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

CK#2319

Date of Notification (1)			Name of	Building (Owner/Operator						
			OS .	ddress 3 9 0 te, Zip Co	River	of 736	rray	i /.		J14 	
DOH Eme	ergency (including fication) cellation	ding	Name of	Um	,100.	00 100	Telephone Nu	mber			
Name of Facility Where Abatement TEM Buildi Street Address UD Mescen		ce (3)	FACII	LITY INFO	PRMATION		12) r 8 (Other than K-1 private & commerci	ial build	17,000		is,
Spring (also Ho	ights	1000	County (# of Floors		dg. A		
Name of Monitoring Firm Hired by E	Building Owne	er (8)	ASCN	ISE ONLY) I No.	Name	of Abatement Co. Insulation Co.	ntractor (9)	18			
Street Address					Street 95 N	Address Montrose Road					
City, State, Zip Code					Colt	State, Zip Code s Neck, N.J. 0	7722				
Project Manager for Monitoring Firm			Telephor		7 79555	hone No. -294-1757	License N 00029	10.			
Start Date (10) 5/9//) 3	1 . 4.	mpletion I	Date (11)		of OSHA Monitor					
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Scope of Work (Check All That App	g Entire Perior of Normal Fa トラか・コ	d of Abate				Address State, Zip Code					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	.y) [Renov				Mini-Enclosur Glovebag Pro				8	
		Is Loca							Abate	ment pe	7
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	ACM)	Norm Used So Mainten Custodial (12	lely by ance/ Staff?		Description tos Containing I thermal system surfacing, V/ other miscella	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
0)11)	- Y	es No	N/A	6	1:00		10	100		Ф	
ataloons		_	1	١٠	ding		1200 1	12			
Name of Registered Waste Hauler Ace Insulation Co., Inc.			NJDEP W Hauler ID 12086		Cubic Yards of Waste	Name of Chrins	Registered Landfil				
City, State Colts Neck, New Jersey					Disposal Date	/ Easton	n, PA				
Completed by Bree McGuire	1000	itle Secretar	y Treasu	ırer	Signatur	ewy'	D	ate 4/38	110	-	

CheCK# 1474

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

			T Na	ame of I	Building (Owner/Operator	(2)				
Date of Notification (1)	1-29-14			BE	216	< UNIL	11153		70.	-	=
Agencies Notified	Type Notification		St	reet Ad	dress	T. 88)	1015	ANDRA	PLA	CE	
□ CP A □ DEP	Initial Amended		1	ity, State	Zip Co	de /	(1.08)	124			
□ DOF	Amendment #_ Emergency (inch	uding	1 -				/1	Telenhone Numbo	-	<u> </u>	ᅱ
□ DOH □ DCA	justification) Cancellation		N	ame of	Contact /C	PLACKI	15 /		17	7	
			ᆂ			RMATION			7		\perp
Name of Facility Where	Abatement is Taking	Place (3)					Type of Facility (-
							I TT Colochanter 8	(Other than K-12) wate & commercial	i building	1S.	
Street Address 10 /	SANDRA	PLI	40	E			homes, etc.)	# of Floors	Bidg.		-
City (5) > 0	ck. N.	J .					Square Feet	L	1_3	30	
I			$\overline{}$	County	Code (7) (STATE	Current Use (Pri	or if being demolish	hed)	ON	
	EAN		- 1	USE O	NLY)		- LO-shapper (O)			<u> </u>	=
Name of Monitoring Fi	m Hired by Building O	wner	A	SCM No	0.	BRICK	< INDUS	TRIES /1	YC_		
(8) Street Address			-1=				MTICK				
Street Address									/		=
City, State, Zip Code						BRIC	K. N.J.	.08124		==	=
Project Manager for N	Ionitoring Firm	T	Telep	hone N	o.	Telephone No.	9-1499	License No.	76		_
		uled Con	noleti	ion Date	(11)	Name of OSHA					
Start Date (10) S-	7-14 5	uled Con		14							= $+$
Occupancy Status Du	uring Abatement (Chec	ok only o	ne)	7.	·-	Street Address	;				
Contine Cincariva	cated During Entire Pe med Outside of Normal	HOO OF AL	pare	nent s		City, State, Zip	Code				
Other - Describe:											=
Scope of Work (Chec	ck all that apply)	,				□ Full C	ontainment with Ne Enclosure	egative Pressure			
≥3 sf or ≥3 lf		Ren	ovali nolitic	on n		=	har Descodute	on-Friable Procedi	ure		
≥160 sf or ≥260 M			ocatio			NOR	Exemples () and the		Al	pateme Type	ent
			mally	/	÷	Description	of		\vdash	Ť	\Box
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TO BE A	cility	S	taff? (12)		(surfacing, V/	AT, OF	SF or LF)	Removal	Repair	Enclosure
(1:	3)	Yes	No	N/A				-			6
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COMPONEN	IT REMOVAL								-	+	+
				NUDEP	Macto	Cubic Yards	Name of Re	gistered Landfill		4	
Name of Registered	Waste Hauler DUSTRIES	INC		Hauler II	D.No.	of Waste	5 G.	R.O.W.	5 /		
					602	Disposal Date	e City, State	PA			
City State BRICI						5-9-1 Signatur	4	/ Date	/ n		11
Completed By	LACKIS	De PR	E	5	1753	Signatu	Middleel	-	4-2	9-1	4
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification					ilding (Owner / Operato	r (2)								
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Ĭ EPA				6201	At	lan	tic Av	enue						1	
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□ DOH		ergency		Name	e of	Со	ntact				Te	elepho	ne N	umb	er
☐ DCA	☐ Can	cellation		BillF	ink	de									
				FA	CII	LIT	Y INF	ORMATION	2						
Name of Facility Wh			lace (3)				Type of Facili							
Ventnor City Mur	nicipal Bui	lding						School (I	1 100						
Street Address									ter 8 (Other th		500	er - W eers (1964)			
6201 Atlantic Ave	enue							1	e. private & co					tc.)	
		-						Square Feet				ig. Ag			
City (5)		County (6)	Co	unty	Co	de (7)	15,000		2		year	S		
Ventnor		Atlantic						8	(Prior if being o	demoli	shed)				
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Name of Monitoring NA	Firm Hired	by Building Owr	ner (8)		1	ASC	M No.		tement Contra		•				
Street Address			******					Street Address		,			_		
		902						PO Box 131							
City, State & Zip Co	de						20-0-2	City, State &	Zip Code						
								Cherry Hill,	NJ 08003						
Project Manager for	Monitoring	Firm	Tele	ohone	e Ni	umb	per	Telephone N			License Nu		.=		
Scheduled Start Dat	e (10)	Scheduled Cor	nnletio	on Da	ate	(11)		09-567-09				0118	37		
4-28-14			7-13	3-14	110	(' ' /		EMSL Anal				0.11.794.5			
	ccupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F							Street Addres	10 T 3 L						
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Abatement F	al Ho	urs –	7a	m to	3pm	City, State &									
	Describe:							Westmont,	NJ 08108						
		g Abatement													
Scope of Work (Che	ck all that a	ipply)							□ Full Co	ntoinm	ent with Ne	antivo	Droc	cura	v
≥3 sf or ≥3 lf				Poi	201	atio	n					galive	1 100	Suic	ž
≥3 \$1 01 ≥3 11 ≥160 sf ≥260			\bowtie	*		lition					ocedures				
2100 81 2200	<i>)</i> II		Ш	Dei	ПО	II(IOI				_	d and Non-l	Friable	Dro	codu	iro.
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	os-Containi	na	10200	maily		112		Asbestos-Con			Specify	Abi	T	5111.1	Abe
	erial (ACM)	.,9	10 mm - 10 mm	olely			5.4	Material (A			F or LF)	70		Ē	m
	E ABATEÓ			tenar odial				(i.e., thermal s	ystems		3 32000 5	en	Re	cap	ncle
in	Facility		Cusi	(12)	Stai	11 !		nsulation, surfac				Removal	Repair	Encapsulate	Enclsoure
	(13)		Yes	No	N	I/A		or other miscell	aneous)			<u> </u>		ate	G.
Office space			П	X	T	7	Floor	tile & mastic		6.700) sq.ft.		П	П	П
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-				Ha	aule	er ID		of Waste	-		7,000				8)5
Service Transpor	tation Gro	oup		78	315	86		40 cy	ACUA	4-5-					
City, State New Castle, DE								Disposal Date 7-27-14	City, State Egg Harbo	r Twn	N.I				
Completed By (Print	or Type)			Tit	tle			Signature Signature	100	1 MAD	., 140	Date	L		200
Theodore S. Bud				380.00		Mg		S.g. Latary	//			4-25	-14		
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NO CHECK

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

Date of Notification (1)	4					ng Owner/Operato	r (2)					
4/27/1		=			ald Sinc							
Agencies Notified	Type Notif	fication			et Address N Mari	on Avenue					*	
DEP	Amend	ied		-	State, Zip						-	
DOL	Amend	lment#				IJ 08090						
⊠ DOH	justific	ency (includi aton)	ng		ne of Cor			I Telephone Mun	nher		_	
DCA	Cancel			1550000000	ld Sincla							
						FORMATION	-		_			_
Name of Facility Where	Abatement i	s Taking Plac	ce (3)	- 17	OILITT IN	FORMATION	Type of Facilit	v (4)	HD9 83			
Residence	Abdicinent	o raiding ria	JC (J)				School (K-					
Street Address		-						r 8 (Other than K-1				
204 N. Marion Aver	nue						Other (i.e., homes, etc	private 8 commerc	ial buil	dings	,	
City (s)		T)					Square Feet	# of Floors	E	ldg.	Age	
Wenonah,				- 2			1800	2	_ 3	0 yr	S	
County (6) Gloucester				Cou	inty Code	(7) (STATE	Current Use (Residence	Prior if being demol	ished)			
Name of Monitoring Firm	Liros by D	ilding Owns				I Name of Abotes		0)				_
(8)	Trilled by Bl	anding Owne	'	ASCM	INO.	AEi2, LLC	ment Contractor (3)				
Street Address						Street Address				_		_
						300 Lenola R						
City, State, Zip Code						City, State, Zi	p Code					
						Maple Shade,	NJ 08052					
Project Manager for N	Monitoring F	irm	Tel	ephone	No.	Telephone No. 609-481-212	22	License No. 00689				
Start Date (10)		Scheduled	Comple	etion Da	ate (11)	Name of OSHA						
5/8/14		5/10/14			()	AEi2, LLC			TT-1/4-532			
Occupancy Status Durin	g Abatemen	t (Check onl	y one)			Street Address						-
Facility Closed/Vaca						300 Lenola I						
Abatement Performed						City, State, Zip C	Code			250.0000	0.18-01	
Other - Describe: V			est of r	esidence	<u> </u>	Maple Shade						
Scope of Work (Check a	ill that apply)						Negative Pressure				
≥3 sf or ≥3 lf		X B	enova	ion		Mini-En						
			emoliti	on			ag Procedure	Non-Friable Proced	huro			
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Location Asbestos-Containing N			d Sole intenar		Asbes	Description o tos Containing Ma		Amount	R	Г	E	E
TO BE ABAT	ED		Custodi	al		, thermal systems i	insulation,	(Specify	e	R	c	n c
IN Facility (13)	!		Staff? (12)			surfacing, VAT other miscellane		SF or LF)	m o	P a	P	0 5
(10)			1	Т .	-	outer missenance	000)		v a	i	u 1	u r
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			1	1								
Name of Registered Was	ste Hauler		10000	NJDEP 1		Cubic Yards	Name of Reg	istered Landfill				
AEi2, LLC				dauler II	O No.	of Waste	TBD					
City, State			12	1376		.1 Disposal Date	City, State					
Maple Shade, NJ						TBD	TBD	17				
Completed By		Title				Signature /	1.	Date				
Wm. Minnick		Program	m Mg	r.		W	Mmi	4/28/1	4			
ASB-41												

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#21901434344 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) MAY 2 04 29 14 2014 Felice Stokes Agencies Notified Type Notification Street Address ☐ EPA X Initial 106 Sherman Avenue X DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS Teaneck, NJ 07666 ☐ DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation Felice Stokes FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private home Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 106 Sherman Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Teaneck, NJ 07666 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 09 / 14 05 / 10 / 14 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-____PM/___PM__ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or >260 if ■ Renovation Mini-Enclosure Demoiition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Asbestos Containing Material (ACM) Repair Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)other miscellaneous) No Yes N/A X Basement Pipe insulation 200 LF

Name of Registered Waste Hauler NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 04/29/2014 ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		1.01			
3 /	21 /	14				izon			MAY 2)	2014		
Agencies Notified	Type Notifica	ation	Ī.,,	-	Street	Address							
⊠ EPA	☐ Initial	ation			000000000	and the second second	tgomery Place,	l ower Level					
⊠ DOLWD	⊠ Amended	l						LOWE! LEVE!			<u> </u>		
☑ DHSS	Amendme		4/29/1	4		tate, Zip C						*	-
DCA	☐ Emergend	cy (inclu	uding	_			PA 15212						
(NJAC 5:23-8)	justification				Name	of Contact			Telephone Number	er			
	☐ Cancellati	ion			Ant	hony Po	rta						
					FAC	CILITY IN	FORMATION						007170.00
Name of Facility Where A	Abatement is T	aking P	Place (3)				Type of Facility (4)				
Verizon Whippany	co							School (K-12					
Street Address								Subchapter 8	(Other than K-12) ivate and commerce	ial hu	ildina	e	
330 Route 10								homes, etc.)		nai bu	iiuii ig	٥,	
City (5)				10			4	Square Feet	# of Floors	Bk	dg. Ag	ge	-
Whippany													
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)		00.000.000	
Morris							to the control of the	Office	-				
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8) [ASCM	No.	Name of Abateme	ent Contractor (9)				0111/00	
USA Environmenta								VIRONMENTAL	INC.				
Street Address							Street Address		-,			etter y	
8436 Enterprise Av	ρ.						1123 BEAVE	RSTREET					
City, State, Zip Code							City, State, Zip Co					_	
	1453						BRISTOL, PA						
	Philadelphia, PA 19153 Project Manager for Monitoring Firm						Telephone No.	10007	License No.				
Mark Jenkins			phone 5-365		215-788-6040	į.	00509				=		
Start Date (10)	lad Ca		tion Da	(Carrier Carrier	Name of OSHA M	*	00303			2.10			
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Occupancy Status During							Street Address						
☐ Facility Closed/Vacate						ariba	1123 BEAVE						
Time of Abatement:						cribe	City, State, Zip Co						
Scope of Work (Check al							BRISTOL, PA	19007					_
Scope of Work (Check at	r triat apply)						□ Full Conf	tainment with Neg	ative Pressure				
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≥160 sf or ≥260 lf		L] Den	olitic	on			g Procedure moted (*) and No.	n-Friable Procedure	a :			
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TO BE ABA					nce/ Staff?	(i.e	., thermal systems		(Specify SF or LF)	Removal	a∺	aps	Enclosure
IN Facili	ıy			(12)			surfacing, VAT other miscellane	ous)	SF OI LF)	=		Encapsulate	ē
		,	Yes	No	N/A				3.			Œ	
Basement Battery/Po	wer Room	[X			Floor ti	le and mastic		3400 SF				
Basement AC Equipr	nent Room	2 [Floor ti	le and mastic		500 SF	\boxtimes			
Basement AC Equipr	nent Room	3 [Floor ti	le and mastic		400 SF	\boxtimes			
-			X T	П	T				1 14	Ø	П	П	
Name of Registered Was	te Hauler				JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill		_		
SERVICE TRANSPO		INC.			lauler II		Waste	MINERVA					
	551	,			20990)	Disposal Date	City, State					
City, State	10720						Dispusal Date	4 3	LIDG OH AAGOO				
NEW CASTLE, DE		1_						VVAINESB	URG, OH 44688				
Completed By (Print or T	ype)	Title					Signature	1 1.	/ Dat	e /	1	./	
Brian Scafiro		Est	timate	or			Lrian	Acolero 1	18 4	128	//	4	
ASB-41		34						//	1	1		100	- 37

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

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

e of Facility (4 school (K-12) subchapter 8 other (i.e., print nomes, etc.) are Feet	# of Floors # of Floors r if being demo	mber	014 ouildin		
e of Facility (4 school (K-12) subchapter 8 other (i.e., printer of the contract of the contra	(Other than K-vate and comm # of Floors r if being demo	12) eercial t			
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subchapter 8 Other (i.e., privatement, etc.) are Feet ent Use (Prio ffice entractor (9) NMENTAL, REET	# of Floors r if being demo	ercial b			
Other (i.e., private of the comes, etc.) are Feet ent Use (Priorifice ontractor (9) NMENTAL, REET	# of Floors r if being demo	ercial b			
ent Use (Priorifice entractor (9) NMENTAL	INC. License No. 00509		ildg. 1	Age	
ent Use (Prio ffice entractor (9) NMENTAL, REET	INC. License No. 00509		sldg. /	Age	
ffice ontractor (9) NMENTAL, REET	License No.	olished)			
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entractor (9) NMENTAL REET	License No. 00509		2		
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()	(ACM) tion, me of Registe IINERVA LA	(ACM) Amount (Specify SF or LF) 3400 SF 500 SF 400 SF me of Registered Landfill INERVA LANDFILL 7, State VAYNESBURG, OH 4468	Amount (Specify SF or LF) 3400 SF 500 SF 400 SF W me of Registered Landfill IINERVA LANDFILL State VAYNESBURG, OH 44688	Abatem Abatem Repair SF or LF) Amount (Specify SF or LF) A00 SF Amount (Specify SF or LF) 3400 SF	

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

Ok # 2587 2014

								- (2)						-
3 / _	21	1	14		1	/erizon	ding Owner/Operato	r (2)						¥.
Agencies Notified	Type No	otificatio	n		Str	eet Addres								
	🛛 Initia				- 1		ontgomery Place							
☑ DOLWD 8311 ☑ DHSS 8473	☐ Ame				Cit	y, State, Zi	o Code	e, Lower Level						
- 1 [- 1]		ndment					n, PA 15212							
(NJAC 5:23-8)	☐ Emer justifi	ication)	(includ	ing		me of Cont								
100	☐ Cano					inthony F			Telepho	ne Numb	ber			
							INFORMATION				_			_
Name of Facility Where Ab		is Taki	ng Pla	ce (3)			MICHAINION	Type of Facility (4)					
Verizon Whippany Co	0							School (K-12)	1050					
Street Address								Subchapter 8	Other th	an K-12\	į			
330 Route 10								Other (i.e., pri	ivate and	commerc	cial	buildi	nas.	
City (5)								nomes, etc.)					•	
Whippany								Square Feet	# of Flo	ors	7	Bldg.	Age	_
County (6)					TCo	untu Cada	/7) /OTATE : (0 = 0 · · · · ·							
Morris					100	unty Code	(7)(STATE USE ONLY)		or if being	demolish	hed))		-
Name of Monitoring Firm Hi	red by B	Ruilding	Ours	- (0)	LACC			Office						
USA Environmental N			owne	(0)	ASC	M No.		ent Contractor (9)						-
Street Address	-anaye	ment		_				IVIRONMENTAL	, INC.					
8436 Enterprise Ave							Street Address						-	-
							1123 BEAVE	R STREET						
City, State, Zip Code	_						City, State, Zip C	ode			-		_	
Philadelphia, PA 1915							BRISTOL, PA	19007						
Project Manager for Monitori	ing Firm			Tel	ephone	No.	Telephone No.		License	No				_
Mark Jenkins	Scheduled Complet					5-5810	215-788-6040	1		1050				
4-4 D-1- (40)														
tart Date (10)		Sched	duled (Compl	etion D	ate (11)			0050	9				
Start Date (10)	14	Sched	duled (Comple /2	etion D	ate (11) 14	Name of OSHA M	lonitor		9				_
4 / 7 /	atemen	t (Chec	5 k only	/2 one)		ate (11)	Name of OSHA N BRISTOL EN			9				
4 / 7 / Occupancy Status During Ab	atemen	t (Chec	k only	one) Abate	ement	14	Name of OSHA N BRISTOL EN	Ionitor VIRONMENTAL,		9				
4 / 7 / Occupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou	atement uring Er	t (Check	k only	one) Abate	ment	14	Name of OSHA N BRISTOL EN' Street Address 1123 BEAVER	Ionitor VIRONMENTAL,		9				
4 / 7 / Occupancy Status During Ab	atement uring Er	t (Check	k only	one) Abate	ment	14	Name of OSHA N BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co	Ionitor VIRONMENTAL, R STREET		9				_
4 / 7 / Occupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou	atement during Er tside of _AM	t (Checi ntire Pe Normal	k only	one) Abate	ment	14	Name of OSHA N BRISTOL EN' Street Address 1123 BEAVER	Ionitor VIRONMENTAL, R STREET		9	_			
4 / 7 / Occupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: Cope of Work (Check all tha	atement during Er tside of _AM	t (Checi ntire Pe Normal	k only riod of Facility/5:00	one) Abate y Hou PM-1	ment rs - De :30AM	14	Name of OSHA N BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTAL, R STREET Ide 19007	INC.					
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4 / 7 / Ccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate	atement ruring Er tside of _AM t apply)	t (Checontire Pe Normal	k only riod of Facilit M/5:00	one) Abate ty Hou PM-1 enovate molitic Locat Norma	ment rs - De :30AM	scribe Asbe	Name of OSHA N BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer	Ionitor VIRONMENTAL, R STREET Inde 19007 ainment with Negationsure Procedure Inpled (*) and Non-Ferrial (ACM)	INC.	ure ocedure			-	÷
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				Name of	Building	Owner/Oper	rator (2)						
	h 24, 2014				ater Sit	e			U. IV.	0017		3		
Agencies Notified	Type Notification			Street A					MAI Y	AVIS				
EPA	Initial		-		erne Av									
DEP DOL	Amended Amendment	# 1	100		ite, Zip Co		90				:			
<u></u>	Emergency (i				ater, N.	J 08807			T =		0200			
DOH	justification)				Contact				Telephone	eNumbe	er			
DCA	Cancellation		F		Manage			F100	1735			_		
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LIIY INFO	ORMATION		Type of Facility (4)					_
Buildings			*											
Street Address				-			-	School (K-12 Subchapter	8 (Other than	K-12)				
10 Finderne Avenue									rivate & comm	nercial b	ouild	ings,	home	es,
City (5)					7/5			etc.) Square Feet	# of Floors		BI	dg. A	ae	
Bridgewater, NJ 088	07											~g	.90	
County (6)				County (Code (7)		-	Current Use (Prio	r if being den	nolished)			
SOMERSET				(STATE U	JSE ONLY)		- [,	busine		•			
Name of Monitoring Firm	Hired by Building (Owner (8))	ASCN	1 No.	Na	ame o	of Abatement Cont		,00			-	
AET				0021				ACK Group, Ll						
Street Address								Address						
907 Doolittle Drive			3			150	00 K	ings HWY N,	STE 209					
City, State, Zip Code							-	ate, Zip Code					75-775	
Bridgewater, NJ 088						Ch	erry	Hill, NJ 08034	=					
Project Manager for Mon	itoring Firm			Telepho	ne No.	Te	elepho	one No.	Licen	se No.				
Eric Houseknecht			(9	908) 21	18-1108	(97	73) 7	59 - 5000	0078	1				
Start Date (10)		Schedul	ed Com		Date (11)	Na	ame c	of OSHA Monitor					-	
4/5/14				4/5/15				ACK Group, LL	.C.					
Occupancy Status During	g Abatement (Checl	ne)			100000		Address							
Facility Closed/Vac	ated During Entire F	eriod of	Abatem	ent				ings HWY N,	STE 209					
Abatement Perform Other - Describe:	ed Outside of Norm	ai Facility	y Hours			The second		ate, Zip Code						
Scope of Work (Check A	II That Apply)					— Ch	erry	Hill, NJ 08034						
	іі тпас Арріу)						_	a						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova: Demoliti				5	Full Containme Mini-Enclosure	nt with Negat	ive Pres	ssur	е		
		ш.	÷				Σ	Glovebag Proc	edure					
	2.5	-	_				>	Non-Exempted	(*) and Non-Fr	iable Pro		entre cox		
		1	Locati								1		emen pe	t
Location Asbestos-Containing			Normall ed Solel		Ashaal	Descrip								
TO BE ABA		44.527	aintenar			thermal sys		aterial (ACM) insulation,	Amount (Specify		ا م	-	Encapsulate	E
In Facil (13)	ity	Cus	todial S (12)	tall?	***	surfacing other misc			SF or LF))	Remova	Repair	aps	Enclosure
(13)		-		Γ		other misc	enane	eous)			va	a:	ulate	ure
		Yes	No	N/A	1							, comes	W	
Bld 7 Rms 71	113-7119	-01	X			metal pa	in ce	eiling	1,200 s/	f >	\times			
"			X		1x	2 transite	wall	panels	240 l/f		<			
"	N. C.		X			pipe ins	sulat	ion	120 l/f		X			
Bldg 2	2		X		2	transite v	wall	panels	48 sf		X			
Name of Registered Was	te Hauler		100000	J DEP W	aste /	Cubic Yar			egistered Lar	ndfill				_
Freehold / Newark Co	erting / Povio Di	enocal	Н	auler ID		of Waste	1	Cumphani	and Carret	. 1	5 ;11			
Freehold / Newark Ca City, State	arting / Novic Di	sposal		450	19	Disposal D	X-01,-01,0	City, State	and County	rand.	1111	-		
Freehold / Newark / F	Riverdale N I					4/5/		Newburg,						
Completed by		Title			,		ature,		17	Date	-			
Mike Cooper		Presid	dent			1	1			3/24/	14			
	name a contraction of	1												

1093

NO Check

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

Date of Notification (1)		50.0		Name of	Building	Owner/Ope	erator (2)			1.2		14	\neg	
Marc	ch 24, 2014		E	Bridgew	ater Sit	е								.	
Agencies Notified	Type Notification			Street Ad	ddress	7-2-			1.2.15						
⊠ EPA	Initial		1	0 Finde	erne Av	enue			MA	()		2014			
DEP	Amended			City, Stat	te, Zip Co	de									
DOL	Amendment		— E	Bridgew	ater, N.	J 08807								:	
□ DOH	Emergency (justification)	ncluding	_	Name of					Tel	epho	neN	Impar			
DCA	Cancellation		F	roiect I	Manage	er			-						
				The same of the sa		ORMATION	N			-	_				
Name of Facility Where	Abatement is Taking	Place (3	3)					Type of Facility	(4)	-					
Building 7							1	School (K-	12)						
Street Address		150	-					Subchapte		er tha	n K-	12)			
10 Finderne Avenue								Other (i.e.	private 8	com	ımer	cial bui	ldings	, home	es,
City (5)		-			-		-	etc.) Square Feet	# of	Floor	re		Bldg.	Δαρ	
Bridgewater, NJ 088	07							oquare rect	# 01	1 1001	13	i to	blug.	nge	
County (6)	07		- 1	County C	odo (7)		_	Current Line (Dri	as if had						
			100		SE ONLY)			Current Use (Pri							
SOMERSET Name of Monitoring Firm	Licad by Building ()		10014	N					usin	ess	;			
	Hirea by Building (wner (8)		ASCM	No.	100		f Abatement Co		(9)					
AET				0021				ACK Group, L	LC						
Street Address						1	Street A	ddress							
907 Doolittle Drive						1:	500 K	ings HWY N,	STE 2	209					
City, State, Zip Code							City, Sta	ate, Zip Code						25	
Bridgewater, NJ 088	07					C	herry	Hill, NJ 0803	4						
Project Manager for Mon	itoring Firm			Telephon	ne No.	1	Telepho	one No.		Lice	ense	No.			
Eric Houseknecht			(9	908) 21	8-1108	(9	973) 7	59 - 5000		0078	81				
Start Date (10)		Schedule	ed Com	pletion D	Date (11)	i	Name o	f OSHA Monitor			10000				
4/5/14				4/5/15		Т	he MA	ACK Group, L	LC.						
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street A	The second secon		\rightarrow					
Facility Closed/Vac	ated During Entire F	oriod of	Λ hatam	ont		1	500 K	ings HWY N,	STE 2	209					
Abatement Perform	ed Outside of Norm	al Facility	Hours	em		-		ate, Zip Code	OIL	.00					
Other - Describe:								Hill, NJ 0803	1						
Scope of Work (Check A	II That Apply)	-10-				0	пену	HIII, NJ 0003	4		-	-			
		፟ .					N	a							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoliti				K	Full Containm Mini-Enclosure		Nega	ative	Pressu	ire		
		П,	Zemont	OII			×	Glovebag Pro							
							\geq	Non-Exempted		Non-F	-riab	le Proce	edure		
		Is	Locati	on				- W						ement	t
Location	of	3.8	Vormal			Desc	ription o	of					Т	уре	
Asbestos-Containing		800000000	d Sole			tos Contai	ning Ma	aterial (ACM)	Α	moun	ıt			ш	
TO BE AB		255	todial S	325	(i.e.	thermal sy				pecif		Re	고	Encapsulate	Enclosure
(13)	ity		(12)			surfacir other mis			SF	or LI	-)	Removal	Repair	psu	losı
3,000,000												\ \sigma	=	late	ле
		Yes	No	N/A											
Bld 7 Rms 7	113-7119		X			metal p	an ce	ilina	1.2	200 s	s/f	\times			
11			$\langle \rangle$		1	2 transit				40 1/			1		
			\leftrightarrow		1.8		180. 1					_/	-		-
"			X			pipe ir	nsulati	ion	1	20 1/	f				
Name of Registered Was	ste Hauler	al. I	N	J DEP W	aste	Cubic Ya	ards	Name of	Registe	red L	andf	ill		1	h
	17 (1999) (1997) (1997)		Н	auler ID I		of Waste	е								
Newark Carting / Fre	ehold / Rovic Di	sposal		450	19	-	15.6	Cumber		oun	ty L	andfill			
City, State						Disposa	I Date	City, Star	te						
Newark / Freehold / I	Riverdale, NJ					4/	5/15	Newburg	g, PA						
Completed by		Title				Şig	nature	1110			1	Date			
Mike Cooper		President					12-11		/		3/	24/14	8		

Cheer# 10011

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14		dissatt leve							- 1	21	7
Date of Notification (1) April 28, 2014					Name of Building Owner/ RUTGERS, THE ST			TY OF	NJ	10.00	
Agencies Notified EPA DCA DOL	⊠An	ial N end	Notifica ed Noti	tion fication #2 – 3SF/room and	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code					3	
☑ DEP- No Longer REQUIRED			npletion		PISCATAWAY, NJ	08854					
⊠ DOH		stific	ation)	ncluding	Name of Contact MICHAEL SMITH, E HEALTH & SAFET		Telep	hone Nu	mber		لـ
				FACILITY INF							
Name of Facility Where Abatement is Ta BISHOP QUAD, MULTIPLE A STRUCTURES COMMON BA BLDG#s 3055/3054/3053/305 Street Address	BOVE SEME	GR		ATION	Type of Facility (4) School (K-12) Subchapter 8 (other the Control of Control					ore	
COLLEGE AVENUE CAMPUS	8				125				Jo. yea	11.5	
and the state of t	DLESE		(State	Code (7) Use Only)	Current Use (prior if being	g demolished	1). ACA	DEWIC			
Name of Monitoring Firm Hired by Bldg. ATC ASSOCIATES	Owner (8	1	ASCM 0098		Name of Contractor (9)						
Street Address	-				GREENWOOD ABAT Street Address	rement (ONSU	LTANT	S, INC	•	
3 TERRI LANE					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 08016	T = 1				BUTLER, NJ 07405		I	- N			
Project Manager for Monitoring Firm BRIAN KEARNY			<u>lumber</u> -8800		<u>Telephone Number</u> 973-492-0477		0084	se Numbe	<u>er</u>		
Scheduled Start Date (10) 04/22/14	Schedu 05/12	-	Completio	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC	D.	1				
Occupancy Status During Abatement Facility Closed/Vacated During Enti					Street Address		18.				
Abatement Performed Outside of N				ıı,	20-21 WARGARAW City, State, Zip Code	ROAD		-			
☑Other – Describe: Shift Hours:	3:00PN	A – t	5:00AN	A	2						
9					FAIRLAWN, NJ						
Scope of Work (Check all that apply)						Full Conto	nm ont w	ith Nogo	tivo Dro	201150	
 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 				■ Renovation □ Demolition		Full Contai Mini-Enclo Glovebag Non-Exemp	sure Procedi	ure			ıre
Material (ACM) in Facility (13) Sole	ocation Nely by Mai f? (12) S N				pestos Containing Material al systems insulation, surfact cell.)	ing, (Spec or LF	ify SF		ent Type Repair I		Enclose
Various Rooms	X			VAT		300	SF	X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP See B		te Hauler] : ID #	Cubic Yards of Waste:	10 CY		of Regist			ill
Hauler #1) Greenwood Abatement Con NJDEP # 12561 Hauler #2) Horizon Disposal Services, I NJ DEP # 22612			5.	Disposal D 05/12/14		1 R 1	City, State 00 New 2d. Morr 9067 15-736-	Ford Misville,	304000 T		
는 - BRS 10 BBB 10 BB 10 BBB	Title SENIO MANA			т	Signature Raymand C. Per	dalino	<u>Date</u>	April 28	3, 2014	ı	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner	(Operator (2)					
April 22, 2	014				RUTGERS, THE S			YOF	N.I		- 1
Agencies Notified		Votification	Type		Street Address	IAIL ON	MAI	7	7014		
□ EPA		☐ Initial f		ation	ENVIRONMENTAL	HEALTH	& SAFE	TY D			
D DCA	2.00			fication #1 -							1
X DOL	- 1				27 ROAD 1, BLDG	4000, LIVI	NGSTO	IN CA	MAILO		
				ple above	City, State, Zip Code	00054	0				ĺ
DEP- No Longer REQUIRED				sharing a	PISCATAWAY, NJ	08854					
⊠ DOH	-	common l	aseme	nt/foundation	Name of Contact		Telepho	one Nu	mber		
		☐ Emerg	ency (including	MICHAEL SMITH, E		-	_			
		justific	ation)	•	HEALTH & SAFET	<u>Y</u>					
		☐ Cance									
			iiou	FACILITY IN	FORMATION		<u> </u>				
Name of Facility Where Abatement	is Taking	g Place (3)			Type of Facility (4)						
BISHOP QUAD, MULTIPL	E AB	OVE GR	OUND		School (K-12)						
STRUCTURES COMMON	BASE	EMENT/F	OUNE	DATION	☐ Subchapter 8 (other th	nan K-12)		32.			
BLDG#s 3055/3054/3053/3			00.11	,,,,,,	M Other (i.e. private & co		dinae hom	nes etc	١		
Street Address	3001	-90%				of Floors:				are	
COLLEGE AVENUE CAM	PIIS				OQ. T CCL.	011 10013.	blug. r	ige.	oo ye	ai S	
GOLLEGE AVENUE OAN	. 00				Current Use (prior if bein	a demolished): ACAD	EMIC			
	nty (6)	CONTRACTOR CONTRACTOR		Code (7)	T	g domination	,. ,				
NEW BRUNSWICK M	IIDDLI	ESEX	(State	Use Only)							
Name of Monitoring Firm Hired by B	ldg. Ow	mer (8)	ASCM	No.	Name of Contractor (9)					100 CT	
ATC ASSOCIATES			0098	3					_		
					GREENWOOD ABA	FEMENT C	ONSUL	TANT	S, INC		
Street Address					Street Address						
3 TERRI LANE					OCO MAIN OTDEET						
					268 MAIN STREET				4200		
City, State, Zip Code					City State, ZipCode	XEX					
BURLINGTON, NJ 08016					BUTLER, NJ 07405						
Project Manager for Monitoring Firm	S 71 1 23	Telephone N			Telephone Number		License	Numbe	<u>r</u>		
BRIAN KEARNY		609-386	-8800								
C-1-1-1-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					973-492-0477		00840				ana dala
Scheduled Start Date (10)			completic	on Date (11)	Name of OSHA Monitor						
04/22/14	10)4/28/14			ENVIROVISION, INC						
Occupancy Status During Abatem	ent (Ch	ack only o	20/		Street Address	٠.					
□ Facility Closed/Vacated During					Street Address						
Abatement Performed Outside				10	20-21 WARGARAW	ROAD					
Describe	JI NOITI	iai Facility	nouis -		City, State, Zip Code						
☑Other – Describe: Shift Hou	re · 3 · (noPM _ /	5-00 AR	А							
Ectror - Describe: Office Flour	. 3. 3.	001 101 - 3	J. 00/AII	1							
					FAIRLAWN, NJ						
Scope of Work (Check all that apply)										
	•					Full Contain	ment with	Negat	ive Pre	SCUIP	
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Enclo		rroga		Jour C	
≥ 160 sf or ≥ 260				☐ Demolition		Glovebag I		v.			
				- Demondon	The second secon	Non-Exempt			riable D	rocedu	ıro
Location of Asbestos-Containing	Is Locat	tion Normal	ly Used	Description of As	bestos Containing Material	Amou			ent Type		10
		by Maint./Cu			nal systems insulation, surfact		fv SF				
	Staff? (VAT, or other mis	scell.)	or LF)	- <u> </u>	Remove	Repair I	ncap	Enclose
	YES	NO	NA								
Various Rooms		X		VAT		100 \$	SF [X			
Name of Reg. Waste Hauler	IN	JDEP Was	te Haulei	r ID #	Cubic Yards of Waste:	5 CY	Name of	Regist	ered Lar	ndfill	
See Hauler Below #1 & 2		ee Below		- Her	Cubic Tards of Waste.	301	G.R.O.				ill
W 1 110 C		CONTRACTOR									
Hauler #1) Greenwood Abatement NJDEP # 12561	Consult	ants, Inc. –	Butler, I	NJ 07405		Disposal Da	<u>ite</u>		ity, State		A:11
Hauler #2) Horizon Disposal Servic	es Inc	Trenton !	JT 09611			04/28/14		5000	d. Morr		
NJ DEP# 22612	es, 1116.,	rienton, l	19 00011						9067	,	
								2	15-736-	700	
Completed by (Print or Type)	Title				Signature		Date		1 1300±4411		
RAYMOND C. PEDALINO	\$5,5000000	NIOR PI		T	Raymand C. Per	dalina	Ap	ril 22	, 2014		
	MA	ANAGER			, sugmuna O, 12	unio					

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 000-14		22100								1				
Date of Notification (1) April 11, 20	114				Name of Building Owner RUTGERS, THE S			ITY OF	NJ					
Agencies Notified EPA DCA		Notification Initial Amende	Notifica		Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH	& SAF	ETY D	201 EPT.		a property and to the property of			
☑ DOL ☑ DEP- No Longer REQUIRED		Emerging justific		including	City, State, Zip Code PISCATAWAY, NJ	08854	76 11-							
⊠ DOH		□ Cance	lled		Name of Contact MICHAEL SMITH, I HEALTH & SAFET		Teler	phone Nu	mhe-					
				FACILITY INF		<u> </u>		_						
Name of Facility Where Abatement is	Takin	na Diago (2)		FACILITY INF						@				
BISHOP QUAD, BLDG# 30		ig Flace (5)			Type of Facility (4) School (K-12) Subchapter 8 (other the	K 12)								
Street Address COLLEGE AVENUE CAMP	PUS				Other (i.e. private & co					ars				
NEW BRUNSWICK M		.ESEX		/ Code (7) Use Only)	Current Use (prior if bein		Al————							
Name of Monitoring Firm Hired by BI ATC ASSOCIATES	dg. Ov	vner (8)	ASCM 0098		Name of Contractor (9)									
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address									
3 TERRI LANE					268 MAIN STREET									
City, State, Zip Code BURLINGTON, NJ 08016					City State, ZipCode BUTLER, NJ 07405									
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone N 609-386			Telephone Number			se Numbe	Ţ					
Cohodulad Start Data (40)		0 1 1 1 10		5 . (44)	973-492-0477		0084	10						
Scheduled Start Date (10) 04/22/14		Scheduled 0 04/28/14	ompletic	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION INC.	2								
Occupancy Status During Abateme	ent (Cl	heck only o	ne)		ENVIROVISION, INC. Street Address									
□ Facility Closed/Vacated During II □ Abatement Performed Outside of	Entire	Period of A	batemer	ıt	Street Address 20-21 WARGARAW ROAD									
Describe		27		_	City, State, Zip Code									
☑Other – Describe: Shift Hour	rs: 3:	00PM - \$	5:00AN	п	FAIRLAWN, NJ									
Scope of Work (Check all that apply)				- No.				-						
						Full Contain	nment w	ith Negat	ive Pre	ssure				
≥ 3 sf or ≥ 3 lf				☑ Renovation		Mini-Enclo								
≥ 160 sf or ≥ 260				Demolition		Glovebag		ıre						
					X	Non-Exempt			iable P	rocedu	ire			
	s Loca	ation Normal	ly Used	Description of Ask	pestos Containing Material	Amou		Abateme						
		by Maint./Cι	stodial	(ACM) (i.e. therm	al systems insulation, surfac					-	-0000000			
	Staff?	(12) NO	NA	VAT, or other mis	cell.)	or LF)	W	Remove	Repair	encap i	Enclose			
Various Rooms	120	X		VAT	100 SF 🗵									
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below		· ID#	Cubic Yards of Waste: 5 CY Name of Registered Landfill G.R.O.W.S. North Landfill						ill			
Hauler #1) Greenwood Abatement (Consul	tants, Inc	Butler, l	NJ 07405		Disposal Da	ete	С	ity, Stat	<u> </u>				
NJDEP # 12561						04/28/14	1 - 2 - 2 - 2		00 New		320.000			
Hauler #2) Horizon Disposal Service NJ DEP # 22612	es, Inc.	, Trenton, l	NJ 08611		Rd. Morrisville, Pa 19067 215-736-1700						Рa			
Completed by (Print or Type)	Titl	le			215-736-1700 Signature Date									
RAYMOND C. PEDALINO		NIOR PI	ROJEC	т	Reymand C. Pedalino Date April 11, 2014									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		-		_	現し、	/ 政府	-	1
Date of Notification (1).		Name	e of Building Ow		/ \		-	1
		_		72	CONSTRUCT	1010		
Agencies Notified Type Notification	1	Stree	Address		C-	•		1
☐ EPA ☐ Initial ☐ Amended ☐ Amendment			300	//	TH ST.		-	
☐ Amended Amendment	E	City.	State. Zip Code	0		(183 WZ		
Emergency (including		SED LY	<u> </u>	ITY NIJ.			
DOH justification)		10.000	of Contact		T.	Telephone Numb	er	
☐ DCA ☐ Cancellation		-	rout 1	DUDI	201			1
		FA	CILITY INFORM	нфта	,			_
Name of Facility Where Abatement is Takin	ng Place (3)				Type of Facility	(4)		
RESIDERC		10.00			School (K-1)			
Street Address						8 (Other than K-12 divate & commercia		inae
. 8 VICTORIA L	二十二				homes, etc.		i Uuika	1193.
City (5)		- Commonweal			Square Feet	# of Floors	Bkd	g. Age
OCEAN CITY								
County (6) N.		Cour	nty Code (7) (S	ATE	Current Use (Pr	nor if being demolis	hed)	NO UNITED AND IN
County (0) CAPE MAY			ONLY)		V A	CANT		
Name of Monitoring Firm Hired by Building	Owner T	ASCM	No. Nan	e of Aba	tement Cóntractor (9)		
(8) What is the control of the contr				V	LEMCO I			
	 -		Stre	et Addre				
Street Address					95,5 PRUC	€ ∆して・		
			City	State 7	in Code		17948	
City, State, Zip Code			J Sity	M	DPLE SHA	DE NJ	000	2.5
	I Tal	ephone	No Tele	phone No	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	License No.		
Project Manager for Monitoring Firm	1	Spi Oire			779-0472	004	14	
		lian Da			-IA Monitor			
0.01. 00.3 (.0)	duled Comple	Non Da	27.00		DEEPH KL	Enn		
7 // 12/ / - /	5/15/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Occupancy Status During Abatement (Che	ck only one)		500	et Addre		LUCE AUG.		
Facility Closed/Vacated During Entire Pr	eriod of Abate	ment						
Abatement Performed Outside of Norma	d Facility Hou	irs	City	State, Z	JAPLE SI	INF N.	J. 0	250
Other - Describe:				10	TAILE 3	42001		
Scope of Work (Check all that apply)				FU	Containment with Ne	gative Pressure		
T-2-4	☐ Renovat	ion		Mini-	-Enclosure	8		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demotitic			Glo	rebag Procedure -Exempted (*) and N	on-Friable Procedu	re	
D				11100	- Lacirpico () and		T A	batem
•	is Location Normality							Type
Location of	Used Sole			escripto	n of Material (ACM)	Amount		
Asbestos-Containing Material (ACM)	Maintenar		(i.e. them	al system	ms insulation,	(Specify	Re	D
TO BE ABATED IN Facility	Staff?		sur	acing, V	TA, or	SF or LF)	Remova	Repair
(13)	(12)		othe	miscella	aneous)		1 5	-
	Yes No	N/A			1			
•	100 110					15684	X	
SIDING		X_	- 16A	15/1	E	17 10 4	+	\dashv
1200884618168							-	-
170025		1						
		-		_				.
		110.00	Marto I Cut	ic Yards	Name of Rec	istered Landfill		-
Name of Registered Waste Hauler		LEUKER C		aste	1 0 N	1, C, M.V. A	١.	
KLAMED INC.		179	04			1,1,011,10.1		
O'- Clair		Name of Street, or other Designation of the last of th	Dist	osal Dat	e City, State	ا ماد	. T	
City. State APEE SHAD	, G , N	1)			_ _ \(\ougle \ougle \o	PBINE ,	ر. ر	
		_		Signatur		Date	1	/
Completed by	V/	P		100	wer / Color	m	/	
JOSEPH KLEMM -				U				

State of them seisey

Check # 24170

NOTIFICATION OF ASBESTOS ABATEMENT

								/							
Date of Notification (1)	11.00 001				Name	of Building	Owner/Ope	erator (2)		-					
	oril 29, 201	4			1		Ediso	n Twp. Public Sc	hools	· 70"	ξ.	G/1	particular sections	77	
Agencies Notified T	ype of Notific				Street	Address						14	7 (4	
[] DEP [al Notifi	otification				312 P	ierson Avenue					ŧ		
[x] DOL		endment			City,	State, Zip Co		A 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	MAY	2	2014			+	
			(including				Ediso	n, NJ 08837	12177.1	/A	6014			Time of the control o	
[] DCA		fication cellation			Name	of Contact			Telephone Nu	mber		7	_	+	
	,						ct Manag	er				*		5	
Name of Facility Where Abate	mont in Talein	DI	2)	FA	CILITY	INFORM	MATION								
James	Monroe El	g Place (3) arv Schoo	1 1962	Ruildin	~		Type of Facility (4)		- 000 me a					
Street Address				71 1702	Dullulli	<u> </u>		[x]	School (k-1	1000000					
1000 M - 100 M	p Road							1 1	Subchapter Other (i.c.,				.1 1	ra:	
City		Cour	nty (6)			A 1 :=			homes, etc.)	& com	mercia	u Dun	aings,	
		Cour	цу (б)			Code (7) E USE ONL	Y)	Square feet 30,000 sf	# of Floor	s	Bldg.		_		
Edison		Mid	ldlesex					Current Use (Prior	if being demol	ished)		5)		
Name of Monitoring Firm Hire	d by Building	Owner	(8)		ASCM	No	II V	Schoo	l						
Guardi	an Contrac	ting, I	nc.		ASCIVI	INO.	Name of	Abatement Contracto	r (9) ian Contrac	tina I					
Street Address	to O II-it	<i>C</i> 1					Street Ac	dress	ian Connac	ing, i	iic.				
City, State, Zip Code	te. 9, Unit	01				-	G'i Gi	1889 I	Route 9, Un	it 61					
Toms I	River, NJ 0	8755					City, Stat	e, Zip Code	Divor Now	Tana	. 0075	£ 10	71		
Project Manager for Monitoring	roject Manager for Monitoring Firm Telephone Num Nicholas Fernicola 732-349-993							e Number	River, New	nse Nur	nber	3-12	/1		
Scheduled Start Date (10)		ion Data ((11)	732-34	9-9932	006									
4/29/14			5/27		Name of OSHA Monitor E.M.S.L. A					alytical					
Occupancy Status During Abate [X] Facility C	ment (Check	only one	e)		Street Address										
Abateme	Closed/Vacated nt Performed	During Outside	of Normal	iod of Aba Facility H	itement			1056 S	telton Road	I					
[] Other – I				demity 11	Juis	City, State, Zip Code									
						Piscataway, New Jersey 08854									
Scope of Work (Check all that a	pply)						[]	Full Containment	with Negative	Pressu	re				
[] >3 sf or ≥	-3 If		r 1	Renova	ntion		[]	Mini-Enclosure							
[x] ≥160 sf o			[x]	Demol			[x]	Glovebag Proced		LL D					
		_						Non-Exempted (*) and Non-Fri	able Pro	cedure				
			Is Location	on						L	Abatem	ent Ty	/ре		
Location of		1	Normally 1	7,77			Description estos-Con		Amoun			3	Е	E	
Asbestos-Containing Mater TO BE ABATED		Main	Solely b stenance/C			M	laterial (A	CM)	(Specify	CE .	E I		N C	N C	
in facility		Iviaii	Staff	ustodiai			thermal s lation, sur		or LF)		0 /	1	Α	L	
(13)			(12)			11100	VAT, or				1	3	P S	S	
		YES	NO	27/4		othe	r miscella	neous)			A		U	U	
		163	NO	N/A						1			L E	R E	
Throughout			X		Asbe	stos fittinį	gs		83		x	1	11.5		
Throughout			X		Asbe	stos floor	tile		16,643		X	\top			
											\neg				
Name of Degister-1111												\top			
Name of Registered Waste Haule Guardian Contrac		1	VJDEP Was	te Hauler 20223	ID No.	Cubic Yar 20	ds of Waste		red Landfill					-	
City, State					al Date		City, Stat	T.R.R.F.							
Toms River, New Completed by (Print or Type)	/ Jersey	Trist		5/28/	14			wn, Pennsylvania	.45						
Nicholas Fernicol	a	Title Proje	ct Manag	er	Signat	ure	1-8	11 1		1 8	Date		177.2		
		5-		•••		2 10 C	150	te		4	1/29/2	U14		- 1	

State of INCM JUISCY

NOTIFICATION OF ASBESTOS ABATEMENT

Check # 24171

			II 37	D "1" -	10	. (2)			- 1	+-			
Date of Notification (1) April 29, 2014			Name of	Building O		ator (2) itzer-Mauduit		1/1	-	1			
					Schwe	itzer-iviauduit	MAY 2 20	4/1	1	4			
[] DEP [] Amen	Notifica ded Noti	ification	Street Ac	ddress te, Zip Code		in Street				-			
[] Emerg	dment # gency (in	100 mg to 100 mg	City, Sim	.e, 2.p eee		vood, New Jers	sey 08884-0401			!			
I X I DOD	cation)		Name of	Contact Hal Be	rnstein		Telephone Number		-				
1 1200		FA	CILITY I	NEORM	ATION								
Name of Facility Where Abatement is Taking Schweitzer-Maudu				INI ORIVI	ATION	Type of Facility	School (k-12)		1 22 20 2				
Street Address 85 Main Street						[x	Subchapter 8 (other Other (i.e., private homes, etc.)			al build	lings,		
City	Count	y (6)	County C (STATE	ode (7) USE ONLY)	Square feet 120,000 sf	# of Floors	Bldg.	Age 8	0			
Spotswood	Midd	llesex				Current Use (Pri	ior if being demolished) chine Room Buildin	ıg					
Name of Monitoring Firm Hired by Building			ASCM N	lo.	Name of	Abatement Contra	ctor (9)						
Guardian Contract Street Address	1 008	С.	L		Street Ac	ldress	ardian Contracting,	inc.		1			
1889 Route 9, Uni City, State, Zip Code	t 61				City Sta	te, Zip Code	9 Route 9, Unit 61		_				
Toms River, NJ 08	3755				City, Sta		ns River, New Jerse	v 087	55-12	271			
Project Manager for Monitoring Firm	T	Telephone Number	г		Telephor	e Number	License Nu						
Nicholas Fernicola		732-349-9932			732-34		00624						
Scheduled Start Date (10) 5/12/14		Scheduled Comple 5/14/14	tion Date (1	1)	Name of	OSHA Monitor	A C I Analytical						
Occupancy Status During Abatement (Check	only one		E.M.S.L. Analytical Street Address										
[] Facility Closed/Vacated			atement			105	6 Stelton Road						
[] Abatement Performed		(1975) Inc. (7)			City, Sta	te, Zip Code							
[x] Other – Describe_area	a we ar	e working in is	II CITY STATE ZID CODE										
Scope of Work (Check all that apply)					[]		ment with Negative Press	sure					
[]		[] n	.,		[]	Mini-Enclose	75.70						
[X] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf			vation olition		[X]	Glovebag Pro	ocedure ed (*) and Non-Friable P	Procedu	70				
[] 2100 \$1 01 2200 11		[] Deme	ontion			14011-Exempt	ed () and I von-1 habie i	roccuu					
								Abate	ment '	Гуре	1		
Location of	١,	Is Location Normally used			Description of the Description o		Amount	R	R	Е	Е		
Asbestos-Containing Material (ACM)	**	Solely by	1		Aaterial (A		(Specify SF	E	E P	N C	N C		
TO BE ABATED	Mair	tenance/Custodia	ıl		, thermal		or LF)	M	A	A	L		
in facility		Staff	1	inst	ılation, su			0	I	P	0		
(13)		(12)			VAT,			V	R	S	S		
	YES	NO N/A		otn	er miscell	aneous)		A		L	R		
		NO NA			200-12-12-12-12-12-12-12-12-12-12-12-12-12-			L		Е	Е		
Tunnel	X		Asbe	stos pipe	insulati	on	60 lf	X			1		
											-		
			_					-		_	+		
Name of Designation J. Works W. Co.		NIDER West II. 1	or ID M-	Co.bis 37	rdo - C117	to Name of	paintaged I and Cil						
Name of Registered Waste Hauler Guardian Contracting, Inc.	2	NJDEP Waste Haul 20223	er ID No.	Cubic Ya	ards of Was	T.R.R.	egistered Landfill F.						
City, State		Disp	oosal Date 5/14		City, S	tate							
Toms River, New Jersey Completed by (Print or Type)	Title	3/1	3/14 Signal	ture	Tully/	Fullytown, Pennsylvania							
Nicholas Fernicola		ect Manager		Mi	dit	te	1		/201	4			

State of New Jersey

Check. # 24174

NOTIFICATION OF ASBESTOS ABATEMENT

,								. 1			
Date of Notification (1) April 29, 2014		Name of Building	Owner/Operator Wood Rid	MAY	201	4					
	l Notification	Street Address	1 Passaic	Street	(EXE 14			The state of state of			
[x] DOL Amer	nded Notification ndment # gency (including	City, State, Zip Co		lge, NJ 07075			2 -				
I DCA	ication) ellation	Name of Contact Abe		Tel	ephone Number						
	FA	CILITY INFORM	MATION								
Name of Facility Where Abatement is Taking Warehouse					School (k-12)						
Street Address 1 Passaic Street				[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)		(5)	lings,			
City	County (6)	County Code (7) (STATE USE ONL		uare feet 100,000 sf	# of Floors	Bldg. Ag	e 60				
Wood Ridge	Bergen		Cu	urrent Use (Prior if be Warehou			-				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of Abat	ement Contractor (9)		Inc.					
Street Address			Street Address	-	ite 9, Unit 61						
City, State, Zip Code			City, State, Zi	p Code	er, New Jerse	ev 08755	-1271				
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone Nu 732-349-99	mber	License N 00624						
Scheduled Start Date (10) 4/30/14	Scheduled Comple 5/2/14	etion Date (11)	Name of OSH	IA Monitor							
	only one) I During Entire Period of Al Outside of Normal Facility I	OUE									
Other - Describe		City, State, Zip Code Piscataway, New Jersey 08854									
Scope of Work (Check all that apply)				Full Containment wi	th Negative Pres	sure					
[X] >3 sf or ≥3 lf	[X] Reno	vation	200	Glovebag Procedure							
[] ≥160 sf or ≥260 lf	[] Demo	olition	[]	Non-Exempted (*) a	nd Non-Friable F	Procedure					
						Abateme	nt Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally used Solely by Maintenance/Custodia	Description of Asbestos-Containing Material (ACM) al (i.e., thermal systems insulation conforms						E N C L			
in facility (13)	Staff (12) YES NO N/A	otl	ulation, surfaci VAT, or ner miscellanco	1		V R A L	P S U L E	O S U R E			
Building 24 & 30	X	Damaged pip	e insulation		500 lf		X				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223		ards of Waste	Name of Registered T.R.R.F.	l Landfill						
City, State Toms River, New Jersey	Disp	osal Date	City, State	Pennsylvania	a a						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	did -	- I	X	Date 4/29/20	ytown, Pennsylvania /				

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

NO Check

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ч	8.8	ч	- 5

Date of Notification (1)			Name of	Building (Owner/C	perator	(2)						-	1		
Marc	ch 24, 2014		Bridgewater Site Street Address 10 Finderne Avenue													
Agencies Notified	Type Notification			Street Ad	ldress				-	14.8	/ 0	55	1.3			
⊠ EPA	Initial		1	0 Finde	erne Ave	enue				MA		2U	7			
DEP DOL	Amended		1	City, Stat	e, Zip Co	de									1	
I DOL	Amendment Emergency (- B	ridgewa	ater, NJ	0880	7								i	
DOH	justification)	morading		Name of	Contact					Tel	ephone	Numb	er			
DCA	Cancellation		P	roject N	Manage	r				-						
Name of Facility VAII-		DI (0)	- 1000	FACIL	ITY INFO	DRMATI	ON	_								
Name of Facility Where	Abatement is Takin	g Place (3)						l yr	e of Facility (4)						
Building 7						-		Н	School (K-1			V 400				
Street Address								×	Subchapter Other (i.e. p				build	inas	home	es
10 Finderne Avenue									etc.)		u 00111111	O, Olai	Dune	mgo,		,
City (5)		20						Squ	uare Feet	# 0	f Floors		В	dg. A	ge	
Bridgewater, NJ 088	07		- 50				***									
County (6)				County C	ode (7) SE ONLY)			Cu	rrent Use (Prid	or if be	ing dem	olishe	d)			
SOMERSET				(STATE U	SE ONLI)		-			ŀ	ousine	SS				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of A	batement Con	tractor	(9)					
AET				0021	20			-	K Group, L	LC						
Street Address							Street	Add	ress							
907 Doolittle Drive							1500 k	King	gs HWY N,	STE	209					
City, State, Zip Code							City, S	tate	, Zip Code							
Bridgewater, NJ 088							Cherry	y Hi	II, NJ 08034	4						
Project Manager for Mor	nitoring Firm			Telephon	ie No.		Teleph	none	No.		Licens	se No.				
Eric Houseknecht				8-1108				- 5000		00781						
Start Date (10)		Scheduled	Com	pletion D	Date (11)		Name	of O	SHA Monitor							
4/5/14								IAC	K Group, L	LC.						
Occupancy Status Durin	g Abatement (Chec	k Only One)		Stree					ress						17	
Facility Closed/Vac							1500 k	King	gs HWY N,	STE	209					
Abatement Perform Other - Describe:	ed Outside of Norm	nal Facility H	ours				City, S	tate	, Zip Code							
							Cherry	/ Hi	II, NJ 08034	4						0
Scope of Work (Check A	II That Apply)							_								
≥3 sf or ≥3 lf		The same of the sa	nova						Full Containme		n Negati	ve Pr	essur	е		
≥160 sf or ≥260 lf		L Dei	moliti	ion					Mini-Enclosure Glovebag Prod							
								X	Non-Exempted	(*) and	Non-Fri	able P	roced	lure		
		ls L	ocati	on											emen	t
Location	n of	9,100	rmal	*		De	scription	of				1		1)	ре	_
Asbestos-Containing		Used Main							rial (ACM)		mount				ш	m
TO BE AB		Custod	4-70-77		(i.e.		systems cing, VA				Specify or LF)		Rer	Re	cap	ncl
(13)	00000	((12)				niscellar			0.	OI LI)		Remova	Repair	Encapsulate	Enclosure
				T									<u>a</u>	7	ate	e)
5117.5		Yes	No/	N/A		77-71-11 P001-75						_	V			-
Bld 7 Rms 7	113-7119		\triangle	-		meta	pan c	eilir	ng	1,	200 s/		\triangle			
-"-			X		1x	2 trans	site wa	ll pa	anels	2	40 l/f		X			
"			X			pipe	insula	ation	1	1	20 l/f	-				
Name of Registered Wa	ste Hauler		N	J DEP W	aste	Cubic	Yards		Name of	Registe	red Lar	dfill				
			1 1/35	auler ID I		of Wa										
Newark Carting / Fre	ehold / Rovic D	isposal		450	19		15.6		Cumberl		County	Lan	dfill			
City, State						Dispo	sal Date		City, Stat	е						
Newark / Freehold /	Riverdale, NJ	-	4/5/15 Newburg, PA					12								
Completed by		Title	A13.1													
Mike Cooper		Preside	W. A 1/1-													

NO CHECK

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



Date of Notification (1) 5/1/14			177722		Building (perator	(2)	BI4 MAY	-2	AM L:	٠٤.				
Agencies Notified	Type Notification			Street Ad		-		Z	BIS THI		HII 7					
∑ EPA	Initial		2	2400 E	Ellis Roa			<u>*,</u>	3BEST	05 0	CONTR	01				
DEP DOL	Amended Amendment		100		te, Zip Co m, NC 2			2	& L	ICEN	SING	B	,			
DOH DCA	Emergency justification) Cancellation		1000		Contact					Tel	ephone N	umhor				
Прох	Caricellation		Τ,		LITY INFO	PMATI	ON				-					
Name of Facility Where	Abatement is Takin	g Place (3)		1 AOII	LITT IN	ZINIMATI	OIV	Туре	of Facility	(4)						
Reichhold Inc.									School (K-	12)						
Street Address 400 Doremus Aven	ue							×	Subchapte Other (i.e.				dings,	home	es,	
City (5)									etc.) re Feet	# 0	f Floors	E	Bldg. A	.ge		
Newark									000 +/-	3		(1) (2)	60+	Ü		
County (6) Essex					Code (7) JSE ONLY)				ent Use (Pr mical ma			shed)				
Name of Monitoring Firm AET Inc.	Hired by Building	Owner (8)		ASCM	1 No.				itement Co	ntractor	(9)					
Street Address 28 N. Pennell Road								Addre W I in	ss ncoln Hig	ıhway	Suite 5	00				
City, State, Zip Code			1:				City, S	State, Z	ip Code	, may,	Ouno o					
Media, PA 19063							24,52005-5		19341							
Project Manager for Mon Eric Houseknecht	itoring Firm		10000	elephor 908-29	ne No. 96-1132			none N 872-8			License 01161	No.				
Start Date (10) 5/12/14	5/12/14 5/31/14						Name EMS		-IA Monitor							
Occupancy Status During	5/12/14 5/31/14 Occupancy Status During Abatement (Check Only One						200									
Facility Closed/Vac			tement						130 No	th						
Abatement Perform X Other – Describe: 6			ours	city, S					, State, Zip Code nnaminson, NJ							
Scope of Work (Check A	II That Apply)						Oiliii	nnaminson, NJ								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Portional Control		ovation Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure												
							×		n-Exempte		d Non-Fria	able Pro	cedur	e		
		100	catio				2752	221	14				Abate Ty	emen vpe	t	
Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Used S Mainte Custod	Solely enan	y by ce/		tos Cont thermal surfa		Materia s insula T, or		(5	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure	
(1.5)		Yes 1	No	N/A		04.07.1		,				<u>a</u>		late	ıre	
See atta	ched	X														
										-17						
						, X										
Name of Registered Was	ste Hauler		500000	IDEP W		Cubic			Name of	Registe	ered Land	fill		//		
Waste Management			Па	uler ID	NO.	of Was 400	ste		GROW	'S						
City, State Newark, NJ			1			Dispos	sal Date		City, Sta Morris		A					
Completed by Jack Bally		Title Sr. Pro	Project Manager Signature Date 5/1/14													
ASB-41 (R-06-08)	K Bally Sr. Proj						* Do no	ot use	this form fo	r asbes	tos licensu	ıre exer	npted	activi	ities.	

Accredited Environmental Technologies, Inc.

Asbestos Containing Material Inventory Data

AET Project No.: 7393NJ

Cilent: REICHHOLD CHEMICAL 400 DOREMUS AVENUE - NEWARK, NEW JERSEY

Building: 30, Guard Shack and Bldg 9

Floor/Level:

Guard Shack	Waterlai ID / Description	Estimated	rted		Assessment Data	ent Data		
Guard Shack	TOOK TOOK TOOK TOOK TOOK TOOK TOOK TOOK	Quantity	Uty	Friable	% Damage	Debris (Y/N)	Contact	Sample Reference
	23 - Roofing Material "Pitch Layer"	250	SF	z	0	z	L L	7393N.I-23
Bldg 9	26 - Roofing Flashing	100	SF	z	6	2	-	
Grand Shank			i			2	7	7393NJ-26
Guard Shack	118 - Window Glazing	2	SF	z	0	z	٦	7393NJ-118
								•1
		C20 111						
			\dagger					
			\vdash					
				+				
			-			1		
			-					

Inspector: Anthony Keir

Notes:

Inspection Date: 4-23-2013

Accredited Environmental Technologies, Inc.

Asbestos Containing Material Inventory Data

Client: Reichhold Chemical 400 DOREMUS AVENUE - NEWARK, NEW JERSEY

Building: 13

Floor/Level: 2ND

AET Project No.: 7393NJ

Through Out Office/Confrence Room Roofing Exterior Old Canopy Caulkin	100000	Cantillated	red		Assessm	Assessment Data		
5		Quantity	ity	Friable	% Damage	Debris (YM)	Contact	Sample Reference #
	mastic associated with 12"x12" Tan Floor Tile	2232	SF	Z	(LOC./UISt.)		(L/M/H)	
	Roof Flashing				000	z	٦	7393NJ-001AM
	Caulking, Building 13 Exterior	535	SF	Z	%0	z	ر	7393N L012A
	yer"	415	SF	Z	%0	2	-	
Exterior Old Canopy "Caulking	3, Building 13 Exterior] ;				:	۱ ا	7393NJ-172
Exterior Old Canony Caulking	Caulking, Building 13 Exterior	145	35	Z	%0	z	L	7393NJ-173
	ayer"	1415	SF	z	%0	z	1	7393N.1-200
-								
			-					
			1					
			1					
			T	1				
						\dagger		

Inspector: Anthony Kelr

Notes:

Inspection Date: 4-22 and 4-25-2013

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

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F					T TO NOAC			the state of the s											
Date of Notification (1)			100	-	of Building ST Ha		1 . 1	lealty	CORPOR	eati	ON	r.							
	lotification iitial			Street /	Address AC	olo	alia		MAY -2 AP	1 4: E	!								
DOL A	mended mendment # mergency (in			2000	ate, Zip Ci		e.(CT. 601	ESTAS-CO	NTRO									
DOH ju	stification) ancellation	noidding		Name of	of Contact	a 1/a	LNa	ve?	& L Petephor	ne Numbe	er 🕞		P						
Name of Facility Where Abateme	ent is Taking	Place (3	3)	FAC	ILITY INF	ORMAI	ION	Type of Fac	cility (4)	-	-								
Future C Street Address	VS							Subch	l (K-12) apter 8 (Other tha (i.e. private & com	ın K-12) mercial t	uildin	as hor	nec.						
453 Valley	Stre	et						etc.) Square Fee											
Maplewood								26,000	0 1		2	J. Age							
County (6)	,				Code (7) USE ONLY	2		./	(Prior if being de	molished)								
Name of Monitoring Firm Hired b	v Building O	wner (8)		7	M No.		Name	Vaca of Abatemen	t Contractor (9)		-								
	,			1,00				creo fo	1 //	tract	ide	(0)	er						
Street Address								Address	/				-1-						
City, State, Zip Code							0	tate, Zip Cod	Kearl St.										
Project Manager for Monitoring F	ect Manager for Monitoring Firm							ST Z one No.	Lice	nse No.		<u>04</u>							
Start Data (10)							None	of DOUGA Man		100	4	ki Landari							
Start Date (10) 5/19/14		10	119	Completion Date (11) Name of OSHA Monitor OSIRIS RobleS															
Occupancy Status During Abater	5		aran a ar Saaran Sa					Address,	11/1/0										
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:							City, St	tate, Zip Code	9 (
Scope of Work (Check All That A	oply)						He	mpste	ab, Ny. 11	537	,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	+ ++0)		Renovat Demoliti				XIXIX	Glovebag	inment with Nega osure Procedure opted (*) and Non-			ure							
		Is	Location	on							Ab	atemer	nt						
Location of		1000000	Normalled Solel	-			scription			-	_	Type	T						
Asbestos-Containing Material TO BE ABATED	(ACM)	Ma	intenar	ice/				aterial (ACM) insulation,	Amount (Specify		, ,	, En	m m						
In Facility (13)		Cus	todial S (12)	taff?		surfa	cing, VAT	Γ, or	SF or LF		Kepair	Encapsulate	Enclosure						
(15)		Yes	No	N/A		Outer I	I II SOCII AI II	2003)	*) j	- =	late	l e i						
BSM-Rest Rus, He	+ water			V	1/4-	S 710	1 Pack	1:00	6835	E	/	+	1						
10 -1 Staireway 4	T. Harrier			V	1/4-	140	die	7/119	108115	F	/	1	1 -						
1St Fl-Hove Ceilin	-			1	0:	T.I.	541.		91 1	FU	7	+							
0	3			1	Pipe	10/1	,	Hashina	20 000	25	1	+	+						
EXTERIOR + ROOT Name of Registered Waste Haule	er .	1	N.	JDEP W	aste	Cubic			e of Registered La				1						
ATC INC			Ha	auler ID		of Was			Neeva E	Hew	PR	ise	25						
2 Moverches /	/ (dir	e I	Shirlet, Disposal Date City, State Slave RD MY Waynes burg, OHIO																
Completed by		Fitle		1	1	S	ignature	20	7	Date	,/	il	×.						
VINCENT ARSUCE	l	11 RE	SIL	ent	/			10		13/	///	1_							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			NOII					60 and 5:16		RE G	此样的	260	9			
Date of Notification (1)						177		ner/Operator (1 50						1	
4 /	28 /	14	_		Dep	t. of Hun	nan	Services-Of	ffic	2014 Property	Manageme	ent &	Cor	ıstru	ctio	n
Agencies Notified	Type Notifi	cation			Street	Address										
□ EPA					PO	Box 700-	222	South Warr	ren	ESTUS	CONTR	ΠI				
☑ DOLWD ☑ DHSS	Amenda Amenda			Ī	City, S	tate, Zip C	ode			& LICE	NSING	orte.				
□ DCA	☐ Emerge				Tre	nton, NJ	0862	25		C 2102	1101,10	-				
(NJAC 5:23-8)	justifica	tion)				of Contact					Telephone N	lumbe	r	1 10 0000 100		
	☐ Cancell	ation				Kosek			9							
None of Fally Add a		T 11	<u> </u>	(0)	FAC	CILITY IN	FOR	MATION	T =		,			177.1E-2		
Name of Facility Where A				100					11.2	ype of Facility (4)					
Greystone Psychia	tric Hospii	ai- Ga	rages	В						☐ School (K-12) ☐ Subchapter 8 (Other than K	(-12)				
Street Address 59 Koch Rd.										Other (i.e., priv			al bu	ilding	s,	
City (5)							7.00		-	homes, etc.) Square Feet	# of Floors		Die	lg. Ag	10	
Morris Plains									3	square reet	# 01 110015		DIC.	ıy. Aş	je	
County (6)		-		-	Cour	ty Code (7	VSTA	TE USE ONLY)	10	Current Use (Prio	r if being den	nolishe	-d)			-
Morris					Journ	.,	,,,,,,	. 2 002 0		Educational f			/			
Name of Monitoring Firm	Hired by Bu	ilding C	Owner (8)	ASCM	No.	Nar	ne of Abateme	ent	t Contractor (9)	•					
Environmental Con							В	RISTOL EN	IVI	RONMENTAL	INC.					
Street Address							Stre	eet Address					***			
120 N. Warren St.							1	123 BEAVE	R	STREET						
City, State, Zip Code							City	, State, Zip Co	ode	е						
Trenton, NJ 08608							В	RISTOL, PA	4 1	9007						
Project Manager for Mon	itoring Firm		110000	1	phone		5540	ephone No.	000		License No).				
Dominick Dercole		W			9-392		W. 180	15-788-6040			00509					
Start Date (10)				20	bletion Date (11) Name of OSHA Monitor											
5_ / _12_ /			5_/	13	3 / 14 BRISTOL ENVIRONMENTAL, INC.											
Occupancy Status During	Standard Land		278					eet Address								
☐ Facility Closed/Vacate						a ella a	1.00	123 BEAVE								
☐ Abatement Performed Time of Abatement: 7						cribe	335	, State, Zip C								
							В	RISTOL, PA	4 1	19007			_			
Scope of Work (Check al	tnat apply)							☐ Full Con	ıtaiı	nment with Nega	tive Pressure	е				
≥3 sf or ≥3 lf			⊠ Re	novati molitic												
☐ ≥160 sf or ≥260 lf			□ ре	monuc	m					pted (*) and Non-	-Friable Proc	edure				
			100	Locat									Aba	steme	ent T	уре
Location				Norma d Sole				Description of		-:-! (4.034)	A		R	R	Щ	Щ
Asbestos-Containing TO BE ABA		IVI)	Ma	intena	nce/			Containing Ma rmal systems			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facili			Cust	todial (12)	Staff?	,		urfacing, VAT			SF or LF))	Val	,	sula	sure
(13)			Yes	No	N/A	1	Oti	ner miscellane	eou	15)					te	
Garage B					\Box	Pipe Ins	sulat	tion Wrap a	nd	l Cut	40 LF					
									_							
Name of Registered Was	te Hauler		NJDEP Waste													
SERVICE TRANSPO	ORT GROU	JP, IN	Э.	Н	20990		Was	ste		MINERVA L	ANDFILL					
City, State						E-	Disp	posal Date		City, State						
NEW CASTLE, DE 1	19720									WAYNESBU	JRG, OH 44	1688				
Completed By (Print or T	ype)	Title)					Signature	-1-12/1-	1 . 1.		Date	1/2	0/	101	1
Brian Scafiro		E	stima	tor	54.17.2			Brian ;	A	Colero /	l l	4	1/2	8/,	7	

ASB-41 MAY 11 BS 14030

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

RECTIVED

Date of Notification (1)			Name of Building Owner / Operator (2)												
Agencies Notified Type Notified	nation		Trenton Board of Education Street Address 2014 MAY -2 AM 3: 27												
EPA	ation	1 1 200			()	Street 2 An 3-27									
☐ DEP ☐ Initia	al					Code ABBESTOS CONTROL									
	ended			on, NJ			310	2 66	lie 1 h	COL					
	ergency			of Con		30			LICE	- 17	lephoi	ne Ni	tmbe	or	
	cellation	10000				ollins				10	icprio	16 13	iiibe	51	
			FAC	ILITY	INFO	FORMATION									
Name of Facility Where Abatem	ent is Taking P	ace (3)				Type of Facili	ity (4)								
Trenton Central HS West	(F)	\$1000 A				School (F	K-12)	NON SUB-CHA	APTER	8					
Street Address						Subchap	ter 8	(Other than K-1	12)						
1001 West State Street						Other (i.e	e. priv	ate & commerc	cial build	dings	, hom	es, e	c.)		
						Square Feet		# of Floors		Bld	g. Age	9			
City (5) County (6) C			nty C	ode (7))	70,000)	3		60+					
Trenton Mercer						Current Use (Prior	if being demoli	shed)						
						School									
Name of Monitoring Firm Hired	by Building Owr	ner (8)		ASCN	No.	Name of Abat	temer	nt Contractor (9))						
Environmental Connection						Bristol Envi									
Street Address						Street Addres									
120 North Warren Street						1123 Beave	r Str	eet						Programs.	
City, State & Zip Code						City, State & 2	Zip Co	ode							
Trenton, NJ 08010		West of the second				Bristol, PA	Bristol, PA 19007								
Project Manager for Monitoring		Numbe	r	Telephone Nu	Licens		nber								
Dominick Dercole	92-42			(215)788-60			00509)							
Scheduled Start Date (10) 5/8/14		(11)		Name of OSH											
Occupancy Status During Abate	most (Charles	5/14/1				Bristol Envi		nental inc.							
Facility Closed/Vacated	During Entire P	eriod of	Abat	ement		Street Addres		oot							
Abatement Performed C	1 (100)					City, State & 2								-	
Describe: 4 PM to 1:		ai i ioui	3 1	am to .	opin	Bristol, PA									
Facility Occupied During						Diristoi, i A	1300								
Scope of Work (Check all that a						1									
	PP-37							Full Containm	ent with	h Neg	ative	Pres	sure	8	
≥3 sf or ≥3 lf		\boxtimes	Renovation				П	Mini-Enclosur							
≥160 sf ≥260 lf		П	Dem	olition				Glove Bag Pr	ocedure	es					
							\boxtimes	Non-Exempte	d and N	Non-F	riable	Prod	Procedure		
Location of		Is Lo	ocatio	n		Description of Amo				ount Abatement Type					
Asbestos-Containi	ng	Norma				Asbestos-Containing (Sp			(Specify	ecify					
Material (ACM)			ely by				Material (ACM) SF			=)	D D	_	필	ш	
TO BE ABATED		Mainte Custod		3100 C 1000			(i.e., thermal systems sulation, surfacing, VAT				em	Repair	ap	Cls	
in Facility (13)			12)	lalif		or other miscella				0	Remova	a.	Encapsulate	Enclsoure	
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Auditorium		11/25/25		\neg		VAT & Mas	etic	1	,300 S	F		\Box	\Box	\Box	
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		HH	$\dashv +$	H	7						H	H	H	뮈	
Name of Registered Waste Hau	lor			ED W	anto l	Cubic Yards	Nom	ne of Registered	d Landf	511				ш	
Traine of Registered Waste Hat	ilei		500000000000000000000000000000000000000	ler ID		of Waste	Ivaii	ie of Negisteret	a Lanui	***					
Bristol Environmental Inc			187			8 cu yd	GRO	OWS Landfill						- 1	
City, State			1			Disposal Date	-	State							
Bristol, PA						5/15/14		risville, PA							
Completed By (Print or Type)	-		Title)		Signature ,				Ti	Date				
Gino Pizzigoni			5556	ject		2		. 1-0			4/28	114			
				nager		Line Ky	juge	oui/gl				5 57 CM			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) RECLIVED

Date of Notification (1)			Name of Building Owner / Operator (2)														
Agencies Notified Type Notification Stre EPA DEP Minitial DOL Amended Tre DOL Amended Tre DOL Cancellation Pan DOL Cancellation Dol Cance						State of New Jersey Department of Human Services											
	ation						2 South Warre		L MI	1 3. 6							
	ă.	ity, State & Zip Code A 315 ESTUS CONTROL															
		- 1				J 086		8 LIC	2 CO	FIL	J-L						
			Name					- & LIU	EMOI	nu -	Tele	phor	ne Ni	ımhe	er.		
		- 10	Pam										1				
	/ INIE/	ORMATION	**					-		-							
Name of Escility Where Abster	ont is Taking D	lace (CIL	-111	INT	Type of Facilit	v (A)									
)				School (K						20				
	ui - Haines L	lug						er 8 (Other th	an K-1	2)							
	500							. private & cor			dings,	home	es, e	tc.)			
							Square Feet	# of Flo				. Age	_				
City (5)	County (6)	Co	unty	Cod	de (7	7)	75000	55	3				40+				
		56.5 / S.				Current Use (I	Prior if being o	lemolis	shed)		-5-00-19						
							Various Ser	vices									
Name of Monitoring Firm Hired	ner (8)																
Name of Monitoring Firm Hired by Building Owner Environmental Collection Street Address 120 North Warren Street City, State & Zip Code Trenton, New Jersey 08608 Project Manager for Monitoring Firm Ryan Broadwater Scheduled Start Date (10) 5/12/14 Occupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per							Bristol Environmental, Inc.										
Agencies Notified							Street Addres										
							1123 Beave										
							City, State & Z										
		T-1		- N.L.			Bristol, PA			Licone	o Num	hor			_		
	Firm		Telephone Number					Telephone Number Lice (215)788-6040 005					ense Number 509				
	Schodulad Co		_	_	_	-	Name of OSH			00000							
5/12/14 5/14/				ale i	(11)		Bristol Envi		nc.								
					-		Street Addres										
				ate	mer	nt	1123 Beave	r Street									
Abatement Performed (outside of Norm	al Ho	urs –	7a	m to	3pm	City, State & Z	Zip Code									
	PM - 12:30 A	M					Bristol, PA	19007									
☐ Facility Occupied Durin	g Abatement																
Scope of Work (Check all that a	pply)							_ = ==			h Na-	-4i	Dece	01150			
N		□ Renovation					☐ Full Co ☐ Mini-En			n neg	alive	ries	Sule	į.			
		×						Glove E			20						
2160 \$1 2260 11		Demolition							-			riable	Pro	cedu	re		
Location of		Is	Loca	tion	, 1					Amoun	nd Non-Friable Proc ount Abateme						
2000000000	na			6.178711876			Asbestos-Containing (Sp.			Specif		Abatement Type			<u> </u>		
Material (ACM)	•						Material (ACM) SF of			F or LI	F)	لم		En	ш		
		100000000000000000000000000000000000000		100000			(i.e., thermal sy					em	Repai	cap	ncls		
		Cust		-	iπ?		nsulation, surfac or other miscella					Remova	ar.	Encapsulate	Enclsoure		
(13)		Yes	No		I/A		or ourier rinocone					, ,,,,,,		e	(D		
Throughout		\Box		+		Pipe	e Insulation (w	rap & cut)		7 LF	8 7	\boxtimes	П	П	П		
		H	X	ti	Ħ		Pipe Insula			5 LF		\boxtimes	Ħ	T	П		
		H		ti	=	-	Pipe Insula			50 LF		Ħ	X	T	n		
Tilloughout		H	H	T	\exists		1 ipo inouiu					Ħ	Ħ	Ħ	П		
		H	H	Ti	7												
		Ħ	Ħ	Ti	Ħ												
Name of Registered Waste Har	iler		N.	JDE	EP V	Vaste	Cubic Yards	Name of Reg	istere	d Land	fill						
_			74563			No.	of Waste						22				
			18	870)6		1 Cu yd	GROWS La	indfill								
							Disposal Date	City, State	DΑ								
			1				5/14/14	Morrisville	FA		- Ir	Date					
### [[[[[[[[[[[[[[[[[[tle	ect		Signature		,		100	Jate 1/28	14.4				
Gino Pizzigoni			1	0.5	age		Sino Kig	zegoùi	/1	R	ľ	*1 ~ U	/ 1 ~				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

								: 1 225	The Cal		1.0	this in				
Date of Notification				Nam	e of Bi	uilding	Owner / Operate	or (2)	- ""	50						
Agencies Notified	4/28/14	-41		Stat	e of N	lew Je	rsey Departn	nemmont High	an Settice	30						
EPA	Type Notific	ation			t Addi Box		22 South War	ren Street		rpni						
☐ DEP		l		City,	State	& Zip C	22 South War	635E3	105 604	NUL	10	ny Ogle				
□ DOL	Ame	124017				NJ 086	325	& L	ICENSING							
□ DOH □ DCA		rgency	- 1			ontact				Telenhone Number						
☐ DCA	Cano	ellation		Pam	Harla	an				, i						
				FΑ	CILIT	Y INF	ORMATION									
Name of Facility W	here Abateme	ent is Taking F	Place (3)			Type of Faci									
Trenton Psychia Street Address	tric Hospita	il - Marquai	nd	4			School									
100 Sullivan Way	/ PO Box 7	500						pter 8 (Other t .e. private & c		uildings	s, hom	nes,	etc.)			
							Square Feet	# of F	loors	Blo	lg. Ag	е				
City (5)		County (6)	Co	unty	Code	(7)	75000)	3			40+				
West Trenton		Mercer					Current Use	(Prior if being	demolished)	9,000		75273			
							Various Se	rvices								
Name of Monitoring Environmental C	Firm Hired b ollection	y Building Ow	ner (8)		AS	CM No.		atement Contri vironmental								
Street Address				5.0			Street Addre		,							
120 North Warre							1123 Beave	er Street								
City, State & Zip Co							City, State &									
Trenton, New Jer Project Manager for		irm	Tolor	hone	Num	h = -	Bristol, PA		1, .							
Ryan Broadwate		11111			4200	ber	Telephone N (215)788-60		005	nse Number						
Scheduled Start Da		Scheduled Co)	Name of OS		1000	00						
5/12/14			5/14			,		ronmental	Inc.							
Occupancy Status [Ouring Abater	nent (Check o	nly on	e)			Street Addre	ss								
		During Entire F					1123 Beave									
		utside of Norm		urs –	7am t	o 3pm	City, State &						20-11-1			
Describe:		M - 12:30 A	M				Bristol, PA	19007								
Scope of Work (Che	upied During															
Coope of Work (Cite	on all triat ap	(Piy)						☐ Full Co	ontainment v	vith Ne	rative	Pro	cure			
≥3 sf or ≥3 lf	f		\boxtimes	Rer	novatio	on			nclosure	viu i i i i	ganvo	1 10.	Jourc	•		
≥160 sf ≥260	O If			Der	molitio	n		dures								
								⊠ Non-E	xempted and	d Non-F	riable	Pro	cedu	ıre		
	cation of			Locat			Description		Amou		Aba	tem	ent T	уре		
	os-Containing erial (ACM)	9		nally	Used		Asbestos-Cor Material (A		(Spec	cify						
	BE ABATED				ice or		(i.e., thermal s		31 01	LI)	Re	Ø	in Ca	Enclsoure		
ir	Facility		Custo		Staff?	i	nsulation, surface	cing, VAT			Remova	Repair	psc	dso		
	(13)		Yes	(12) No	N/A	-	or other miscell	laneous)			a l	7	Encapsulate	Jre		
Throughout			l es	×		Pin	e Insulation (wran & cut)	26 L	F						
Throughout			H	X	H	1.10	Pipe Insula		9 LI			Ħ	H	H		
Throughout			H	X	Ħ		Pipe Insula		37 L		H	Ħ	H	H		
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Name of Registered	Waste Haule	er					Cubic Yards	Name of Re	gistered Lan	dfill						
Bristol Environm	ental. Inc.			11000000	uler II 706		of Waste 1 Cu yd	GROWS L	andfill							
City, State		_					Disposal Date	City, State		+						
Bristol, PA							5/14/14	Morrisville	, PA							
Completed By (Print	or Type)			Tit	le		Signature		7000 UP 1		Date		-			
Gino Pizzigoni				0.0000000	oject		- //	zzieoni	. 1 3	2	4/28	/14				
Manager				Sino Pe	gregone	-1-1	-				- 1					

14041

ChECK # 8948

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

RECEIVED

Date of Notification (1)		0,000,000		7	Name	of Building	Owner/Operator (2	2)		-				
	28 /	14	_		American Continental Properties, LLCTIA MAY -2 AM 3: 28									
Agencies Notified	Type Notific	ation			Street	Address								
⊠ EPA	☐ Initial				460	Park Ave	e., 11 th Floor	\$ 58E	STASCA	LITEO				
DOLWD					460 Park Ave., 11 th Floor City, State, Zip Code & LICENSING									
☑ DHSS	Amendm Emerger		dudina		New York, NY 10022									
☐ DCA (NJAC 5:23-8)	justificat	ion)	Juding	ì	Name	Name of Contact Telephone N								
,	☐ Cancella	0.00			Guy	Morton								
					FAC	ILITY IN	FORMATION		: : :					
Name of Facility Where A	batement is	Taking	Place	(3)	C400 (SEC.)			Type of Facility (4)		-53400	1000 SE		
Former KMart Plaza	la e							School (K-12)						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri			ildina	_		
1817 Mount Holley F	₹d.							homes, etc.)	vate and comi	lercial bu	liding	5,		
City (5)								Square Feet	# of Floors	Ble	dg. Ag	je		
Burlington, NJ 0801	6							90,000+	1		45+			
County (6)					Coun	ty Code (7)(STATE USE ONLY)	or if being dem	olished)					
Burlington					100000000000000000000000000000000000000	1	• • • • • • • • • • • • • • • • • • • •	Retail		-015 1040 105 -03 - 03				
Name of Monitoring Firm	Hired by Bui	ilding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
VERTEX					NA		Alliance Envi	ironmental Sys	tems					
Street Address							Street Address	-						
700 Turner Way							550 East Uni	on St.						
City, State, Zip Code							City, State, Zip Co	ode						
Aston, PA 19014							West Cheste							
Project Manager for Moni	toring Firm			Tele	phone i	No.	Telephone No.		License No.					
						-8902	610-701-9000)	00508					
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor						
5/28/					/ _	313	AET							
Occupancy Status During	Abatement	(Check	only	one)	Stella .		Street Address							
☑ Facility Closed/Vacate							28 N. Pennel	Road						
Abatement Performed						cribe	City, State, Zip C	ode						
Time of Abatement: 7	AMF	/M/ <u>3:3(</u>	DPM		Media, PA 19063									
Scope of Work (Check all	that apply)						5							
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure									
⊠ ≥160 sf or ≥260 lf			100000	molitic			☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
				•		7	⊠ Non-Exe	empted (*) and Nor		llan sin		Mark Stock		
Location			2000	Loca: Norma			Description			Ab	Abatement Type			
Asbestos-Containing I		M)	Use	d Sole	ely by	Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Ē	Enc	
TO BE ABA	TED	3.35		intena	ance/ Staff?		., thermal systems	insulation,	(Specify	Removal	oair	aps	Enclosure	
IN Facilit	:y		Ous	(12)			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ъ	
(10)			Yes	No	N/A	1	other misconarie	Jousy				б		
KMart						VAT/Ma	astic		78,000 SF					
KMart					\boxtimes	Duct In	sulation		240 SF					
KMart						Transit	e		1000 SF		П			
KMart						Roofing	3		42,550		П	П	П	
Name of Registered Was	te Hauler		_	1	JDEP I		Cubic Yards of	Name of Regis				_	_	
N.E.T.S.	***************************************			F	lauler II		Waste	Name of Registered Landfill Allied BFI Imperial						
City, State					18947	/	150 Disposal Date	City, State	-			/M/C		
Hazelton, PA							TBD	Imperial, P.	Α					
Completed By (Print or Ty	me)	Title					7.4500.00			Date	/			
Mark Griffin	(PC)	1,000	: stima	tor			Signature	VIII.	22	/ /	2	/	11	
		=	Suma	LOT				/X//		41	20	//	7	
ASB-41 MAY 11		*	Do not	use ti	his form	for asbes	tos licensure exem	pted activities.		/		1		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Space # 3				Roofing	756 SF	$\overline{\mathbb{X}}$			
Space # 4					1400 SF	X			
Space # 5					1415 SF	X			
Space # 6			X	VAT/Mastic	2000 SF	X			
			X			X			
			X			X			
-			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			\boxtimes			
			X			X			
			X			X			
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			X			X			
			X			X			
			X			X			
			X	7		\times			
			X			\times			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X	5 40.		X			

Page 2 - Notification - 1/4/13

CheCK # 008039

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:129) ECEIVED

Date of Notification (1)		Name of Building Owner/Operator (2) Borough of Keansburg Street Address												
4/10/14			Borou	gh of Ke	ansburg	AMAY	-2 AM	3: 11						
Agencies Notified	Type Notification				2.01	HINI	L NII	0						
EPA	☐ Initial			urch St.	<u> </u>	#FCT	os cor	ITROI						
☐ DEP	Amended			te, Zip Coo		8 1	ICENSIN	ALKOT.						
X DOL	Amendment #_ Emergency (in	cluding	1	323	07734	OL L	ICE WOIL							
X DOH	justification)	Juding		Contact	Telephone Nu	ephone Number								
DOH DCA	Cancellation		Edwar	Edward Streidi										
		. (0)	FACI	LITY INFO	RMATION	1 -	4 F 10 + - / 41			10-0-5				
Name of Facility Where						Type	of Facility (4))				1		
FEMA Flood Proje	ct - Sandy Relate	Demoil	ion				chool (K-12		١٥١					
Street Address						×	oubcnapter of Other (i.e. pri	(Other than K- vate & commerce	(Z) cial build	linas.	home	s.		
85 Shore Boulevar	rd					e	tc.)					2.524		
City (5)						1.0000000000000000000000000000000000000	e Feet	# of Floors						
Keansburg						1,500	0	2	7	0 yrs	. old			
County (6)				Code (7)			1.0	if being demolis	shed)					
Monmouth			(STATE	JSE ONLY)		abar	ndoned							
Name of Monitoring Firm		ASCN	No.	10 to 20 10 10 10 10 10 10 10 10 10 10 10 10 10		ement Cont								
Consulting Service				Yar	nnuzzi l	Environme	ental Service	s, Inc.						
Street Address						et Addres			/					
26 Lorenzo Court					152	2 Route	206 Sout	:h						
City, State, Zip Code					City,	State, Zi	p Code							
Aberdeen Townsh	ip, NJ 07747				08844									
Project Manager for Mo	nitoring Firm		Telepho	ne No.	Telep	phone No).	License	No.					
Michael Chain		732-9	21-9223	908	3-218-0	880	01228							
Start Date (10)		Scheduled (Completion	Date (11)	Nam	e of OSH	A Monitor							
4/14/14		4/15/14		•	Yar	nnuzzi l	Environme	ental Service	s, Inc.					
Occupancy Status Durin	ng Abatement (Check	Only One)			Stree	et Addres	s							
<u> </u>			tomont		152	2 Route	206 Sout	th						
	cated During Entire Per med Outside of Norma				City.	State, Zi	p Code							
Other - Describe:					7.0		gh, NJ 08	3844						
Scope of Work (Check	All That Apply)								-					
	,,,,	II Dan	- vation			X E	Containme	nt with Negative	Proces	re				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			Full Containment with Negative Press Mini-Enclosure				16				
		100					vebag Proc							
						L No	n-Exempted	(*) and Non-Fria	able Pro	- 3.00 (C) (C) (C)				
		1000000	cation							Abatement Type				
Locatio	on of		mally solely by		Description					Τ,				
Asbestos-Containin			enance/		tos Containing thermal system			Amount (Specify	1 20		Ē	ш		
TO BE A		(an anatomidit	al Staff?	(i.e.	surfacing, \		idon,	SF or LF)	Remova	Repair	caps	1Clo		
(13		(12)		other miscell	aneous)			ova	a-	Encapsulate	Enclosure		
		Yes N	lo N/A								e			
West/Front Bedroo	om under Carnet		X	9" y 9"	Green Floo	r Tile w	/mastic	120 SF	×					
West fort bedroc	om under Oarpet		^	0 70	0,001,1,00	1 1110 11	71110000			-				
										- 2				
										1 3				
Name of Desistered W.	acto Hauler		NJDEP V	Vaste	Cubic Yards		Name of F	Registered Land	fill			L		
Name of Registered Wa	Hauler IC		of Waste	KS.										
Yannuzzi & Sons,	Inc.		17467		2		Grand (Central Sanita	ation					
City, State			-		Disposal Da	sal Date City, State								
Hillsborough, NJ					4/15/14		Pen Arg	yl,PA						
Completed by		Title	Signature			a)re	1 .		Date					
Anna Bastos		Admini	strative A	ssisant	W	noe X	Sector	-	4/10/14					
			-											

^{*} Do not use this form for asbestos licensure exempted activities.