Date of Notification (1) April 27, 2015					of Building O	wner/C	Operator	(2)		Ch	eck#2	2041				
Agencies Notified	Type Notification			Street A						CIT	eck # 2	2041	_			
× EPA					Euclid Av	venue	)									
DEP X DOL	Initial Amended Amendmen	t #			ate, Zip Cod onfield, N.		33			/1			_			-
⊠ DOH	Emergency justification)	(including	,		of Contact	000			- u +	Tel	enhone	Numh	ar			
DCA	Cancellation				t Price					, ,,,,						
Name of Facility Where	Abatament is Takin	na Diana (	2)	FAC	ILITY INFO	RMATI	ON	_								
Price Residence	Abatement is Takir	ig Place (	3)					1	of Facility (4	**						
Street Address									School (K-12 Subchapter 8		er than I	K-12)				
50 W. Euclid Avenu	ie							×	Other (i.e. pr	ivate (	& comm	ercial I	ouile	dings	, hom	es,
City (5) Haddonfield									e Feet	# o	f Floors			lldg. A	Age	
County (6)				County	Code (7)			100000000	nt Use (Prior	388	na dem	olished	1 3		-	
Camden				(STATE	USE ONLY)				dence				•	£6		
Name of Monitoring Firm Management & Env				ASC	И No.				ement Cont vironment							
Street Address PO Box 341								Addres	7.3	(629)						
City, State, Zip Code				-			1 Sec. 19	State, Zip	Avenue						7	
Chesterfield, NJ 08		1/1		Telepho			Mapl	le Sha	de, NJ 08	052						
Bill Weisgarber							856-	none No 755-00	099		Licens 00842					
Start Date (10) May 7, 2015		Schedu May 9			Date (11)				A Monitor oratories				-			
Occupancy Status Durin	g Abatement (Che	ck Only O	ne)					Address		-						-
Facility Closed/Vac	ated During Entire	Period of	Abater	nent					130 North	1						
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facilit	y Hour	S		_		tate, Zip	o Code on, NJ 08	077						
Scope of Work (Check A	Il That Apply)						Oli il i	armino	011, 140 00	011					_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	dure					0	
			s Locat	ion				11011	Excilipted	( ) and	14011-1	nable i			emeni	
Location			Norma ed Sole	lly			scription					-		Ту	ре	
Asbestos-Containing TO BE AB		Ma	aintena	nce/	. Asbesto	s Cont	aining M systems	Material ( s insulat	(ACM)		mount pecify		D I	122	En	m l
In Facil (13)	ity	Cus	todial (12)	Staff?	22.	surfac	cing, VA	T, or			or LF)		Remova	Repair	caps	Enclosure
(10)		Yes	No	N/A	,	other ii	niscellan	leous)					Val	air	Encapsulate	sure
Baseme	ent		XXX		F	Paper	on Be	eams		10	) SF	-	2			
1st Floor Ba	ithroom		XXX			Li	noleum	n		4	) SF	1	2			
Kitche	n		XXX		Flo	or Til	e and	Mastic	2	15	0 SF	2	7			
																1
Name of Registered Was	te Hauler		1000	IJDEP W lauler ID		Cubic of Was			Name of Re					-41		
Freehold Cartage				2265		2			Cumberla	and (	County	/ Land	llift			
City, State Freehold, NJ					11.2	Dispos 5/9/20	al Date )15	- 1	City, State Newburg	, PA						
Completed by		Title		Ver. <b>4</b> 0.0 = 00.0		Ş	ignature		2			Date	2/24/2017	onor-		
Christina Lynch							ANY	INC	W	/		4/27	20	15		

-			_			
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	1.11	11.	1 1	٠,	141	



Date of Notification (1) 4-24-2015					of Building	g Owner	Operator	r (2)			773773314				
Agencies Notified	Type Notification			1100-100-0	'anick						WAY			17	
☐ EPA	× Initial				Address ngstowr	Aveni	ıe				tanin.	26,1-30			4
DEP X DOL	Amended Amendment	#			ate, Zip C htown,		25			7					
ĭ DOH	Emergency justification)	including			of Contact					To	ephone No	ımha			
☐ DCA	Cancellation			Ann Y						1 16	CDITOTIE IV	mber			
Name of Facility Where	Abatement is Takin	g Place (3)	)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility (	4)					
Residential									School (K-1	50					
Street Address								H	Subchapter	8 (Oth	er than K-	12)			
45 Kingstown Aver	nue							×	Other (i.e. p etc.)	rivate	& commerc	cial bu	ildings	s, hon	nes,
City (5) Frenchtown, NJ 08	825							Squi 224	are Feet	# 0	f Floors		Bldg. 73+	Age	
County (6) Hunterdon				County	Code (7)	r)		Curr	ent Use (Pric	1	ng demolis	- 1	, ,		
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASC			Namo	of Ab	atomost Co-	A	(0)				
Street Address			2004E	1,001	VI 140.		Gree	n En	atement Con vironment	tractor al Se	(9) rvices, L	LC			
Street Address							Street 235		ess nia Avenue	9					
City, State, Zip Code									Zip Code						
Project Manager for Mor	nitorina Firm			Telepho	as Na				ty, NJ 073	04					
							Teleph 201-3				License N 01174	No.			
Start Date (10) 5-5-2015		Scheduled 5-5-201		mpletion	Date (11)				HA Monitor above						
Occupancy Status Durin	g Abatement (Check	Only One	2)				Street		160 610 1000 1000						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire P led Outside of Norm	eriod of Al al Facility I	bater	ment s					ip Code						
Scope of Work (Check A	II That Apply)		10/2												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	Mir Glo	II Containme ni-Enclosure ovebag Proce n-Exempted	edure					
		ls L	ocat	ion				. 110	III Exempled	() and	I NOH-FIIAL	T PIC	1785 777	emen	
Location			orma	lly		De	scription	of						/pe	
Asbestos-Containing TO BE ABA		Main	tena	nce/	Asbes	tos Cont	aıning M systems	ateria	I (ACM)		mount	_		m	_
In Facili (13)	ity	Custo	dial ( (12)	Staff? .	(1.6.	surfa	cing, VA7	T, or	ation,		pecify or LF)	Remova	Repair	псар	Enclo
(13)		Yes	No	N/A		other n	niscellan	eous)				oval	pair	Encapsulate	Enclosure
Baseme	ent	100	X	19/3		Pine	insulat	ion		1.4	0 LF	100		(D	
	35.5115					i ipc	moulat	.1011		14	U LF	X			
Name of Registered Was			1000	JDEP W		Cubic	Yards		Name of R	egister	ed Landfill				
Green Environmenta	l Services, LLC		1000	auler ID 1 034889		of Was	te		G.R.O.W						
City, State Jersey City, NJ						Dispos 5-6-20	al Date		City, State Morrisvill	o D^					
Completed by		Title					ignature		MOLLISAIII	e, PA		10			
Liliana Serrano		Office	Mar	ager			4/10	11	wer.	LO	Da 4	te 24-20	015		

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- P	rint	Form	
-	P THE PARTY	OFFIE	

Date of Notification (1) April 28, 2015				f Building Point Po				LC	Che	ck #N	I/A	1 2	015,	2	
Agencies Notified	Type Notification			Street A	ddress Crown P	oint R	nad			Control of the contro				- 100	
EPA DEP DOL	Initial  Amended  Amendment	# 2		City, Sta	ite, Zip Co	ode			-		ASIA	LICI	V DIN		
X DOH	Emergency justification)	(including		Name of	ille, NJ ( f Contact	16093				Tolor	nhone N	lumber			
☐ DCA	Cancellation			Jeff Ze											
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITY INFO	ORMATI	ON	Type	of Facility (4)						
Eagle Point Power	Generation							1940-00-40	School (K-12)						
Street Address 1250 Crown Point I	Road							×	Subchapter 8 Other (i.e. pri etc.)				ldings	, hom	es,
City (5) Westville									re Feet	# of F	loors		Bldg	Age	
County (6) Gloucester				County (	Code (7) USE ONLY	)		Curre	nt Use (Prior	if being	g demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		Name		tement Contr	actor (9	9)				
EHS Environmenta	I, Inc.							NSS. NISKIN	vironmenta	al, LLC	2			110	
Street Address 411 Southgate Cou	ırt, Suit <mark>e</mark> E							Addres Cutler	Avenue						
City, State, Zip Code Mickleton, NJ 0805	6								p Code ide, NJ 08	052					
Project Manager for Mor Jack Carney	nitoring Firm			Telepho	ne No. 24-0080		A SECULIAR S	none No 755-0		1.60	License				
Start Date (10) April 6, 2015		Schedule May 29			Date (11)				IA Monitor alytical, Inc			<u> </u>		- CHIF	
Occupancy Status Durin	g Abatement (Chec							Addres	<u> </u>	• *					
Facility Closed/Vac	ated During Entire	Period of A	Abater	nent			200 F	Route	130 North						
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	y Hour	s					p Code son, NJ 08	077				-0.7	
Scope of Work (Check A	III That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Min Glo	Containmen i-Enclosure vebag Proce n-Exempted (	dure				ro.	23
		Is	Locat	ion				1 1101	I-Exempted (	) and	NOTI-L III	able Fit	1000	emen	t
Location		1	Norma	lly	200000	Des	scription	of					T:	уре	
Asbestos-Containing TO BE AB.		Ma	ed Sole iintena	nce/	Asbes (i.e.	tos Cont thermal	aining M	laterial s insula	(ACM)		ount	l z	_	Enc	匝
In Facil (13)		Cus	todial ( (12)	Staff?		surfa	cing, VA niscellan	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		othern	mocenari	ieous)				val	Ŧ	ılate	ure
Pole Sh	ned		XXX		Tran	site Ro	ofing a	and S	iding	1,70	0 SF	Х			
Carpentry	Shop		XXX		Tran	site Ro	ofing a	and S	iding	5,00	0 SF	Х			
Carpentry	Shop		XXX			Pipe	Insula	tion		50	LF	Х			
Pipe Ra	ack		XXX			Pipe	Insula	tion		1,00	0 LF	Х			
Name of Registered Was	ste Hauler		1.00	IJDEP W lauler ID		Cubic of Was			Name of Re	egistere	ed Landi	fill	-		
Freehold Cartage				2265		40	3.6	*	G.R.O.W	.S. No	orth La	andfill			
City, State Freehold, NJ							sal Date 2015		City, State Morrisville	e, PA					
Completed by Christina Lynch		Title Signature Operations Manager							0)2			Date 4/28/2	015		
			-				1111	/		_					

NO CK

Date of Notification (1)				ng Owner / Operator	(2)					
April 14, 2015 Agencies Notified Type Notification			een Co. Address							1. 1
EPA						M.A.Y	1 3	11.5		
DEP		lgaa M	ountain .	Avenue						
DOL Initial		City S	tate & Zi	n Code				- 124	- marié	
_ Amondod			gfield, N.							
DOH Amendmen		- P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
DCA Cancellation	on	Name	of Conta	ct		Te	lephor	ne Nu	mbe	r
		Sarah	Johnson	1		1				
		FA	CILITY	INFORMATION						
Name of Facility Where Abatement is Tak Former Walgreens Store	ing Place (3)			Type of Fac	cility (4) I (K-12)					
Street Address				□ Subch	apter 8 (Other than	K-12)				
738 Union Avenue					and the second of the second o	ommercial building	s. hor	ne. e	tc)	
				Square Fee			g. Age			
City (5)				25,0		1	33	50		
Middlesex				Current Use Retail	(Prior if being den	nolished)				
County (6) Middlesex	County Code USE ONLY							- 500		
Name of Monitoring Firm Hired by Building Apex Companies, LLC	Owner (8)		ASCM	No. Name of Ab Synatech, I	atement Contracto	r (9)				
Street Address				Street Addre						
197 Route 18 South				829 Radio I						
City, State & Zip Code East Brunswick, NJ 08816				City, State &	& Zip Code Harbor, NJ 08087					
Project Manager for Monitoring Firm	Te	lephone N	Number	Telephone I		License Num	her			
Dan Albanese	73	2-763-473	34	609-296-69			0081	7		
Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Start Date (10)	duled Completi Mav	on Date (14, 2015		Name of OS Synatech, I	SHA Monitor			ne e		
Occupancy Status During Abatement (Che Facility Closed/ <u>Vacated</u> During E	eck only one)			Street Addre	ess					
Abatement Performed Outside of				City, State 8						
Other - Describe:		9			larbor, NJ 08087					
Facility Occupied During Abatem	ent									
Scope of Work (Check all that apply)								_	_	
				Б	Full Containmen	t with Negative Press	ure			
≥3 sf or ≥ If		Renovation	on -	Ė	Mini-Enclosure	t with regulate r 1000	uic			
≥160 sf or ≥260 If		Demolitio	n	Ī	Glovebag Proced	dure				
					7	*) and Non-Friable Pr	ocedu	re		
Location of		on Norma			otion of		Ab	atem	ent T	уре
Asbestos-Containing Material (ACM)  TO BE ABATED		y Mainten dial Staff		Asbestos-0 Material		Amount (Specify SF or LF)				-0.07
IN Facility	Ousto		(12)	(i.e., therm		SF OF LF)				
(13)				insulation, su			الما	1000	En	ш
				or other mis	cellaneous)		em	Repair	cap	nclo
	Yes	No	N/A				Removal	air	Encapsulate	Enclosure
	les	NO	NUA				-		te	е
Main Store Area and Adjacent Office/		Х		Floor	Tile	25,000 SF	Х			
Storage Space										
Name of Registered Waste Hauler	NJDEP V	Naste I	Cubic \	ards of Waste	Name of Regist	ered Landfill				Щ
37. 3	Hauler ID	No.								
Synatech, Inc. City, State	27	429	50	10-1-	Grows Landfill			partie.		
ony, State			Dispos	ai Date	City, State					
Little Egg Harbor, NJ 08087		atterns.	May 1	5, 2015	Morrisville, PA					
Completed By Title			Signatu			Date	- 27/1/2			
Diane Aloia Exe	c. Administrat	or	1 1	me Clor.		April 14, 2015				



□ SEPA □ DEP □ Initial □ Cary, State & Zip Code □ Cary, State & Zip Code □ Cancellation □ Cance																1-3
DEPA   DEP			5						or (2)	)						
DoP	Agencies Notified	Type Notificati	on		Street A	Address						. Iv	14 Y		10.4	
Initial Amended   Amendment # 1   Cancellation					420 Ro	ute 46 E	ast, Su	uite 17				N-100-1				
Cancellation		Initial			City, St	ate & Zip	o Code				1				_	- 1
DCA			NOTE THE PROPERTY.		Fairfiel	d, NJ 0	7004-19	953			***					
Edward Mainardi, Jr. / William Mainardi				1		. 25						Т	elephor	e Nu	mbe	r
Name of Facility Where Abatement is Taking Place (3) Former Walgreens Store  Type of Facility (4) School (Kr. 12) School (Kr. 12) School (Kr. 12) Subchapter 8 (Other than K-12) Subchapter 8 of Floors  Refall  County (6) Middlesex  County (7) Middlesex  County (6) Middlesex  County (7) Middlesex  County (7) Middlesex  Street Address  829 Radio Road City, State & Zip Code East Branswick, NJ 08816  For Road For Monitoring Firm   Telephone Number					Edward	d Maina	rdi, Jr.	/ William N	Naina	ardi		í				
Former Walgreens Store    Stene Address   Subchaepter 8 (Other than K-12)   Other (i.e., private 8 commercial buildings, home, etc.)					FAC	CILITY	INFO	RMATIO	N							
Street Address 738 Union Avenue    Subchapter 8 (Other Han K-12)			Taking P	Place (3)												
City (5)  City (6)  City (7)  Middlesex  County (6)  County (6)  County (7)  Middlesex  County (8)  County (8)  County (8)  County (8)  Name of Abatement Contractor (9)  Synatech, Inc.  Street Address  Str		tore						1			K-12)					
Square Feet   Square Feet Feet   Square Fe	738 Union Avenue											cial buildin	as. hon	ne. e	tc.)	
County (6)    County (7)   County (8)   Middlesex   USE ONLY																
County (6)   County Code (7)   USE ONLY	City (5)										1					
Middlesex    USE ONLY	Middlesex							Market Committee of the	se (P	rior if being dem	olished	d)				
Synatech, Inc.   Synatech, Inc.   Synatech, Inc.   Street Address   Stre	County (6) Middlesex															
Street Address   Street			lding Ow	ner (8)		ASCM	No.	Control of the Contro			r (9)					
City, State & Zip Code East Brunswick, NJ 08816  Project Manager for Monitoring Firm Dan Albanese  Telephone Number (732-763-4734  Telephone Number (692-296-6916  G09-296-6916  G19-296-6916  G19-	Street Address	C														
East Brunswick, NJ 08816  Little Egg Harbor, NJ 08087  Project Manager for Monitoring Firm Dan Albanese  Scheduled Completion Date (11) April 29, 2015  Scheduled Completion Date (11) May 14, 2015  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Hours  Other − Describe:  Facility Occupied During Abatement  Scope of Work (Check all that apply)  Facility Containing Material (ACM)  TO BE ABATED IN Facility (13)  Main Store Area and Adjacent Office/  Storage Space  Name of OSHA Monitor Synatech, Inc.  Synatech, Inc.  Fruil Containing Material (ACM) TO BE ABATED IN Facility (13)  Main Store Area and Adjacent Office/  X  Floor Tile  Signature  Little Egg Harbor, NJ 08087  License Number Tobse April 27, 2015  License Number 100817  Name of OSHA Monitor Synatech, Inc.  Custodial Staff? (12)  Fruil Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted(*) and Non-Friable Procedure   Non-Exempted(*) and Non-Friable Procedure   Abatement Type   Abatement Type   Abatement Type	197 Route 18 South															
Telephone Number   Telephone																
Dan Albanese				Te	lephone N	umber						License Nur	mber			
April 29, 2015	Dan Albanese								_				0081	7		
Occupancy Status During Abatement (Check only one)			cheduled			1)										
Abatement Performed Outside of Normal Hours    City, State & Zip Code				nly one)		t		Street Add	iress							
Facility Occupied During Abatement   Scope of Work (Check all that apply)		erformed Outsid	de of Norr	mal Hours	\$			City, State	& Z	ip Code						
Scope of Work (Check all that apply)  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted(*) and Non-Friable Procedure  Non-Exempted(*) and Non-Friable Procedure  Abatement Type			tement					Little Egg	Har	bor, NJ 08087						
Saf or ≥ If			itomont.													
≥160 sf or ≥260 lf									⊠ F	Full Containment	with N	legative Pres	ssure			
Non-Exempted(*) and Non-Friable Procedure   Location of Asbestos-Containing Material (ACM)   IN Facility (13)   Yes   No   N/A   Non-Exempted(*) and Non-Friable Procedure   Asbestos-Containing Material (ACM)   Solely by Maintenance or Custodial Staff? (12)   Material (ACM)   Secondary   Amount (Specify SF or LF)				닏						Mini-Enclosure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Main Store Area and Adjacent Office/ Storage Space  Name of Registered Waste Hauler Name of Registered Waste Hauler Synatech, Inc.  City, State  Little Egg Harbor, NJ 08087  Completed By  Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  Name of Registered Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Abatement Type Abatement Type Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  Remove Material (ACM) (i.e., thermal systems insulation, surfacing	≥160 sf or ≥260	) If			Demolition	1			=							
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Main Store Area and Adjacent Office/ Storage Space  No N/A  Main Store Area and Adjacent Office/ Storage Space  No N/A  Main Store Area and Adjacent Office/ Storage Space  No N/A  No N/A  Main Store Area and Adjacent Office/ Storage Space  No N/A  No N/A  Floor Tile  25,000 SF  X  Name of Registered Waste Hauler Hauler ID No. 27429  Synatech, Inc.  City, State  Disposal Date  City, State  Little Egg Harbor, NJ 08087  Completed By  Title  Signature  Date  Amount (Specify SF or LF)  Amount (Specify SF or LF				Transaction of the same							and I	Non-Friable F				
TO BE ABATED IN Facility (13)  Yes No N/A  Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Yes No N/A  Main Store Area and Adjacent Office/ Storage Space  X  Floor Tile  25,000 SF  X  Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 27429  Synatech, Inc.  City, State  Little Egg Harbor, NJ 08087  Completed By  Title  Custodial Staff? (12)  Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Floor Tile  25,000 SF  X  Cubic Yards of Waste Name of Registered Landfill  Grows Landfill  City, State  Little Egg Harbor, NJ 08087  Completed By  Title  Signature  Date April 27, 2015			CM)								Amo	ount (Specify		atem	ent I	ype
Yes   No   N/A	TO BE	ABATED	Ď.	Custo	dial Staff?	(12)										
Main Store Area and Adjacent Office/ Storage Space  NJDEP Waste Hauler ID No. Synatech, Inc.  City, State  Little Egg Harbor, NJ 08087  Completed By  NJDEP Waste Hauler ID No. 27429  Disposal Date  May 15, 2015  Morrisville, PA  Signature April 27, 2015													_		Ш	m
Main Store Area and Adjacent Office/ Storage Space  NJDEP Waste Hauler ID No. Synatech, Inc.  City, State  Little Egg Harbor, NJ 08087  Completed By  NJDEP Waste Hauler ID No. 27429  Disposal Date  May 15, 2015  Morrisville, PA  Signature April 27, 2015		•											?em	Re	cap	nck
Main Store Area and Adjacent Office/ Storage Space  NJDEP Waste Hauler ID No. Synatech, Inc.  City, State  Little Egg Harbor, NJ 08087  Completed By  NJDEP Waste Hauler ID No. 27429  Disposal Date  May 15, 2015  Morrisville, PA  Signature April 27, 2015					l l								lova	pair	sula	nsc
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Synatech, Inc.  City, State  Little Egg Harbor, NJ 08087  Completed By  NJDEP Waste Hauler ID No.  27429  Disposal Date  May 15, 2015  Morrisville, PA  Signature  Date  April 27, 2015				Yes	No	N/A							-		te	G.
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 27429  Disposal Date  Little Egg Harbor, NJ 08087  Completed By  NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Grows Landfill City, State  May 15, 2015  Morrisville, PA  Signature April 27, 2015		Adjacent Offic	e/		x			Flo	or Ti	le	2	5 000 SF	Х			
Synatech, Inc.  City, State  Disposal Date  City, State  Little Egg Harbor, NJ 08087  Completed By  Title  Hauler ID No. 27429  Disposal Date  City, State  May 15, 2015  Morrisville, PA  Signature  Date  April 27, 2015	Storage Space										-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
Synatech, Inc.  27429 50 Grows Landfill  City, State  Disposal Date  City, State  Little Egg Harbor, NJ 08087  May 15, 2015  Morrisville, PA  Completed By  Title  Signature  April 27, 2015	Name of Registered W	/aste Hauler				Cubic \	Yards of	f Waste		Name of Registe	ered La	ındfill				$\dashv$
City, State  Disposal Date  City, State  May 15, 2015  Morrisville, PA  Completed By  Title  Signature  April 27, 2015	Synatech, Inc.			AND DESIGNATION OF THE PARTY OF		50				Grows Landfill						
Completed By  Title  Signature  April 27, 2015	City, State	**				Dispos	al Date			City, State						
Completed By  Title  Signature  April 27, 2015	Little Egg Harbor, NJ	08087				May 1	5, 2015	5		Morrisville. PA						
	Completed By		Title			Signatu	ıre	0.	- 100							
	Diane Aloia		Exec. Ac	lministrat	tor	1	Arie	alla.					5			

Date of Notification (1	) April 23, 2 April 14, 201				e of Buildingreen Co.	ng Owner / Operat	or (2)						-
Agencies Notified	Type Notific				t Address				1115		-		
EPA DEP	ON HOL	D		899 N	/lountain	Avenue			MEY				
DOL	Initia	al		City,	State & Zi	p Code						_	
⊠рон	Ame	ended -			gfield, N							11.00	
DCA	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	endment # cellation		Nome	e of Conta	ot .			I=				
	L Can	Cellation		0.800	n Johnson				16	elephor	ne Nu	ımbe	er
						INFORMATIO	N						
Name of Facility Whe	re Abatement	is Taking	Place (3)		IOILIT I	Type of F	0.5						
Former Walgreens S	tore						ool (K-12)						
Street Address 738 Union Avenue							chapter 8 (Other tha			8			
736 Official Avenue						Square Fe	er (i.e., private &					tc.)	
City (5)							eet # of F	loors 1	Bio	lg. Age	50		
Middlesex							se (Prior if being de	molishe	d)		30		
County (6) Middlesex			County Code										
Name of Monitoring F	irm Hired by E				ASCM	No. Name of A	Abatement Contract	tor (9)					
Apex Companies, LL Street Address	.C					Synatech		308					
197 Route 18 South						Street Add							
City, State & Zip Code						City, State	& Zip Code						
East Brunswick, NJ Project Manager for M		n	ITO	lonhono	Number		Harbor, NJ 0808	7	II: N				
Dan Albanese		14.	1 2 3 3 3 3	2-763-47		Telephone 609-296-6			License Num	0081	7		
Scheduled Start Date April 24, 2015		Schedule	ed Completi	on Date		Name of C Synatech	OSHA Monitor		-		A.)		
Occupancy Status Du	ring Abateme	nt (Check uring Entire	only one)			Street Add	dress						
Abatement P					25.7%		& Zip Code						
Other – Desc		hatement					Harbor, NJ 0808	7					
Scope of Work (Check	3572												
ocope of work (offect	call that apply	<i>(</i> )					⊠						
$\ge 3 \text{ sf or } \ge 1 \text{ ff}$			П	Renovat	ion		Full Containme Mini-Enclosure		legative Press	ure			
≥160 sf or ≥260	) If			Demolitic			Glovebag Proc						
			11				Non-Exempted		Non-Friable Pr	ocedu	re.		
	ation of		Is Location	on Norm	ally Used		ription of	T			atem	ent T	ype
Asbestos-Contain TO BE	ABATED	(ACM)		y Mainte dial Staf	nance or		s-Containing al (ACM)		ount (Specify SF or LF)				55.5
IN F	acility			olal Olal	]		mal systems		or or Er)				
(	13)					insulation, s	surfacing, VAT	1		Z Z	-	Enc	m
						or other m	iscellaneous)			Remova	Repair	aps	clos
			Yes	No	N/A					val	air	Encapsulate	Enclosure
Main Store Area and	Adjacent Off	ice/		Х		Flo	or Tile	- :	25,000 SF	X		ш	Т
Storage Space				100000				-		- ^	N		
Name of Registered W	/aste Hauler	-	NJDEP V		Cubic Y	ards of Waste	Name of Regis	stered La	andfill				
Synatech, Inc.			Hauler ID	No. 429	50		Grows Landfi	II					
City, State					Disposa	al Date	City, State		C-II-C				- 17 2
Little Egg Harbor, NJ	08087				Manual	E 204E	Mandadle	A .					
Completed By	30001	Title			Signate	5, 2015 ire	Morrisville, P.	Date					
Diana Alai-					1 1	10:111	n	Α.	pril 23, 2015				
Diane Aloia		Exec. A	dministrate	or	INV	were all	11 —	April 14	4. 2015				

Print Form

Date of Notification (1)			1			Owner/C	20	(2)		V.E.		- 47		
4/27/15				Christ	opher T	omesk	0			<b>以</b>				
Agencies Notified	Type Notification			Street A	ddress									
× EPA	× Initial			15 Sar	ntiago [	Drive			Art consta					
X DEP	Amended			STORES STATES OF	te, Zip C			· ·		121.5	000		100	
X DOL	Amendment Emergency			Brick,	New Je	ersey		-Case of a	377	- company		-	- corpo	
≥ DOH	justification)	en altrication and <del>T</del> e			f Contact				Te	lephone Nu	mber			
☐ DCA	Cancellation			Joe					Е					
Alana of Facility Monage	Ab ata as at is Talis	- DI (0)		FACI	LITY INF	ORMATI	ON	T (5 33	740					
Name of Facility Where Tomesko Residence		g Place (3)	)					Type of Facility	(4)					
Street Address								School (K-		er than K-1	2)			
15 Santiago Drive										& commerc		dings	, hom	es,
City (5)			+24-					etc.) Square Feet	1 # 0	f Classo	1.	Nata 1		
Brick								1700	1 1 0	f Floors	1 1 3 3	31dg. <i>A</i> 30+	ige	
County (6)			1	County (	Code (7)			Current Use (Pr		ina domolie				
Ocean						n		residence	ioi ii be	ing demons	(led)			
Name of Monitoring Firn	n Hired by Building (	Owner (8)		ASCN	1 No.		Name	of Abatement Co	ntracto	(9)				
	, , ,	(-)					1	Insulation Co.		(0)				
Street Address								Address	X.					-
							95 N	Iontrose Road	d					
City, State, Zip Code							City, S	state, Zip Code						
75. 30.07							Colts	s Neck, N.J. 0	7722					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		0.000	none No.		License N	Vo.			
		Page Colores					732-	294-1757		00029				
Start Date (10)		Schedule	d Con	npletion (	Date (11)	1	Name	of OSHA Monitor		99				
4/28/15		5/1/15												
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Address						
	ated During Entire F						011							
Abatement Perform  X Other – Describe:		iai Facility	Hours	; ==			City, S	tate, Zip Code						
Scope of Work (Check A	II That Apply)													
	ш тпаг Арргу)						_	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					Full Containm Mini-Enclosur		n Negative I	Pressu	re		
				100 to				Glovebag Pro	cedure					
							×	Non-Exempte	d (*) an	d Non-Friat	ole Pro	- 100 TO		
		U 511 53 54	Locati	\$151,0								Abate	emen vpe	t
Location Asbestos-Containing			ormal Sole		Asha		scription					Γ,	1	
TO BE AB		Mai	ntenar	nce/				Material (ACM) s insulation,		mount Specify	Z.	_	Enc	甲
In Facil		Custo	odial S (12)	otan?		surfac	cing, VA	T, or		or LF)	Remova	Repair	aps	ıclos
(13)		1		T		oulei II	niscellar	ieousj			Val	#	Encapsulate	Enclosure
		Yes	No	N/A	<u> </u>								(D	
bathro	om			X		fl	loortile			60sf	X			
							- rinte							
											-			
		1	421								-	_		
Name of Registered Was	ste Hauter		l ki	JDEP W	acto	Cubic	Varda	l Niessa d	Des'-	rod! - 15				
				auler ID		Cubic of Was			Registe	ered Landfil	1			
Ace Insulation Co., I	nc.		12	2086		1		Chrins						
City, State	Đ)	£1 (349) =		77			al Date	City, Stat				-77.22		
Colts Neck, New Jer	sey					5/1/15		Easton	,, PA					
Completed by		Title		T	20000000	Si	ignature	Do	/		ate			
Bree McGuire		Secre	tary	Treasu	rer			1 42	1	4/	27/15	)		
100 44 /0 44									/	70000000				
ASB-41 (R-06-08)							* Do no	t use this form for	asbest	os licensure	e exem	pted	activit	ies.

JOH JOIL

### 275 CK ># 2631

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

Print Form

Date of Notification (1)				of Building Owner		")	Mark I	-			in the control of
40	14/15		Bloo	mfield Electric	Supply						
Agencies Notified X EPA	Type Notification    Initial			Address Bloomfield Ave	)			7		- %	
× EPA × DEP × DOL	Amended Amendmen			tate, Zip Code mfield, NJ 070	03	( ) -					
⊠ DOH DCA	Emergency justification) Cancellation	-		of Contact			Telephone N	lumber			
				CILITY INFORMA	TION						
Name of Facility Where A				OILITT IN ORMA		ype of Facility (4	<del>(</del> )	-			
Bloomfield Electric S	Suppy Compai	ny			I	School (K-12	15				
Street Address						Subchapter i	8 (Other than K-	12)			
658-660 Bloomfield	Ave				×	etc.)	rivate & commer	cial bu	ilding	s, hon	nes,
City (5)					S	quare Feet	# of Floors		Bidg.	Age	
Bloomfield						000	1	1	65÷		
County (6) Essex				Code (7) USE ONLY	0	urrent Use (Prio	r if being demoli	shed)			
Name of Monitoring Firm I	lired by Building	Owner (8)		M No.		Electric Suppy					
,	ee ey pananig	Owner (o)	ASC	AVI INO.		Abatement Cont sulation Co.,					
Street Address					Street Ad						
						itrose Road					
City, State, Zip Code					City, State	e, Zip Code					
					Colts N	leck, N.J. 077	722				
Project Manager for Monito	oring Firm		Telepho	one Ne.	Telephoni 732-29		License 00029	No.			
Start Date (10) 4/15/15		Scheduled		Date (11)	Name of O	OSHA Monitor					
Occupancy Status During	Abatement (Chec	k Only One)	( 91130	711)	Street Ad						
Facility Closed/Vacate				$\overline{}$		n Street					
Abatement Performed	d Outside of Norm	al Facility H	ours		City, State	e, Zip Code			_		
x Other – Describe: 7ar					141	Park, NJ 070	035				
Scope of Work (Check All	That Apply)										2.50
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novation nolition		H	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted (	dure				
		Is Lo	cation				/ and real real	DIC 1 10		ement	t
Location o			mally	De	escription of			_		уре	,
Asbestos-Containing M TO BE ABAT			Solely by enance/	Asbestos Con	taining Mate	erial (ACM)	Amount			Ш	_
In Facility			ial Staff? 12)	surfa	I systems ins icing, VAT, o	or	(Specify SF or LF)	Rem	Re	ncap	no
(13)		,	,	other	miscellaneou	is)	The second of the second secon	Removal	Repair	Encapsulate	Enclosure
		Yes 1	NO NIA	-		1		-	1	ē	e
outside			х	foofii	ng materia	al .	3000 sf	x			
								1			
indoors				fl	oor tile		700 sf	×			
indoors					r insulatio	n	180sf	X			
Name of Registered Waste	Hauler		NJDEP W	Vaste Cubic	Yards		egistered Landfil				
Ace Insulation Co., Inc	).		Hauler ID 12086	No. of Wa	ste	Chrins	×	2			
City, State				Dispos	sal Date	City, State					-
Colts Neck, New Jerse	ЗУ	1		-12	1/30	Easton,	PA /				
Completed by Bree McGuire		Title Secreta	ry Treasu		ignature	Br	DE DE	ate	4	20	// 1
						2	/		1	07	11

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

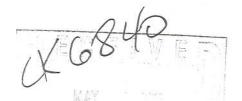
*									N			11/	153
Date of Natification (1)	April 28, 2015				Name of	f Building (	Owner/Oper Green	ator (2) Way Demolition	1	) (	6	32	
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL	[ ] Amer	l Notific nded No ndment	tification #		Street A	ddress		ox 536 rst, NJ 07755	1	W. A.			
[x] DOH		gency (i ication)	ncluding		\	60		100, 100 07700	m 1 1 2 2 10 - 10 - 10 - 10 - 10 - 10 - 1	*****			
[ ] DCA		ellation			Name of	f Contact Nadin	e Santilli		Telephone Number				
				FAG	CILITY I	NFORM	IATION						
Name of Facility Where Al	batement is Taking mer Apartment							Type of Facility (4	School (k-12)		33		
Street Address	2 2 <sup>nd</sup> Avenue							[ x ]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	lings,
City		Coun	ty (6)		County C	Code (7) USE ONL	Y)	Square feet 20,000 sf	# of Floors	Bldg	. Age	30	
Asbury Park		Mor	mouth					Current Use (Prior	if being demolished) ment Building				
	Hired by Building of ardian Contract			7.	ASCM N	lo.	Name of	Abatement Contract		Inc.			
	39 Rte. 9, Unit	61					Street Ad	1889	Route 9, Unit 61			K	
City, State, Zip Code	ms River, NJ 0	2755					City, Stat	e, Zip Code	River, New Jers	az, 00°	755 1	271	
Project Manager for Monit		133	Telephone	Number			Telephon	e Number	License N		33-1	2/1	
Nicholas Ferr	nicola		732-349				732-34		00624				
Scheduled Start Date (10) 5/11/15			5/22/		tion Date (1	11)	Name of	OSHA Monitor E.M.:	S.L. Analytical				
Occupancy Status During		1-0101		. J . C A L			Street Ad		Stalton Dood				
(2) (2)	ility Closed/Vacated tement Performed	100							Stelton Road				
7 3	er – Describe						City, Stat	e, Zip Code Pisca	taway, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[ ]		nt with Negative Pres	sure			
[ ] >3 s	sf or ≥3 lf		r 1	Renov	ration		[x]	Mini-Enclosure Glovebag Proce					
[x] ≥16	0 sf or ≥260 lf		[x]	Demol	lition		[x]		(*) and Non-Friable I	Procedu	re		
					T					Abata	ement	Type	
Location Asbestos-Containing N			Is Location Normally to Solely b	ised		Ast	Descriptio bestos-Con Material (A	taining	Amount (Specify SF	R	R E	E N	E N
TO BE ABA		Maii	ntenance/C		1		, thermal		or LF)	М	P A	C A	C L
in facilit	У		Staff			inst	ulation, su			0	I	P	0
(13)			(12)			oth	VAT, o er miscella			V A	R	S	S
		YES	NO	N/A		our	or miscens	incous)		L		L E	R E
Exterior			X	T	Roof	ing			5500 sf	X			
Interior			X		Boile	er insulati	on		250 sf	Х			
							100 Miles						
								X					
	Hauler ontracting, Inc.		NJDEP Wa	ste Haule	r ID No.	Cubic Ya	ards of Wast	Name of Regineral T.R.R.F.	stered Landfill				
City, State Toms River,	NJ 08755			Dispo	osal Date		City, Sta Tullyto		ia				
Completed by (Print or Typ Nicholas Fer	5 73	Title Proj	ect Manag	ger	Signat	ire	chi	t'I	1	Date 4/28	3/201:	5	

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

500				
D	rir	+	Form	
2.5		H.	COLL	

CK 3595

Date of Notification (1) 04/27/15 CK#	3595 \$200				of Building e Associ			(2)	38		MAI	-			7.
Agencies Notified	Type Notification	<u> </u>		Street A	Address pinson La					k)					
DEP DOL	Amended Amendmen Emergency		_	City, Sta Ridge	ate, Zip Co wood, N	ode	ersey 07	450		-		- 1			
DOH DCA	justification Cancellation	1			of Contact Infante					Tel	ephone N	imbor			
Name of Engility Where	Abote ment in Table	DI (6)		FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where Toyota Building	Abatement is Takii	ng Place (3)						Тур	e of Facility (4						
Street Address 1096 Route 17 Nor	rth							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ildings	, hom	nes,
City (5) Ramsey, New Jers	ey 07446								are Feet 000	# 0	f Floors	- 24	Bldg. 55+	Age	
County (6) Bergen	2/			County (STATE	Code (7) USE ONLY	)		Cur	rent Use (Pric	or if bei	ng demolis	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	M No.			of Ab	atement Con	•	(9)				
Street Address	ė			-			Street	Addr	Memory of the control	Δ					
City, State, Zip Code							City, S	tate,	Zip Code d Park, NJ		14				
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 973-2	one i	Vo.	0742	License I	No.			
Start Date (10) 05/18/15		Scheduled 06/18/15		npletion	Date (11)		Name	of OS	SHA Monitor		01104				
Occupancy Status Durin	a Abatement (Che	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Street		ronmental						
Facility Closed/Vac	ated During Entire	Period of Ah	atem	nent					ite 22 Wes	t					
Abatement Perform Other – Describe:		nal Facility F	lours	l ———		_	15 15 15 15 15 15 15 15 15 15 15 15 15 1		Zip Code ew Jersey	0708	3				
Scope of Work (Check A	II That Apply)	-					_	1							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Gir.	promoted .	nova moliti				×	M GI	ull Containme ini-Enclosure lovebag Proce	edure					
		ls I	ocatio	on		,	12.1	1 1/0	on-Exempted	(*) and	Non-Fria	ble Pro		emen	
Location			rmall	y		De	scription	of	8					/pe	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Maint Custoo (	tenar dial S (12)	itaff?	Asbest (i.e.	thermal surfa	taining Management systems cing, VAT miscelland	insul T, or	lation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Lower R	Roof	Yes	No	N/A	Roofi	na ma	aterials	& fla	shina	15	00 SF	X		е	
					7 10011		· toridio	Q 110	ISTILLE	4,5	00 31	^			
N (2)															
Name of Registered Was Lilich Corporation	te Hauler		Ha	JDEP Wauler ID		of Was	Yards ste		Name of R G.R.O.W						
City, State Woodland Park, New	/ Jareau 07424		18	724			sal Date		City, State		7712000000				
Completed by	Jersey 0/424	Title				06/22			Morrisvill	le, Pe	*	Wash			
Momo Glavatovic		Vice Pr	esic	lent		5	ignature	.6	70			ite 1/27/1	5		



Date of Notice 4/24/15			(C) (C) (E)	/ Operator (2)		-	
Type Notificatio	on .	Matthew Ho				A	
Agencies Notified		Street Addres				To present	
X EPA Emer	gency Notificat	on 116 N. Broa	adway				The Control of the Co
DEP X Initial	Notification	City, State &	Zip Code				
X DOL Amer	nded Notification	South Amb	ov. NJ 08	879			
	ellation	Name of Con		-	Ya.		T-1- 1 Nimbor
	Challon						
DCA		Matthew Ho	olleran				
		FACILITY	Y INFORM	ATION			
Name of Facility Where Abateme	ent is Taking Pla esidence	ace (3)	Тур	oe of Facility (4) School (K-12)			
N.	Sidelice					40)	
				Subchapter 8			D D
116 N	I. Broadway				vate & comme	rcial build	dings, homes, etc.
			Squ	uare Feet	# of Floors		Bldg. Age
City (5)	County (6)	County Code (7		2,200	2		80+
	150000	County Codo (1			if hairer damed	iahad\	
South Amboy	Middlesex			rrent Use (Prior	if being demoi	isnea)	
				sidence			
Name of Monitoring Firm Hired by	y Building Own	er (8) ASCI		me of Abatemer			
Environmental Tactics, Inc			Glo	obal Abateme	ent Services.	LLC	
Street Address				eet Address			
64 Broad Street				3 Schoolhous	e Road		
City, State & Zip Code				y, State & Zip C			
Matawan, NJ 07747				nroe Townsh			
Project Manager for Monitoring F		Telephone Number		ephone Numbe	r	License	Number
Tom Geiger		732-290-2217	732	2-605-9062			00714
	Scheduled Com	pletion Date (11)	Nar	me of OSHA Mo	onitor		
5/4/15	00110001100	5/5/15		obal Abateme		LLC	
Occupancy Status During Abaten	nent (Check on	lv one)	Stre	eet Address			
X Facility Closed/Vacated D				3 Schoolhous	e Road		
	977						
Abatement Performed Ou				y, State & Zip C			
Describe: Area Isolat	ed During Al	oatement	Mo	nroe Townsh	iip, NJ 08831		
Other - Describe:							
Scope of Work (Check all that ap	ply)						
Demolition	X Renovati	on		Full Co	ntainment with	Negative	e Pressure
Large Project				Mini-En			
X Quantity is ≥ 3 SF or ≥ 3	LEACM				ag Procedure		
[							
Quantity is ≥ 160 SF or ≥	260 LF ACM				Wrap/Encar	sulation	
Location of		Is Location		Description of	30.04	mount	Abatement Type
Asbestos-Containing	g	Normally Used		estos-Containin		Specify	(Specify: Removal,
Material (ACM)		Solely by		Material (ACM)		are Feet	
TO BE ABATED		Maintenance or		thermal system		or	or Enclosure)
in Facility	1 0	Custodial Staff?		ion, surfacing, \		ear Feet)	
(13)	9 1	(12)		ner miscellaneou		,	
()		()	0. 00		/		
Basemen	f	N/A		TSI Pipe		4 LF	Removal
Duscinen		N/A		. Of Fipe		T I=1	Itellioval
Name of Registered Waste Haule	er	NJDEP Waste Ha		Cu. Yds. of W			istered Landfill
Freehold Cartage		18693	5	1	TRE		
				Disposal Date		State	
City, State				5/5/1	5 Tull	ytown,	Pa
City, State Freehold, NJ	Title			Signature			Date
City, State Freehold, NJ Completed By (Print or Type)	Title Project	Manager		Signature	. (	ſ.	Date 4/24/15
City, State Freehold, NJ		Manager			ick Trina	ali	Date 4/24/15
City, State Freehold, NJ Completed By (Print or Type)		Manager			ick Trings	alí	

### State of New Jersey

		NO			OF ASB				Cho	00	13	38	7	5	
Date of Notification (1) 4/27/15	····		1.17		Building (		perator (	(2)	0/9		V. P. Y			<u> </u>	-
Agencies Notified	Type Notification			Street Ad 2707 C	ddress Carol Ro	ad									
DEP X DOL	Amended Amendment				te, Zip Co NJ 070							. 140-14	J. 700(1) (11)		units in the
Ď DOH DCA	Emergency ( justification) Cancellation	including			Contact rindade	,				Teleph	one Nun	nber			
				FACIL	LITY INFO	DRMATIC	NC								
Name of Facility Where A	Abatement is Taking	g Place (3)						Туре	of Facility (4) School (K-12	)					
Street Address 2707 Carol Road								×	Subchapter 8 Other (i.e. pri etc.)				dings,	home	es,
City (5) Union							- 1	Squa 240	are Feet	# of Flo	oors	B 6	ldg. A 5	ge	
County (6) Union					Code (7) JSE ONLY,	)	_	Curr	ent Use (Prior	if being	demolish	ed)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	i No.				aternent Contr ronmental						
Street Address							Street A		ess -83, 4 E Ga	te Drive	э				31 E-C T
City, State, Zip Code									Zip Code d, NJ 0741	8					
Project Manager for Mon	itoring Firm		1	Telephor	ne No.		Telepho 973-5			100000	cense N	0.			
Start Date (10) 4/28/15		Scheduled 5/11/15	Com	pletion [	Date (11)		Name o	of OS	HA Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One	()				Street A	Addre	ess						
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of Al	atem	ent	7-1 - <del>-</del> -		0.5.1.0	£	Zip Code			3	[3] 		
X Other – Describe:	M * * - + + - 40					-	#1 7	123							
Scope of Work (Check A	II That Apply)	200					-					-	51.33		100
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		-	enova emoliti				×	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				9	
		ls l	ocati	on						( ) =			Abate		
Location	n of	No	ormall	у		Des	scription	of					Ту	pe	
Asbestos-Containing TO BE AB. In Facil (13)	ATED `		Solei itenar idial S (12)	ice/		thermal surfac		insu T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Endosure
		Yes	No	N/A										e	
basem	ent			Х			insulat			90 l		x			
basem	ent			Х		flo	oor tile			60 8	SF	х			
Name of Registered Was	ste Hauler	-	N	JDEP W	/aste	Cubic	Yards		Name of R	enisteren	I andfill				
Freehold Cartage			Н	auler ID 5939		of Was			Western						
City, State Freehold, NJ	Later to the same				2. B) £	Dispos	al Date		City, State Birdsbor						

Completed by A. Scott Higgins

Title

President

Date

4/27/15

Signature

# \*

JOB WAS COMPLETED ON APRIL 14, 2015

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Date of Notification (1)			N	ame of F	Building (	)wner/C	)nerator	(2)		, , ;		11			_	
4/28/2015			0	o Esp	osito C	onstru	oction L	LCrs:	1 - 5 Y							
Agencies Notified	Type Notification		0	treet Au	dress ain Str F			- (1)	1 - 1 - 1		712-0	Ü				
EPA DEP DOL	X Initial Amended Amendment	#	С	ity, State	e, Zip Co an, NJ (	de						11_				
DOH DCA	Emergency ( justification)		N	ame of the		57747				Tele	ephone N	lumbe	r			
	Named .			FACIL	ITY INFO	RMATI	ON			1	12/22					
Name of Facility Where House for Demo	e Abatement is Takin	g Place (3)						Process	of Facility (4 School (K-12							
Street Address									Subchapter	8 (Othe				•		
1186 Route 130									Other (i.e. pretc.)	rivate &	& comme	rcial b	uild	ings,	home	es,
City (5)									e Feet	# of	Floors		BI	dg. A	ge	
Washington Town	nship							1800	)	SF			5	0+		
County (6)			C	ounty C	ode (7)			Curren	nt Use (Pric	r if bei	ng demol	ished	)			
Mercer			(5	STATE U	SE ONLY)			Hou	se for De	mo						
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	ement Con	tractor	(9)					- 12
n/a		1 6		n/a					lanageme							
Street Address							Street	Addres	s							
n/a							22 T	roy La	ane							
City, State, Zip Code									p Code							
n/a									ark NJ 07	035						
Project Manager for M	onitoring Firm		Т	elephon	e No			none No			License	No.				_
n/a	ormorning i min			n/a	0 140.			70679			01193					
Start Date (10)		Scheduled			) ate (11)		25000000		IA Monitor		01100				_	_
4/14/2015		4/15/201		piedon L	vate (11)		120000000000000000000000000000000000000		lanageme	ent Co	orn					
Occupancy Status Du	ring Abatamant (Char		1000					Addres		one Oc	, P			-		
	5	2.					0.70.00.70.70	roy La	1000)							
× Facility Closed/Va Abatement Perfo	acated During Entire rmed Outside of Norr	Period of Ab	ateme	ent					p Code					77-77-7		
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Scope of Work (Check	All That Apply						LITIC	JUILLE	ark ind 07	000		-		200		_
	( All That Apply)						г	٦								
≥3 sf or ≥3 lf ≥160 sf or ≥260 li	f		novati molitic					Min Glo	l Containme ni-Enclosure ovebag Proc	e edure	की 	œ				
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	tion of	No Used	rmally				escription					-		,	-	
	ing Material (ACM) ABATED		tenan				itaining I I system				mount Specify		ZJ	_	En	Ū
	acility	Custo		taff?	(1.0.	surfa	acing, VA	AT, or	,		or LF)		Remova	Repair	aps	Lilcioadid
(1	3)		(12)			other	miscella	neous)					val	air	Encapsulate	2
		Yes	No	N/A											е	
Exte	erior			x		Trans	site Sh	ingles		15	00 SF		х			
																L
																-
Name of Registered V	Vaste Hauler		l N.	JDEP W	aste	Cubic	Yards		Name of	Regist	ered Land	dfill				L
Loznica Managen			0.000	auler ID		of Wa			GROW							
City, State							sal Date	е	City, Stat	e						
Lincoln Park, NJ (	07035					TBD			15.0		A 1906	7				
Completed by	THE STATE OF THE S	Title				2000	Signatur	0-		_		Date	_			
E. Cirovic		Secre	tarv				1	1			$\supset$	4/28	3/2	015		
L. OIIOVIO		00016	La. y				-	M	MI			.,-		- 1 -		_

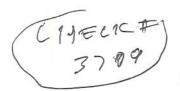
CHECK#

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

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2015 HAY -1 AH 12: 50

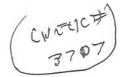
Date of Notification (1)	1- 1-			ilding Owner/Operato	(2) = 0 5	FINGLE	FIF	01		
	127/15			DATECH_	LOW LICIAC	6-1-10-1 <sub>1</sub>	VI.			
Agencies Notified	Type Notification		Stree: Addr	RT. 50		NOTE OF THE PARTY				
	☐ Amended		City State.							_
₹ por	Amendment =			ENFIELD	N.J.	08230				
Ø DOH	Emergency (if justification:	ssinatua j	Name of Co		10-2-1	Telephone Num	ber			
D 001	Cancellation			CE BREUT	NIG		-	-	_	7
		<u> </u>		INFORMATION	3:10					-
Name of Facility Where	Sharamani is Taylor		FACILITY	THE OLDER FLORE	Type of Facilit	v (4)				
	NOFNCE				School (K-					
Street Address	INENCE				Subchapte	r S (Other than K-1				
	7 6.16	THST	,		homes, etc					
City (5)	- 1 A				Square Feet	# of Floors		ldg. A		
	CEAN C	177	T C = C-	e (7. (STATE	1000	Prior if being demoli	-	40		_
County (6)	MAY		USE ONL!			ANT	3007			
Name of Monitoring Firm		) serw	ASCM No	Name of Abaten	nen: Contractor (					
(5) K/ / f	\			KLEV	nco In	s C ,				
Street Address	1			Street Address						
Street Address				369	S. Spr	UCE AVE				
City, State, Zip Code				City State Zip C		11 -		^		
City, Date, Ep Occ	18			MAPL	E SHA		0	80	5 6	
Project Manager for Mon	toring Firm	T ele	phone No	Telephone No.	6	License No.	, 1			
					9-0472	- 0044	9_			=
Start Date (10)	Sched	uled Complet		Name of OSHA		7				
5/1/15		5/18/19		J6SEPH	KLEMM	1 JR				-
Occupancy Status During	Abatement (Chec	k only one)		Street Address	. SPRUC	e Ave.				
☐ Facility Closed/Vacate	d Dunng Entire Per	nod of Abater	nen!	Crry, State, Zip C		e nue			_	_
Abatement Performed	Outside of Normal	Facility Hour	5		SHADE	N.T 08	:05	>_		
Other - Describe:				- WAPLE	OHADE	10.1				_
Scope of Work (Check all	that apply /					egative Pressure				
[]>3 sf or ≥3 lf		Renovatio		Min-En	closure sg Procedure					
	į	Demoisor		Mon-Exi	empled (*) and N	Ion-Friable Procedu	re			
		Is Location					A	ратен		
		Nomally		Description of				Typ	æ	
Location of		Used Solety Maintenance	e Ast	estes Containing Mat		Amount			回	m
Asbestos-Containing Mi TO BE ASATE	C	೧ಡ:ಚಡ		e thermal systems i	nsulation.	(Specify SF or LF)	Rer	Re	<u>5</u>	rcl
IN Facility	_	Staff? (12)	ž V	surfacing, VAT.	or Sus	3 F (1 LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-			27.25 CENT OF THE SEC. 1			<u>a</u>		ale	Ü,
		nes to	N 4				1.7	-		
SIDING			X	TRAWSIT	E	18004	X			
GIDING										
				e cho	5					
75 1. 700	Haular	1 1	DEP Waste	Cubic Yards	Name of Reg	istered Landfill	-			
Name of Registered Waste			7904	of Waste	CIM	C M 1).	A			
KLOMEO	INC.		1704	Disposal Date	City, State					
City State	3.3	T		1303301 5610		OBINE . I	1. J	-0		
	ADE N	· )		Signature	7000	Date				
Completed By	Tige	ICE. P	RESIDEN		21) L	_				_
MICHAEL KI	tom- V	116. 1	ICE TITY	- I fre						



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Build	ing Owner/Operator	(2)	1 40 17 . 344				-
Date of Houricalan (1)	27/15			INSFOR		ENTER P	215	65		
Agencies Notified	Type Notificatio	n	Street Addres		5 / 5		5.			
₩ PA	🔀 Initial		601	W. CLDA	exs Tola	2 ING R	200			
IN DEP	Amended		City, State, Zip						-	
₩ DOT	Amendment Emergency		E	ic lyong	on no	5, 0821	٥			
□ рон	justification)		Name of Conta			Telephone Nun				
DCA	Cancellation		B	nazana		1 -				
		<del></del>	FACE ITY IN	IFORMATION .						
Name of Facility Where	Abatement is Taki	no Place (3).	1,502.1.		Type of Facilit	y (4)				
	DENICO				School (K-	.m.c				
Strant Address		Λ			Subchapte	r 8 (Other than K-1		8	4	
2 MA	1c powald 1	CACE			homes, etc	,	× 0		) () 	
City (5) (5)	ترين سر العرب				Square Feet	# of Floors	E	Bldg. A		
	1 QTIVE		County Code	(7) (STATE		Prior if being demo	=   -		<u> </u>	
County (6)	( r	#0	USE ONLY)			DONT				
Name of Monitoring Firm	Hirad by Building	Owner	ASCM No.	Name of Abatem	nent Contractor (					
(8) A//				160	EMCO I	ev c.				
Street Address				Street Address						
000000000000000000000000000000000000000				36	95,51	proce Au	-			
City, State, Zip Code				City, State, Zip C	ode					
	29			MAR	LE SIN	ADE NIJ	08	05		
Project Manager for Mon	itoring Firm	Tele	phone No.	Telephone No.	_	License No.				
N/I	٥	<b>-</b>		856-7	79-047	2 0001	44			
Start Date (10)		dujed Comple		Name of OSHA N	Monitor					
5/116	15 5	118/15			J/A					
Occupancy Status During	Abatement (Che	ck only one)	3.2.2	Street Address						
Facility Closed/Vacate	d During Entire Pe	eriod of Abater	ment							_
Abatement Performed	Outside of Norma	Facility Hour	\$	City, State, Zip C	ode					
Other - Describe:									_	_
Scope of Work (Check al	I that apply)			□ Ev# Con	stainment with Ne	anti in Brazalira				
П.2(2¥		☐ Renovato	on	☐ Mini-End		egative Pressure				1
≥3 sf or ≥3 ff >160 sf or ≥260 ff		Demotitor			g Procedure	an Friekla Dansadı				
U				Non-Exe	empted (*) and N	on-Friable Procedu		Abate	men!	
*		Is Location Normality	0				1	Typ		1
Location o	f	Used Solely		Description of	199 at 1000 at 1000 at 1					
Asbestos-Containing M.		Maintenano Custodial	1400 H	tos Containing Mate thermal systems in		Amount (Specify	Z,	7	Enc	En
TO BE ABATE IN Facility	큄	Staff?	(	surfacing, VAT,	or .	SF or LF)	Remova	Repair	apsi	Enclosure
(13)		(12)		other miscellaneo	us)		val	=	Encapsulate	ure
		Yes No	N/A			· ·			. D	
3 1 D INC		-		RAMSTE		20000				
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							+-	-	-	-
						1 11 100				
Name of Registered Wast	e Hauler	71	DEP Waste	Cubic Yards of Waste	Name of Regi	istered Landfill				
KLEMCO		Ha	luter 10 No.	of waste	AC	UA.				_
City, State				Disposal Date	City, State		-			17
MAPLE 5 H4	T. M. FOR	08052				EASINTU	MA	,-12 F	= ,1	7 4
Completed By	Title			Signature	4 Ku	Date	1	1		
JOSEPHILL	Fran-	DWWFR		- Jours	y receive					$=$ $\cup$



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Name of Building Owner/Operator (2) Date of Notification ( 4/27/15 LARTHTECH. Street Address voe Notification Agencies Notified 55- RI Amended State Zip Code X 00r Amendment = J REENIFIELD Emergency including Ø 00H □ 00A justification Name of Contact Cancellation BRUCE BREUNIG FACILITY INFORMATION ype of Facility (4) Name of Facility Where Abatement is Taking Place 13 School (K-12)
Subchapter S (Other than K-12) RESIDENCE Street Address Other (i.e., private & commercial buildings, BING TRACK LINE nomes, etc.) Square Feet # of Floors CHY (5) OCENA CITE 407 1000: County Code (7) (STATE Current Use (Prior if being demolished) County (6) CAFE MAY USE ONLY VACANT Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No KLEMCO Steet Address Street Address SPRUCE City, State, Zip Code MAPLE HADE Telephone No Project Manager for Monitoring Firm 00444 Start Date (10) 6SEPH EMM Street Address Occupancy Status During Abatement (Check only one SPRUCE ✓ Facility Closed Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code SHADE Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Min-Enclosure \_\_\_≥3 sf or ≥3 lf \_\_\_≥160 sf or ≥260 lf Renovation Glovebag Procedure Demoison Non-Exempted (\*) and Non-Friable Procedure Abatement is Location Type Normally Used Solely by Description of Location of Amount Aspestos Containing Material (ACM) Maintenance. Aspestos-Containing Material (ACM) ೦ಜಾಯಾ ii e thermal systems insulation. (Specify Removal TO BE ASATED Staff? surfacing, VAT, or SF or LF) in Facility omer miscellaneous) (12 4. 4 100 TRAW SITE 20000 X X SIDING Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler 10 No. Osposal Date NOODBINE MAPLE Signature ide Completed By PRESIDENT VICE MICHAEL



	(P	ursua	nt to NJA	Z 8:60 and 12:12	01	2615 1144 -1	r E/	10.	10	
Date of Notification (1)		Nar		ng Owner/Operato HTECH	The state of the s	TING			4 3	
Agencies Notified Type Notification  FA  DEP  Amended	on		e: Addres State Zip	RT. 50	•	& LICE	Gj.	ig.	UL.	_
DOL Amendment			1-	UFIELD.	N.J.	08230				
Ø DOH justification ☐ DCA Cancellation	_		ne of Conta BRUC		Nic	Telephone Num	ber			
	*1 1	· F	ACILITY IN	FORMATION		* • •				
Name of Facility Where Abatement is Tax					Type of Facili  School (K-	Talana i	2)			
Street Address Z436.WE		1 VE	•			private & commerci	ial bu	ilding ildg. /		
City (5) Ocead CITY					1000		_  _	40		
County (6) CAFE MAY			unty Code E ONLY)	7) (STATE	Vac	Prior if being demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner	ASC	l No		nent Contractor (	(9) (C)				
Stree! Address				Syee: Address	S. Spr	UCE AVE				
Cky, State, Zip C∞de				Ch. State Zip C	- Comment of the comm	DE N.T	0	80	53	>
Project Manager for Monitoring Firm	] Te	iephone	No.	Telephone No.	9-0472	License No.	4			
	duled Comp		ale (11)	Name of OSHA	1 4	1 JR				
Occupancy Status During Apatement (Che Facility Closed/Vacated During Entire Pe	ex only one.	emen!		Street Address	. Spruc	7.4	-8			
Abatement Performed Outside of Norma  Other - Describe:	i Facility Hou	nus		City: State, Zip C			05	2		
Scope of Work (Check all that apply)  3 sf or 23 lf 2160 sf or 2260 lf	Renova			Min-End Gloveba	closure ag Procedure	egative Pressure	re			
*6.	Is Locati Normali						<i>A</i>	Abate Typ		
Location of Aspestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Sole Maintenar Custodi Staff? (12	hy by nce. ai		Description of as Containing Mati thermal systems in surfacing, VAT, other miscellaneo	eriai (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	r≅ h:	1:2		TO ALL SITE		20:000	X			
SIDING		. X		TRAM SITE	<u>د</u>		1			
		1050	Vi-wi-	Cubic Yards	Mama of Dea	istered Landfill				
Name of Registered Waste Hauler	1.00	UDEP V auler ID 79	No.	of Waste	C.M.	C, M. U	A			_
City State MAPLE SHADE N				Disposal Date	City, State WOOV	DBINE A	[ . J	_		
Completed By Tide		Prin	OCNI	Signature	2076	Date	12	5/.	15	



Check# 1201

Date of Notification (1)   Alzahrison Holdings LLC   Alzahrison	D-1- 531 85 8 74				11 /		0 10		(0)	01		1	_	1	_	- 0	1
Specific Control   Tope Notification   Solve Address   Solve	Date of Notification (1) 4/24/15								LLC	2615 (1)	- [	/··/-					
DOL	Agencies Notified	Type Notification			Street A	ddress							- 4		_		
DOL					50 Wa	shinata	n Stree	et		4							
DOL				-							77.1	. ***.	1001				
Bodh		DOMAIN .	#			56				*** 1-1	-11						
							07000		-		Tol	onbono N	lumbor		-		_
Second   S					Name of	Comaci					16	ephone iv	iuiiibei				
Name of Facility Where Abatement is Taking Place (3)   Abandoned House for Demo   Street Address   Suchespiter 6 (Other than K-12)   School (K-12)   Suchespiter 6 (Other than K-12)   Other (I.e. private & commercial buildings, homes.	L DOA	Caricenation	1		FACI	I ITY INC	ODMATI	ON									100
Abandoned House for Demo   Street Address   Subchapite 8 (Other than K-12)   Subchapite 8 (Other	Name of Facility When	e Abatement is Takir	no Place (3)	)	FACI	LIITINE	URMAII	ON	Type	of Facility (4	1)						
Street Address			,g , ,aoo (o	,													
City (5) Harrison  County (6) Essex  County (7) County (8) County (8) County (8) County (9) County (19) Cou		o for Bonno										or than V	12\				
County (6)	0.000													ildin	as.	home	es.
Harrison		<u> </u>							-	etc.)				4000000			7.77.4
County (6) ESSEX    County Code (7)	[0]1 10 10 10 10 10 10 10 10 10 10 10 10 10	*									1	f Floors				ge	
ESSEX  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  n/a  ASCM No.  n/a  Name of Abatement Contractor (9)  Lozarica Management Corp  Street Address  n/a  City, State, Zip Code  n/a  City, State, Zip Code  n/a  Project Manager for Monitoring Firm  n/a  Street Address  22 Troy Lane  City, State, Zip Code  Lincolin Park NJ 07035  Cocupanory Status During Abatement (Check Only One)  Fedical Clare Period of Abatement Cotty State, Zip Code  Lincolin Park NJ 07035  Street Address  22 Troy Lane  City, State, Zip Code  Lincolin Park NJ 07035  Street Address  22 Troy Lane  City, State, Zip Code  Lincolin Park NJ 07035  Street Address  22 Troy Lane  City, State, Zip Code  Lincolin Park NJ 07035  Scope of Work (Check All That Apply)  23 sf or 23 if  24 Secondary State S									250	0	2			50	+		
ASCM No.   Name of Mathematic Abstraction of Market Abstraction	County (6)																
1/2	Essex				(STATE )	JSE ONLY	,		Aba	andoned H	louse	for De	mo				
Street Address	Name of Monitoring Fin	rm Hired by Building	Owner (8)		ASCN	No.		Name	of Aba	atement Con	tractor	(9)					
City, State, Zip Code	n/a				n/a			Lozi	nica N	/lanageme	ent Co	orp					
City, State, Zip Code	Street Address							Street	Addre	ss							
City, State, Zip Code	n/a							22 T	rov L	ane							
Project Manager for Monitoring Firm   Telephone No.   Telephone No.   9737067950   Userse No.   01193	City, State, Zip Code				-												
Project Manager for Monitoring Firm  In/a  Telephone No. In/a  Telephone No. In/a  9737067950  Date (11)  Scheduled Completion Date (11)  5/30/15  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Lincoln Park NJ 07035  Scope of Work (Check All That Apply)  23 sf or 23 if 2160 sf or 2260 if  Scope of Work (Check All That Apply)  23 sf or 23 if 2160 sf or 2260 if  Scope of Work (Check All That Apply)  24 sabestos-Containing Material (ACM) TOBE ABATED In Facility (13)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Ap	100 0 100							1500		35	035						
N/a   9737067950   01193	Project Manager for M	onitoring Firm			Telepho	ne No						Licence	No				
Start Date (10) 5/4/15  Scheduled Completion Date (11) 5/4/15  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 if 23 sf or ≥260 if  Is Location of Asbestos-Containing Material (ACM) In Facility (13)  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Ist Floor Kitchen  Ist Foor Kitchen  Street Address 22 Troy Lane City, State, Zip Code Lincoln Park NJ 07035  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frisble Procedure Non-Exempted (*) a		ormorning i min				116 140.											
Screet Address   Status During Abatement (Check Only One)   Street Address   Status During Abatement (Check Only One)   Street Address   Status During Abatement (Check Only One)   Street Address   Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code			Cabadula	70-		D-4- (44)						01193					
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Period Outside of Normal Facility Hours  City, State, Zip Code Lincoln Park NJ 07035  Scope of Work (Check All That Apply)  23 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  1st Floor Kitchen  2sterior			100		npieuoni	Date (11)					C						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Lincoln Park NJ 07035  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or ≥260 lf  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) In Facility (13)  Separate Procedure  Asbestos-Containing Material (ACM) In Facility (13)  Yes No N/A  1st Floor Kitchen  X 12x12 VAT  So SF  Exterior  Nume of Registered Waste Hauler Rovic Transport  Nume of Registered Waste Hauler Rovic Transport  Nume of Registered Waste Hauler Rovic Transport  Title  Signature  22 Troy Lane City, State City, State Rovic Transport  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (I.e. themal systems insulation, Surfacing, VAT, or other miscellaneous)  SF or LF)  Rovic Transport  Name of Registered Landfill GROWS Landfill  GROWS Landfill  GROWS Landfill  GROWS Landfill  GROWS Landfill  Signature  Date		in - Al-4 /Oh-		-							ent Oc	orp					
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Lincoln Park NJ 07035  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  1st Floor Kitchen  1st Floor Kitchen  Type  Normally 1st Floor Kitchen  Type  Normally 1st Floor Kitchen  Type  Normally 1st Floor Kitchen  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  Normally 1st Floor Kitchen  Type  Abatement Type  Custodial Staff? (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  SF or LF)  Proposition  Amount (Specify SF or LF)  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  SF or LF)  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  SF or LF)  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  SF or LF)  Renovation Type  Abatement Type  Abatement Type  Abatement Type  Custodial Staff? (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  SF or LF)  Renovation Type  Abatement Type  Abatement Type  Custodial Staff? (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  SF or LF)  Renovation Type  Abatement Type  Abatement Type  Abatement Type  Custodial Staff? (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous)  SF or LF)  Renovation Type  Abatement Type  Abatement Type  Custodial Staff? (i.e. thermal systems insulation, surfacing, VATI, or other miscellaneous  Abatement Type  Abatement Type  Abatement Type  A			175	92													
Cther - Describe:   Lincoln Park NJ 07035	× Facility Closed/Va	acated During Entire	Period of A	Abater	nent				(1) 500								
Scope of Work (Check All That Apply)   3 sf or 23 lf   2160 sf or 2260 lf			nai Facility	Hour	S			12.5									
Renovation Demolition    Staff or ≥3 if	Someone .							Line	oln P	ark NJ 07	035						
Demolition   Description of Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exem	Scope of Work (Check	All That Apply)						_									
Secretarion of   Control   Completed by   Complet			-									Negative	e Press	ure			
Second   Continuing Material (ACM)   Second   Continuing Material (ACM)   Second	× ≥160 sf or ≥260 lf		X D	emoli	tion			-									
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  1st Floor Kitchen  Exterior  Name of Registered Waste Hauler Rovic Transport  Name of Registered Waste Hauler Rovic Transport  City, State Riverdale, NJ  Completed by  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Page 1								>				d Non-Fri	able Pr	oce	dure		
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  In Facility (13)  Yes No N/A  1st Floor Kitchen  Exterior  X 12x12 VAT 50 SF x  Exterior  X Roof Tar  Name of Registered Waste Hauler  Rovic Transport  Name of Registered Waste Hauler  Rovic Transport  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  12x12 VAT 50 SF x  Roof Tar  Name of Registered Waste Hauler  Rovic Transport  Name of Registered Landfill  GROWS Landfill  City, State  Riverdale, NJ  Completed by  Type  Topic Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Registery  Tello Signature  Type			1-	1							1 / 4 / 1			- 0.000	10-10-1		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  1st Floor Kitchen  Exterior  X  1st Floor Kitchen  X							_		0.002								
TO BE ABATED   In Facility (13)			Use	d Sole	ly by	Ashes	Des tos Cont	scription	l Oî Jateria	I (ACM)	Δ	mount			.	evaners'	
1st Floor Kitchen													20	1.	,	Enc	E
1st Floor Kitchen			Cust		Stair?								ome	1	en:	aps	clos
1st Floor Kitchen	(13	3)		(/	_		other n	niscellar	neous)				oval	1	₽	ula	sure
Exterior X Roof Tar 800 SF X  Name of Registered Waste Hauler Rovic Transport Site Hauler ID No.  City, State Riverdale, NJ  Completed by Title Signature  Roof Tar  Roof Registered Landfill  GROWS Landfill  GROWS Landfill  GROWS Landfill  GROWS Landfill  Grow Tar  Roof Tar  R			Yes	No	N/A											е	
Exterior X Roof Tar 800 SF X  Name of Registered Waste Hauler Rovic Transport Site Hauler ID No.  City, State Riverdale, NJ  Completed by Title Signature  Roof Tar  R	1st Floor	Kitchen					12	v12 V/	ΔT		5	n SE	-	+	1		
Name of Registered Waste Hauler Rovic Transport  City, State Riverdale, NJ  Title  NJDEP Waste Hauler ID No.  Cubic Yards of Waste TBD  Name of Registered Landfill  GROWS Landfill  City, State  Morrisville PA 19067  Date			-		-				100		00 0000		X	+	-		-
Rovic Transport  Hauler ID No.  of Waste TBD  GROWS Landfill  City, State  Riverdale, NJ  Completed by  Title  Disposal Date TBD  Morrisville PA 19067  Date	Exte	rior			X		R	oof Ta	ır		80	00 SF	Х				
Rovic Transport  City, State Riverdale, NJ  Completed by  Hauler ID No.  of Waste TBD  City, State Disposal Date TBD  Morrisville PA 19067  Signature  Date									53								
Rovic Transport  City, State Riverdale, NJ  Completed by  Hauler ID No.  of Waste TBD  City, State Disposal Date TBD  Morrisville PA 19067  Signature  Date										-				+	-		
Rovic Transport  City, State Riverdale, NJ  Completed by  Hauler ID No.  of Waste TBD  City, State Disposal Date TBD  Morrisville PA 19067  Signature  Date	Name of Desisters 1141	leate Heule-				la anta	Coll	Vand-		I Name 15	)1-4		EII .	1			
Rovic Transport  City, State  Riverdale, NJ  Completed by  TBD  CROWS Landfill  City, State  Disposal Date  TBD  Morrisville PA 19067  Date	and without the	aste nauter		11533						E RECEIVED AND ADDRESS			IIII				
City, State  Riverdale, NJ  Completed by  Disposal Date TBD  Morrisville PA 19067  Signature  Date	Rovic Transport						100000000000000000000000000000000000000			GROW	S Lar	dfill					
Riverdale, NJ  Completed by  TBD  Morrisville PA 19067  Signature  Date	City, State							sal Date	7-12-12-12	City State							
Completed by Title Signature Date								Jan 2010		5000		4 19067	7				
			Title				1	ionature	2							-	_
	D 50 50	(A)		etarv						,				15			

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

Date of Notification (1)					Nomo	of Duilding	- 0	ner/Operator (	2,		ar so		-	** +=:
3/	11 /	15			PSI	anana S	g Ow	ner/Operator (	2)	2015	KAY -	. 1	rie.	
Agencies Notified	Type Notific	ation			Street	Address						,	11/	2: is
□ EPA					80 1	Park Plaz	a			4	-		40	
⊠ DOLWD	⊠ Amended		1121	14 E	City, S	State, Zip C	ode			Pa.	1.01	- 1	4,6	77.
☑ DHSS ☐ DCA	Amendm  Emergen				Nev	vark, NJ	071	02			-1-1	17.5	HO	
(NJAC 5:23-8)	justificati	ion)	uaing		Name	of Contact	t			Telephone Nui		_		
	Cancella				C/O	Thomas	Sa	vage		1				
					FAG	CILITY IN	FOF	RMATION						
Name of Facility Where A	Abatement is	Taking F	Place	(3)					Type of Facility	(4)				-
PSEG Nuclear				, ,					School (K-12	5/8				
Street Address									Subchapter 8					
End of Alloway Cre	ek Neck Ro	d.							Other (i.e., property homes, etc.)		ercial bu	uilding	ļS,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Hancocks Bridge														
County (6)					Cour	ity Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Salem									Exterior wo	rk on interior	of cool	ing t	owe	r
Name of Monitoring Firm	Hired by Buil	ding Ow	vner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
NA							E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Str	eet Address						
							1	123 BEAVE	R STREET					
City, State, Zip Code							City	y, State, Zip Co	ode		21			
11194,							E	BRISTOL, PA	19007					-
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.	7 7 7 7 7 7	License No.				
							2	15-788-6040		00509				
Start Date (10)		Schedul	led C	omple	tion Da	te (11)	Nai	me of OSHA M	lonitor					
04 /13 /	15	04	_ /	_ 25	_ / _	15_	E	BRISTOL EN	VIRONMENTAI	L, INC.				
Occupancy Status During	g Abatement (	Check of	only o	ne)			Str	eet Address						
☐ Facility Closed/Vacate							1	123 BEAVE	RSTREET					
Abatement Performed						cribe	City	, State, Zip Co	ode					
Time of Abatement: 7	:00AM-5:30	PM/	P	VI	AM		Е	BRISTOL, PA	19007					
Scope of Work (Check al	I that apply)						-							
☐ >3 sf or >3 lf		Г	7 Pa	novati	on			☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressure				
≥3 \$1 61 ≥3 11     ≥160 sf or ≥260 If				molitic					g Procedure					
								Non-Exe	mpted (*) and No	n-Friable Proced	dure			
EX MYS				Locat							Ab	atem	ent T	уре
Location Asbestos-Containing		//\		lorma d Sole		Acho	otoo	Description o Containing Ma		Amount	Re	Re	E	m
TO BE ABA	20.000 AND AND	")	Mai	intena	nce/			ermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facili	ity		Cust	(12)	Staff?	1000	5	surfacing, VAT,	or	SF or LF)	Val		Encapsulate	sure
(13)		,	Yes	No.	N/A	1	ot	her miscellane	ous)				ate	
Hope Creek Cooling	tower				N/A	Transite	e pa	nels		1000 SF		П	П	П
Genreal Area beneati						200	370	bris clean u	0	1500 SF				
		-		П								П	П	П
			=	$\overline{\Box}$	1							П	П	
Name of Registered Was	te Hauler			IN	JDEP \	Vaste	Cut	oic Yards of	Name of Regis	tered Landfill			_	-
C&H Disposal Serv				1,200	auler II 7903		Wa			mprove. Auth	. Solid	Was	te D	iv
City, State								posal Date	City, State					
Elmer, NJ							4	/25/15	Alloway, N	J				
Completed By (Print or Ty	ype)	Title						Signature	1	, [	Date /	3	/	$\exists$
Gino Pizzigoni	erowo 40	Est	imat	or				Him to	Mariani,	/ jl	4/3	24/	15	

ASB-41 MAY 11 G I 15036

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

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Name of Facility Where Aba	atement is Ta	king Pla	ace (3)		HOILITI	NFORMATION	Type of Facilit	v (4)				
Name of Facility Where Aba	atement is Ta	king Pla	ace (3)			M ORMATION	Type of Facilit	y (4)				
PSEG Nuclear Street Address							School (K-	12)				
End of Alloway Creek	Mook Da						Other (i.e.	r 8 (Other than private and con	K-12)	الماناطا		
City (5)	Neck Ra.						homes, etc	:.)	mileiciai	bulla	ings,	
Hancocks Bridge							Square Feet	# of Floors	T	Bldg.	Age	
County (6)											š	
Salem				Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being der	molished	i)		
Name of Monitoring Firm Hir	ad by Duildia	- 0	(0)	1.000			Exterior w	ork on interio	or of co	oling	tow	/e
NA	ed by Bullair	g Owne	er (8)	ASCI	ЛNo.	Name of Abateme	The state of the s					
Street Address							VIRONMENTA	AL, INC.				
01.00171001000						Street Address						
City, State, Zip Code						1123 BEAVE	Marketine and the second second					
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City, State, Zip Co						
Project Manager for Monitori	na Firm		Te	lephone	No	BRISTOL, PA	19007					
				юрионе	. 140.	Telephone No. 215-788-6040		License No	).			
Start Date (10)	Sch	eduled	Comp	etion D	ate (11)	Name of OSHA M		00509				
_04 / 13 / 1					15							
				T /	10	BRISTOI FN	/IDONINGENTA	I INIO				
Occupancy Status During Ab	atement (Ch					BRISTOL EN	VIRONMENTA	L, INC.				
☐ Facility Closed/Vacated D	uring Entire I	eck only	one)	ement		Street Address		L, INC.				
☐ Facility Closed/Vacated D	uring Entire I	eck only Period o	one) of Abate	ement	scribe	Street Address 1123 BEAVER	RSTREET	L, INC.				
☐ Facility Closed/Vacated D	uring Entire I	eck only Period o	one) of Abate	ement	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET	L, INC.				
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00,	uring Entire I tside of Norm AM- <u>5:30</u> PM/	eck only Period o	one) of Abate	ement	scribe	Street Address 1123 BEAVER	R STREET	L, INC.				
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00, ☐ Scope of Work (Check all tha	uring Entire I tside of Norm AM- <u>5:30</u> PM/	eck only Period o nal Faci	one) of Abate lity Hou	ement urs - De AM	scribe	Street Address 1123 BEAVER City, State, Zip Col BRISTOL, PA	R STREET de 19007					
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00, ☐ Scope of Work (Check all tha ☐ >3 sf or >3 lf	uring Entire I tside of Norm AM- <u>5:30</u> PM/	Period of particular p	one) of Abate ity Hou PM	ement irs - De AM	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET  de 19007  ainment with Negosure					
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00, ☐ Scope of Work (Check all tha ☐ >3 sf or >3 lf	uring Entire I tside of Norm AM- <u>5:30</u> PM/	Period of particular p	one) of Abate lity Hou	ement irs - De AM	scribe	Street Address 1123 BEAVER City, State, Zip Col BRISTOL, PA	R STREET  de 19007  ainment with Negosure Procedure	gative Pressure				
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00,  Scope of Work (Check all tha ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	uring Entire I tside of Norm AM- <u>5:30</u> PM/	Period c	one) of Abate ity Hou PM enova emoliti s Loca	ement Irs - De AM Lion on	scribe	Street Address 1123 BEAVER City, State, Zip Col BRISTOL, PA	R STREET  de 19007  ainment with Negosure	gative Pressure	edure	hatem	eant T	Tues
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00, ☐ Scope of Work (Check all tha ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of	uring Entire I tside of Norm AM- <u>5:30</u> PM/ t apply)	eck only Period c aal Faci	one) of Abate lity Hou PM enovai emoliti s Loca Norma	ement Irs - De AM tion on	scribe	Street Address 1123 BEAVER City, State, Zip Col BRISTOL, PA    Full Conta   Mini-Enclo   Glovebag   Non-Exem	de 19007  ainment with Negosure Procedure npted (*) and No	gative Pressure	edure	batem	T	Ť
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00, ☐ Scope of Work (Check all tha ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location of ☐ Asbestos-Containing Mate ☐ D BE ABATED	uring Entire I tside of Norm AM- <u>5:30</u> PM/ t apply)	eck only Period c all Faci	one) of Abate ity Hou PM enoval emoliti s Loca Norma ed Sol aintena	ement urs - DeAM ion on tion ally ely by ance/	scribe	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exem  Description of stos Containing Mate	de 19007  ainment with Negosure Procedure hopted (*) and No	gative Pressure in-Friable Proce Amount	edure	_	T	Ť
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☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00, ☐ Scope of Work (Check all tha ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location of ☐ Asbestos-Containing Mate ☐ D BE ABATED	uring Entire I tside of Norm AM- <u>5:30</u> PM/ t apply)	eck only Period c all Facil  R D Us M Cu	one) of Abate ity Hou PM denovar emoliti s Loca Norma ed Sol aintena stodial (12)	ement urs - De _AM tion on tion ally ely by ance/ Staff?	scribe	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA    Full Conta   Mini-Encle   Glovebag   Non-Exem    Description of stos Containing Mate, thermal systems in	de 19007  ainment with Negosure Procedure npted (*) and No	gative Pressure in-Friable Proce Amount	edure	_	en Encapsulate	T
Scope of Work (Check all tha    \( \geq 3 \) sf or \( \geq 3 \) If    \( \geq 160 \) sf or \( \geq 260 \) If    Location of Asbestos-Containing Mate   \( \frac{TO BE ABATED}{IN Facility} \)   (13)	uring Entire I tside of Norm AM- <u>5:30</u> PM/ t apply)	eck only Period c all Faci	r one)  of Abate ity Hou  PM  eenovat  eemoliti  s Loca  Norma  ed Sol  aintena  stodial  (12)  No	ement Irs - De AM  ion on tion ally ely by ance/ Staff?	Asbe:	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclo   Glovebag   Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de 19007  ainment with Negosure Procedure npted (*) and No	gative Pressure on-Friable Proce Amount (Specify SF or LF)	Removal	_	T	T
□ Facility Closed/Vacated D  Abatement Performed Ou Time of Abatement: 7:00, Scope of Work (Check all tha  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Loce Creek Cooling tower	uring Entire I tside of Norm AM-5:30PM/ t apply)	eck only Period c lal Faci  R D Us M Cu Yes	r one) of Abate ity Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ement urs - De AM tion on tion ally ely by ance/ Staff?  N/A	Asbe (i.e	Street Address  1123 BEAVER City, State, Zip Cod BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exem    Description of stos Containing Mate   thermal systems in surfacing, VAT, cother miscellaneous	de 19007  ainment with Negosure Procedure npted (*) and No	pative Pressure on-Friable Proce Amount (Specify SF or LF)	A Removal	_	T	Ť
□ Facility Closed/Vacated D  □ Abatement Performed Ou  Time of Abatement: 7:00,  Scope of Work (Check all tha  □ ≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf  □ Location of  Asbestos-Containing Mate  □ TO BE ABATED  IN Facility  (13)  □ Aspect Cooling tower	uring Entire I tside of Norm AM-5:30PM/ t apply)	Period control of the	r one)  of Abate ity Hou  PM  eenovat  eemoliti  s Loca  Norma  ed Sol  aintena  stodial  (12)  No	ement urs - De AM  tion on tion allly ely by ance/ Staff?	Asbe (i.e	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclo   Glovebag   Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de 19007  ainment with Negosure Procedure npted (*) and No	gative Pressure on-Friable Proce Amount (Specify SF or LF)	Removal	_	Encapsulate [	Ť
□ Facility Closed/Vacated D  □ Abatement Performed Ou  □ Time of Abatement: 7:00,  □ Scope of Work (Check all tha  □ ≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf  □ Location of  □ Asbestos-Containing Mate  □ TO BE ABATED  □ IN Facility  □ (13)  □ In Facility □ (13)	uring Entire I tside of Norm AM-5:30PM/ t apply)	eck only Period c all Facil  R D Us M Cus Yes	r one) of Abate ity Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ement Irs - De AM  iion on  tion ally ely by ance/ Staff?  N/A	Asbe (i.e	Street Address  1123 BEAVER City, State, Zip Cod BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exem    Description of stos Containing Mate   thermal systems in surfacing, VAT, cother miscellaneous	de 19007  ainment with Negosure Procedure npted (*) and No	pative Pressure on-Friable Proce Amount (Specify SF or LF)	A Removal	_	Encapsulate [	Ť
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□ Facility Closed/Vacated D □ Abatement Performed Ou □ Time of Abatement: 7:00, □ Scope of Work (Check all tha □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of □ Asbestos-Containing Mate □ IN Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower □ In Facility □ (13) □ Ope Creek Cooling tower	uring Entire I tside of Norm AM-5:30PM/ t apply)  crial (ACM)	eck only Period c all Facil  R D Us M Cus Yes	r one)  of Abate ity Hou  PM	ement urs - De AM  tion on tion ally ely by ance/ Staff?  N/A	Asbe (i.e	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclo   Glovebag   Non-Exem    Description of stos Containing Mate   thermal systems in surfacing, VAT, oother miscellaneous expanels   panels   debris clean up	de 19007  ainment with Negosure Procedure npted (*) and No	Amount (Specify SF or LF)	Removal	_	Encapsulate [	Ť
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□ Facility Closed/Vacated D  □ Abatement Performed Ou  Time of Abatement: 7:00,  □ Scope of Work (Check all tha  □ ≥3 sf or ≥3 if  □ ≥160 sf or ≥260 if  □ Location of  Asbestos-Containing Mate  □ IN Facility  (13)  □ Ope Creek Cooling towe  □ In Facility  □ Steppe Creek Cooling towe  □ Steppe Creek Cooli	uring Entire I tside of Norm AM-5:30PM/ t apply)  crial (ACM)	eck only Period c all Facil  R D Us M Cus Yes	r one)  of Abate ity Hou  PM	ement urs - De AM  tion on tion ally ely by ance/ Staff?  N/A	Asbe (i.e	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exem    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneous expanels   Panels   debris clean up    Cubic Yards of Waste	de 19007  ainment with Negosure Procedure Inpted (*) and No  erial (ACM) Isulation, or us)  Name of Regist	Amount (Specify SF or LF)	Removal 🛇	Repair	Encapsulate	]
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☐ Facility Closed/Vacated D ☐ Abatement Performed Ou ☐ Time of Abatement: 7:00,  Scope of Work (Check all tha ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If   Location of ☐ Asbestos-Containing Mate ☐ D BE ABATED ☐ IN Facility	uring Entire I tside of Norm AM-5:30PM/ t apply)  crial (ACM)  er  ver	eck only Period c all Facil  Us M Cui  Yes	enovatemoliti s Local Normal ed Solaintena stodial (12) No	icion on tion ally ely by ance/ Staff?	Asbe (i.e	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exem    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneous   Panels   debris clean up    Cubic Yards of Waste	R STREET  de 19007  ainment with Negosure Procedure Inpted (*) and No erial (ACM) Issulation, or us)  Name of Regist Salem Co In	Amount (Specify SF or LF)  1000 SF 1500 SF	Removal 🛇	Repair	Encapsulate	

NO CK

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

Check # 9726

Date of Notification (1)	April 27 204	E		Momo	of Duildie	- Ouma	- / 0	/	0)	CHECK #	3120			
	April 17, 2015	5		Frank		ig Owner	r / Operat	.01 (2	6-650					
Agencies Notified	Type Notificat	ion		Street	Address	h			111115	* * * * * * * * * * * * * * * * * * *				
□EPA				305 No	orth Cam	bridge /	Avenue				*			
DEP									fit as ag					
DOL	Initial				tate & Zi				'A 1 .					
⊠DOH	Amen Amen	ded dment#	1	Ventne	or, NJ 0	8406				* - 1				
DCA		ellation		Name	of Conta	ct					Telepho	ne N	lumb	er
										10				
				FA	CILITY	INFOR	RMATIO	N						
Name of Facility Wher Residence	e Abatement i	s Taking F	Place (3)			T	Type of F		ty (4) K-12)					
Street Address		-							oter 8 (Other tha	in K-12)				
305 North Cambridge	e Avenue									commercial buildi	nas ho	me	etc.)	
						-	Square F		# of F		Bldg. Ag		010.7	
City (5) Ventnor								,900		2			ears	
ventiloi						- 1	Residen		Prior if being de	emolishea)				
County (6) Atlantic			ounty Code											
Name of Monitoring Fi	rm Hired by Bu				ASCM		Name of A		ement Contract	or (9)				
Street Address							Street Ad							
City State & Zin Code						829 Radio								
	City, State & Zip Code						City, State Little Egg		rbor, NJ 0808	7				
Project Manager for M	onitoring Firm		Те	lephone N	lumber		Telephone 609-296-6	e Nu	ımber	License N	umber 008	17		
Scheduled Start Date May 12, 20		Scheduled	Completi						A Monitor					
Occupancy Status Dur	ing Abatemen		only one)	11, 2015	~		Synatech Street Ad	-						
	d/Vacated Dur				t	1	829 Radio		35505					
Other – Desc	erformed Outsi	de of Nori	mai Hours	5		- 1	City, State		Zip Code rbor, NJ 0808	•				
The state of the s	pied During Ab	atement				ľ	Little Egg	y nai	IDOI, NJ UOUO					
Scope of Work (Check			inter-											
								$\boxtimes$	Full Containme	nt with Negative Pre	essure			
≥3 sf or ≥ 50 lf				Renovation					Mini-Enclosure					
≥160 sf or ≥260	) If			Demolitio	n				Glovebag Proc					
Loca	ation of		Ile I centi	on Norma	llu I laad		Desc			I(*) and Non-Friable				
Asbestos-Contain	ning Material (A	(CM)	Solely b	y Mainten	ance or		Asbesto			Amount (Speci		oate	ment '	Type
	ABATED acility		Custo	dial Staff?	(12)		Mater (i.e., ther			SF or LF)	_	_		
200000	13)					in			acing, VAT		7		□ □	т
						(	or other m	nisce	ellaneous)		em	Iveball	caps	nclo
			Yes	No	N/A						Removal	1	Encapsulate	Enclosure
Second Floor		-	-	Х			Г	rywa	all .	1,500 SF	X	$\vdash$	+	뉴ᅱ
								Tywa		1,500 31				
Name of Registered W	laste Hauler		NJDEP V Hauler ID		Cubic \	ards of	Waste		Name of Regis	stered Landfill				
Synatech, Inc.				429	20				Grows Landfi	II				
City, State					Dispos	al Date			City, State					
Little Egg Harbor, NJ						2, 2015			Morrisville, P	A				
Completed By		Title			Signatu	ıre	1.1			Date April 27 2	045			
Diane Aloia		Executiv	e Admini	strator	Nu	Rul	Clo	_	-	April 27, 20 April 17, 2015	015			



Check # 9726

Date of Notification (1)		5				g Owner /	Operator	(2)					
Agencies Notified	April 17, 2015 Type Notificat	ion		Frank	Sarno Address			77554	No. 1				
EPA	Type Notificat	OII				ıbridge Av	enue		1 1 12 2 6				
DOL	Initial			City, St	tate & Zip	Code			5 5 7 19 1 <sub>10</sub>				
⊠DOH	Amen			Ventno	or, NJ 08	8406							
DCA		dment #_ ellation	1_	Name	of Contac	ct			Te	lephon	ne Nu	mbei	r
	_								1				
				FAC	CILITY	INFORM	ATION						
Name of Facility When Residence	e Abatement is	Taking P	Place (3)			7	pe of Facil						
Street Address							_	pter 8 (Other th	an K-12)				
305 North Cambridge	e Avenue						_		commercial buildings	s, hon	ne, e	tc.)	
011 (5)			- C - C			-	uare Feet	7500000		g. Age			
City (5) Ventnor						C	1,900	0   (Prior if being d	2 emolished)	58	3 year	rs	
							esidence	(i noi ii boilig d	emonorioay				
County (6) Atlantic		Co	ounty Code	(7)			×				1000		
Name of Monitoring Fi	rm Hired by Bu	ilding Owi	ner (8)		ASCM			tement Contrac	ctor (9)				
N/A Street Address		_					rnatech, In reet Addre						-
Cit. Ct. t. 0.71. 0.1						82	9 Radio R	oad					
City, State & Zip Code							ty, State & ttle Egg Ha	Zip Code arbor, NJ 0808	37				
Project Manager for M	onitoring Firm		Те	lephone N	lumber	Te	lephone N 9-296-691	umber	License Num	ber 0081	7		
Scheduled Start Date May 12, 20		Scheduled	Completi	on Date (1	2.7		ame of OSI	HA Monitor					
Occupancy Status Dur		(Check o	nly one)			St	reet Addres	ss					
	erformed Outsi					Ci	ty, State &	Zip Code					-
Other - Desc	ribe: pied During Ab	atement				Li	ttle Egg Ha	arbor, NJ 0808	37				
Scope of Work (Check	all that apply)												
D > 2 - f > 50   f				D			$\boxtimes$		ent with Negative Press	ure			
≥3 sf or ≥ 50 lf ≥160 sf or ≥260	) If			Renovatio Demolitio			H	Mini-Enclosure					
	z.ii.:		ш	Demonition			-	Glovebag Prod Non-Exempte	cedure ed(*) and Non-Friable Pr	ocedu	re		
	ation of			on Norma			Descript	tion of			atem	ent T	уре
Asbestos-Contain TO BE	ning Material (A ABATED	(CM)		y Mainten dial Staff?		F	sbestos-C Material		Amount (Specify SF or LF)				
IN F	acility				/		.e., therma	l systems	,			m	
(	13)							facing, VAT ellaneous)		Rer	Re	Encapsulate	Enclosure
								A La Livelanda Adecide €		Remova	Repair	psul	losu
			Yes	No	N/A					<u>a</u>	-	ate	re
Second Floor				Х			Dryw	rall	1,500 SF	Х		ш	$\top$
1000							=			]			
					1			T					
Name of Registered W	/aste Hauler		NJDEP V Hauler IE		Cubic Y	rards of W	aste	Name of Reg	istered Landfill				
Synatech, Inc.			The comment of the first of	429	20			Grows Land	fill				
City, State					Disposi	al Date		City, State					
Little Egg Harbor, NJ		1				2, 2015		Morrisville, I					
Completed By		Title			Signatu		00		Date April 27, 2015	5			
Diane Aloia		Executiv	re Admini	strator	Nu	hel (	Clor		April 17, 2015				

#### State of New Jersey

NO CK

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

				1							heck	# 7	750	_
Date of Notification (1) 4/27						perator (2)								
		2.00	0.00	ns Univ	ersity			1112 111	-	, , , , , , , , , , , , , , , , , , ,		>		
Agencies Notified	Type of Notificat			ddress Point	on Huc	leon		9.00.000.534.2804		1000				
[] EPA	[] Initial		asuc	FUIIL	JIIIIUC	15011								
[] DEP	Notification	Ci	ty, Sta	te, Zip Co	de				100	No.	4			_
[X] DOL	[] Emergency [x] Amended	1 0.00		en, NJ		)		1.2						
[X] DOH	Notification													
[] DCA	[1 Capacilation			Contact	1			Telephone Nu	mbe	r				
	[] Cancellation	י ן ט	avid	Hernai	naez									
				F	ACILITY	INFORMATION								_
Name of Facility Wher		_	e (3)				T	ype of Facility (4)			-56			
Stevens Univers	sity – Davison	Hall						School (K-12) Subchapter 8 (Other Other (i.e. private an	r thar	1 K-12)				
Street Address							7	<ul><li>Other (i.e. private an homes, etc.)</li></ul>	nd co	mmerćial	ouildir	gs,		
Castle Point on	Hudson							hayedden o tirthiyaan o thegan ottaatis ₩						
		_	(0)					Square Feet # of Floo	ors	1	g. Age	9		
City (5)		County	5 ( 05)			ty Code (7) TE USE ONLY)	- C	80000 3 Current Use (Prior if being de	moli	~ 6	0	-		-
Hoboken		Hudso	on		(SIA	IE USE ONLT)		Office/lab/classroom	111011	sileu)				
Name of Monitoring Fi	rm Hired by Buildir	ng Owne		SCM No.		Name of Abatem	nent	Contractor (9)						
TTI Environmen	tal		C	003		J	Jup	oiter Environmental S	Serv	rices, In	C.			
Street Address			- "			Street Address		77 2702 USD		x				
9 East Stow Roa	ad							3 Changebridge Roa	d, S	Suite 10	0			
City, State, Zip Code						City, State, Zip C								
Marlton, NJ 080								ne Brook, NJ 07058						
Project Manager for M	onitoring Firm			Number		Telephone Numb		2 575 9700		License N			-0	
Jim Gerardi Scheduled Start Date	(10) Soho			-8800 Date (11)		Name of OSHA N		3-575-8700			U	085	)_	
3/6/15	(10)   Scrie		31/1					& S Environmental La	aho	ratories	110	`		
Occupancy Status Dur	ring Abatement (Cl	50,000,000		<u> </u>		Street Address	0 0	X O LITVII OTIITICITATI LE	200	atorics	, LL	_		
	d/Vacated During			f Abateme	ent		233	33 Route 22 West						
	rformed Outside o	f Normal	Facilit	y Hours -	1	City, State, Zip C								
Desc [x] Other - Desc	ribe: cribe: partially vaca	ited						nion, NJ 07083						
Scope of Work (Check	( all that apply)							[] Full Containment	with	Negative	Press	ure		
[] Demolition				[] F	Renovatio	n		[x] Mini – Enclosure	1					
[] ≥3 sf or ≥3 lf								[x] Glovebag Proced [x] Non – Friable Proced						
[x] ≥160 sf or ≥2	60 If	le	Locati	on T				[x] Non – Friable Pro	ocea	ure	Δh	ater	men	nt .
		111747	mally l	1777		Descr	riptio	on of			Ту			
Location			olely l			Asbestos -				Amount	R	R	E	E
Asbestos – C Material (			enanc al Staff	e/Cus		Materia (i.e., therr			10033	(Specify F or LF)	E M	E	N	N
TO BE AB		toun	ai Otuii	(12)		insulation, s				, or Li )	0	A	A	L
In Faci						or other mi	isce	ellaneous)			V	1	Р	0
(13)		Yes	No	N/A							A	R	S	S
Various		+	X		TSI				200	) LF	X	X		
Various			Х		VAT				400	00 SF	X			
Name of Registered W	/aste Hauler	NJ	DEP V	Vaste	Cubi	c Yards		Name of Registered Landfill						
Jupiter Environn	nental Service	-	uler ID		Of W	/aste		Minerva Landfill						
City, State			04782	<u> </u>	Dien	20 osal Date	+,	City, State						_
Pine Brook, NJ						0/15 +		Waynesburg, OH						
Completed By (Print or	r Type)	Title			0/2	Signature		ajiioobaig, oii		Date				_
Pane Repic	7 5 7/	200	eral	Manag	er	1		( )		4/27/1	5			
· · · · · · · · · · · · · · · · · · ·						1	7			100				

ASB-411 Note: Phased project. First phase is scheduled to start on 3/6/15 with anticipated completion on 3/10/15; VAT (80 SF) is scheduled for removal from Room 238. Amended notifications will be sent for other phases.

#### MO#22742786013

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	of Building	Owner/C	Operator (2	?)		F 7 -				1 72
04	27	15			loel W	hitman			t <sub>i C</sub>						
Agencies Notified	Type Notific	ation				Address			- C	15/11/	* * * * * * * * * * * * * * * * * * * *	٦.	, ,		
<b>⊠</b> EPA					00 Har	nce Road				300	Di . 12		4 1		
■ DOLWD	Amended			F		tate, Zip C	ode						-		
□ DHSS	Amendm	-				aven, NJ				i 1054	-7.	14	1		
☐ DCA (NJAC 5:23-8)	Emergen justificati		cluding	Ľ		of Contact				Telephone Nu		-			
(110110 0.20 0)	Cancella					hitman									
						ILITY IN	EORMA	TION							
Name of Facility Where A	koatement is	Takino	Place	(3)	1 /14	/ ( Lu ) ) / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. OICIEIN	IIION	Type of Facility	(4)		-		-	
Private house			, ,,,,,,	(0)					School (K-12						
Street Address									Subchapter 8	(Other than K-					
29 Hance Road									Other (i.e., p		nercial	buil	ding:	S.	
City (5)									homes, etc.) Square Feet	# of Floors		Did	g. As		
25 25 25									oquale rest	# 01 F10015		DIU	y. As	je.	
Fair Haven, NJ 07704					Count	y Code (7) (	CTATE II	CE ONLY)	Current Use (Pr	lor if holes siem	ellebod	1			
5000					Count	y code (7) (	SIAIEU	SE UNLT)	Current Ose (FI	ior ir beilig dem	Ulisileu	j.			
Monmouth Name of Monitoring Firm	Hired by Buil	dina C	iunar i	8) [.	ASCM	Ma	Mana								
Traine of thomas ing 1 in	Timed by Dan	ung c	AATTOT (	·) /	45CIVI	NO.			ent Contractor (9)	1.					
Street Address							Gr Tec	100 per a november							
Street Address								Address							
City, State, Zip Code								lley Rd #	NAME OF THE PARTY						
City, State, Zip Code							\$1000	ate, Zip Co							
Droinet Madanes for Man	having I			1				, NJ 0747	70	T.,					
Project Manager for Mon	itoring Firm			I ele	phone i		Telepho			License No.					
0							973-63			01127					
Start Date (10)	- Control of the Cont					e (11)	Name	of OSHA M	lonitor						
					_ / _	15	Enviro	vision Co	nsultants,Inc						
Occupancy Status During							Street /	Address							
X Facility Closed/Vacate							20-21	Wagaraw	Road, Bldg .#	35 E					
Abatement Performed Time of Abatement: _	Outside of N AM-	iormal Pi	Facility ai	y Hours PM	s - Des	cribe	City, St	ate, Zip Sc	ode						
***						- IVI	Fair La	wn, NJ 0	7410						
Scope of Work (Check all	that apply)						H		and decontamin			essi	ire		
			ズ Re	novatio	on		X	Mini-Enc	tainment with Ne losure						
<ul><li>≥ 3 sf or &gt;3 if</li><li>≥ 160 sf or ≥260 if</li></ul>				molitio				Gloveba	g Procedure	Tent with Nega	tive Pre	essu	ire		
				-				Non-Exe	mpted (*) and No	on-Friable Proce	700		1	<	
1	-6			s Local Norma		1		* 4		1		Aba	tem	ent Ty	/pe
Location Asbestos-Containing		M)	1 1	ed Sole	-	Ashe		escription of	of iterial (ACM)	Amount		70	Re	m	
TO BE AB		56		intena todial			., therma	! systems	insulation.	(Specify		Remova	Repair	cap	Enclosure
IN Facil	ity		Ous	(12)	otali (			acing, VAT miscellane		SIF or LF)		Val	7	Encapsulate	ure
(10)			Yes	No	N/A		Olliel	IIII SCOII ai i s	:005)					ē	
Basement		4-	П	I	X	Ding ing	lotion			835 LF	F	X	П		
				H	-	Pipe inst									
Basement				느	X	Boiler in	sulation	1		100 SF		X		Ш	Ш
Basement					$\boxtimes$	Water ta	nk insu	lation		100 SF	1	X	Ц		
											[				
Name of Registered Wa	ste Hauler			NJ	DEP Wast	e Hauler ID No.	Cubic Y	ards of Wes	Name of Regi	stered Landfill					
Gr Tech LLC				(	003378	35	TB	D	T.R.R.F. Inc						
City, State							Dispos	al Date	City, State						Per 1 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -
Wayne, NJ 07470							ТВ	D	Tullytown, F	PA.					
Completed By (Print or 1	уре)	Titi	е					- /	1	-	Date				
N.Jevtic	1000 M	0	mar					* Ha	In wer	raot	04/27	/20	15		
ASB-41			ner								04/2/	12U	17		
MAY 11			<sup>4</sup> Do ne	H US€ 1	his for	n for asbes	tos licen	sure There	oted activities.						

CK# 1482

[ D	137	25		10 (4)								
Date of Notification (1): 4/28/15			ilding Ov AINALS	wner/Operator (2):				fire				
Agencies Type Notification Notified (X) Initial	250000000	t Addr		EET 07207				Tire or	- [	FIG.	in the	
( ) EPA Notification (X) DEP ( ) Amendment		State,	Zip Code H. NJ	:								
(X) DOL Notification ( ) Emergency	Nam	e of Co					Telephone	Numbe				
(X) DOH ( ) Cancellation ( ) DCA	RICI	III.										
				FACILITY INFO		ATION						
Name of Facility Where Abat	ement is	Takin	g Place (3	): COMMERCIAL		e of Facility						
						School (K-12 Subchapter 8	) (Other than k	K-12)				
Street Address: 80 MCLEST	ER STR	EET			(X)			mercial buildings,				
City & State (5): ELIZABETI	H, NJ				Squ	iare Feet: N	A	# of Floors: 3		Bldg.	Age:	NA
County (6): ESSEX			ounty Cod TATE U	le (7) SE ONLY)		rent Use (P CANT/OFF		demolished):				
Name of Monitoring Firm	n Hirec	l by	Building	ASCM No.:	Nat	ne of Abate	ment Contra	actor (9):	-		-	
Owner:(8) J&S ENVIRONMENTAL	, LLC.			NA	S/N	A Enterpris	se of NJ, In	ic.				
Street Address: 2333 ROUT		VEST			Stre	eet Address:						
						North 6 <sup>th</sup>	(TE ( TE ( TE ( TE ( TE ( TE ( )					
City, State, Zip Code: UNIO	N, NJ (	7083			City	y, State, Zip	Code:					
P : 1/						-	, NJ 07508					
Project Manager for Monitoria SHERIL	ng Firm:			Telephone No.: 908-206-0073		ephone No.:		License No.:				
Start Date (10):	Schedu	led Cor	nnletion I	Date (11):		3) 595-6955 ne of OSHA		00641				
5/7/15	5/12/1	5		Sate (11).	100			fersey, Inc.				
Occupancy Status During Abatem						et Address:					88 877	
<ul><li>(X) Facility Closed/vacated Durin</li><li>( ) Abatement Performed Outside</li></ul>	g Entire le e of Norn	Period o	f Abateme itv Hours	nt		N. 6 <sup>TH</sup> . STR						
( ) Other – Describe:						ECT PAR 1						
Scope of Work (Check all that app	ply):							- 2				
(X) $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ ( ) $\geq 160 \text{ sf or } \geq 260 \text{ lf}$			(X) R	enovation			( ) Wran	Containment wit		ative I	ressu	re
() $\geq 160 \text{ sf or } \geq 260 \text{ lf}$			(`)De	emolition			(X) Glov () Non-F	rebag Procedure Friable Procedure				
Location of		Locat Vorma		De	script	ion of				Abat	emen /pe	t
Asbestos-Containing Material	Use	d Sole	ly by	Asbestos Cont (i.e., therma	aining	Material (	(ACM)			Т		Г
(ACM) <u>TO BE ABATE</u> D		intena ustodi		surfa	cing,	VAT, or	tion,	Amount	Rei	7	Encapsulat	Enclosure
IN Facility		Staff.		other 1	misce!	llaneous)		(Specify	Removal	Repair	apsı	losi
(13)	Yes	(12) No	N/A					SF or LF)	al	r	ılat	пе
CONTROL BUILDING		X		PIPE INSULAT	ION			40 LF	X			
TRUCK GARAGE		X		2 TANKS				60 SF	X			
TRUCK GARAGE		X		PIPE INSULATI	ION			40 LF	X			
Name of Desired 1 W.	ļ			3111222								
Name of Registered Waste Ha NEWARK CARTING, INC	uler:			NJDEP Waste Hauler ID No 18693		Cubic Ya of Waste:		Name of Regis IESI	stered	landfil	1:	
City, State: NEWARK, NJ		Dispo 5/12/	osal Date: 15			City, State:	PA 15126			700		
Completed By:			Title:	T T	Signa			Date:	******	•		
MIKE ALTADOUKA			PRESI	DENT	7		-	4/28/15				

### State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-80

(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:	-		,				and the	a a na	Check #	7189				_
Date of Notification	(1)	IIN	lame of Ruilo	ding Own	er/Operator (2)				* 17					
10 14 1/12 18			Sayed El-				9945 HAS V	, r	W 0. 1 A					
Agencies Notified	Type Notificati	on S	treet Addres		,		Vala (11)		4 3:40					
☐ EPA	X Initial		293 Kast	ler Cou	rt		13751		- 1.011					
☐ DEP			ity, State, Zi	p Code				Toeta	145					
X DOL	Amenda	nent	New Milf	ord, NJ	07646									
X DOH		100	ame of Cont	act					Telephone I	Number				
☐ DCA	☐ Cancella	ition	Sayed E	I-Ghob	ashy					_				
				FAC	ILITY INFORM	ATION	g g							
Name of facility wh	nere abatement is	s taking pla	ace (3)					Туре о	f Facility (4)	7004 WWW.				
ACO ANTENATORIO		0.1							School (					
Sayed El-Gho	basily							L	Subchap				-12)	
Street Address	( a constant								Other (Pr Bldgs./Ho			rciai		
293 Kastler C	ourt							Squar	e Feet #	of Floors		Blo	dg. Ag	je
City (5)		Coul	nty (6)				nty Code (7) te use only)			. if la - i		- Cala	-1/	
New Milford,	NJ	Ве	rgen			(Sta	te use only)		nt Use (Prio Iential	r ii being	dem	olisne	<b>:</b> (D)	
Name of Monitorin	g Firm Hired by I	Bldg. Own	er (8)		ASCM No.		Name of Abatement	_						
n/a					(5)	3	B & G Restora	tion, Inc						56
Street Address							Street Address 105 Ryerson I	Road						
City, State, Zip Cod	Δ						City, State, Zip Code				_			-
Oity, State, Zip Ood							Lincoln Park,		35					
Project Manager for	r Monitoring Firm		Pho	ne Numb	per	_	Telephone Number	20	I	icense N		er		
							(973)696-686 Name of OSHA Mor			003	3/8		_	
Scheduled Start Da	te (10)	Sched	d. Completion	n Date (1	1)		B & G Restora							
05/08/2015		05/	09/2015				Street Address							
Occupancy Status I							105 Ryerson F	Road						
Facility closed	d/vacated during erformed outside	entire per	iod of abaten	nent.			City, State, Zip Code	9						
Describe:		Of Horman	radiity riduit				LincolnPark, N	J 07035	5					
Other-Describ		٨					-						- 1	7
Demolition	ieck all that apply	Renovation	on			ПБ	ull Containment w/ne	egative pre	essure $\square$	Gloveba	ag pr	ocedı	ıre	
>3 sf or >3 lf		>160 sf or					/lini-enclosure		01/000000000000000000000000000000000000	Non-fria				
			n normally u	sed solel	yl						R	R	E	TE
Location of asbestos-cor	ntaining		enance/custo			on of a	sbestos-containing		Amount		e m	e p	n	E n
material to be abated in fac			Ne	NI/A	material	(ACM)			(Specify SF LF)	or	o v	a	а	C
		Yes	No	N/A							е	r	р	<u></u>
undry room/kitch	nen/hallway			X	VAT & ma	astic		1	90 sf		X	님	片	뷰
								_			屵	님	片	片
					1					-	屵	H	Ħ.	H
	*				1						一			
Registered Waste F			EP Hauler II	D# (	Cubic Yards of	Waste	Name of Registere		0.5		_			
B & G Restorat	tion, Inc.		19563	Disposal	3 Date		City, State	Resou	ce & Rec	overy (	ent	.er		
City, State Lincoln Park, N	NJ				/11/2015		Tullytown	, PA					N.	
Completed by (Prin	t or Type)	Title			Signature		Gordana Luna			Date				
Gordana Luna	2005 A100	Secreta	rv/Treasu	rer	1		Jordana Luna		1.	04/28	/201	5		

2015-79 B & G proj. #:

### State of NJ Notification of Asbestos Abatement Notification of Aspesius Abdustration (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7188

						-							
Date of Notification		Na	ame of Bu	ilding Own	er/Operator (2	)	2015 11	1Y -1 AM 3:					
10 14 1/12 18			North H	unterdon	-Voorhees	RSD	2 ex 3 d \$ 1 }	41 -1 4.1 3:	47				
Agencies Notified EPA	Type Notification	St	reet Addre		e 31 South		2,517.		CIL				
☐ DEP		Ci	ty, State, 2	Zip Code									
X DOL	Amendm	nent	Annand	lale, NJ (	08801								
X DOH		11	me of Co	ntact				Telephone	Number				
☐ DCA	Cancella	tion	Bill Mo	wery							 -		
				FAC	ILITY INFORM	MOITAN	l						
Name of facility w	here abatement is	taking pla	ce (3)					Type of Facility (4	) (K - 12)				
North Hunter	don High Scho	ool (non s	Sub cha	pter 8)					pter 8 (Oth	er th	an K	12)	
Street Address		_		7.			- B	Other (F	Private/Con	nme		,	
ELINAMENTA PONTO EN LOS	Route 31 South	1							lomes, etc.	-	Blo	ig. A	ge
City (5)		Coun	ty (6)			Cou	inty Code (7)						
Annandale,	NJ	Hur	iterdon			(Sta	ate use only)	Current Use (Pri High School	or if being	dem	olishe	d)	
Name of Monitoria	ng Firm Hired by B	Bldg. Owne	r (8)		ASCM No.	-	Name of Abatement C				-		
n/a	3. <del>5</del> .04.000.38.000.000.000.000.000.000.000.000.						B & G Restoration	on, Inc.					
Street Address							Street Address 105 Ryerson R	aad					
							City, State, Zip Code	oau ,		-		-	
City, State, Zip Coo	de						Lincoln Park, N	NJ 07035					
Project Manager fo	or Monitoring Firm		PI	none Numb	per		Telephone Number (973)696-6869		License N 003		er		
Scheduled Start D	ate (10)	Sched	. Completi	on Date (1	1)	_	Name of OSHA Monit B & G Restorati						
05/09/2015		05/1	0/2015				Street Address	on, me.					_
Occupancy Status	During Abatemer	t (Check o	nly one)		11 - 12		105 Ryerson Ro	oad					
Abatement p	ed/vacated during performed outside						City, State, Zip Code						
Describe: Other-Descri	ibe:					=	LincolnPark, NJ	07035					1
Scope of Work (c	heck all that apply	')						:	_				
Demolition	X	Renovatio	n			23	Full Containment w/neg	ative pressure	Gloveba				
$\times$ >3 sf or >3 l	f 🔲	≥160 sf or				X	Mini-enclosure	L	Non-fria	_			
Location of		Is location by mainte		used solel stodial				Amount		e e	R	E n	E
asbestos-co material to b	oe .	staff(12)			Description material		asbestos-containing	(Specify Si	or I	m o	p a	c	C
abated in fa	cility (13)	Yes	No	N/A				LF)	100	v e	i	р	L
ground floor me	en's room			X	pipe insu	lation		8 If		X			
													目
										井	뭐		님
										4	님	片	井
Bestered Wests	Hauler	INIDE	P Hauler	ID# 1 (	Lubic Yards of	Waste	Name of Registered	Landfill			ш	Ц,	1
Registered Waste B & G Restora			9563		1		Tullytown	Resource & Re	covery C	ent	er		
City, State Lincoln Park,	NJ			Disposal I 05/	Date /11/2015		City, State Tullytown,	PA					
Completed by (Prin	nt or Type)	Title Secreta	v/Treas	-	Signature		Gordana Luna		Date 04/28/2	201	5		



13 14		
17 77	1.	
		100

Date of Notification (1) 04/27/15					Building C		Operator (	(2)		CET	Há).	-1 ,		2: 1:	ر. د
Agencies Notified	Type Notification		2.55	Street Ad	ldress ast 14TI	H STF	REET			£, .	; \$ i.(.	J 1	, 7		<u>.</u>
DEP  DOL	Initial  Amended  Amendment #		1000		e, Zip Coo KLYN, N		230				15.0	ī.	is G	11-1	
× DOH □ DCA	Emergency (in justification) Cancellation	ncluding			Contact DUBIN					Tele	phone N	umber			
				FACIL	ITY INFO	RMAT	ION			-					
Name of Facility Where A	Abatement is Taking	Place (3)						s	of Facility (4) School (K-12	)					
Street Address 411 FORD ROAD								×	Subchapter 8 Other (i.e. pri etc.)				dings	, hom	es,
City (5) HOWELL, NJ									e Feet	# of	Floors	E	Bldg.	Age	
County (6) MONMOUTH COU	NTY			County C	code (7) ISE ONLY)		_		nt Use (Prior IMERCIA						
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.				ement Cont						
Street Address								Addres	s DOVE CO	URT					
City, State, Zip Code							City, St	tate, Zi	p Code DD, NJ 08						
Project Manager for Mon	Project Manager for Monitoring Firm						Teleph	one No	).		License 1200	No.			
Start Date (10) 04/28/15	tart Date (10) Schedu				Date (11)		Name	of OSH	A Monitor	SSIO					
Occupancy Status Durin								Addres							
				ant					OOVE CO	URT					
Abatement Perform Other – Describe:	ated During Entire P led Outside of Norm	al Facility	Hours	eni		_			p Code DD, NJ 08	3701					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emoliti				×	Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure				ire.	
		lel	ocati	nn.				110	Lateria	( ) =				temer	it
Location	n of	N	ormall	у		De	escription	of					_ 1	ype	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) A <u>TED</u> lity	Mair	Solel ntenar odial S (12)	ice/		os Con therma surfa	ntaining M ntaining M ntaing, VA miscellan	faterial s insula T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										le le	
INTER	IOR					FL	OOR TI	ILE		11	00 SF	X			
INTER	IOR				MAST	IC / F	PIPE IN	SULA	TION	3 LF	/ 17 LF	X			
INTER	IOR				Т	RANS	SITE PA	ANEL	S	68	30 SF	Х			
EXTER	IOR					SH	HINGLE	ES		32	20 SF	X			
Name of Registered Wa	ste Hauler	-	898	JDEP W	537	100000000000000000000000000000000000000	Yards		Name of F	Registe	red Land	Ifill			
NEWARK CARTING	3		627	auler ID 1509	No.	of Wa	38/7/8/2		IESI						
City, State NEWARK, NJ						04/0			City, State BETHLE						
Completed by JOSEPH PERLSTE	IN	Title OWN	ER				Signature	9		9.		Date 04/27/	15		

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

										it less a				
Date of Notification (1)	4/27/2015				Name of	Building C			e) lopment	E++-	26	62	1	
Agencies Notified  [ X ] EPA  [ ] DEP	5 5	Notific	ation tification		Street Ac		9 Tree	eside l	Lane	* <b>6</b> 1 <b>6</b> 1 1 1 2 1 2 2		11.23	19	
[x] DOL	Amer	dment # gency (i			City, Sta	ite, Zip Cod		vood,	NJ 08701			1. /	7 A	
[ X ] DOH [ ] DCA		cation) ellation			Name of	f Contact Philip	Rosenbe	erg	Те	elephone Number				
				FA(	CILITY I	NFORM	ATION		-					
Name of Facility Where Ab	atement is Taking idence	Place (3	)					Тур	e of Facility (4)	School (k-12)		1 100		
Street Address	Cedar Bridge	Avenu	ie						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,
City		Coun	ty (6)		County C (STATE	Code (7) USE ONLY	Y)		are feet 1000 sf	# of Floors		Age 6	50	
Lakewood		Ocea	100/77 					Cur	rent Use (Prior if Residen	being demolished) ce				
Name of Monitoring Firm I		Owner (	8)		ASCM N	lo.	Name of	Abate	ment Contractor ( Guardia	9) n Contracting,	Inc.			
Street Address							Street A	ddress	1889 Ro	oute 9, Unit 61				
City, State, Zip Code	City, State, Zip Code  Project Manager for Monitoring Firm  Telephone Num						City, Sta	ite, Zip		iver, New Jers	ey 081	755-1	271	
Project Manager for Monito							Telephor 732-34			License N 00624	umber			
Scheduled Start Date (10) 4/28/15			Scheduled 4/29/1		tion Date (1	1)	Name of	f OSHA	A Monitor E.M.S.L	. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacated	1000		od of Ab	atement		Street A	ddress	1056 St	elton Road				
	tement Performed ( er – Describe		of Normal F				City, Sta	ate, Zip		way, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[ ]			with Negative Pres	sure			
[ ] >3 s	f or ≥3 lf		[ ]	Renov	ation		l . [ ]	4	Mini-Enclosure Glovebag Procedu	re				
[x] ≥160	0 sf or ≥260 lf		[ x ]	Demo	lition		[ x ]	] 1	Non-Exempted (*)	and Non-Friable l	Procedu	ire		
200											Abat	ement	Гуре	
Location of Asbestos-Containing M		10	Is Location Normally u Solely by	sed		Asl	Description Destos-Con Material (A	ntaini		Amount (Specify SF	R E	R E P	E N C	E N C
TO BE ABA	TED	Mair	ntenance/C		1	(i.e	., thermal	syster	ms	or LF)	М	A	A	L
in facility (13)	y		Staff (12)			ins	ulation, su VAT,		ıg,		v	I R	PS	S
(13)			(12)			oth	er miscell		is)		A	1	U	U
		YES	S NO	N/A					,		L		L E	R E
Exterior			X		Asbe	stos sidir	ng			700 sf	X			
									. 1					
				1										
Name of Registered Waste Guardian Co	Hauler entracting, Inc.		NJDEP Was	te Haule 20223	r ID No.	Cubic Ya	ards of Was	ste	Name of Register T.R.R.F.	red Landfill				
City, State				Disp	osal Date		City, St		,					
Toms River, Completed by (Print or Typ		Title		4/3(	)/15 Signat	ille-	Tully	town,	Pennsylvania	7	Date			-
Nicholas Fer			ect Manag	ger	3	Y	10	laces	VI	$\mathcal{A}$	100	7/201	5	

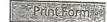
<sup>\*</sup>Do not use this form for asbestos licensure exempted activities.

# CX 000391

Date of Notification (1) 04-24-15					Building (		Operator	(2)			140	1 7 7	į.	T.		
Agencies Notified	Type Notification			Street A		у				free .						
EPA	Initial		1 2	20.20.20	odress eld Place	9				ceig	MAY -	= 51	Mi	2: 4	2	
DEP DOL	Amended Amendment	#			te, Zip Co						- 1					
_	Emergency (				Contact	.00				1 Tal	ephone N	limbha	1 2 1	Mi.	-	
DOH DCA	justification) Cancellation		- 1		ine Curr	y				l lei	epnone iv	umbe	HI (			
				FACI	LITY INFO	RMATI	ON									
Name of Facility Where Private Residence	Abatement is Takin	Place (3)						_	of Facility (							
Street Address							-		School (K-1 Subchapter		er than K	-12)				
344 Field Place								1	Other (i.e. petc.)				uild	ings,	home	es,
City (5)							1130000-1000		re Feet	# of	f Floors		BI	dg. A	ge	
Hillside																
County (6) Union					Code (7) ISE ONLY)	-		Curre	nt Use (Prid	or if bei	ng demo	lished	)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	No.				tement Con		(9)					
Street Address						V-TO-SEE		Addres	tracting L	LC.		er er Sekill				
Street Address								7th St								- 1
City, State, Zip Code						100000000000000000000000000000000000000		ip Code								
Desired Manager for Man			F - 1 1	. NI				NJ 0708	7							
Project Manager for Mor	nitoring Firm		Telephor	ne No.			hone No 216-96			License 01206						
Start Date (10) 05-06-16		Scheduled 05-07-15		pletion I	Date (11)				da Monitor tracting L	LC						
Occupancy Status Durin	g Abatement (Chec	k Only One	)				100000000000000000000000000000000000000	Addres								
	ated During Entire F							7th St								
Abatement Perform Other – Describe:	ned Outside of Norm 7:00 am- 5:00pm	al Facility F	lours						p Code NJ 0708	7						
Scope of Work (Check A							Offic	on City	NJ 0700	-						
≥3 sf or ≥3 lf		□ Re	novat	tion				] Full	l Containme	ent with	Negative	e Pres	sur	e		
2160 sf or ≥260 lf		Contraction of the Contraction o	moliti				E	Min	i-Enclosure		3			-		
									vebag Prod n-Exempted		d Non-Fr	iable F	roc	edur	Э	
		ls L	ocatio	on											ment	
Location		No Used	rmall		=0.024		scription						-	Ту	pe	
Asbestos-Containing TO BE AB		Main	tenar	ice/			taining N system				mount Specify		,		En	ш
In Faci	lity	Custo	dial S (12)	taff?	(1.0.	surfa	cing, VA	AT, or	20011,		or LF)		Remova	Repair	caps	Enclosure
(13)			2000	- N/A		other r	niscella	neous)					Val	air	Encapsulate	sure
Pagam		Yes	No	N/A		nino	inaula	tion			75 LF	17	$\dashv$			
Basem	lent	-	Х			pipe	insula	auon			3 LF	X	-			
		-	-									-	-			
				-								-	-			
Name of Registered Wa	ste Hauler		NI	JDEP W	lasta	Cubic	Yards		Name of	Registe	red I and	1611				
Delfa Contracting LI			H	auler ID		of Wa			Tullytov	2000			)VE	rv F	acilit	v
			35	5240		2 Diana	ool D-4-						-	., ,	JOIII	.,
City, State Union City NJ						05-1	sal Date 1-15	:	City, State Tullytov		A					
Completed by		Title				- 5	Signatur	e	10			Date				
Jaime Delgado		Proj. N	lana	iger.				1	1			04-2	4-1	5	A STATE OF	

(K000389

				(Pu	rsuant t	o NJAC 8	:60 and	12:120	)			The Park C	1 1	4 2			
Date of Notification (1) 04-24-15					Name of Tim Ma	Building C	Owner/O	perator	(2)	2							
Agencies Notified	Type Notifica	ation		1 5	Street Ad	idress infort Rd					10 17	47-1	41	12	: 47	,	
DEP DOL	Initial Amend Amend			(	City, Stat	te, Zip Coo lilford N	de	80		A	3-43	III.S ICEH					
DOH DCA	justifica  Cancel	ation)	ncluding	1.8	Name of Tim Ma	Contact					Tele	phone N	lumb	eF			
						ITY INFO	RMATI	ON									
Name of Facility Where Private Residence	Abatement is	Taking	Place (3)	)					Туре	of Facility (4 School (K-1)	20 <b>5</b> 00 2020				7000-217		
Street Address										Subchapter						h	
67 Bearfort Rd.									•	Other (i.e. p etc.)	rivate 6	comme	rciai	bulla	ings,	nome	es,
City (5) West Milford									Squa	are Feet	# of	Floors		Bi	dg. A	ge	
County (6) Passaic					County C	ode (7) ISE ONLY)		_	Curr	ent Use (Prid	or if bein	ng demo	lished	i)			
Name of Monitoring Firm	n Hired by Buil	lding O	wner (8)		ASCM	No.		3.5		atement Con		(9)					
Street Address					1			Street 522									
City, State, Zip Code								0.733		Zip Code y NJ 0708	7						
Project Manager for Mon	nitoring Firm	S.		Π.	Telephor	ne No.		Teleph 201 2	none N	No.		License 01206					
Start Date (10)		-	Schedule	ed Com	nletion I	Date (11)	_	and the second	MILE SECTION	SHA Monitor		01200					
05-04-16			05-04-	16	piction	Julio (11)		Delfa	Cor	ntracting L	LC						
Occupancy Status Durin			50 19 040	257				Street 522									
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of	Norma					_	0.000		Zip Code ty NJ 0708	7						
Scope of Work (Check A	All That Apply)	(								,			11111			112-11-1	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demoliti				2	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	e edure					9	
			le	Locati	on						( / =		T		Abate	ment	
Locatio	n of		1	Normall	у		De	scription	of				-		Ту	pe	
Asbestos-Containing TO BE AB In Fac (13)	g Material (AC BATED ility	M)	Ma	d Sole intenar todial S (12)	nce/		tos Cont thermal surfa		Materia s insu T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement / C	rawl Snace		165	X	INA	-	nine	insula	tion			3 LF	-	ζ.			
Dasement / C	rawi opace						pipe	moula	11011				+	`			
Name of Registered Wa	este Hauter			N	JDEP W	lasta	Cubic	Yards		Name of	Reniete	red I and	4611				
Delfa Contracting L				Н	auler ID 5240		of Wa			Tullytov				cove	ery F	acili	ty
City, State Union City NJ							Dispo	sal Date 7-15		City, Stat		Α					
Completed by Jaime Delgado			Title Proj.	Mana	ager.		18	Signature	e /	8			Date 04-		15		
									//	0				-			





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Date of Notification (1)				Name	of Duilding	0	0 1		C/1	f	4 17	117	come for a		
4/27/15				Theo	of Building odore Bro	owner/	∪perator	r (2)	2	A15 W.	rosen.		. 4		
Agencies Notified	Type Notification	1			Address			21116		TU FIA	Y-/	fi.			
EPA DEP	Initial				Newark A	Ave			D.	214		1:17 /	2:4	L	
	Amended			City, S	State, Zip Co	ode			*	05°	7		-	7	
∑ DOL	Amendmer Emergency	t#			nor NJ 08					& Li	CEN	J. V.	317		
DOH	Emergency justification	(including		Name	of Contact					-	13.	THE	1.54.		
DCA	Cancellatio			Ted						16	lephone	Numbe	er		
NI				FAC	CILITY INFO	ORMAT	ION				•				
Name of Facility Where A	Abatèment is Taki	ng Place (3	)			Orthon	ION	Tvp	e of Facility	(4)					
Theodore Bross Pri	vate Home								175						
Street Address				207				H	School (K- Subchapte	-12) er 8 (Oth	er than	V 10)			
225 Newark Ave								X	Other (i.e.	private	& comm	nercial b	uilding	s hor	nec.
City (5)									etc.) are Feet						1100,
Ventnor NJ 08406									)0+	1 1	f Floors		District Control	Age	
County (6)				County	Code (7)			10.00		1 8			35+		
Ocean				(STATE	USE ONLY)	)		Ho	rent Use (Pr use	ior if be	ing dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		LASC	M No.		Nome								
N/A	_			1.00			Pern	OF AD	atement Co	ntractor	(9)			02.11	
Street Address															
							Street PO B								
City, State, Zip Code															
8							City, Si	tate,	Zip Code						
Project Manager for Monit	oring Firm			T 1 1					lin NJ 080	091					
,go. ioi moriit	oring ram			Telepho	one No.	1	Teleph				Licens	e No.			-
Start Date (10)		Cabadula	10				856-7	753-9	9800		00727	7			
4/28/15		Scheduled 4/30/15	a Cor	mpletion	Date (11)				HA Monitor						
Occupancy Status During	Abstement (Ches		,				Same	9							
			· .				Street A	Addre	SS						
Facility Closed/Vacat Abatement Performed Other – Describe:	ed During Entire I	Period of Al	oaten	nent		L									
Other - Describe:	d Odiside of North	iai Facility i	Hours	S			City, Sta	ate, Z	ip Code				_		
Scope of Work (Check All	That Analy					_									
Name of the last o	mat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Seattle-	nova					Fu	II Containme	ent with	Menativ	a Droce	uro		
= 100 St 01 E200 II		X De	molit	ion				Mil	ni-Enclosure	9	recgaliv	C F1633	ure		
							×	Glo	ovebag Prod n-Exempted	cedure	No. T				
		ls I	ocati	on				140	11-Exemple	() and	Non-Fr	iable Pr		77	
Location o	f	No	rmal	ly	46	Doc	cription c							/pe	
Asbestos-Containing M TO BE ABAT	aterial (ACM)	Used Main	Sole	ly by	Asbesto	os Conta	ining Ma	terial	(ACM)	Δπ	nount		T		
In Facility	ED	Custo	dial S	Staff?	(i.e. th	hermal s	systems	insula	ation,		pecify	R	1_	Encapsulate	Щ
(13)		1	(12)			other mi	ng, VAT scellane	, or		SF	or LF)	Removal	Repair	aps	iclo
		Ves	NI.		8	Outer IIII	iscellal le	ious)	-			val	air	ula	Enclosure
F		Yes	No	N/A							85			te	O
Exterior Sid	ling			x		Exteri	or Sidi	na		110	0 SF	x			
-1570										- 10	0.01		-		
	+	+	-												
												-	1		_
lame of Registered Waste	Hauler			JDEP W		Cubic Ya	ards		Name of F	Penistar	d I and	FII)			
nited Containers			Ha	auler ID I	No.	of Waste			Consequence property		Ju Land	ieit			
City, State			22	459	3	3			G.R.O.V	v.S.					
lm NJ						Disposal			City, State						-
ompleted by		,			4	4/30/15	5		Morrisvil		19067				
nthony T Perna		Title	127			Sign	nature				1	Date		-	_
maiony i Fema		Preside	sident					100		4/27/15					

OK 564726

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

The state of the s

Date of Notification (1) 4/20/15					Building Ov ff Apartm				. 9F	15 E	511		i.i		
Agencies Notified	Type Notification		1 -	treet Ad	dress lifton Ave	enue					5) - j - j	18 18	: 4	7	
× EPA × DEP × DOL	X Initial   Amended   Amendment #_				e, Zip Code NJ 0701					0	Tha Cl	if in	KGL		
DOH DCA	Emergency (in justification) Cancellation	cluding	1 2	lame of 0						Tele	phone Num	hor			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFOR	MATIC	NC	Type	of Facility (4)						
House	Abatement is Taking	1000 (0)						_	School (K-12)						
Street Address 10 Crestmont Road	d								Subchapter 8 Other (i.e. pri etc.)	(Othe			lings,	home	es,
City (5) Montclair			114					Squar N/A	e Feet	# of N/A	Floors		idg. A	ge	
County (6) Essex	<b>=</b>			County C	ode (7) SE ONLY)			Curre	nt Use (Prior se	if beir	ng demolishe	ed)			
Name of Monitoring Firm	m Hired by Building Ov	vner (8)		ASCM	No.				tement Contr ement, Inc		(9)				
Street Address								Addres	s gren Avent	ue					
City, State, Zip Code								5.5	p Code J 07512						
Project Manager for Mo	nitoring Firm	12	Т	elephon	e No.			hone No 345-8			License No #00675	),			
Start Date (10) 5/05/15		Scheduled 5/06/15	Com	pletion D	Date (11)				HA Monitor ement, Inc	;.				(1)	
Occupancy Status Durin	ng Abatement (Check	Only One	)					Addres							
Facility Closed/Vac	cated During Entire Penned Outside of Norma	eriod of Ab	atem	ent					gren Avent ip Code	ue					
Other – Describe:	Occupied					-	2000		J 07512						
Scope of Work (Check	All That Apply)						-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				2	Mir Glo	I Containment ni-Enclosure ovebag Proce	edure					
	e e	le l	ocatio	.n.				_ NO	n-Exempted	() an	u Non-Filabi	e Pio	Abate		
Location	on of	No	ormall	y		De	scription	n of					Ту	ре	
Asbestos-Containin TO BE Al		Mair	Solel ntenar	ice/	Asbesto (i.e. t		taining I			-	mount Specify	Z.	_	Enc	Щ
In Fac (13	cility	Custo	dial S (12)	taff?	**	surfa	cing, VA	AT, or		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13	,	Yes	No	N/A		ou ici i	moocna	neous)				/al	=	late	ıre
basen	nent		X			pipe	insula	ation		2	25 LF	X			
Name of Registered Wa	aste Hauler		0.1500	JDEP W	950 F 700 C	Cubic of Wa	Yards				ered Landfill				
D&S Abatement, In	IC.			20996	INU.	TBD	310		5		gement of	PA			32
City, State Totowa, NJ						TBD	sal Date		City, State Tullytow						
Completed by Deanna Brkusanin		Title Projec	ct Ma	nager		5	Signatur	Olle	10 Rel	lue	Da 4/2	te 20/1	5		

## MO 22334146696

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

Date of Notification (1) 4/20/15				ame of E	Building O Allan	wner/O	perator	(2)		9215	Meu .				
Agencies Notified	Type Notification			treet Ad			-			LUIU	HAY -1	T1.	12:	47	
			10.7			Avenu	ie								
EPA															
255.1.2%		ncluding	N	ame of	Contact	-0.10 1046				Tele	ephone Ni	ımher			
DCA			L	ouise.	Allan					1		-			
		DI (0)		FACIL	ITY INFO	RMATI	NC	-	-f F114 - /4	,					
	Abatement is Taking	Place (3)													
			100								er than K.	12)			
Sendre Samon and research	nue							×	Other (i.e. pr				ldings	, hom	es,
				-		-		_		# 01	f Floors		Blda	Ane	
D. S. C.								\$5000 BOOK 10	ile i eet	3500000		1173		ngc	
SELECTION OF FORM CHIEF CONTINUE			C	ounty C	ode (7)			Curre	ent Use (Prio	r if bei	na demoli	shed)	C-SP-UNS		
						-			200						
Name of Monitoring Firm	n Hired by Building (	wner (8)	$\neg$	ASCM	No.						(9)				
N/A									REPRESENTATION OF THE PROPERTY	С.					
Street Address										iue					
City, State, Zip Code							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					8			
Project Manager for Mor	nitoring Firm		TT	elephon	ne No.			NESSON BATTER			License	No.			
				31			973-	345-8	3685		#00675	5			
			Comp	pletion D	Date (11)					C.					
Occupancy Status Durin	ng Abatement (Chec	k Only One)					Street	Addre	ess						
☐ Facility Closed/Vac	ated During Entire F	eriod of Aba	ateme	ent					7.5°	iue					
		al Facility H	ours				10 TO 10								
						_	loto	wa, N	NJ 07512				<u> </u>		
	All That Apply)	-					-	7							
							5				n Negative	Press	ure		
		□ Det	Hondic	JII			1	GI	ovebag Proc	edure					
		1					L	_ No	on-Exempted	(*) an	d Non-Fri	able Pr			
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		2000000000	750	170700						50		7	<sub>T</sub>	Enc	ᄪ
				tan?						S	F or LF)	mo	epa	apsı	Enclosure
(13)	15	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		21/0		outeri	Illocella	neous,	<i>'</i>			l a	=	ulate	ure
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basen	ient .		X			pipe	insula	ation		- 1	5 LF	X	+		
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Nome of Desisters 197	oto Houles	1	LAT	IDEDIA	laats	C. I	Vess!-		Name of	Doo!-	orod I I	- FII			
Name of Registered Wa			1989	JDEP W auler ID		of Wa	Yards ste		0.0000000000000000000000000000000000000	11	ered Land				
D&S Abatement, In	G.		#2	20996		TBD					gement	OI PA	\		
City, State Totowa, NJ						Dispo TBD	sal Date	e )	City, State Tullytov		A				
Completed by		Title				1 5	Signatur	è			0.00	Date			
Deanna Brkusanin		Project	t Ma	nager			Signatur	200	UKHU	lell	4	4/20/	15		

(K 105913

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

RECEIVED

Date of Notification (1) 4/20/15				Name of Sal Vic	Building Ov	wner/O	perator	(2)	2	Ø15 I	1AY -1	£ id	12.		
Agencies Notified	Type Notification		17 116	Street Ad	ddress elleville Av	venue	9		и Ы.Е	121	Etor	H:7	12: 1	1/	
X EPA X DEP X DOL	Initial Amended Amendment	#			te, Zip Code		3			8	ESTOS LICEM	ISIN	G	it	
DOH DCA	Emergency ( justification) Cancellation	including		Name of Sal Vic	Contact					_	ephone Nu				
	_			FACIL	LITY INFOR	MATI	ON			1			-		
Name of Facility Where A House	Abatement is Takin	g Place (3)						-	of Facility (4) School (K-12						
Street Address 364 Belleville Aven	ue								Subchapter 8 Other (i.e. pri	(Oth			dings,	home	es,
City (5) Bloomfield								-	e Feet	# of N/A	Floors		Bldg. A	ge	
County (6) Essex				County C	Code (7) USE ONLY)		_	Currer	nt Use (Prior Se	if bei	ng demolis	ned)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	l No.				ement Contr ement, Inc		(9)				
Street Address								Addres	s ren Avent	ıe					
City, State, Zip Code								state, Zij wa, N	p Code J 07512						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			none No 345-86			License N #00675	lo.			
Start Date (10) 5/07/15		Schedule 5/08/15		pletion [	Date (11)				A Monitor ement, Inc						
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Addres	s						
Facility Closed/Vac	ated During Entire F	Period of A	batem	ent					ren Avenu	1e					
Other – Describe:	ned Outside of Norm Occupied	ial Facility	Hours	<u> </u>		_		state, Zij wa, N	p Code J 07512						
Scope of Work (Check A	All That Apply)														
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		_	enova emolit		20		×	Min Glo	Containmer i-Enclosure vebag Proce	dure	Ü				
		le	Locati	on				I NOI	n-Exempted	( ) an	u Non-Friat	T PIC	0.163.2	ement	_
Location	n of	N	ormal	ly		Des	scription	of				<u></u>	Ty	ре	
Asbestos-Containing TO BE AB			l Sole ntenar		Asbesto		aining N system				mount Specify	77		SEN!	Е
In Faci	lity	Custo	odial 5 (12)	Staff?		surfac	cing, VA	T, or	uori,		or LF)	Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		otner n	niscellar	neous)				val	air	RECITEDINGS	sure
basem	ent		X			pipe	insula	tion		3	0 LF	X			
basem	ent		X				pipes				0 LF			Х	
										******		1			
Name of Registered Wa	ste Hauler		200	JDEP W			Yards		Name of R	egiste	red Landfil	l			
D&S Abatement, Inc	3.			auler ID 20996		of Was TBD			Waste M		gement c	f PA			
City, State Totowa, NJ						Dispos TBD	sal Date	)	City, State Tullytow		A				
Completed by Deanna Brkusanin		Title Projec	ct Ma	nager		S	signatufe	Dalu	o Phille	uel	un 1	ate /20/1	5		

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Agencies Notified  Type Notification  Agencies Notified  Type Notification  Type Offacility (A)  DOL   Amended   Amended   City, State, Zip Code   North Brunswick, NJ 08902  Name of Contact   Jacklyn Jolly   School (K-12)   Subchapter 8 (Other than K-12)   Other (Le, private & commercial buildings, homes, etc.)  North Brunswick  Type of Facility (A)  Subchapter 8 (Other than K-12)  Subchapter 9 (Other than K-12)  Subchapter 9 (Other than K-12)  S	Date of Notification (1) 4/20/15			f Building Owner/G Stopiniski	Operator	(2)	664-						
Separation   Amendment #   Deb	1,20,10	-					7519	MIN I A	7 12	: [	8		$\dashv$
DOH   DCA							<i>t</i>				O		
EPA   DEP													
DOL   Carregancy (Including   Justification)   Cancellation   Can													
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildings, homes, etc.)   Square Feet   # of Floors   N/A	DCA Cancellation				ION								-
School (K-12)   Subchapters (Other than K-12)   Subchapters	Name of Facility Where Abatement is Taking Place	ce (3)	FAC	ILITI INFORMAT	ION	Type of	Facility (4	)					
Toward Address City (5) North Brunswick  County (6) Middlesex  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  Totowa, NJ 07512  Start Date (10) S/O4/15  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Totowa, NJ 07512  Scope of Work (Check All That Apply)  Say of ≥ 3 if State Country (Check All That Apply)  Say of ○ 2 if State Countr	2002					☐ Sc	hool (K-12	2)	4.00				
North Brunswick  County (6) Middlesex  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Abatement Contractor (9)  D&S Abatement, Inc.  Street Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  5/04/15  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  City, State, Zip Code  Totowa, NJ 07512  Street Address  11 Rosengren Avenue  Street Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Street Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Pull Containment with Negative Pressure Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement  Type						∑ Ot etc	her (i.e. pr c.)	ivate & commer	12) cial bu				,
Middlesex  Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Telephone No.  973-345-8685  Start Date (10)  5/04/15  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  (1 ( ) © ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (						N/A		N/A		N/A		e	
Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Street Address  ASCM No.  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code  City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Start Date (10)  5/04/15  Start Date (10)  5/05/15  Start Date (10)  5/05/15  Coccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Other - Describe:  Name of OSHA Monitor  D&S Abatement, Inc.  Street Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Scope of Work (Check All That Apply)  Sas for ≥3 If  ≥160 sf or ≥260 lf  Renovation  Demolition  Renovation  Demolition  Street Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure						Control of the Control		r if being demoli	ished)				
Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code  City, State, Zip Code  Telephone No.  Telephone No.  Telephone No.  Start Date (10)  5/04/15  Scheduled Completion Date (11)  5/04/15  Coccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe:  City, State, Zip Code  Totowa, NJ 07512  Street Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Normally  Description of  Description of		er (8)	ASC	M No.									
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No. 973-345-8685  Start Date (10) 5/04/15  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe:  Other − Describe:  Telephone No. 973-345-8685  Woo675  Name of OSHA Monitor D&S Abatement, Inc.  Street Address 11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Scope of Work (Check All That Apply)  Saft or ≥3 If  Saft Renovation Demolition  Renovation Demolition  Is Location Normally Location of  Location of  Location of  Description of  Description of  Description of							- 18	C.					
Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  973-345-8685  Telephone No.  973-8685	Street Address							nue					
Start Date (10) 5/04/15  Start Date (10) 5/04/15  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Scheduled Completion Date (11) Description Date (11) Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type  Location of Description of	City, State, Zip Code												
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Abatement Performed Outside of Normal Facility Hours Other – Describe:			ment					nue					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Location of	Abatement Performed Outside of Normal F Other – Describe:	acility Hou	ILS										
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TO DE ADATED (i.e. thermal systems insulation, (open)   m   J   X   Z	Asbestos-Containing Material (ACM)			Asbestos Co	ntaining	Material				Z	_	Enc	Щ
In Facility  (12)  Custodial Staff?  Surfacing, VAT, or  SF or LF)  Solution  SF or LF)				su	facing, V	AT, or	uori,			emo	Repair	apsı	iclos
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Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards  Name of Registered Landfill	Name of Registered Weste Hauler		NJDEP	Waste Cui	oic Yards		Name of	Registered Lan	dfill				
D&S Abatement, Inc.    Hauler ID No.   #20996   TBD   Waste Management of PA			Hauler	ID No. of \	Vaste					PA			
City, State Totowa, NJ  Disposal Date TBD  Tullytown, PA			1	5-3-07		te				e Liberal			
Completed by Deanna Brkusanin Project Manager  Title Signature 4/20/15	Completed by		Manag	er	Signatu	ire AUU0	Ples	relect			5		

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## New Oheck #

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Date of Notification (1)							Operator (2)							
200000117-000	Holy Angels Parish   Holy An													
	Holy Angels Parish   General Parish													
DEP	Both													
DOH	Holy Angels Parish  Sizes Notified Type Notification  EPA DCI DCI Amended Memoriant # Ground (notified) DCA  I Telephone Number  Brook (12) Subchapter & (Other than K-12) Other (Lee, private & commercial buildings, homes, etc.) Other (Lee, private & commerci													
LJ DCA	Holy Angels Parish  Street Address 64 Cooper Street  City, State, 26 Code  PA Amended Amendent # City, State, 26 Code  PA School (K-12)													
	Holy Angels Parish   Gender   Type Notification   Street Address   Facility (A)   Amended   City, State, Zip Code   Cooper Street   Cooper S													
	Holy Angels Parish   Holy An													
Algerician Notified   Type Notification   Size Address   Size Address   Scheduled Completion Pack   Size Address   Size Addr														
City (5) Woodbury NJ 0809	Holy Angels Parish genete Notified Type Notification Street Address 64 Cooper Street City, State, Zip Code Amendment of Codada Dob Stockhapter of Codada Dob Stockhapter of Codada Dob Stockhapter of Codada Dob Stockhapter (Cher han K-12) Dob Stockhapter of Codada Dob Stockhapter of Facility (4) Stockhapter o													
County (6)	Holy Angels Parish   Signature Notified   Type Notification   Sirver Address   G4 Cooper Street   G7 Content   G7 County (G6 Coloucester   G7 County (G7 County N) 08098   G7 County (G7 Cou													
Street Address  City (5)  Street Address  Street Address  Street Address  County (6)  Clouding Firm Hired by Building Owner (8)  Name of Contact  Street Address  County (7)  County (8)  County (8)  County (9)														
Agencies Notified Type Notification DEP Amended Amende														
Abandoned Hotel Building  Street Address  85-87 Cooper Street  Street Address  Street Address  County (5)  Gloucester  Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  Street Address  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  Street Address  Coupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  Other (i.e. private & commercial buildings, homes, etc.)  Current Use (Prior if being demolished)  Abandoned Hotel  Current Use (Prior if being demolished)  Abandoned Hotel  Abandoned Hotel  Name of Abatement Contractor (9)  Pernaco Inc.  Street Address  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  S56-753-9800  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  S66-753-9800  City, State, Zip Code  Street Address  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  S56-753-9800  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  S56-753-9800  City, State, Zip Code  City, State, Zip														
City, State, Zip Code	County (6) County (7) County (8) County (8) County (8) County (9)													
Project Manager for Mo	Holy Angels Parish   Street Address   Street Address   Anendhead   Amendhead													
	Type Notification   Initial   Amended   Amendment   City, State, Zip Gode   Woodbury NJ 08096   Name of Contact   Dean   Type of Facility (4)   School (K-12)   Subsphaper 8 (Cher than K-12)   Subsphaper 8 (Cher than K-12)													
Occupancy Status Durin	ng Abatement (Check	Only On	e)	0//			Street Ac	ddress						
A C	cated During Entire Pe	riod of A	bateme	ent			City, Stat	te. Zip	Code					
Other - Describe:			1 8505			_		1				-	1	
Scope of Work (Check	All That Apply)						X	We	+ W	rape &	Cut	-	フ	
							X	Mini- Glov	Enclosure ebag Prod	edure				
								NON-	Exempled	( ) and Non-r	TIADIE F			
1						_	Sanadatian d			,				
Asbestos-Containin TO BE A	g Material (ACM) BATED	G4 Cooper Street   City, State, Zip Code   Woodbury NJ 08096   Name of Contact   Dean   Talenhone Number   Talenhone Number   Dean   Talenhone Number   Dean   Talenhone Number   Talenhone Number   Dean   Dean   Dean   Dean												
0 1	St. p.	Ves	Street Address 64 Cooper Street City, State, Zip Code Woodbury NJ 08096 Name of Contact Dean  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subc											
1000	Type Notification													
	Holy Angels Parish  Sea Notified Type Notification   Sea Notified Sea Notified   Type Notification   Sea Notified   Sea Notified   Sea Notified   Sea Notified   Sea Notified   Sea Notified   Sea Notification   Sea Notifica													
		Street Address 64 Cooper Street  City, State, Zip Code Woodbury NJ 08096  Name of Contact Dean  FACILITY INFORMATION  In School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other												
			I N	JDFP W	/aste	Cub		Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors   Bidg. Age   35+  Current Use (Prior if being demolished) Abandoned Hotel Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telepipone No.   License No.   00727 Name of OSHA Monitor   Same   Street Address Street Address  City, State, Zip Code  West Berlin NJ 08091 Telepipone No.   Sicreet Address Street Address  City, State, Zip Code  West Perli Containment with Negative Pressure Mini-Enclosure   Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Scription of taining Material (ACM)   Specify (Specify (Cing, VAT, or miscellaneous)   SF or LF)   The period of taining Material (ACM)   Specify (Specify						
United Containers	auto i ladioi		H	auler ID		of V	Telephone Number  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age 35+ Current Use (Prior if being demolished) Abandoned Hotel  Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091  Telephone No. 856-753-9800 00727  Name of OSHA Monitor Same Street Address  City, State Zip Code West Berlin NJ oshop I License No. 00727  Name of OSHA Monitor Same Street Address  City, State Zip Code Work I Berlin NJ Oshop I License No. 00727  Name of OSHA Monitor Same Street Address  City, State Zip Code Work I Berlin NJ Oshop I License No. 00727  Name of OSHA Monitor Same Street Address  City, State Zip Code  Work I Berlin NJ Oshop I License No. 00727  Name of OSHA Monitor Same Street Address  City, State Zip Code  Work I Berlin NJ Oshop I License No. 00727  Name of OSHA Monitor Same Street Address  City, State Zip Code  Work I Berlin NJ Oshop I License No. 00727  Name of Osha Monitor Same Street Address  City, State Zip Code  Waste Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Type  Thou Type							
City, State Elm NJ	Type Notification   Street Address   Amended													
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Anthony T Perna		Presi	dent				(1				4/9/	5		

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Date of Natification (1)			5/7/1017	Name	of Bulldin	n Dumar	Dhamia	(7)	Dot	] i	1	IV	- Annual Contract
Apr	27:2015									and the second second		7   	~
Agenties Notified	Type Notification	1	_	Street	Address	ei vides	LLCZ	RETIA USA, I	LC				1
EPA DEB	Steet Address  DEP Amended Amendment # Emergency (including justification) DCA Emergency (including justification) DCA Cancellation Cancellation  DCA Cancellation  FACILITY INFORMATION  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  DCA Cancellation  DCA Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  DCA Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  DCA Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.)  Cancellation  Type of Facility (4)  Subchapter 6 (Other than K-12) Other (i												
DEP				City S	late 7in	Code	10 E. B	altimore Pike,	Floor 3	1/60			1
☑ DOL 10-	Amendment # Media, PA 19063  Name of Contact  Project Manager  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.s. private & commercial buildings, homes, etc.)  Tay  Yy (6)  County Code (7)  (STATE USS ONLY)  Address  Commercial  ASCM No.  Name of Abstement Contractor (3)												
□ DOH	Emergen cy	(includin	ğ							/(Dt)	3513	erichen der Anger der	1/2
DCA	Cancellatio	n				7.			Telephone	Numbe	IV	到	
		_	_	EA/	I WIZHBO	jer FARMAT	100					1	v <del>particular</del>
Name of Facility Where	batement is Taki	ng Place	(3)	101	PILITIN	FORMA	ION	Tune of Feelity	70)	50		-	
Former M&T Chemic	als inc. site									-2.			0
Street Address			_			_		School (K-	·12)	le amin		-	
1400 Randolph Aven	ue							Other (I.a.	private & comm	rerelatibe	Udina	e hor	Man
DCA Cancellation Project Manager  Name of Facility Where Abstement is Taking Place (3)  Former M&T Chemicals Inc. site  Street Address  1400 Randolph Avenue  City (5)  Rahway  County (6)  Randolph (I.e., private & commercial buildings, homes etc.)  Square Feet # of Floors Bidg. Age													
Rahway	DOU Amendment # Emergency (including justification) Cancellation Project Manager  ame of Facility Where Abstement is Taking Place (3)  Interest Address  City, State, Zip Code Media, PA 19063  Name of Contact Project Manager FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (I.s. private & commercial buildings, homes, etc.)  Square Feet # of Floors Bidg. Age  County Code (7) (STATE USS ONLY)  The MACK Group, LLC.												
Union													
Name of Monitoring Firm													
AET													
Street Address		_		_0021		_	I ne M	ACK Group, L	LC.				
222 Church Road													
City, Siste, Zip Code							1500 F	Kings HWY N.	STE 209				
Bridgewater, NJ 0880	7						1000						
Project Manager for Monli	oring Firm	-	1	Talepho	ne No		Charry	Hill, NJ 0803					
Erlo Houseknecht					6-1132		(3)		Licens				
Start Daie (10)		Schedu	ed Co	mpletion	Date (11)		Name :	759 - MACK	00781				
4/28/15				5/31/1			1						
Occupancy Status During	Abatement (Chec	k Only O	ħe)	2.0 11 1			Street	ACK Group, L	LC.				
Facility Closed/Vacat	ed During Entire	Pariod of	Ahere	ment			- CONTROL OF SEC.		000				
LI ADALOMENT ABLIDIME	d Outside of Norm	al Facilit	y Hour	.g			CIEV BI	ings HWY N,	STE 209				2
Other - Describe:			88				199						
Scope of Work (Check All	That Apply)						Cherry	Hill, NJ 0803	4				
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≥160 af or ≥260 if			Demoli				F	Full Containme	ent with Negativ	e Pressu	re		
								Glovebag Pro:	cédurs				
							2	Non-Exempted	(*) and Non-Fria	ble Proce	edure		
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Location of Asbestos-Containing &	nt leterial (ACM)	Use	d Sale	של שלי	Achee	De:	oription :	of .		-	T 1	/pe	
TO BE ABAT		Ma	Intene todial	nem/	(i.s.	thermal	nining mi systems	aterial (ACM) insulation,	Amount (Specify	1 _		m	-
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City, State				159	39		30	GROWS					
reehold, NJ	30					Disposi		Olty, State					
completed by		Title				5/	31/15	Morrisville	e, PA				
ika Cooper		100000000000000000000000000000000000000				84	To but o	7/0		Date			
		Preside	ent _			ومسم	A 1		4	/27/15			-

APPROVED: PAUL HORNER,
NJOOH

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

4 /27 /	15	-0	1000000	RIZON	ng Owner/Operator	2015	HAY-1 KM	10. 1	-		
Agencies Notified Type Notifi	ication		Stree	et Address			A.F	(	· E		
☐ EPA ☐ Initial			15	FAST MO	ONTGOMERY P						
□ DOLWD □ Amende	ed			State, Zip		LACA	1000				
□ DOH Amendr			13.25			10	- Little fill of				
☐ DCA ☐ Emerge	ency (include	ding			SH, pa 15212						
(NJAC 5:23-8) justifica			, was a service	e of Contac	2.72		Telephone Nur	mber			
☐ Cancell	ation			THONY I	1750						
Name of Facility Where Abatement is	Taking Pl	ace (3)	FA	CILITY IN	NFORMATION	T(F10)					
VERIZON	raining i i	ucc (0)				Type of Facility	X /				
Street Address						School (K-12	2) 8 (Other than K-1	2)			
	30					Other (i.e., p	rivate and comme	د) ercial b	uildin	as.	
544 SPRINGFIELD AVENUE						homes, etc.)	1			3-,	
City (5)						Square Feet	# of Floors	E	Bldg. A	\ge	_
SUMMIT, NJ					99						
County (6)		134 1-35	Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)	-		_
UNION					*** 1.00 ***	COMMUNIC					
Name of Monitoring Firm Hired by Bui	ildina Own	er (8)	ASCM	l No	Name of Ahatem	ent Contractor (9)					_
USA ENVIRONMENTAL MANA		2000	7.00.	110.							
Street Address	CLIVILIA	TINC				VIRONMENTA	L, INC.				
					Street Address						
8436 ENTERPRISE AVENUE					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C	ode				7.00	-
PHILADELPHIA, PA 19153-380	02				BRISTOL, PA	A 19007					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.			_	-
MARK JENKINS			15-365		215-788-6040	1	00509				
Start Date (10)	Scheduled	100					00303				
	Concadic				Nama of OCHA A	Annita-					-
4 / 2/ / 15	4			67 7	Name of OSHA N		INC				
4 / _27 / _15		/ _2		67 7	BRISTOL EN	Monitor VIRONMENTAL	L, INC.		1.		
Occupancy Status During Abatement	(Check on	/ 2 ly one)	8_ /	67 7	BRISTOL EN	VIRONMENTAL	L, INC.		1.		
Dccupancy Status During Abatement (	(Check on ire Period	ly one)	8 / ement	15	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During Abatement of National Processing Abatement of National Processing Control Processing Abatement Performed Outside of National Processing Abatement Performed Outside of National Processing Processi	(Check on ire Period lormal Fac	ly one) of Abate	ement	15_scribe	BRISTOL EN	VIRONMENTAI	L, INC.				
Docupancy Status During Abatement of Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM	(Check on ire Period lormal Fac	ly one) of Abate	ement	15_scribe	Street Address 1123 BEAVE	R STREET	L, INC.				
Occupancy Status During Abatement of Recility Closed/Vacated During Ent Abatement Performed Outside of N	(Check on ire Period lormal Fac	ly one) of Abate	ement	15_scribe	Street Address 1123 BEAVE City, State, Zip Co	R STREET ode A 19007	*		7.		
Dccupancy Status During Abatement (   Facility Closed/Vacated During Ent   Abatement Performed Outside of N   Time of Abatement:AM-	(Check on tire Period lormal Fac PM/ <u>5:</u>	/ 2 ly one) of Abate cility Hou 00PM-1	ement urs - Des	15_scribe	Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	R STREET ode A 19007 tainment with Neg	*				
Docupancy Status During Abatement of Facility Closed/Vacated During Ent  Abatement Performed Outside of N Time of Abatement:AM  Scope of Work (Check all that apply)  3 sf or >3 lf	(Check on ire Period lormal Fac PM/ <u>5:</u>	ly one) of Abate	ement urs - Des 1:30AM	15_scribe	Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	R STREET ode A 19007 tainment with Neg	*				
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#### State of New Jersey

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

Check # 7800 Date of Notification (1) Name of Building Owner/Operator (2) 4/27/15 New Jersey Department of Military Affairs Type of Notification Street Address Agencies Notified 101 Eggerts Crossing Road [] EPA Initial [] DEP Notification City, State, Zip Code Emergency [X] DOL Lawrenceville, NJ 08648 Amended DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation William McBride FACILITY INFORMATION Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12) Name of Facility Where Abatement is Taking Place (3) Sea Girt NGTC Other (i.e. private and commercial buildings, homes, etc.) Street Address 381 Sea Girt Avenue Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) ~50 (STATE USE ONLY) Current Use (Prior if being demolished) Sea Girt Monmouth Offices, training center Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Whitman Companies, Inc. 00110 Jupiter Environmental Services, Inc. Street Address Street Address 7 Pleasant Hill Road 323 Changebridge Road, Suite 100 City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Kevin Lovely 732-390-5858 973-575-8700 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5/11/15 5/18/15 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22W [] Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition [ ] Renovation Mini - Enclosure [] ≥3 sf or ≥3 lf Glovebag Procedure Non - Friable Procedure ≥160 sf or ≥260 lf Is Location Abatement Normally Used Description of Type REP Location of Solely by Asbestos - Containing Amount R E E Maintenance/Cus Material (ACM) Asbestos - Containing (Specify Ε N N C Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) M C insulation, surfacing, VAT, 0 TO BE ABATED L In Facility or other miscellaneous) V 0 Yes No N/A A R S S (13)U VAT 750 SF 1st floor office - Bldg 8 X X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Jupiter Environmental Services Hauler ID No. Of Waste Minerva Landfill 04782 City, State Disposal Date City, State 5/21/15 Waynesburg, OH Pine Brook, NJ Completed By (Print or Type) Date Signature 4/27/15 Pane Repic General Manager