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Agencies Notification    PSEG	Determine in the									112		111 2	t ween	40.40.40		
EPA							g Owner/	Operato/	r (2)			MAR 2	6 20	)15		圳
DDP	President		n				Rd			1	L		11.2.2			
	DEP DEP	Amended Amendmer						07080		j. 1	-ACS	LICEN	- SidG		**	
State Address   Street Address   Street Address   Street Address   State Date (10)   Scheduled Completion Date (11)   Scheduled Completion Date (11)   Scheduled During Entire Period of Abatement Custakener Performed Cutside of Normal Facility Hours   State Address   Same as above   Sopro (14)   State Address   Same as above   Sopro (14)   State Address   Street Address   State Address   Street Address   State	DOH DCA	justification	)	g			50				Te	lephone Ni	umber	41		
Name of Facility Where Abstement is Taking Place (3)   SEG Lumberton Substation   Street Address   Subchapter 8 (Other than K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (O					FAC	CILITY INF	ORMAT	ION						7		
Street Address 386 Main St. (RT 541)    Subchapter & Ciber (ine. private & commercial buildings, homes, etc.)   Square Feet   # of Floors   Bidg. Age   40 plus			ng Place	(3)					Тур	KE4 5						
Square Feet # of Floors   Bidg, Age   40 plus		41)								Subchapter Other (i.e. p	8 (Oth	er than K-	12) cial bu	ilding	s, hon	nes,
County (6) Burlington Name of Monitoring Firm Hired by Building Owner (8)  Name of Machaement Contractor (9)  Name of Abatement Contractor (9)  Name of Nabatement Nabatement Name Nabatement Name Nabatement Name Nabatement Name Nabatement Name of OSHA Monitor  Name of OSHA Monitor  Nichael J DiMaria  Street Address  Same of OSHA Monitor  Nichael J DiMaria  Street Address  Same as above  Street Address  Same as above  Street Address  Same as above  Cocupancy Status During Abatement (Check Only One)  Normally  Street Address  Same as above  Street Address  Same as above  Street Address  Same as above  City, State, Zip Code  same as above  City, State, Zip Code  same as above  City, State, Zip Code  same as above  Scope of Work (Check All That Apply)  Same as above  Location of Normally Used Solely by		18								are Feet	15 52	f Floors		200	1000	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  n/a  Name of Abatement Contractor (9)  WRS Environmental Services Inc.  Street Address  n/a  Street Address  17 Old Dock Rd  City, State, Zip Code  yaphank NY 11980  Project Manager for Monitoring Firm  n/a  Telephone No.  n/a  Sat Pate (10)  2/10/15  Scheduled Completion Date (11)  Name of OSHA Monitor  Michael J DiMaria  Occupancy Status During Abatement (Check Only One)  Facility Closed/Wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  To Be Abate (10)  2/10/15  Renovation  Description of Asbestos-Containing Material (ACM)  To Be ABATED  In Facility  (13)  Exterior Vent  Interior Door, Window  Exterior Vent  Interior Expansion Joint  Interior Ceiling  Interior Ceil							n		Curr	ent Use (Pri		ng demolis	- 1		<u></u>	
Street Address n/a 17 Old Dock Rd City, State, Zip Code n/a City, State, Zip Code Yaphank NY 11980  Project Manager for Monitoring Firm n/a Start Date (10) 2/10/15 Scheduled Completion Date (11) Name of OSHA Monitor Michael J DIMaria Coccupancy Status During Abatement (Check Only One) Street Address Same as above  St	Name of Monitoring Firm	Hired by Building	Owner (8	3)		M No.			of Ab	atement Cor	tractor					
City, State, Zip Code n/a  City, State, Zip Code Yaphank NY 11980  Telephone No. n/a  Telephone No. n/a  631-924-8111  Difference No. 01136  Scheduled Completion Date (11) 2/10/15  Scheduled Completion Date (11) 2/10/15  Scheduled Completion Date (11) Name of OSHA Monitor Michael J DiMaria  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  The Period of Abatement Abatement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  Scope of Work (Check All That					1			Street	Addre	ess		vices inc	•			
Project Manager for Monitoring Firm  \[ \text{Name of OSHA Monitor} \]  \[ \text{Start Date (10)} \]  \[ \text{2/13/15} \]  \[ \text{Occupancy Status During Abatement (Check Only One)} \]  \[ \text{Start Each of Start Date (11)} \]  \[ \text{Address} \]  \[ \text{Same as above} \]  \[ \text{State, Zip Code} \]  \[ \text{Same as above} \]  \[ \text{State, Zip Code} \]  \[ \text{State, Zip Code} \]  \[ \text{Same as above} \]  \[ \text{State, Zip Code} \]  \[ \text{State, Zip Code} \]  \[ \text{Same as above} \]  \[ \text{State, Zip Code} \]  \[ \text{Same as above} \]  \[ \text{State, Zip Code} \]  \[ \text{Same as above} \]  \[ \text{State, Zip Code} \]  \[ \text{Same as above} \]  \[ Abatement With Negative Pressure Mini-Enclosure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (								City, S	state, 2	Zip Code	3	Alexander Historia				
n/a		itorina Firm			Tolopho	ana Na			100							
2/10/15  2/13/15  Michael J DiMaria  Cocupancy Status During Abatement (Check Only One)    Street Address   Same as above	n/a	itoring (*iiiti			n/a			100000000000000000000000000000000000000					10.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code same as above  Scope of Work (Check All That Apply)    23 sf or 23 lf					mpletion	Date (11)										
Same as above  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM)  In Facility (13)  Yes No N/A  Exterior Vent  Interior Door, Window  X Asbestos Caulking  Asbestos Caul	Occupancy Status During	Abatement (Che	ck Only O	ne)				Street	Addre	:SS					-	-
Same as above  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM)  In Facility (13)  Yes No N/A  Exterior Vent  Interior Door, Window  X Asbestos Caulking  Asbestos Caul	Abatement Performe	ated During Entire and Outside of Norr	Period of nal Facilit	Abater y Hour	ment s			2.28.20.00.00.00.00			-					
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   □   Renovation   □   Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-E							_	same	e as a	above						
Demolition   De	-	I I nat Apply)	_					-	1							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Exterior Vent			THE REAL PROPERTY.					×	Mi	ni-Enclosure ovebag Proc	edure				·e	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Exterior Vent Interior Door, Window Interior Expansion Joint Interior Ceiling Interior State I			ls	s Locat	ion								T			t
Maintenance/ Custodial Staff? (12)   Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/A   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Ser or LF)   No   N/A      Exterior Vent							Des	scription	of	1				Ty	/pe	
Exterior Vent	TO BE ABA In Facilit	TED	Ma	aintena todial s	nce/	Asbes (i.e.	thermal surfac	systems cing, VA	insula T, or	I (ACM) ation,	(S	pecify	Removal	Repair	Encapsula	Enclosur
Interior Door, Window			Yes	No	N/A										te	(D
Interior Expansion Joint					X						6	LF	x			
Interior Ceiling					X		Asbest	os Cau	ılking	1	43	3 LF	x			
Name of Registered Waste Hauler  Veoilia ES Technical Soulutions  Disposal Date Eden Lane, Flanders NJ 07836  Title  NJDEP Waste Hauler ID No. 20071  Cubic Yards of Waste 1/4  Veolia ES Technical Solutions  City, State Flanders NJ 07836  Disposal Date 3/20/15  Signature  Date					X		Asbest	os Cau	ılking	j .	24	LF	х			
reoilia ES Technical Soulutions  Hauler ID No. 20071  Title  Hauler ID No. 20071  Of Waste 1/4  Veolia ES Technical Solutions  Veolia ES Technical Solutions  City, State Flanders NJ 07836  Signature Date Date Date Date		•					***************************************		ılking		35	5 LF	x			
City, State Eden Lane, Flanders NJ 07836  Completed by  Title  Disposal Date 3/20/15  City, State Flanders NJ 07836  Date				Н	auler ID	7.7	of Was						olutio	ns		
Completed by Title Signature Date	City, State Eden Lane, Flander	rs NJ 07836					Dispos			City, State						
	Completed by Michael J DiMaria		10.000	Mgr/ S	Site Su	pervisor	Si	gnature	6.	216	M.	Da				-

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Date of Notification (1)					wner/Operato	r (2)		1077 80.7	+				
03-20-15				h Bowe				122	D (		0010		
Agencies Notified Type Notific	ation		Street A		<b>5</b>		11.	MA	n z	6	2015		-
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DEP Amend	iment#_2_			te, Zip Cod	nj 07076			ASSES				&	.1
Emerg	ency (including	<del>,  </del>		Contact	143 07076		-		KCE	N. S. Call			
DOH justific				h Bowe			No are a set and a	Telephon	e Nu	mber	-	approximate a method	market of the freehouse
L Cance	nauon			-	DMATION								
Name of Facility Where Abatement is	Taking Place (	3)	FACI	LITY INFO	RMATION	Type of F	acility (4)		-				
Private Residence	•						5000 00						
Street Address		Non-Sept					ool (K-12) chapter 8 (	Other than	n K-1:	2)			
384 Parkview Drive						Othe	er (i.e. priva	ate & com	merci	al bui	ldings	, hom	ies,
City (5)						Square Fe	eet T	# of Floor	e	-	Bldg.	A 00	
Scotch Plains						Oqualor		# 01 1 1001	,	- [	Diug. i	nge	
County (6)			County C			Current U	se (Prior if	being der	molish	ned)			-
Union			(STATE U	ISE ONLY)									
Name of Monitoring Firm Hired by Bui	lding Owner (8	)	ASCM	No.	Name	of Abateme	ent Contrac	ctor (9)					
N/A					Delf	a Contrac	cting LLC						
Street Address						Address	ev.						
	well two-like time.				522	7th Stree	t						
City, State, Zip Code						State, Zip Co					77074		
						on City No	J 07087						
Project Manager for Monitoring Firm			Telephon	ne No.	1	none No.			nse N	0.			
Start Date (10)	I Cabada		100			216-9603	S.,	012	.06				
03-30-15	04-01		mpletion D	Date (11)		of OSHA M	108837A						
Occupancy Status During Abatement (						Address	ung LLC	, 					
(1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			55.4			7th Stree	t						
Facility Closed/Vacated During E. Abatement Performed Outside of Other – Describe:	Normal Facility	Abaten / Hours	nent S			tate, Zip Co	<u> </u>				-		
Other – Describe:			·			n City NJ							
Scope of Work (Check All That Apply)									-				
≥3 sf or ≥3 lf		Renova	ntion			Full Con	ntainment v	with Negat	tive D	roccu			
≥160 sf or ≥260 lf	DOMESTIC .	Demolit				Mini-End	closure		uve r	16220	ie		
					×		g Procedu empted (*)		Friah	o Dro	cedur		
	le	Locati	on			THOSE EXC	J. Inpice ( )	and Non-	Habi	_	Abate		
Location of	1 1	Normal	ly		Description	of						ре	
Asbestos-Containing Material (ACM		d Sole intenar		Asbestos	S Containing M		M)	Amount				m	
TO BE ABATED In Facility		odial S		(i.e. th	ermal systems surfacing, VA			(Specify		Rei	20	Encapsulate	Enclosure
(13)		(12)		0	ther miscellan			SF or LF)		Remova	Repair	nsd	losu
	Yes	No	N/A							8		late	ire
Firts Floor		x			VAT	10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	-	400 SF		х			
Exterior		X			Siding	***************************************		1300 SF					
					Siding		_	1300 5F		Х			
													_
Name of Registered Waste Hauler		N.	JDEP Was	ste C	Cubic Yards	Nan	ne of Regis	stered Lar	ndfill				
Delfa Contracting LLC		Ha	auler ID N	o. c	of Waste		llytown F			2001	an, F	2011	tv
City, State		3:	5240	5				(CSOUIG	e ne	COV	CI y F	acill	Ly
Union City NJ 07087				- 1	Disposal Date 03-20-15	1	, State Ilytown,	DΛ					
Completed by	Title				Signature	10	ny town,	- A	D-1				
Jaime Delgado	Proj.	Mana	iger		Jigilatule	1	_	1	Date 04	e -02-	15		
177						10			04	-02-	10		

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		(Pu	ırşıwınt to	NJAC 8:6	0 and 12:12	10}		APPRO	ONED	-		
Date of Natification (1) 8/20/15	12:19		Strategi	ic Prope	vner/Operato rties	r (2)	NALDE	pt. of Health &	100	Serv	ices	
Agencies Notified Type Not	mostion		Street Add	iress lisade Av	,		Date	3/23/15	-	7:4	50	eA3
EPA Initia	al ended	-	City, State		17.0		Dater	ST SAIN I	_Timn;_	. (.	O File	100
DOL Ame	andment#				J 07010							
	argency (includin fication)	9	Name of C		,			Telephone No	umbar			
DCA Can	cellation	].	Russ P	orrino Ty Inpor	NATION.							_
Name of Facility Where Abatement	is Taking Place	(3)	FACILI	IT INPUR	SINATION	Type of	Fadility (4)					
Residential Property						☐ Sc	haol (K-12)					
Street Address				,		Su Su Su Ot	bchapter 8 har (i.c. priv	(Other than K- rate & commen	12) dal bullo	Ange, t	ome	5,
189 Highwood Ave	7.00			,		Square	2,)	# of Floors	274	dp. Ar		$\dashv$
City (5)						2000	L deer	2		0+		
Tenafly County (6)			County Co			Current		if being demol	shed)	210		1 1
Bergen			(STATE U	se only)		The state of the s	lential Ho			100		11
Namo of Monitoring Firm Hired by	Bullding Owner	(B)	ASCM	No.			ment Contr			97		- 3
n/a			n/a			at Address	nagemei	it corb		333		
Street Address .					1	Troy La		in the second se		$\overline{\mathbb{Q}}$		-
City, State, Zip Code					City	State, Zip	Code		(3)	-		ment*
n/a						CAMPANY ACCOUNT OF A	k NJ 070		p====	9		10
Project Manager for Monitoring Fir	1117		Telephon	e No.	1 917935	sphone No. 3706795		License 01193				
r/a .	- Fahan	distant Co	n/a mpletion D	nete /111		ne of OSH	17	01130			-	_
Start Date (10) 3/13/15	3		15	acto (11)	1		nageme	nt Corp				
Occupancy Status During Abatem			112		1 7 7 7	et Address						
19 Facility Classed/Vacated Durin	na Entire Period	of Abate	ment		1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	Troy Le	002,01D					
Abatoment Performed Outside Other - Describe:	ie of Normal Fed	dity Hou	л <b>б</b> .	<i>2</i> *		, state, Zip ncoln Pa	rk NJ 070	135	*			
Scope of Work (Check All That Ar	pply)		J. JR.		·	_ LIN	E DUMPS	TERS & WE	MATE	RIAL		
☑ ≥3 sfor≥3 lf		Renov		*			Containme:	nt with Negativ	e Pressi	ire		
⊠ ≥160 sf or ≥260 lf	×	Damo	HGOU	±9		Glov	rebas Proce	edure	ما ماماسة	مر بامرسول مع	-	
						Non	-Exempted	(*) and Non-Fr	HEDIE FR		meni	
		ls Lope Norm			Descrip	tion of			_	Ty	pa	
Location of Asbestos-Containing Material	(ACM)	Used So Mainten	lely by	Asbesi	ice Containin	o Material	(ACM)	Amount			Щ	п
TO BE ABATED		Custodia	Staff?	(Le.	thermal syst	VAT. DE	uon,	(Spedify SF or LF)	Removal	Repair	caps	Enclosure
(13)		(12	4)		other misos	daneous)			la.	=	Encapsidate	BURN
	Ye	es No	N/A							-	\w	<u> </u>
Basement			х		VA	T		400 SF	ĸ	1	-	
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Name of Registered Waste Hauk	ar .		Mayer ID		Cubic Yan	ds	76500	Registered Lur	Iqtifi			
Loznica Management Corp			* Shiredamic april		TED			S Landfill				
City, State					Disposal I	Date	City, Stat	e ⁄ille PA 1900	8 <b>7</b>			
Lincoln Park, NJ	1 =	lel a			TBD	edi ibe	INOTIS	nie FA 1900	Date			
Completed by .  E. Cirovic	1000	itle Secreta	irv		2	Curr			3/20/	15		
E. Ollovic		-00,010	- 1		15-4-	MAU			-		-	

CK# 1128

Date of Notification (1)		-17-7	Na	me of Buildin	Owner/0	Operator	(2)		7	1 11				
March 23, ,2015			F	amco Cons	truction	1		2011	FF!	75.	£ 10			
Agencies Notified	Type Notification		Str	eet Address							4112	18		
□ EPA	× Initial		3	71 Elm Stre	eet			4		74				
DEP	Amended		Cit	y, State, Zip 0	Code				0 :			17		
X DOL	Amendment #		. N	ewark, NJ	07105				-					
DOH DCA	Emergency (i justification) Cancellation	ncluding	Na	me of Contac	t				Tele	ephone Nu	umber			
_				FACILITY IN	FORMAT	ION								i N
Name of Facility Where	Abatement is Taking	Place (3)					Туре о	of Facility (4	)					
House							☐ s	chool (K-12	2)					
Street Address			300 (Oversige)				S	ubchapter 8	(Oth					
371 Elm Street								ther (i.e. pr	ivate 8	& commen	cial buil	dings	home	es,
City (5)							Square	/	# of	Floors	E	Bldg. A	ge	_
Newark							2000		2			50+	X-70 (3)	
County (6)				unty Code (7)			Curren	t Use (Prior	r if bei	ng demoli:	shed)			
Essex			(57	ATE USE ONL	y)		Hous	se						
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM No.		Name	of Abate	ement Cont	ractor	(9)				
n/a				n/a		Lozn	ica Ma	anageme	nt Co	orp				
Street Address						Street	Address	\$						
n/a						22 T	roy La	ne						
City, State, Zip Code						City, St	tate, Zip	Code						
n/a						Linco	oln Pa	rk NJ 070	35					
Project Manager for Mo	nitoring Firm		Te	ephone No.		Teleph	one No			License	No.			
n/a			n/	'a		9737	06795	50		01193				
Start Date (10)		Scheduled	Compl	etion Date (11	)	Name	of OSH	A Monitor				*		
April 3, 2015		April 4, 2	015			Lozn	ica Ma	anageme	nt Co	orp				
Occupancy Status Durir	ng Abatement (Check	Only One)				Street	Address	3						
Facility Closed/Vac	cated During Entire P	eriod of Aba	temen	t		22 Tı	roy La	ne						
Abatement Perform	ned Outside of Norm	al Facility H	ours			City, St	tate, Zip	Code						
X Other – Describe:	9 am - 4 pm					Linco	oln Pa	rk NJ 070	035					
Scope of Work (Check /	All That Apply)						40							
≥3 sf or ≥3 lf		★ Ren	ovatio	n		×	Full	Containme	nt with	Negative	Pressu	ire		
≥160 sf or ≥260 if		Den	nolition			-	Mini	-Enclosure		57				
								ebag Proce -Exempted		d Non-Fria	able Pro	cedur	e	190
		le l c	cation						-			Abat	ement	t
Locatio	n of	Nor	mally		De	escription	of					Ty	ре	
Asbestos-Containing		Used S	Solely I enance			taining M		(ACM)	Α	mount			ш	
TO BE AE		Custod		Commercial (III)		l systems		ion,		Specify	Re	Z.	nca	Enc
In Fac		(	12)			acing, VA <sup>*</sup> miscellan			Sh	or LF)	Remova	Repair	Encapsulate	Enclosure
	·	Yes	No	N/A							<u>a</u>	-	late	ıre
		165	NO	100000						350 06000		-		
Basen	nent			x A	sbestos	s Pipe Ir	nsulati	on	14	10 LF	х			
			-											-
Name of Registered Wa	acta Hautor		NID	EP Waste	Cole	Yards	Т	Name of D	) o giot -	rod I said	111			
AND SW WARDS			100000000000000000000000000000000000000	ler ID No.	of Wa			Name of R			IU			
Loznica Manageme	ent Corp		003	3137	TBD	)		GROWS	s Lar	ndfill				
City, State			*		Dispo	sal Date		City, State		~				
Lincoln Park, NJ 07	7035				TBD	)		Morrisvi	lle P	A 19067				
Completed by		Title				Signature	-		>	0	ate			
E. Cirovic		Secret	ary			CT	111	u	$\bigcirc$		March	23,	2015	5

Date of Notification (1) March 12, 2015					Building C				LC 2015	LEH	6k #10	189: 2	5		
Agencies Notified	Type Notification			Street Ad		WOI OC	morati	011, L	2019 :	IKM.E	O MIT	72° 4			
				1250 C	rown Po	oint Ro	ad		ASHE	STI	es con	HTRI	11		
EPA DEP DOL	Initial Amended Amendment #				e, Zip Coo lle, NJ 0				å	1.10	OS COI DENSI	40			
DOH DCA	Emergency (i justification) Cancellation	ncluding	100	Name of Jeff Ze						Tele	phone Ni	imhor			
LI BOX	Cancellation			200000000000000000000000000000000000000	ITY INFO	RMATIC	DN .							-	
Name of Facility Where Eagle Point Power		Place (3)							of Facility (4 School (K-12						
Street Address 1250 Crown Point	Road							X (	Subchapter 8 Other (i.e. pretc.)				dings	, hom	es,
City (5) Westville									re Feet	# of	Floors	- 2	Bldg. 00	Age	
County (6) Gloucester				County C	ode (7) SE ONLY)			Curre	nt Use (Prio nery	r if bei	ng demolis	shed)			
Name of Monitoring Firm		wner (8)		ASCM	No.				tement Cont						
Street Address							Street 623 (		ss Avenue						
City, State, Zip Code	lickleton, NJ 08056								ip Code ade, NJ 08	3052	-				
Project Manager for Mo	122			Telephor	ne No. 4-0080		Teleph 856-7	one N	0.		License 00842	No.			
Start Date (10)	,	Schedule	d Con	npletion [			Name	of OSI	HA Monitor		333 (2				
April 6, 2015 Occupancy Status Durin	as Abstament (Cheel	April 24		10			Street		alytical, In	U.					
						- 1			130 Nort	h					
X Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	al Facility	Hours	ient	1)	_			ip Code son, NJ 08	3077					
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				×	Mir	II Containme ni-Enclosure ovebag Proc n-Exempted	edure	628			ire	
	Na Na	le	Locati	ion				110	II Excilipted	( ) ( ) ( )	3 11011 1 110	1	Aba	temen	it
Location	on of	- N	lormal	ly		Des	scription	of					1	уре	_
Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED cility	Mai	d Sole ntena odial S (12)	nce/		tos Conta thermal surfac	aining M	fateria s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ate	e,
Pole S	Shed		XXX		Tran	site Ro	ofing	and S	Siding	1,7	00 SF	Х			
Carpentr	y Shop		XXX		Tran	site Ro	ofing	and S	Siding	5,0	000 SF	X			
Carpentr	y Shop		XXX			Pipe	Insula	tion		5	0 LF	Х	-		
Name of Registered Wa	aste Hauler			JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Landi	fill			
Freehold Cartage			F	lauler ID 2265		of Was			G.R.O.V				900 esc	V	
City, State Freehold, NJ		(3)		8		Dispos 4/24/2	sal Date 2015		City, State Morrisvi		A				
Completed by Christina Lynch		Title Opera	ation	s Mana	iger	S	ignature	m	3	2		Date 3/23/2	015		

Date of Notification (1) March 23, 2015					Building a Home			(2)	0	meck	件.1950	. E	4 10	. 20	
Agencies Notified	Type Notification			Street A	ddress					L# 10	HAN ZC	) Fil	114	(23	
× EPA	× Initial				nester A		3		4	1 S.F.	ESTO		147	201	
DEP X DOL	Amended Amendment				ite, Zip Co stown, I		57			1	2 LICE	NO.	40		
× DOH □ DCA	Emergency justification) Cancellation				f Contact anie Sm	ith				Tel	ephone Nu	ımber		7	
N 6			1	FACI	LITY INF	ORMATI	ON								
Name of Facility Where A Bayada Home Hea		ig Place (	3)					-	of Facility (4 School (K-12						
Street Address  1 W. Main Street								×	Subchapter 8 Other (i.e. pr etc.)				ilding	s, hon	nes,
City (5) Moorestown									re Feet	# o	Floors		Bldg.	Age	
County (6) Burlington				County (	Code (7) USE ONLY	)			ent Use (Prior lith Care F			shed)			
Name of Monitoring Firm Management & Env				ASCN	No.		300000000000000000000000000000000000000	of Aba	itement Cont	ractor	(9)				
Street Address		00,,,,					Street	200000000000000000000000000000000000000		o.,					25
PO Box 341 City, State, Zip Code							623 (	Cutle	r Avenue						
Chesterfield, NJ 08		_					Maple	e Sha	ade, NJ 08	8052					
Project Manager for Mor Bill Weisgarber	itoring Firm			Telephon	ne No. 98-4070		Teleph 856-7				License I	No.			
Start Date (10) April 13, 2015		Schedu April 1			Date (11)				HA Monitor poratories			8			y
Occupancy Status Durin	g Abatement (Che	ck Only O	ne)	10			Street							-	
X Facility Closed/Vac	ated During Entire	Period of	Abater	ment			C MARKET IN	3675555570	130 North	1		1			
Abatement Perform Other – Describe:		nal Facilit	y Hour	S			(2)		ip Code son, NJ 08	8077					
Scope of Work (Check A	ll That Apply)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renova Demoli				×	Mir	Il Containmer ni-Enclosure ovebag Proce	edure					
				lan				1 110	n-Exempted	( ) and	I NOII-FIIA	DIE PI	13000	temer	nt .
Location	of		s Locat Norma	300		Des	scription	of						уре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Ma Cus	ed Sole aintena stodial (12)	staff?		tos Cont thermal surfa	caining M systems cing, VA niscellan	ateria insula T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_	(D	
Throughout 1st ar			XXX		F	loor Ti	le and	Mast	ic	1,4	90 SF	X			
Throughout 1st ar	nd 2nd Floors	-	XXX			_uan U	Inderla	ymer	nt	80	00 SF	X			
700										-	8			1	
Name of Registered Was	ste Hauler			NJDEP W		Cubic		1	Name of R	egiste	red Landfi	H			
Freehold Cartage		1		Hauler ID 2265	No.	of Was			Western		s Comm	nunity	/ Lar	ndfill	
City, State Freehold, NJ						Dispos 4/17/2	sal Date 2015		City, State Birdsbor		4				
Completed by Christina Lynch		Title Oper	ration	s Mana	ger	9	ignature	900	E. C	_		ate /23/2	015		

CK# 2604

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

RECENTED

Date of Notification (1)				Name of	Building	Owner	/Operator (	21				27-11			
3/23/15							Associat		LC 20	15 MA	R 26 1	MII	: 61		
Agencies Notified	Type Notification		100	Street A		- 1 - 1 - 1 - 1 - 1 - 1									
X EPA	☐ Initial			West Care of	Sunnyvi		val		A.	OBES	TUS C	14.7	an		
× EPA × DEP × DOL	Amended Amendment #	d			te, Zip Co ey, New		sey 08832	2		& l	LICEKS.	ING	* ( 0 )		
× DOH □ DCA	Emergency (ir justification)  Cancellation	iciuaing		Name of Billy	Contact					Tel	ephone Nu	mber			
				FACI	LITY INFO	ORMA				- ' 					
Name of Facility Where Former Bergen Ma								_	of Facility ( School (K-1	70.00					
Street Address											er than K-1 & commerc		dinas	hom	20
91 Main Street								_ e	etc.)						<b>CS</b> ,
City (5) Hackettstown							,	Squar	e Feet	#0	f Floors		Bldg.		
County (6) Warren				County (	Code (7) USE ONLY				nt Use (Pri Compai		ng demolis	hed)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	l No.		Name o	of Abat	tement Co	ntractor	(9)				
							Ace Ir	nsula	tion Co.	, Inc.					
Street Address							Street A 95 Mc		s se Road	1					
City, State, Zip Code							City, Sta	ate, Zi	p Code						
Droing Manager for Man	italiaa Eiro			T-1	- N-				k, N.J. 07	7722	· · · · · ·				
Project Manager for Mor	illoring Firm			Telephor	ne ivo.		732-2				License I	NO.			
Start Date (10)	15			pletion I	Date (11)		Name of Mark		A Monitor						
Occupancy Status Durin	g Abatement (Check			, ,			Street A	ddres	s			-		VIII III	
	ated During Entire Pe						87 Ma	ain Si	treet						
Abatement Perform  Other – Describe:	ned Outside of Norma 7am-7pm	I Facility	Hours				City, Sta			7005					
Scope of Work (Check A							Lincol	in Pa	rk, NJ 0	7035		-			
□ ≥3 sf or ≥3 lf	iii macAppiy)	Пр	enovat	ion				F	Cantaina		Manativa		220		- 1
× ≥160 sf or ≥260 lf			emoliti					Min	i-Enclosur vebag Pro	е	Negative	ressu	re		
											d Non-Fria	ole Pro	cedu	е	
, s.			ocatio											ement /pe	t
Location Asbestos-Containing			ormall I Solel		Ashes		Description on taining Ma		(ACM)	Δ	mount		Γ.		П
TO BE AB	ATED `		ntenar odial S			therm	al systems	insula		(5	Specify .	Re	Z.	Encapsulate	Enc
In Faci (13)	ity		(12)				facing, VAT r miscellane			Sh	or LF)	Removal	Repair	nsq	Enclosure
		Yes	No	N/A								<u>a</u>	-	ate	le
OUTDOO	RS			v	Ro	oF		0.83		900	7 or	V			
WINDS			٠.	V			4-61		e		22	v			
00/00	oRS				Me	TAI	Roo	F		50	700 P	-			
Name of Registered Wa	eta Haular		- N	JDEP W	acto	Cub	ic Yards		Nome of	Dogiata	ered Landfil				
Newark Carting	J.O I IGUIÐI		Ha	auler ID 1509		100000000000000000000000000000000000000	laste		Chrins	registe	reu Lanuill	16			
City, State	<del></del>	-		.000		Disp	osal Date		City, Stat	e			-100		
Newark, New Jerse	y						1-15-	15	Easton						
Completed by		Title		4			Signature	_			0	ate			
George Wuest		Presid	dent				9	des	ge G si	Jues	3	-2	3-1.	5	

### CK#2601

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

Date of Notification (1) 3/18/15					Building (				2015 M	AD .	) C   D					
Agencies Notified	Type Notification			Street Ad					2015 H	MA &	(O P	ПП	: 41	3		
_				15 Ce	dar Stree	∋t			<b>5</b> \ 77	CTT	10.00	*, 7 , 4e		20		
× EPA × DEP × DOL	Amended Amendment #		1.0		te, Zip Co d Park,		432		458F	LIC	ENSI	ING	KE	L		
⊠ DOH □ DCA	<ul> <li>Emergency (in justification)</li> <li>Cancellation</li> </ul>	cluding		Name of Doug	Contact					Tele	ephone I	Numb	per			
					ITY INFO	RMATI	ON	-								
Name of Facility Where	and the contract of the contra	Place (3)						Туре	of Facility (4)							
Piegaro Residence									chool (K-12)							
Street Address 219 Sampson Ave	Block 48 lot 41 (t	ax locat	tion 2	221 Sa	mpson /	Ave)		×	Subchapter 8 Other (i.e. pri				build	dings,	home	es,
City (5)	-							Square	tc.) e Feet	# of	Floors	-	В	ldg. A	ge	
Seaside Heights								1600		1				5+		
County (6) Ocean					Code (7) ISE ONLY)			1	nt Use (Prior ence	if bei	ng demo	olishe	d)			
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCN	No.		D. P. S.		ement Contr tion Co., I		(9)					
Street Address						<u></u>		Address		110.						Selection of the
Street Address									se Road							
City, State, Zip Code							100	State, Zips Neck	Code C. N.J. 077	22						
Project Manager for Mor	nitoring Firm		7	Telephor	ne No.		Telepi	hone No			License 00029				100000	
Ct-t D-t- (40)		Vale and other		aladiaa [	Data (4.1)						00025	9		-		
Start Date (10) 3/23/15	1 2 1 3	Scheduled 3/27/15		pietion t	Jale (11)		Name	01 0511	A Monitor					N		
Occupancy Status Durin	g Abatement (Check	Only One	2)				Street	Addres	S							
Abatement Perform	ated During Entire Pened Outside of Norma			ent			City, S	State, Zip	Code							
Other - Describe:	7am-7pm			-		-										
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf			enovat	3,332,53			-	100000000000000000000000000000000000000	Containmer	nt with	Negativ	e Pre	essu	re		
≥160 sf or ≥260 lf		× De	emoliti	on				Glov	i-Enclosure vebag Proce	dure						
							>	≤ Non	-Exempted	(*) and	d Non-Fr	riable	Pro			
		10000	ocatio						1			1			ement pe	t ,
Locatio			ormall Solel		A - b		scription		(4.014)			ŀ				
Asbestos-Containing TO BE AB		Mair	ntenan	ice/		thermal	system	Material es insulai			mount Specify		R	77	Enc	四
In Faci		Custo	dial S (12)	tan?		surfa	cing, VA	T, or		- SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		I		D1/0		Oli ICI I	HISOCHAI	neousj					<u>a</u> .	=	ılate	ure
		Yes	No	N/A			-:-:	N		41	200 -6	-				
outdo	ors			X			siding			10	800 sf	-	X			
						_			-			-				
												-				
Name of Registered Wa	ste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of R	egiste	red Lan	dfill			L	
Ace Insulation Co.,	Inc.		9000	auler ID 2086	No.	of Wa	ste		Chrins							
City, State Colts Neck, New Je	rsey					Dispo 3/27/	sal Date 15		City, State	PA			The Book			
Completed by		Title				18	Signatur	e /	1			Date	;			
Bree McGuire		Secre	tary '	Treasu	ırer		12	1/				3/1	8/1	5		



(K4733

			(Pu	rsuant t	to NJAC 8	:60 an	d 12:120	))		-	10.0		1.	- 11		
Date of Notification (1) 3/24/15					Building C tter Priva			(2)								
100	otification		- 1	Street Ad 143 S	ddress 24th Stre	eet				CUIG	fish 2	Ó	4.5	12:	12	
DEP Am	nended nendment #_	-tdt			te, Zip Coo ottom N		08		o o	0		Si	7.11			
DOH jus	nergency (inc tification) ncellation	cluaing		Name of Jeff	Contact						ephone N					
Name of Facility Where Abatemer	et in Takina [	Ness /2		FACIL	LITY INFO	RMAT	ION	T	af Facility //							
Jeff Hitter Private Home	it is raking i	riace (3	,		í.			Тур	e of Facility (4 School (K-12	2)	8311 22					
Street Address 143 S 24th Street								×	Subchapter Other (i.e. pretc.)				build	ings,	home	∋s,
City (5) Ship Bottom NJ 08008								Squ 100	are Feet 00+	# of 2	Floors		1000	dg. A 5+	ge	
County (6) Ocean					Code (7) JSE ONLY)	_		Curr	rent Use (Prio	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by N/A	Building Ov	vner (8)		ASCM	l No.			of Ab	atement Con Inc.	ractor	(9)					
Street Address							Street PO E	Addre								
City, State, Zip Code						9			Zip Code din NJ 080	91						
Project Manager for Monitoring Fi	rm		Τ.	Telephor	ne No.		Telep				License	No.				
Start Data (40)			10	1.0	D-1- (44)			5550	9800		00727	'				
Start Date (10) 4/6/15	4	/10/15	5	ipietion i	Date (11)		Sam		SHA Monitor							
Occupancy Status During Abatem				2			Street	Addr	ess						200	
Facility Closed/Vacated Duri Abatement Performed Outsie Other – Describe:	de of Norma						City, S	State,	Zip Code							
Scope of Work (Check All That A	oply)										0.70					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emoliti					M G	ull Containme lini-Enclosure lovebag Proc lon-Exempted	edure					е	
			Locati											Abate		t
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/		tos Cor therma surfa	escription ntaining I al system acing, V/ miscella	Materi ns insu AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
garage		103	140	X		Tra	nsite B	nard		50	00 SF	-	x	-	_	-
garage				^		IIa	isite D	oaiu	-		00 01	-	^			
									0							
Name of Registered Waste Haule United Containers	er		H	IJDEP W lauler ID 2459		of W	c Yards aste		G.R.O.	0.000	ered Land	atill				
City, State Elm NJ							osal Date /15	Э	City, State Morrisv		A 1906	7				
Completed by Anthony T Perna		Title Pres	ident				Signatur	e	,			Date	4/15	5		

Date of Notification (1) 3/23/15			f Building Owne Hayek	er/Operator	(2)	INS FILE (	76		0.1	20	
Agencies Notified Type Notification		Street A			L	1. 1 to 1.				-	
EPA X Initial Amended Amendment #			ate, Zip Code Hills CO 80	0454		38 1. (	Ē			1	
■ Emergency (ii justification) ■ DCA ■ Cancellation	ncluding		f Contact Dowches		2	Telephon-	e Num	ber			
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFORM	ATION	Type of Facility (4	()					
house	1 1800 (5)				School (K-1)	250					
Street Address 66 Water Street					Subchapter	8 (Other than rivate & comi			dings	, hom	es,
City (5) Newton					Square Feet 2300	# of Floor	rs	7.5	Bldg. A	Age	
County (6) Sussex			Code (7) USE ONLY)		Current Use (Price	or if being der	nolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	И No.		of Abatement Con Environmental		LLC				
Street Address					Address Box 483, 4 E Ga	ate Drive					
City, State, Zip Code				City, S	State, Zip Code wood NJ 0741						
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	none No. 583-8500		nse No	).			
	Scheduled C	ompletion	Date (11)		of OSHA Monitor	*		<u> </u>			
Occupancy Status During Abatement (Check				Street	Address				-		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Abat	ement urs	606 le er	City, S	tate, Zip Code			a			
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation		×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				۵	
8	Is Loc	ation			1 HOIT EXCHIPTION	( ) and i voir	TIGOR			emen	t
Location of	Norm Used So	1100000 To 10000000000000000000000000000		Description	of				Ту	ре	_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainter Custodia (12	nance/ Il Staff? 2)	(i.e. thern			Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
basement	103 140	X	niı	pe insula	tion	75 LF		x			
garage		X	0.00	pe insula		45 LF		x			
5 5			F			10 21		•			
Name of Registered Waste Hauler		NJDEP W	lasta Cut	oic Yards	Name of F	Registered La	ndell				
Freehold Cartage		Hauler ID 15939		Vaste	TBD	rogistered La	arunn				
City, State Freehold, NJ		a = n	Dis TBI	posal Date D	City, State	te.					
Completed by A. Scott Higgins`	Title Presiden	t/Owner		Signature	be	_	3/2	e 3/15	;		

#### State of New Jersey NOTIFIC (Pu

CATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 12:120)	Cleck	13728

Date of Notification (1) 3/23/15				lame of E Beth Ho		ner/Operator		S MAR DE		6	,	0		
Agencies Notified	Type Notification		1 1 2 2	Street Add	dress Avenue		ř.	1.0	76 F 14 F	112			1010	
EPA DEP  DOL	Initial Amended Amendment		100000	City, State Vestwo	e, Zip Code ood NJ		<i>A</i>	à Los		7 5 :				
DOH DCA	Emergency (i justification) Cancellation	ncluding		lame of C Beth Ho					Telepho	ne Nui	mber			
				FACILI	ITY INFORI	MATION								
Name of Facility Where house	Abatement is Taking	Place (3)					Туре	of Facility (4 School (K-1)	- 156 - 156					
Street Address 123 7th Avenue	2						×	Subchapter Other (i.e. pretc.)	8 (Other th			dings,	hom	es,
City (5) Westwood							Squa 240	are Feet	# of Floo	ors		ldg. A	\ge	
County (6) Bergen				County Co	ode (7) SE ONLY)		Curr	ent Use (Prio	r if being d	emolisl	ned)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM I	No.			atement Con ronmental		, LLC	;			
Street Address						U. H. 100 (100 (100 (100 (100 (100 (100 (100	t Addre	ess -83, 4 E Ga	ate Drive	8				
City, State, Zip Code								Zip Code	8					
Project Manager for Mon	itoring Firm	7.	Т	elephone	e No.	Telepi	hone N	No.		ense N	0.			
Start Date (10) 4/1/15		Scheduled 4/22/15	Comp	oletion Da	ate (11)	Name	of OS	HA Monitor		la.			258.2	
Occupancy Status During	g Abatement (Check	Only One)	)			Street	Addre	ess			1 1 1 1	_		
	ated During Entire P ed Outside of Norm	eriod of Ab	ateme	ent	2 2	City, S	State, 2	Zip Code			501			-
Scope of Work (Check A	Il That Apply)										_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	н таслоруу	-	novatio molitio			 	Mi GI	ull Containme ni-Enclosure ovebag Proc on-Exempted	edure				Д	
			ocation						(/ =::= ::=			Abate	ement	
Location Asbestos-Containing		Used	Solely	by	Ashestos	Description Containing N		I (ACM)	Amou	nt			_	
TO BE AB/ In Facil (13)	ATED ity	Custoo	tenand dial Sta (12)	0.00000	(i.e. the	rmal system surfacing, VA her miscellar	s insul AT, or	ation,	(Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
baseme	ent			Х	F	oipe insula	ation		90 LF	=	х			
Name of Registered Was	te Hauler		12888	DEP Was	200000	ubic Yards		Name of F	Registered I	andfill				
Freehold Cartage		((		uler ID N 939		Waste BD		TBD						
City, State Freehold, NJ		(* <sup>(4)</sup> )			1,300	isposal Date BD	=9)	City, State						
Completed by . A. Scott Higgins`	1,200 s (2,400 s)	Title Preside	ent/O	wner		Signature	e D			3/.	te 23/15	;		

## State of New Jersey A PPROVE NOTIFICATION OF ASBESTOS ABATEMENT

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

APPROVED : TOM VOORHEES,
ATEMENT NJ DOL
12:120) - Chtt

Date of Notification	(1) 3/20/2015			Name of Building Owner / Operator (2) Sate of NJ Department of Corrections												
Agencies Notified	Type Notifica	tion		Street Address PO Box 11401												
☐ EPA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				c 11401			Æ		- 4	ij.					
☐ DEP			City	y, Sta	te & Zip	Code	1			, s. 4						
□ DOL	Amer Amer	100000000000000000000000000000000000000			le, NJ 0		)									
⊠ DOH	- Carrier (1997)	gency	1		f Contact		Telephone Number									
☐ DCA	Canc	ellation	Jos	seph	n E. May	· @1										
			F	ACI	LITY IN	FOR	ORMATION									
Name of Facility Wh		nt is Taking Pl	ace (3)			Ţ	Type of Facilit									
Garden State Co	rrectional					[	School (K		1 1200							
Street Address									er than K-1	The state of the s	ą.		. v			
Highbridge Rd. (	off R1 130)						The same of the sa			cial buildings			(C.)			
C:t. (F)		C = (C)	100000		J- (7)	°	Square Feet		f Floors	BIC	ig. Ag					
City (5)		County (6) Mercer	Count	ty Co	de (7)		100000		T ina domoli	ahad)		30+		_		
Yardville, NJ				1.5	Current Use (		ng demon	Sileu)								
Name of Manitorina	05 (9)	-17	ASCM No		Correctiona Name of Abat		ntrootor (C	))								
Name of Monitoring Environmental C		y Building Own	er (o)		ASCIVI IN		Bristol Envi			")						
Street Address	Officetion						Street Addres	2.55	ai, iiio.					_		
120 N. Warren St						18	1123 Beave	Agent Parket Control								
City, State & Zip Co	de						City, State & 2	Zip Code								
Trenton, NJ 0860							Bristol, PA 19007									
Project Manager for	Monitoring F	irm	Telepho				Telephone Number License Number									
Rollie Jones			609-39		- Particular III		(215)788-6040   00509   Name of OSHA Monitor									
Scheduled Start Da 3/20/201	20725 Total Co.	Scheduled Con	npletion l 3/20/201		(11)	100	Name of OSH <b>Bristol Envi</b>									
Occupancy Status I						_	Street Addres									
		During Entire P		Abate	ement	1	1123 Beave	r Street								
	Performed Or	utside of Norma	al Hours	- 7a	m to 3pn	m C	City, State & 2	Zip Code		220120112						
A Company of the Comp	4 PM to 11					E	Bristol, PA	19007								
	upied During															
Scope of Work (Che	eck all that ap	ply)							Containm	nent with Ne	antivo	Droo	01150			
≥3 sf or ≥3 l	f		⊠ R	Seno.	vation			_	i-Enclosur		yalive	ries	Suite			
≥3 sf or ≥3 l			~	Demo			Glove Bag Procedures									
			ш -								Friable	riable Procedure				
	ocation of		Is Loc				Description	of '		Amount	Abatement Type					
	tos-Containin	g	Normal			A	sbestos-Cont			(Specify			_			
	erial (ACM) BE ABATED		Mainten	ly by		/i	Material (AC e., thermal sy		.   3	SF or LF)	R	77	Enc	En		
	n Facility	502	Custodia				lation, surfac				Remova	Repair	aps	Enclsoure		
	(13)			2)		or	other miscella	aneous)			val	=	Encapsulate	ure		
			Yes N		N/A								(D			
Visitation Corrid	or						Ceiling pla	ster		12 SF		$\boxtimes$				
					$\sqcup \downarrow$						1	Ш	Ц			
			414				240.10				11	닖	$\vdash$	님		
				444							H	H	井			
			井井		$\exists$					-		井	井	H		
Name of Registered	d Masta Havil	or.		NID	ED Wast	to C.	bic Yards	Name of	Registere	d Landfill						
Name of Registered	J.vvaste naut	<b>3</b> 1			er ID No.		Waste	Name of	registere	u Lanuilli						
Bristol Environm	1870		.	2	G.R.O.V	V.S Land	fill									
City, State	•		Disposal Date City, State						91.00							
Bristol, PA							3/20/2015	Morrisv								
Completed By (Print or Type)						Sig	nature		1		Date	/	/	8		
Gino Pizzigon		Project Him Plane of					sone /il 3/20/15									
(5-0)				Man	ager	1	The same	Jago a	-17		-/-	/	, –			

CK 1479

Print Form

Date of Notification (1) 3-21-2015				Name of Karen	Building Owner/	Operato	r (2)	2	P# 1 1						
Agencies Notified	Type Notification		-	Street Ac		98	Port Pro-	6 U		Ţ,	23				
□ EPA	× Initial				nurch Street			4	2.2						
DEP X DOL	Amended		T		te, Zip Code		4E		- 17						
	Amendment Emergency		-		ntville, NJ 08	232									
DOH DCA	justification) Cancellation			Name of Karen			Telephone Number								
				Service Services	ITY INFORMAT	ION	,	_							
Name of Facility Where	Abatement is Takin	g Place (3)		1 AOIL	TIT IN ORMAI	ION	Type of Facili	tv (4)							
Residential							School (								
Street Address 732 Church Street							Subchar	oter 8 (Oth	ner than K-	12)					
City (5)							Other (i. etc.)	e. private	rivate & commercial buildi				dings, homes,		
Pleasantville, NJ 0	8232						Square Feet	100000	of Floors		Bldg.	Age			
County (6)	0202			Country	ada (7)		1272	2			20+				
Atlantic				County C (STATE U	ode (7) SE ONLY)		Current Use (	Prior if be	ing demoli	shed)					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No	of Abatamant (	2	(0)							
	, ,			7.00141	110.	Gree	of Abatement ( en Environme	contractor ental Se	r (9) ervices I	I C					
Street Address						-	Address	orriar oc	7, 7,003, E						
	<u> </u>				enue										
City, State, Zip Code						tate, Zip Code									
Project Manager for Mor	elterior El				Jerse	ersey City, NJ 07304									
1 Toject Manager for Mor		Telephon	e No.		none No.		License	No.							
Start Date (10)		Scheduled	Com	nletion D	ato (11)		333-8855		01174						
3-31-2015		3-31-201		ibienou D	ate (11)		of OSHA Monit e as above	or					×		
Occupancy Status Durin	g Abatement (Chec	k Only One)	)				Address								
Facility Closed/Vac	ated During Entire F	Period of Ah	atom	ent		Olicci	Address								
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility H	lours	One		City, S	tate, Zip Code								
						7500	10 IN CHARLES								
Scope of Work (Check A	II That Apply)					ALCO C	40								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat			×	Full Contain	ment with	Negative	Pressu	ire				
		☐ Der	molitio	on		Ê	Mini-Enclos Glovebag P	ure							
						×	Non-Exempted (*) and Non-Friable Pro								
			ocatio							Abatement			1		
Location Asbestos-Containing		Used S		y by	Des Ashantas Cant	scription	of				13	pe ·	·		
TO BE ABA	ATED	Mainte Custod			Asbestos Cont (i.e. thermal	systems	insulation,	1000	mount Specify	R	_	En	m		
In Facili (13)	ity		12)	igni:	surfac	cing, VA	T, or		or LF)	Remova	Repair	caps	Enclosure		
		Yes N	No	N/A	0010111	iiscellari	eous)			val	air	Encapsulate	sure		
bedroor	m 1		-	IN/A			Project					е			
	37 2		Х		linol	eum flo	ООГ	12	20 SF	x					
bedroor	X		linol	eum flo	oor	12	20 SF	x							
										-					
Name of Registered Was			20,000	DEP Was			Name o	f Registe	red Landfill						
Green Environmenta		uler ID No 34889	o. of Was	te	The control of the co		North land								
City, State						al Date	City, Sta								
Jersey City, NJ					4-1-20			ate ville, PA	A						
Completed by Title						gnjature			Da	ite					
Liliana Serrano	/lana	ager		ilic	Cam	KAR	10000000	21-20	15						

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

150					7-2 KT 1				11.0	
Date of Notification (1)  March 23, 2015		Name of Building	March Control of the Control	rator (2) Homes	5000 100	6	15	5		
	tion I Notification nded Notification	Street Address	WE 95= 9	st Water Street Uni		20 /	ud 12	: 27		
[X] Emer	ndment # rgency (including	City, State, Zip Co	Toms	River, New Jersey	08753	i Ni	7.0	111		
I A DOII	fication) rellation	Name of Contact Bill H	oermann	Te	elephone Number					
	FA	CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Residence		CIDIT I IN ORK	BITION	Type of Facility (4)	School (k-12)					
Street Address 433 Harding Aven	nue			[ ] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial buile	dings,	
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg	, Age	50		
Ortley Beach	Ocean			Current Use (Prior if Residen		)		,,,		
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (		Inc.				
Street Address	ia .		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		)	City, Sta	te, Zip Code	River, New Jersey 08755-1271					
Project Manager for Monitoring Firm	Telephone Number	r	10000000000000000000000000000000000000	ne Number 9-9932	License N 00624		-			
Scheduled Start Date (10) 3/24/15	Scheduled Comple 3/26/15	tion Date (11)		OSHA Monitor	. Analytical					
Occupancy Status During Abatement (Check	only one)		Street Ac	idress						
	d During Entire Period of Ab			1056 St	elton Road					
Abatement Performed (	Outside of Normal Facility H	Iours	City, Sta	te, Zip Code Piscatav	way, New Jerse	y 088	54			
Scope of Work (Check all that apply)			[ ]	Full Containment	with Negative Pres	sure				
[ ] >2.6>2.6	ſ l n	11.4*em		Mini-Enclosure						
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf	[X] Renov		[x]	Glovebag Procedu Non-Exempted (*)		Droodu	<b>T</b> 0			
[ X ] 2100 31 01 2200 11	[x] Demo	miion	[ ^ ]	Non-Exempled (	and Non-Friable	riocedu	16			
	Is Location	7	D		÷	Abat	ement	Туре		
Location of	Normally used		Description bestos-Cor		Amount	R	R	Е	E	
Asbestos-Containing Material (ACM)	Solely by		Material (A		(Specify SF	E	E P	N C	N C	
TO BE ABATED	Maintenance/Custodia		., thermal		or LF)	M	A	A	L	
in facility	Staff	ins	ulation, su			0	I	P	0	
(13)	(12)		VAT, o			V	R	S	S	
	, , , , , , , , , , , , , , , , , , ,		ner miscell	aneous)		A		L	U R	
	YES NO N/A	2 / -				L		Ē	E	
Exterior	X	Asbestos sidii	ng		800 sf	X				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	er ID No. Cubic Y	ards of Was	te Name of Register T.R.R.F.	red Landfill					
City, State		osal Date	City, St				07.00			
Toms River, New Jersey	3/27			own, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	1.1	1	250	Date 3/23	3/201:	5		

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Deta of Natification (1)				II 31		. 10	(*)		200 g						
Date of Notification (1) 3/23/2015		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.  Street Address  50 Houston Avenue, Suite 1													
	al Notific	cation otification		Street Add			uston	Avenue, Sui	COLD MAR O	5 4	.112:	27			
[x] DOL Ame	endment rgency (	# including		City, State, Zip Code Jackson, NJ 08527							ENT VE YOL				
I A I DOIL	fication) cellation			Name of C		Perlstein	1	Т	elephone Number						
			FAC	CILITY IN	FORM	ATION							30.79		
Name of Facility Where Abatement is Taking Residence	g Place (	3)	1710	Type of Facility					(4) School (k-12)						
Street Address 1105 E County L	ne Roa	ad						[ ] [x]	Subchapter 8 (o Other (i.e., priva homes, etc.)		- 5		dings,		
City	Cour	ity (6)		County Cod (STATE US		0		re feet 2000 sf	# of Floors	Bld	g. Age	50			
Lakewood	Oce	an		73					being demolished	1)		50			
Name of Monitoring Firm Hired by Building N/A	ASCM No.		Name of	Abaten	nent Contractor		Inc								
Street Address			Street Ad	ldress	e managarana	oute 9, Unit 61									
City, State, Zip Code					2	City, Stat	te, Zip (	Code	s River, New Jersey 08755-1271						
Project Manager for Monitoring Firm Telephone Number						Telephon 732-34		ber	License 1 00624			2/1			
Scheduled Start Date (10) 3/23/15		Scheduled 3/25/		ion Date (11)		Name of		Monitor	L. Analytical						
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate			od of Aba	atement		Street Ad	ldress		elton Road						
Abatement Performed Other – Describe		of Normal F	39	ours		City, Stat	te, Zip C		N	0.04					
Scope of Work (Check all that apply)						r 1	Fii		way, New Jers with Negative Pre		354				
>3 sf or ≥3 lf		гэ	D	22		[ ]	M	ini-Enclosure		ssuic					
[ X ] ≥160 sf or ≥260 lf		[x]	Renova Demol			[x]		ovebag Procedu on-Exempted (*)	re ) and Non-Friable	Proced	ure				
				T						Aba	tement	Туре			
Location of Asbestos-Containing Material (ACM).  TO BE ABATED in facility (13)		Is Location Normally to Solely by the nance/C Staff (12)  S NO	ised y		Asb M (i.e. insu	estos-Con laterial (A , thermal s lation, sur VAT, o	cription of os-Containing rial (ACM) ermal systems on, surfacing, VAT, or niscellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R		
Exterior front house		Asbesto	on aidin	~			2000 -6		-	Е	Е				
Exterior rear house						2000 sf	X	-							
Exterior real flouse	Asbesto	os sidin	g			650 sf	X								
										+					
Name of Registered Waste Hauler  Guardian Contracting, Inc.  NJDEP Waste Hauler 20223					Cubic Yar	rds of Wast	te N	ame of Register	ed Landfill	1	1	1			
City, State Dispos Toms River, New Jersey 3/26/						City, Sta		Pennsylvania							
Completed by (Print or Type) Nicholas Fernicola  Title Project Manager					120	lot	7	al		3/2	3/201	5			

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

### NO CK

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

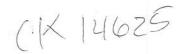
(Pursuant to NJAC 8:60 and 12:120)

Date of March 23, 2015   Same of Bealding Owner() person (2)   DriA Demonstration (3)   Dria D											WH =	11	110	1_				
Agencies Notified	1	Name of	Building (				<b>进位(195</b>											
DIP   Telephone Number   Telep		March 23, 2015						DnA L	)emo	olition		26	4/6	)				
South   California   Californ	[X] EPA	[ ] Initial	Notific			Street Ad	dress	2156 (	Camp	plain Road	2815 MAR 28	Alt	12:	26				
Street Address   Facility Where Abatement is Taking Place (3)   FACILITY INFORMATION	[x] DOL	Amer	dment #	¥		City, State, Zip Code Hillsborough, NJ 08844						E FIGURE AGENTAGE LICENSING						
Type of Facility (More Abstement is Taking Place (3)   School (b-12)   Subchapter 8 (other than k-12)   Subchapter 8 (other than k		justifi	cation)			Name of	elephone Number											
Type of Facility (Where Abstement is Taking Place (3)					FAC		NFORM	ATION										
County Code (7)   Code		400 Children and a second of the second of t	Place (3	)					Тут	pe of Facility (4)	School (k-12)							
Some set		7 E Main Street					[ X ] Other (i.e							al build	lings,			
Bridgewater  Somerset  Som	City		Count	ty (6)		County Co	ode (7)		Squ	uare feet		Bldg	. Age					
Residence								n .		2000 sf	1			0				
Street Address   1889 Route 9, Unit 61   Street Address			52232933			100011	Residence											
Street Address  1889 Route 9, Unit 61  City, State, Zip Code  Toms River, NJ 08755  Project Manager for Monitoring Firm Nicholas Fernicola  732-349-9932  Telephone Number 732-349-9932  Telephone Number 732-349-9932  Telephone Number 732-349-9932  Toms River, New Jersey 08755-1271  Telephone Number 732-349-9932  O6624  Name of Registered Waste Hauler  Asbestos- Ontaining Material (ACM) TO BE ABATED In facility (13)  YES NO N/A  NAME of Registered Waste Hauler Toms River, New Jersey 08755-1271  Telephone Number Toms River, New Jersey 08755-1271  Toms River, New Jersey 155-1271  Toms River, Now Jersey 155-1271  Toms River,						ASCM NO	5054 F. S. 151 F. 151 F. 151 F. 151 F. 151 F. S. 151 F.						acting, Inc.					
City, State, Zip Code Toms River, NJ 08755  Project Manager for Monitoring Firm Nicholas Pernicola Scheduled Start Date (10) 3/20/15 Scheduled Completion Date (11) 3/20/15 Scheduled Start Duting Abatement (Check only one)  [x] Facility Closed/Vacated During Entire Period of Abatement [] 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)  [] Full Containment with Negative Pressure [] Saf or 23 If [x] Renovation [x] Glovebag Procedure [] Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Normally used Solely by Maintenance/Custodial Staff (12) VAT, or other miscellaneous)  Normally used Solely by Maintenance/Custodial Staff (12) VAT, or other miscellaneous)  Name of Registered Waste Hauler  Outside Asbestos-Spipe insulation  Name of Registered Waste Hauler  Outside Name of Registered Landfill T.R.R.F.    Name of Registered Landfill T.R.R.F.   Date Signature Type   Name of Registered Landfill T.R.R.F.   Date Signature Toms River, New Jersey   Nicholas Fernicola   Name of Registered Landfill T.R.R.F.   Date Signature Toms River, New Jersey   Nicholas Fernicola   Date Signature Toms River, New Jersey   Date Signature Toms River,								Street Ad	idress	5								
Project Manager for Monitoring Firm Nicholas Fernicola  Telephone Number 732-349-9932  Scheduled Sard Date (10) 3/20/15  Scheduled Completion Date (11) 3/20/15  Scheduled Stard Date (10) 3/20/15  Scheduled Completion Date (11) 3/23/15  Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [] Full Containment with Negative Pressure [] Mini-Enclosure [] Yes and Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) TOBE ABATED in facility (13)  Staff (12)  YES NO N/A  A A L U U L R E E E E E E E E E E E E E E E E E E E	City, State, Zip Code						City, State, Zip Code											
Scheduled Start Date (10)								Telephon	ne Nun				55-1.	271				
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	Nicholas Ferr	nicola		732-349	-9932													
Street Address   Street Address						ion Date (1)												
[x] Facility Closed/Vacated During Entire Period of Abatement       1056 Stelton Road         City, State, Zip Code Pliscataway, New Jersey 08854         Scope of Work (Check all that apply)       [] Full Containment with Negative Pressure Pressure [x] Glovebag Procedure [x] Glovebag Pro			only one		15		4	Street Ad	dress		. Analytical				+			
Completed Work (Check all that apply)					od of Aba	atement					elton Road							
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)	2 3		Outside	of Normal F	acility H	ours		City, Stat	te, Zir	p Code								
[ ] >3 sf or ≥3 lf	[ ] Oth	er – Describe									way, New Jerse	y 088	54					
[ ] >3 sf or ≥3 lf [ X ] Renovation [ X ] Glovebag Procedure [ X ] ≥160 sf or ≥260 lf [ ] Demolition [ ] Non-Exempted (*) and Non-Friable Procedure    X   Solety by   Location of Asbestos-Containing Material (ACM)   Staff   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   YES   NO   N/A   N/A   Asbestos pipe insulation   140 lf   X     L   L   R   E   E   E   E   E   E   E   E   E	Scope of Work (Check all	that apply)						[ ]			with Negative Pres	sure						
Soliding   Demolition   Description of   Asbestos-Containing Material (ACM)   Soliding   Asbestos-Containing Material (ACM)   Staff   (I2)   VAT, or other miscellaneous   VAT, or othe	[ ] >3	efor>3 If		[v]	Renov	ation		[ ]			re							
Is Location   Description of   Asbestos-Containing Material (ACM)   Asbestos-Contai				[ ]				[ ]		-		rocedu	ге					
Is Location   Description of   Asbestos-Containing Material (ACM)   Asbestos-Contai						T					I	A 1A		т				
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED  in facility (13)  Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF Or LF)  O A A A L O A B C C C C C C C C C C C C C C C C C C	20			Is I ocatio	nn.		8	Descriptio	n of	8 W								
Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  (13)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Solely by Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Solely by Maintenance/Custodial (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  A  L  L  R  E  Basement  Name of Registered Landfill T.R.R.F.  City, State Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  Nicholas Fernicola  Solely by Material (ACM) (i.e., thermal systems (i.e.,			1		5000		Ast	estos-Cor	ntaini	ing				26923	100000000000000000000000000000000000000			
in facility (13)  (13)  (12)  VAT, or other miscellaneous)  YES NO N/A  Basement  X Asbestos pipe insulation  Name of Registered Waste Hauler  Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  NIDER Waste Manager  Title Project Manager  Insulation, surfacing, VAT, or other miscellaneous)  VAT, or other miscellaneous)  A U U U L R E E E  City, State  T.R.R.F.  City, State  Tullytown, Pennsylvania  Date  3/23/2015											330 225		P	C	C			
(13)  (12) VAT, or other miscellaneous)  VAT, or other miscellaneous			Mair		ustodial						or LF)	0	10012	100000	1 0 1			
A L L E E  Basement X Asbestos pipe insulation 140 lf X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  YES NO N/A  Asbestos pipe insulation  L L E E E  NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F.  City, State Tother Manager  City, State Tullytown, Pennsylvania  Date 3/23/2015	12.00 (0.00 (	,			197			VAT, c	or			V	R	1355.5	S			
Basement X Asbestos pipe insulation 140 lf X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola  Toma River, New Jersey  Title Project Manager  NAsbestos pipe insulation  Leg E  E  E  E  E  E  E  E  E  E  E  E  E			17DO	NO	27/4	1	oth	er miscella	aneou	us)				10,000				
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Toma River, New Jersey  Title Signature NJDEP Waste Hauler ID No. Cubic Yards of Waste Toulive Yards of Waste Tullytown, Pennsylvania  City, State Tullytown, Pennsylvania  Date 3/23/2015			YES		N/A									Е	Е			
Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Disposal Date 3/24/15  Tullytown, Pennsylvania  City, State Tullytown, Pennsylvania  Date 3/23/2015	Basement	asement X						insulatio	n	1915-111	140 lf	X						
Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Disposal Date 3/24/15  Tullytown, Pennsylvania  City, State Tullytown, Pennsylvania  Date 3/23/2015																		
Guardian Contracting, Inc.  20223 3 T.R.R.F.  City, State Toms River, New Jersey 3/24/15 Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  T.R.R.F.  City, State Tullytown, Pennsylvania  Date 3/23/2015																		
City, State Toms River, New Jersey 3/24/15 Completed by (Print or Type) Nicholas Fernicola Title Project Manager  Disposal Date 3/24/15 Tullytown, Pennsylvania Date 3/23/2015								rds of Was	te		red Landfill	L	L					
Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  Date 3/23/2015	City, State Dispos									1								
Nicholas Fernicola Project Manager (1) (1) (2) (3/23/2015			Title		3/24		ire -	Tullyt	own	, Pehnsylvania	4	Date						
	Nicholas Fernicola Project Manager						166	tol		tal		E CONTRACTOR OF THE PARTY OF TH		5				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification		Name of Building Owner / Operator (2)																
	3/23/15			Borough of Frenchtown														
Agencies Notified	Type Notifica	ition	1.5	Street Address ZETS HAR 26 Am 31 68														
☐ EPA	_				_	nd Stre												
DEP						e & Zip												
⊠ DOL	Amer					own, N		3825		兒	LICE	MSING						
□ DOH		gency			lame of Contact  Brenda Shepherd									one l	Numb	oer		
☐ DCA	☐ Cano	ellation	1	Brend	da S	Sheph	erd											
				FAC	CILI	ITY INI	FOR	MATION										
Name of Facility Wh	ere Abateme	nt is Taking Pl	ace (3			30000		Type of Facility (4)										
Frenchtown Was	tewater Tre	atment Plan	t				- 1	School (K-12)										
Street Address								Subchap	oter 8	(Other tha	an K-1	2)						
							- 1	Other (i.e	e. priv	vate & con	nmerci	ial building	s, hor	nes,	etc.)			
							- 1	Square Feet		# of Floo	ors	В	ldg. Ag	je				
City (5)		County (6)	Co	unty C	Code	e (7)		150,000	0		1			40-	F			
Frenchtown		Hunterdon					1	Current Use		if being d	emolis	shed)						
The interview of the control of the						WWTP												
Name of Monitoring	Firm Hired b	v Building Own	er (8)	Y	IAS	SCM No	_	Name of Aba	teme	nt Contrac	tor (9)							
Kleinfelder		,	(-)					Bristol Env				10						
Street Address							-	Street Addres		,								
321 Wall Street							- 1	1123 Beave	er Str	reet								
City, State & Zip Co								City, State &	Zip C	ode								
Princeton, NJ 08								Bristol, PA										
Project Manager for	Monitoring F	irm		hone				Telephone Number License Number										
Brian Friedlich				924-8				(215)788-6040 00509										
Scheduled Start Dat	te (10)	Scheduled Con	100		e (1	1)		Name of OSF										
4/2/15			4/2/			.,	_	Bristol Env		mental In	ıc.	1						
Occupancy Status D	od Magazad F	nent (Check or	ily one	e) -f ^ b -				Street Addres										
		Ouring Entire P						1123 Beave										
	7:00 AM –	itside of Norma	ai Hoi	urs – 1	/am	to 3pm		City, State &										
	upied During						-	Bristol, PA	1900	17								
Scope of Work (Che																		
Goode of Mork (Offe	ok all triat ap	Piy)							$\Box$	Full Con	tainme	ent with N	egative	Pre	SSLIFE	<b>a</b>		
≥3 sf or ≥3 lf	F		$\boxtimes$	Ren	ova	tion			Ħ	Mini-End			-9					
≥160 sf ≥260	O If		Ħ	Dem	noliti	ion			Ħ			cedures						
_								- 33	$\overline{\boxtimes}$				-Friabl	ble Procedure				
Lo	cation of		Is	Locati	on			Description	n of			mount	Abatement Type					
	os-Containin	j	Norn	nally L	Jsec	d	Α	sbestos-Con	tainin	ig	(5	Specify ·		$\overline{}$	T	71-		
	erial (ACM)			olely b			,.	Material (A			SI	F or LF)	77		E	m		
	BE ABATED  Facility			tenano odial S		22.20		e., thermal syllation, surfact				Remova	Repair	Encapsulate	Enclsoure			
	(13)	100	Cusic	(12)	otaii	•		other miscella				ova	air	sula	lio			
	( /		Yes	No	N/A	A	٠.	01.101 11.1100011.	G.100	,			-		ate	e.		
Roof			$\boxtimes$	$\Box$		1		Roof Flash	nina		-	30 SF			$\vdash$			
				Ħ	十	1		1100111031	iiiig			00 01		H	ዙ	H		
			H	H	十	1						-	ᆂ	片	H	H		
	*		H	H	十	1							++	ዙ	H	#		
	H	ㅐ	-	1							$\dashv \vdash \vdash$	ዙ	ዙ	++				
	***************************************		님	H	+	1							ᆛ片	H	H	H		
Name of Registered		N.II	DEF	Waste	a Cu	bic Yards	Nan	ne of Regi	stered	Landfill								
- tame of trogletered	vvaoto i idait			100000		ID No.	100	Waste	INGII	ic of regi	otorou	Landini						
Service Transpor	t Inc.				990			Cu Yd	Min	erva Lar	ndfill							
City, State							Dis	sposal Date		, State								
New Castle, DE								27/15		ynesburg	g, OH							
Completed By (Print	or Type)		-12421-0	Title Signature			ignature Date											
Gino Pizzigon		100000000		ct	t d- Program of 3/23/15					3/15								
33		Project Manager				Sino Pezzigoni/fl 3/2												



## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1)	2/00	10045		35-1		Name of Building Owner/Operator (2)  Great Meadows Regional School District									
	3/23/	2015		Great Mead	lows Reg	gional Scho	ol Distr	ct		- U	门会				
Agencies Notified		Notification	Туре			Street Address	3			1 2 1	4	-	1.4		
X EPA		Initial				281 Route 4	46			E	110	FALSI	MIRO		
X DEP			ed #			City, State, Zip	Code					-110	40		
X DOL		Emerge	ncy (includ	ling		Great Meadows, NJ 07838									
X DOH		justifica				Name of Contact   Tel. Number									
X DCA		Cancella	ation			Mr. Ron Ma			I Tel. IVII	ilibei					
Name of Facility Where Abate	mont is T	oking Place /	,	FAC	CILITY IN	INFORMATION									
		aking Place (3	<u>)</u>			Type of Facility (4)									
Central Elementary Sch	1001					School (K	(-12)								
Street Address		*			X.	Subchapter 8 (Other than K-12)									
281 Route 46	140														
City (5)	ounty (6)		County ( (State Us			Other (i.e., private & commercial buildings, homes, etc.)									
	arren		(State U	se Only	<u>)</u>										
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM N	0.		Name of Contractor (9)									
Westchester Environme	ental		00127			MTM Metro Corporation									
Street Address	treet Address						'Street Address								
307 N Walnut Street	07 N Walnut Street						135-137 McBride Ave								
City, State, Zip Code	City, State, Zip Code						City State, ZipCode								
West Chester, PA 19380						Paterson, NJ 07501									
Project Manager for Monitoring	n Firm	Telephone I	dumher			Telephone Number   License Number									
Paul McCaa	9 1 1111	610-431-7				973 742 503	200000000000000000000000000000000000000		00809		<u> </u>				
Scheduled Start Date (10)				Dota (	(4)				00009						
4/06/2015		Scheduled 0 4/15/2015		Date (	11)	Name of OSHA MTM Metro		tion							
								UOH							
Occupancy Status During Aba	tement (C	theck only one	<u>e)</u>		2	Street Address	•								
			200			135-137 Mc	Bride Av	/							
Facility Closed/Vacated [						City, State, Zip Code									
Abatement Performed Or	utside of I	Normal Facility	ility Hours			Determen NI 107504									
Other-Describe:						Paterson, N	J 0/501								
Source of Work (Check all that	t apply)						-								
> 3 sf or > 3 lf	×	Renovation	i		Full	Containment wit	h Negative	Pressure	Min Min	i-Enclo	sure				
× > 160 sf or > 260 lf		Demolition			☐ Non	-Exempted(*) &	Non-Friable	Procedure	ズ Glo	vebag l	rocedu	re			
Location of Asbestos-		ofice Normall	Tland	I Dana						**					
Containing Material (ACM) in		ation Normally by Maint./Cus				ACM (i.e. ns insulation,	Amount (	Specify SF or	LF)	Abate	ment Ty	pe			
Facility (13)	Staff?	(12)		surfa	cing, VAT								. 1		
Boiler Room	YES	NO	N/A	misce						Rem.	Rep.		Enclose		
Boiler Room	X			_	reeching		134SF			×	-	X	-		
Boiler Room	X	-		_	and fittings	k-Shell Insulation	30 LF 20 SF		-	×	-	×	$\vdash$		
Boiler Room						K-Stiell Itisulation	144 LF			X	1	Î			
Name of Reg. Waste Hauler NJDEP Waste Hauler ID #					Cubic Yards of	Waste		Name o		Landfill	1.				
MTM Metro Corporation 26552					20			Tullytow	n						
City, State							Disp. Date		-T	City, Sta	te				
Paterson, NJ 07501							4/16/2015		T	ullytown	, PA				
Completed by (Print or Type) Title						Signature   Date									
Elizabeth Maslarkov Business Administrator						Elizabeth Maslarkov 3/23/2015									