F	River A)	TO	87.	31
DOH Emergent	by (including Name of C	contact M	angen:	Telephone Numb	_	011	
Name of Pacifity Where Abutoment is Tal	FACILI	TY INFORMATION	Type of Facility (	4)			$\dashv$
Single Family	y Dwelling	<del>\                                    </del>	☐ School (K-1	The second	11.		
Breef Address Jal Bear	ch Blud		Other (I.e. p	rivate & commercial			es,
City (5) Forked Bi	ver NJ	08731	Square Feet	券 of Floors	Bldg.	2 <u>0</u>	<u>t – </u>
County (6) OCERN	County Co (STATE US	SE ONLY)	Single	family I		lle	15
Name of Monitoring Film Hired by Build	ng Owner (8) ASCM	MA	EPC TO	tractor (9)	25	Ir	16
Street Address Box	337		P.O. BOX	337			
City, State, Zip Code	MZ 08	<b>533</b> °	y State, ZIP Code	<b>ZUA + 4</b>	08	53	3
Project Manager for Month in go-Irm	Talephone	7.58-3365 6	olephone No. <b>91</b> 09 758 - 33	License No	3	94	
Start Date (10)	Scheduled Completion D	Nate (11) N		trologies	Inc		
Occupancy Status During Abatement (C				337			
D Other - Describe:	Normal Facility Hours		New Equat	NJC	85.	33	
Scope of Work (Check All That Apply)	☐ Renovation	100	□ Full Contains	nent with Negative Pr	enuezer		
≥3 sf or ≥3 ff ≥160 sf or ≥260 lf	Demolition		☐ Mini-Endosu ☐ Glovebad Pro	ne		No Joseph	
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TO BE ABATED In Facility (15)	Custodial Staff? (12)	surfacir	ig, VAT, or collaneous)	SF or LF)	Removal	Repair	Enclosure
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						-	+
Name of Registered Waste Hauler	NJDEP W Hayler ID			of Registered Landfill			_ <del></del>
EPC Technolog			6 Was	ste Manage	oleyy	46	YV
New Egypt.	N2	4-5		nisville l			
Steve Schenker	President	3	Stewer Sch	ech.	3-1	8-	14

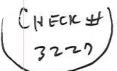
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	of Notification (1)	-17-1	41	Name o	f Buildin	g Owner/Opera	The second secon	a Ro	Sa		1		
S Ager	ncies Notified Type I	Notification		Street A	Address	990	o Mac	300	11 aMARD	RIV	ب	-	
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N. Y.	201	mergency (including ustification)	·g		of Conta	ict j	Rusa.	10	elephone Numbe	·			أ
千百	DCA 🗆	Cancellation	(3)	FAG	CILITY	NFORMATION	Type of Fac	cility (4)	·				
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n) Na	rme of Monitoring Firm Hire	d by Building Owner	(8)	AS	CM No	14	Name of Abateme	nt Contract	noleq	ies	I	ni	4
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Neg P	roject Manager for Mount ri		neduled (	6C Comple	tion Dat		609 758- Name of OSHA	Monitor	1	T	_		
	2-17-14		3-6		14		Street Address		nologies	Inc			
, ,	Occupancy Status During Al	D Entire Perio	nd of Aba	atemen	t		P.O. City, State, Zip	Box		-			$\dashv$
/ 3	Facility Closed/Vacated Abatement Performed Other – Describe:	Outside of Normal F	acility H	ours			New E		NJ	<u> </u>	33	3	$\dashv$
1	Scope of Work (Check All T	hat Apply)	П Per	novatio	n		□ Full C	Containme	nt with Negative	Pressure			
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	<u> </u>					30	* Do not use	this form	for asbestos lice	HOUSE CAR		86.20	

0 min 5	1. N.	c V		NOTIF	ICATIO	N OF A	New Jersey SBESTOS AB AC 8:60 and 12	ATEMENT 2:120)	Ch	eck #	8	58	<b>3</b>	7
Agen	of Notification (1)	2 - 4 Type Notifi			Name	of Build Addres	s 996	Magn		MAR 2 Drive	1 4	J (4.	a.	
× × ×	DEP DOL DOH DCA	Amer Emer justifi	ndment # gency (includ cation) ællation	ing	L	of Con	tact 1	Rosa	Facility (4)	Telephone Number	<u> </u>	_	-	†- 
Nam	Single eet Address	fanil	y Dw	cllin	S Deiu	<		□ Sch	nool (K-12) bohapter 8 ( ner (i.e. priv	Other than K-12) ate & commercial but	ıilding:		nes,	
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-	ty, State, Zip Code  New E	OVP	+ A Kea	heduled	60	ephone 09 7.	58-3365	Telephone No 609 758 Name of OSH	-33a	License No.	3	q.		
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,	Abatement Per Other - Descrit	formed Outsi be: eck All That A	pply)	□ Re	enovatio	· · · ·		☐ Mir	Il Containme	ent with Negative Pr		9		
Day	≥160 sf or ≥26			<i></i>				No.	n-Exempted	d (*) and Non-Friable	e Proc	edure Abate Typ	ment	
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	Name of Register		ologies	s NT	NH	JDEP V auler ID	No. of	bic Yards Waste 8	Was	f Registered Landfil ste Manage ate nisville	men PA	to	£	149

President



		(Pursi	Name	of Buildir	Owner	Operator (2	La Co	ルナル	no	TING		. ,	
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Kie	EMCO INC					Disposal	Jaic	w	00	DBINE		=	=
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NO	(Pursuant to NJAC 8:	60 and 12:120)		AR 2 1 201	
ate of Notification (1)	Name of Building	ATHON 1401	VD Exce	UDTING	
3/18/14	Street Address		*		. 19
gendes Houries		130×198	- Hous	E	:-
DEP Amended	CAME	May Coun		shone Number	
justification)		=	10.00		
DOH Cancellation	FACILITY INFO				
			of Facility (4)		
Name of Facility Where Abatement is Taking Place	e (3)	======================================	chool (K-12) ubchapter 8 (Oth	er than K-12) & commercial bu	ilaings.
		1 7	omes, etc.)	of Floors	Bldg Age
Street Address		1 /0	4.0	2	40+
City (5) ANDLOW	County Code (7		eni Use (Prior H	being demolished	1)
	USE CALT)		coupagor (9)		
Name of Monitoring Firm Hired by Building Owner	as CM No.	Name of Abatement C	INC.	,	
Name of Modulotting		Street Address 369 5.	SPRUCE	Ave.	
Street Address		Ciry, State, Zip Code		11 7 08	105 -
City, State, Zip Code		MAPLO	SHADE	NJOE License No.	
	Telephone No.	Telephone No. 856-779	-0472	0044	9
Project Manager for Monitoring Firm	ed Completion Date (11)	Name of OSHA Mon	101	1	
Stan Date (10)	1 /7 /19	Sueel Address	<u> </u>	1 =	
Occupancy Status During Abatement (Check	only one)	76951	SPRUCE	1001	
Occupancy Status During Abatement (Orbital Status Period Status Closed Vacated During Entire Period Status Closed Vacated Outside of Normal F	of Abatement	City, State, Zip Cod	SHADÉ	, N.J.	08052
Abatement Penorings South					
Other - Describe Scope of Work (Check all that apply)		C Line Encid	inment with Neg		
7.2010/23#	Renovation Demoliton	Glove bag	bled (,) and No	-Friable Procedu	AD3:eme
2150 st or 2260 II	Is Location				172
	Normally Solety by	Description of spesios Containing Mate	rial (ACM)	(Specity	R 2
Location of Location of ACM) Aspessos - Containing Material (ACM)	Custodial	(i.e., thermal systems VAT.	10	SF & LF)	Removal
TO BE ABATED	Staff?	other myscellaned	(4)		
IN Facility	(12)				
IN Facility (13)	(12) Yes No N/A			25000	X
House + GONALE	N/A	TRANSITO		25000	X
IN Facility (13)	YES NO NIA			25000	X
HOUSE - GONALE	YES NO NIA	TRANSITO			
HOUSE & GONALE SIDING	YES NO NIA	TRANSITO			
HOUSE & GONALE  SIDING  Application of the state of the s	YES NO NIA	TRANSITO	Name of Re	egistered Landfill 1, C, M,	
Name of Registered Waste Hauler  KLEMCO INC.	YES NO NIA  X  NOEP Was Hauler D No	TRANSITO  ste Cubic Yards  of Waste	Name of Re		U, A,
Name of Registered Waste Hauler  K. 2 M. CO. I.N.C.  City State  M. O.P. E. S. I. A.D.E., N. I.	YES NO NIA  NOEPWEE Hauler D No L 7 9 0	ste Cubic Yards of Waste  Disposal Date  Signature	Name of Re  C, M  City, State  Woo	egistered Landfill 1, C, M,	U, A,
Name of Registered Waste Hauler  Kith Compared By  Compared By	YES NO NIA  X  NOEP Was Hauler D No	TRANSITO  Sie Cubic Yards  of Waste  Disposal Date	Name of Re C, M City, State Woo	egistered Landrill 1, C, M, DB/NE	U, A,

Check # 8606

Date of Notification (1							er / Operator (2	2)						
	Vlarch 18, 2014				f Americ	a						-		
Agencies Notified	Type Notification	on		Street A	Address				*	7.				
□EPA □DEP	Emergency			522 Ma	in Street	t								
DOL	Initial			City St	ate & Zip	Code				-				-
⊠DOH	Amend	ied iment #		100 mm	y Beach,		7720			MAR	2 1 2	014		
DCA	Cance			Name o	of Contac	:t		77-7-127			Telephor	ne Nu	mbe	r
				Jim Ka	lafsky									
				FAC	ILITY	INFO	RMATION				•	_		
Name of Facility Whe Bank of America	re Abatement is	Taking P	lace (3)				Type of Facilit							
Street Address							Subchap	ter 8 (Oth	er than K-12	)				
522 Main Street								.e., priva	te & comme	ercial buildir	ngs, hor	ne, e	tc.)	
							Square Feet		f of Floors		Bldg. Age			
City (5) Bradley Beach					8		6,500 Current Use (F		3 + Base ing demolish			45	-	
							Bank							
County (6) Monmouth			ounty Code	: (7)										
Name of Monitoring F Environmental Testi		ilding Owi			ASCM	No.	Name of Abat Synatech, Inc		ntractor (9)					
Street Address		-					Street Addres							
One Mall Drive, Suite City, State & Zip Code					829 Radio Ro City, State & 2							-		
Cherry Hill, NJ 0800	2						Little Egg Ha		08087					
Project Manager for M Howard Zenobi	Ionitoring Firm			lephone N 6-482-131			Telephone Nu 609-296-6916			License N	umber 0081	7		
Scheduled Start Date March 20, 2		Scheduled	Completi	on Date (1			Name of OSH Synatech, Inc		r					
Occupancy Status Du			nly one)				Street Addres 829 Radio Ro	s	,		J			
	erformed Outsid	351					City, State & Z	Zip Code						
Other - Desc							Little Egg Ha	rbor, NJ	08087					
Scope of Work (Chec	pied During Aba	atement			-									
Scope of Work (Chec	k all that apply)						П	Full Cont	ainment with	Negative Pro	accura			
≥3 sf or ≥ 50 lf			П	Renovatio	on		H	Mini-Encl		Negative Fit	essuie			
≥160 sf or ≥26	D If		П	Demolition	n		$\square$		Procedure					
										Non-Friable	Procedu	ıre		
Loc	ation of		Is Locati	on Norma	lly Used		Descripti					atem	ent 7	Гуре
Asbestos-Contai		CM)		y Mainten dial Staff?			Asbestos-Co Material (A		Ar	mount (Speci SF or LF)	ify			
	ABATED Facility		Cusic	l Stair	(12)		(i.e., thermal			Or Or Er )			T_	
	(13)						insulation, surfa	acing, VA			70	J 77	l inc	E .
							or other misce	elianeous)			Removal	Repair	aps	င္တြ
			Yes	No	N/A						val	🚆	Encapsulate	Enclosure
								20015		_	-	├		
Basement		Х		Pipe Insu	ilation		300 LF	X						
					-						-		1	
Name of Registered V	Vaste Hauler		NJDEP \		Cubic	Yards o	of Waste	Name o	f Registered	Landfill		!	_	
Synatech, Inc.	7 No.	15			Grows	Landfill								
City, State		Dispos	al Date		City, Sta	ate			1032					
Little Egg Harbor, N.I. 08087					April 1	8. 2014	1	Morrisv	ille. PA					
Little Egg Harbor, NJ 08087  Completed By Title					Signatu		01	101011134	Date					
				20.00	1.0	1.	1110			- 40 0044				
Diane Aloia		Executiv	e Admini	strator	13911	Inc	Lucie	-	Marc	h 18, 2014				

Date of Notification (1) March 18, 2014					uilding Owner/C Hill Board of E			neck # 72	227			-	1		
	Type Notification			Street Address 45 Ranoldo Terrace											
EPA DEP DOL	Initial Amended Amendment	mended mendment #			City, State, Zip Code Cherry Hill, NJ 08034										
☑ DOH ☑ DCA	Emergency justification) Cancellation	N 5	100	Name of Contact Marco Fernandez  Telephone Number											
<u> </u>	Carlothan			FACILI	TY INFORMATI	ON									
Name of Facility Where Abat Cherry Hill High School		g Place (3)			0		× Scl	Facility (4) hool (K-12) bchapter 8	1	than K-	-12)				
Street Address 2101 Chapel Avenue							Oth etc	ner (i.e. pri	vate &	commer	rcial buil				š,
City (5) Cherry Hill		***************************************			20		Square 10,000	)	2	Floors	'	100	g. Ag )	е	
County (6) Camden				County Co STATE US	ode (7) SE CNLY)		Current Schoo	Use (Prior	if bein	g demol	ished)				
Name of Monitoring Firm Hir TTI Environmental	red by Building	Owner (8)	-	ASCM	No.	100000000000000000000000000000000000000		ment Contr ronmenta		(C)					
Street Address 1253 N. Church Stree							Address Cutler A	Ave.							
City, State, Zip Code							State, Zip	Code le, NJ 08	8052						
Moorestown, NJ 0805 Project Manager for Monitor				Telephon		Telep	hone No.	<del></del>		License		- 20			
Jim Guilardi Start Date (10) Scheduled				1-020-031-031-034-031-0031	Water Control of the	Name	ne of OSHA Monitor								
April 11, 2014		April 19		4		EMS							<u> </u>		_
Occupancy Status During A				-0			t Address Haddor								
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Nor	Period of A mal Facility	Hours	ient .			State, Zip stmont,	Code New Jer	sey 0	8108					-36
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				Mini- Glov	Containme Enclosure ebag Proc	edure						
		- [ -					Non-	-Exempted	() and	1 NOII-F	Table 1			ment	
		100	ion ly		n of				_	_	Туре				
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	(ACM) Used So Mainter Custodia (12			olely by nance/ al Staff? 2) Asbestos Con (i.e. therma surfa other				Amount (Specify SF or LF)		Kemovai	-	Repair	Encapsulate	Enclosure
Boiler Roo	·m	Yes	No XXX		Boil	er Bree	echina		4	70 SF	Х				
Boiler Roo			XXX	-		pe Fitt			8	0 LF	Х				
Bollot 1400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,														
				LIDED !!	laste   Cont	ic Yards		Name of	Registr	ered I an	ndfill				
Name of Registered Waste Freehold	: Hauler		F	NJDEP W Hauler ID 5939	No. of V 40	/aste		Grows	Landi		oztismi.		1		
City, State Mount Holly, New Jers	sey 08060					osal Da 9/14	te	City, State Tullytov		Α.	2		18		
Completed by Christina Lynch		Title Operations Manager				Signatu	Date 3/19/2014								

Date of Notification (1)	092			JAC 8:60 and 1	2:120)			,			7 7			
3-18-1		Nar	Name of Building Owner Operator (3)   Willson Hall											
	Notification ital	Stre	Street Address 201 Hullich Hill Rd.											
DOL	nended nendment#		State,	Zip Code					=					
	margency (inclusion) stilication) receivation		e of Co	ntact	455 box	0/	VJ	0	2	28				
			~ ===	JACK	1455		-	_	-		-			
Name of Facility Where Abatem  Will S	ent is Taking Place	(3)	CHART S	INFORMATION	Type of F	80 Ey (4	)							
Street Advisess	MICA H	11			School Striboh	d (K-12) Letter 8 (1	Officer files	n K-121	)					
City (5) Glussbo,				Subshapter 8 (Other than K-12)  Other (i.e., private & commercial buildings, incomes, etc.)  Square Feet   & of Flores   String Age										
County (6)	01 1	Coun	ly Corte	(7) (STATE	- III		e of Floor		1	ig. Ag	e 			
Name of Monitoring Firm Hired by	Cylous te	ASOM N	CHEN											
(8) Street Address		_	W.Z.	o. Name of Abelianent Contractor (9)  Aur Son LLC										
				Street Address	112 200	line	her !	460						
City, State, Zip Code				City, State, Za	Corse Del 4	nce	-	2		00				
Project Manager for Monitoring Fin	n	Talephone No	ne No. Telephone No.											
Start Date (10) 3 - 25 - 14	Schemided Con	pletion Date	Date (11) Name of OSHA Months											
Occupancy Status During Abatems  J Facility Closed/Vacated During E	nt (Cneck only on	2)		Street Address		-					_			
Abatement Performed Outside of Other - Describe:	Normal Facility H	res Cus		City, State, Zip C	ode				_		=			
Scope of Work (Check all that apply														
]≥3 sf or ≥3 tf ]≥160 sf or ≥260 tf	Renov		☐ Full Containment with Negative Pressure ☐ Nint Enclosure ☐ Glossing Procedure ☐ Non-Enempted (*) and Non-Frieids Procedure											
	ls Local Nome		77		rapied (") and A	Con-Frieb	le Proced	Abatement Abatement						
Location of Asbestos-Containing Material (ACM TO SE ABATED	I I Spend Split	ely by noel a	Spesto	Description of Containing Mater	ring Material (ACM)				Туре					
IN Facility (13)		(Le., tř	rennal systems ins surfacing, VAT, o ther miscellaneous	acaton,	Am (Sp SFo	Removal	Repair	Encapsulate	Enclosure					
7	Yes No	NVA						oval	막	sulate	Bure			
BASEQUEAT	The state of the s	-	Bu	SEMENT		_#	UF		1	+	$\dashv$			
		- Ulasay		WAR	CUT			-	1	$\dashv$	7			
ne of Registered Waste Hauter		DEP Waste					==_	and and	-	-	-			
An Jus C		eder D No.		ubic Yards Waste	Name of Regis	tered La	<b>地震</b>				7			
Delanco	NJ		Dâ	sposel Dale	City, State					_	=			
wieted By T 4411	The VP		=1.=	Signature	4		Date 3 -	-17-	14	:	The same of the sa			
	Do not use this	form for asbe	estos lic	ensure exempted	i activities.	L		-			1			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

ch# 2384

ate of Notification (1) 3/18/2014		Name of Building	Owner/Operator (2) Messercola Enterpris	ses	,}	F, 1					
gencies Notified  X ] EPA [ ] Initial N  ] DEP [ ] Amend  Amend	Street Address PO Box 790 MAR 2 1 2014  City, State, Zip Code Matawan, NJ 07747										
[ X ] Emerge justifica	[ X ] Emergency (including			NJ 07747  Telephone Number							
] bea	FA	CILITY INFORM	MATION		+ •	~					
Name of Facility Where Abatement is Taking Residence  Street Address  88 Albert Drive			Type of Facilit  [ [	School (k-12) Subchapter 8 (oth			lings,				
Beach Haven West	County (6) Ocean	County Code (7) (STATE USE ON	Current Use (F	Square feet # of Floors Bldg. Age 1000 sf 1 46  Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building (N/A	ASCM No.	Name of Abatement Cont Gu Street Address	of Abatement Contractor (9) Guardian Contracting, Inc. Address								
Street Address			. 18	89 Route 9, Unit 61							
City, State, Zip Code			City, State, Zip Code To Telephone Number	oms River, New Jerse		-1271					
Project Manager for Monitoring Firm	Telephone Numb	er	732-349-9932	00624	00624						
Scheduled Start Date (10) 03/19/2014	Scheduled Comp 03/20/2014	letion Date (11)	Name of OSHA Monitor E.M.S.L. Analytical Street Address								
	only one) I During Entire Period of Outside of Normal Facility		City, State, Zip Code	scataway, New Jerse	y 08854						
Scope of Work (Check all that apply)  [ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf	L 3	ovation nolition	[ ] Mini-Enclo								
					Abatement Type						
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	ial (:	Description of Asbestos-Containing Material (ACM) A.e., thermal systems asulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E E E M P A A C I V F A L	N C A P	E N C L O S U R E					
Exterior	X	Asbestos sid	ling	650sf	X		1				
						+	-				
8				D - i-t 4 I 4£11							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha	3 2	Yards of Waste Name of T.R.F.	Registered Landfill R.F.							
City, State		sposal Date 3/21/2014	Tullytown, Pennsy	lvania							
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature   Date   3/18/2014									
Titolioido I cilifora		s form for asbestos	licensure exempted activit	ies.							