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

CHECK # 21246

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

Date of Notification (1) 05-07-14				Building Own	er/Operato	r (2)			1: 7	٠,			
Agencies Notified Type Notification			Street Ad 920 Sy	ddress Van Avenu	e			Ų i					
EPA Initial Amended Amendment				te, Zip Code vood Cliffs,	NJ 0763	2		i ik	2,702	, T''s			
DOH justification) DCA Cancellation	including	- 1	Name of Steven				V -	Tele	ephone N	.,			
Name of Facility Where Abatement is Taking	g Place (3))	FACII	LITY INFORM	ATION	Туре	of Facility (4	88		-			
Street Address 111 Sylvan Avenue						×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe			dings,	home	es,
City (5) Englewood Cliffs		-				Squa	re Feet ,000	# of	Floors	100	ldg. A	ge	
County (6) Bergen			County (Code (7) JSE ONLY)			ent Use (Prio nmercial	r if bei	ng demoli	ished)		60	
Name of Monitoring Firm Hired by Building of Omega Environmental Services, In			ASCM	l No.	Pinr	nacle l	atement Cont Environme						
Street Address 280 Huyler Street					200	A COSTON DOMESTIC	d Street						
City, State, Zip Code South Hackensack, NJ 07606					Car	stadt,	Zip Code NJ 07072						
Project Manager for Monitoring Firm Anton Rezin				189-8700	201	hone N -939-6	6565		License 00756	No.			
Start Date (10) 05-12-14	05-30-1	14	npletion (Date (11)	Eve	n-Air I							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of A	baten			10-5		kson Aver	nue					
Other – Describe:	nal Facility	Hours			117		Zip Code nd City, N	111	01				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	denova Demolit				× GI	ill Containme ini-Enclosure ovebag Proc on-Exempted	edure	J			re	
	2000	Locati	200000					<u> </u>			Abat	emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial S (12)	ely by nce/	S	Description Containing mal systen urfacing, V mer miscella	Materians insul AT, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Inside Walls	165	NO	X	Р	ipe Insul	ation		1	80LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		H	JDEP W lauler ID 4310	No. of	ubic Yards Waste		Name of F	. 3		lfill			
City, State Shirley, NY / Bronx, NY					sposal Dat	e/	City, State Waynes		OH 44	688			
Completed by John Tancredi	Title Proje	ct Ma	anager		Signatu	re	1	1	18.5	Date 05-07-	14		

CHECK 23335

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)						
5/7	/	14	_		JC I	Penney (Corporation Inc.	21	14 MY -	8 AM	٠.	. : 6	6	
Agencies Notified Typ	oe Notifi	ication			Street	Address					S 5000		6	
	Initial				650	1 Legacy	/ Drive		2 20					
	Amend				City, S	state, Zip C	Code		d Live	4,5		-	89	
	Amend				PLa	no, TX 7	5024		0. [10]	C.P.C.	112	1	7	
	Emerge justifica		Ciuding	3	Name	of Contact	t		Telephone	Number			- •	
	Cancell			×	Soy	Thomas	3		72-253					
					FAC	CILITY IN	FORMATION				locate.			
Name of Facility Where Abate	ement is	Taking	Place	(3)				Type of Facility (4)					
Wayne Town Center								School (K-12)					
Street Address				-				Subchapter 8	(Other than	K-12)		۔ جالمان	_	
260 Wayne Town Cente	er							Other (i.e., pr homes, etc.)	ivate and cor	mmercia	ıı bu	ilaing	S,	
City (5)		-				- Mark 10 T		Square Feet	# of Floors	5	Blo	ig. A	je	
Wayne								150000	2		7	75		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being de	molishe	(d)		-	_
Passaic						, (.	///							
Name of Monitoring Firm Hire	d by Ri	ulding (Jwner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)						-
Hillmann Consulting LI	•	illuling C	JWHEI	(0)	6225	Stratistic	JVN Restorat							
Street Address			-		0220		Street Address	uon mo		-				
							47 Foster Ro	ad						
1600 Route 22 East							City, State, Zip Co	30 TO		024				
City, State, Zip Code														
Union NJ 07083				T= .			Staten Island	l 	-T	12				
Project Manager for Monitorin	ig Firm				phone		Telephone No.	r.	License N	10.				
Tom Rubino)8-956		718-605-6256		00774					
Start Date (10)		particular contractions and			tion Da		Name of OSHA M	Ionitor						
/	4	-	<u> </u>		_ / -	14	Testor Tech							
Occupancy Status During Aba							Street Address							
☐ Facility Closed/Vacated Di	22.00					000 4 000 0	10 59 Jackso	n Avenue						
Abatement Performed Out Time of Abatement:	side of	Normal	Facilit	y Hou	s-Des	cribe	City, State, Zip Co	ode						
Time of Abatement.			VI/ 10.0	UP IVI-	5.UUAI	AIV.	LIC, NY 1110	1						
Scope of Work (Check all that	apply)						П		D	511				
☐ ≥3 sf or ≥3 lf			□Re	novati	on		☐ Full Conf	tainment with Neg losure	ative Pressu	re				
⊠ ≥160 sf or ≥260 lf			_	molitic			☐ Gloveba	g Procedure						
		45-24					Non-Exe Non-Exe	mpted (*) and No	n-Friable Pro	cedure				
			7.130	Locat Norma							Aba	atem	ent T	
Location of Asbestos-Containing Mate	arial (ΔC	(NA)	8	ed Sole		Ashe	Description o stos Containing Ma		Amoun	,	Re	Re	Ē	Enclosure
TO BE ABATED)	2141)	19655	intena			., thermal systems		(Specifi	y	Removal	Repair	Encapsulate	clos
IN Facility			Cus	todial (12)	Stan?		surfacing, VAT other miscellane		SF or LF	=)	/al		sula	ure
(13)			Yes	No	N/A		other miscellane	ous)					te	
Upper Level Boys Dept				\boxtimes		VAT/MA	ASTIC		780SF	:	\boxtimes			
Upper Level Boys Dept						Mirror I	Mastic		10SF		\boxtimes			
Upper Level Lingerie De	nt					VAT/Ma			1410S		\boxtimes		П	
Upper Level Lingerie De					П	Mirror I			21SF		\boxtimes	$\overline{\Box}$	П	
Name of Registered Waste H	West American		ш_	1000000	JDEP \		Cubic Yards of	Name of Regis				_	_	
	aulei			1000	lauler II		Waste	T.R.R.F	torca Landin					
Newark Carting					NJ-56		40			15.				
City, State							Disposal Date	City, State	_					
Newark, New Jersey							6/11/14	Tullytown	Pa.	20000	202			
Completed By (Print or Type)		Title	•	36 31000		Ye.	Signature	11.		Date	_/	1		
Joseph Tardy		F	rojec	t Mar	ager		Tarist	Tardy		1 ;	5/	7//	4	
ASB-41					. 76		//				/	/		- V
MAY 11		*	Do not	use th	nis form	for asbes	los licensure exemp	oted activitiés.						

ChECK # 23332

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

Date of Notification (1)					Na	me o	f Building (Owne	er/Operator (2	2)						
	05 /	1	4		1				roup, Inc.		16Y -8 A	1:	; e;			
Agencies Notified EPA	Type Notifica	ation	1				\ddress W.Washir	nato	n Street						8.7	
☑ DOLWD	☐ Amended	d						1000	ii Stieet		LIČENI:		7.,			-
☑ DHSS	Amendm		#				ate, Zip Co		6204	- 6	: LICEAL:	43	3	-		
☐ DCA	☐ Emergen		including	1			napolis,	IN 4	0204		Telephone Nu	mbor		5 V		-
(NJAC 5:23-8)	justificati						of Contact				relephone Nu	IIIDEI				
	☐ Cancella	tion	755			Luke	Aeschli	man			-	_				_
						FAC	ILITY INF	ORI	MOITAN							
Name of Facility Where A	Abatement is	Taki	ng Place	(3)						Type of Facility (
Livingston Mall										☐ School (K-12) ☐ Subchapter 8		12\				
Street Address										☐ Subcriapter 8			buile	dings	,	
112 Eisenhower Pa	rkway									homes, etc.)						
City (5)					-		Contract Con			Square Feet	# of Floors		Bldg	J. Age	е	
Livingston										25,000	3		3	5		
County (6)		-			1	Count	y Code (7)(STAT	E USE ONLY)	Current Use (Pric	or if being demo	olished	i)			
Essex										Shopping M	all					
Name of Monitoring Firm	Hired by Buil	Idino	Owner	(8)	AS	CM N	No.	Nam	e of Abateme	ent Contractor (9)						
TRC								J٧	/N Restorat	tion Inc						
Street Address		2000						Stree	et Address							
1430 Broadway 10 ^t	h Floor							47	Foster Ro	ad						
City, State, Zip Code						65		City,	State, Zip Co	ode						35
New York, NY 1001	8							St	aten Island	NY 10309						
Project Manager for Mon				Te	leph	one N	No.	Tele	phone No.		License No.			770		
Dmitriy Khimich							7822	71	8-605-6256		00774					
Start Date (10)		Sch	eduled (Comp	letio	n Dat	e (11)	Nam	e of OSHA N	Monitor						
5_ / _19_ /	2000		5				Activities and the second	Τe	estor Tech							
Occupancy Status Durin						_		1985	et Address			- 67				
☐ Facility Closed/Vacat	T					nt	4	100000) 59 Jackso	n Avenue						
☐ Abatement Performe							cribe	1.00	State, Zip C	Av. 10 phys ar 10 phys 100 phy						
Time of Abatement:							T-1.177-TX		C, NY 1110							
	-					- 1011			C, N1 1110				_		-	-
Scope of Work (Check a	ili that apply)								⊠ Full Con	tainment with Neg	ative Pressure					
≥3 sf or ≥3 If				enova					☐ Mini-End	closure						
≥160 sf or ≥260 lf				emoli	tion				⊠ Gloveba □ Non-Eve	g Procedure empted (*) and No	n-Friable Proce	edure				
				s Loc	atio	n .				inpled () and ite			Aha	teme	ent Ty	vne
Location	n of			Norm			10		Description	of		H				
Asbestos-Containing		M)		ed S					Containing Ma	aterial (ACM)	Amount		Removal	Repair	nc	Enclosure
TO BE AB		2001-080	100,000	aintei stodia		The state of the s	(i.e.	, the	rmal systems urfacing, VAT	insulation,	(Specify SF or LF)		VOL	air	aps	uso
IN Faci (13)				(1)					ner miscellan		Si di Li)		=		Encapsulate	6
(10)			Yes	N	0	N/A									Ф	
Space 1044A				×			Floor Ti	les a	and Mastic		470 SF		\boxtimes			
Space 1044A				×			Coveba	se N	/lastic		140 LF		\boxtimes			
Space 1044A				×			Pipe Ins	sulat	ion and Fit	tings	80 LF		\boxtimes			
					1											
Name of Registered Wa	ste Hauler				NJ	DEP	Waste	Cub	ic Yards of	Name of Regis	stered Landfill					
Newark Carting					5000000	uler II	D No.	Was	777	IESI						
City, State		-				10-00	,,,		oosal Date	City, State						
Newark, NJ	<u>(</u>)								/07/14	Bethelhen	n, PA					
Completed By (Print or	Type)	7	Title					-	Signature	11/11		Date	177		22	
Ralph Barnhardt			Proje	ct M	ana	ger			AM	hophun	1	25	-5	2-	20	14

ASB-41 MAY 11

* Do not use this form for asbestos licer(sure exempted activities.

(herk# 3506

ASB-41

MAY 11

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

Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)					/	
05/	05 /	14		New	Jersey S	tate Police	"Y _R /M	/ Job # 140	3-18	57 C	hk. i	‡356	6
Agencies Notified	Type Notificati	on		Street A	ddress	2.11	441 - Q - 144 - 1	100	9 10	Ť	V	100	7.
⊠ EPA			.	PO E	3ox 7068	- Facility & Mai	ntenance Unit	- Bldg. 17			/	4.	
☐ DOLWD	☐ Amended		+		ate, Zip Co	nde .		,,		./			
☑ DHSS	Amendmen			59		, NJ 08628	& LICEN	S. 5	ele r	-			
□ DCA	☐ Emergency		1	200	of Contact			Telephone Nu	mber				\neg
(NJAC 5:23-8)	justification Cancellatio				rank Sol	tis							
		-		FAC	ILITY INF	ORMATION							
Name of Facility Where A	hatement is Ta	king Place	(3)				Type of Facility	(4)					
Princeton Station -		ining i last	(-)				School (K-12						
Street Address	Dacomone			75			Subchapter 8	(Other than K-	12)	Lbuil	dinac		
3925 Route One So	uth						Other (i.e., p homes, etc.)		nercia	Dulk	umgs	,	
City (5)							Square Feet	# of Floors		Bldg	g. Ag	е	
Princeton							11,016	2		6	2		
County (6)				Count	v Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demo	olishe	d)			
Mercer					<i>y</i> (· <i>y</i>	(Takan Takan Salah S	State Police						
Name of Monitoring Firm	Hirad by Buildi	na Owner	(8)	ASCM N	No.	Name of Abateme	ent Contractor (9)					-	
USA Environmenta		ng Owner	(0)	ACCIVIT	10.		d Mold Service						
	1					Street Address		-,		_	_		-
Street Address						3859 Sylon E	Soulevard						
344 West State Stre	eet					City, State, Zip C							
City, State, Zip Code						Hainesport,							
Trenton, NJ 08618	terior Fina		Tole	ephone N	No	Telephone No.	10 00000	License No.	198	7			
Project Manager for Mon			1	609) 7 4:		609-702-0400	n	00862					
William Weisgarbe		cheduled (· · · · · · · · · · · · · · · · · · ·		Name of OSHA							-
Start Date (10) 5 / 19 /	100	5				EMSL Analyt							
Occupancy Status During		State State State				Street Address							
☐ Facility Closed/Vacate				ment		200 U.S. Rou	te 130 North						
☐ Abatement Performed					cribe	City, State, Zip C							
Time of Abatement:						Cinnaminso							
Scope of Work (Check a	Il that apply)	Will		-						-			
Ocope of Viola (Ollook a	cac app.y)			10000			ntainment with Ne	gative Pressure					
≥3 sf or ≥3 lf ≥460 of or >360 lf			enovat emoliti			☐ Mini-En	ciosure ag Procedure						
≥160 sf or ≥260 lf			Citiona				empted (*) and N	on-Friable Proce	edure				
			s Loca							Aba	atem	ent Ty	/pe
Location	8367676		Norma ed So			Description		Amount		Re	Re	E	En
Asbestos-Containing TO BE AB			ainten			stos Containing M ., thermal systems		(Specify	8	Remova	Repair	cap	Enclosure
IN Faci		Cu		Staff?	1	surfacing, VA	T, or	SF or LF)		a		Encapsulate	ure
(13)		-	(12		-	other miscellan	eous)					if e	
		Yes	No						-				
Basement (4 landing	js)				Floor T	ile & Mastic		60 SF					
				\boxtimes			, i			\boxtimes			
Name of Registered Wa	ste Hauler			NJDEP		Cubic Yards of	Name of Reg	istered Landfill					
Freehold Cartage,	Inc.			Hauler II 0226		Waste 5	GROWS	_andfill					200
City, State					-	Disposal Date	City, State						
Freehold, NJ						5/21/14	Morrisvill	e, PA 19067					
Completed By (Print or	Туре)	Title				Signature'	. 1		Date	<u>-</u> 1	- 1	, 1	
Kimberly A. Trumb		Office	Coo	rdinato	r	W	41	-	L '	5/	5	14	

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

ChECK# 1129

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

Date of Notification (1)	WW					Building Owr	ner/Ope	rator ((2)			Y.	1			į	
					158 ja		1	- 6			2014	MAY	X				
Agencies Notified	Type Notif				Street Ad	ddress ckson Sp	1.1	1: ;	l .		di sa .	/	y A	¥.	::	٦٤,	
X EPA X DEP	X Initia					te, Zip Code	E.F. 1	•	•			1115			200		
X DEP X DOL	Ame	ndment #			passai	c, NJ 0705	55		¥		1	LIUE			Y		
DOH DCA	justif	rgency (ir ication) cellation	ncluding		Name of Leoma	Contact ar Then	h. 343		4.5		Tele	phone N	lumber			4 75	
						LITY INFORM											
Name of Facility Where	Abatement i	is Taking	Place (3)					Type of	Facility (4	4)						
Jason Davis										chool (K-1		2 22					
Street Address										bchapter her (i.e. p	8 (Othe	er than K-	-12) rcial bu	ildir	าตร	home	25
158 Jackson St				190					et	c.)			TOIGH DE				
City (5)			A (A 41)	N-10-11-11-11-11-11-11-11-11-11-11-11-11-					Square	Feet	100000000000000000000000000000000000000	Floors			g. A	ge	
Passaic, NJ									110			SEME		. 100	89		
County (6)					County (Code (7) USE ONLY)			Current	Use (Prid	or if bein	ng demol	ished)				
Passaic					10	45 45											
Name of Monitoring Firm	n Hired by B	uilding O	wner (8)		ASCN	No.	0.000			ment Con							
N/A								er money		STRUCT	ION	LU					
Street Address									Address								
										ADWAY	AV. 2						
City, State, Zip Code							100		tate, Zip		/ NIEV	N IEDS	ev c	70	0.2		
5 : 4N - 4 M					-	. N.				W YORK	, NEV			170	90		
Project Manager for Mo	nitoring Firm	1			Telephor	ne No.	1		one No. 293-23			License 01210					
Start Date (10)			Schodule	od Cor	nalation I	Date (11)				Monitor		01210					
05-18-2014			05-21-			Jale (11)	13053			Consultir	na II (
Occupancy Status Durin	ng Abatemer	nt (Check							Address		19		-				
	5 5	_ &0	- 174 							Eadt S	uit 10	7					
Facility Closed/Vac Abatement Perform									tate, Zip						-		_
Other – Describe:				10						07083							
Scope of Work (Check /	All That Appl	ly)		-						2							-
≥3 sf or ≥3 lf		T. D.	X R	Renova	ition			F	Full	Containme	ent with	Negative	o Pres	eiire			
≥160 sf or ≥260 lf				emoli				×	Mini-	Enclosure	•	recgative	01100	Juic			8
								-		ebag Prod Exempted		l Non-Eri	ishle P	roce	dur		1
			Τ.						1 14011	Lxemple	1 () ain	1 MOILL II	able I		1	ment	
Laurence Co.				Locat Normal										100	Ту		
Locatio Asbestos-Containing	5.5 L-5.7 A	CM)	Use	d Sole	ly by	Asbestos		ription nina M		ACM)	А	mount		T		m	
TO BE A	BATED		0.000	intena todial S	SPECIAL CONTRACTOR OF THE PROPERTY OF THE PROP	(i.e. the	ermal sy	/stems	insulati	on,		pecify	2	9	고	inca	Enc
In Fac				(12)			surfacin ther mis				SF	or LF)	Dallova		Repair	Encapsulate	Enclosure
,	<u> </u>		Yes	No	N/A				,				ă	-	7	late	re
			res	INO	IN/A								_	-			-
					X	PIP	ES IN	SUL	ATION		14	7 LFT	X	_			
2010p.R. 1550p.																	
Name of Registered Wa	ste Hauler	-		I N	JDEP W	aste C	Cubic Ya	ards		Name of	Registe	red Land	fill			- 16	
SAN TON SERVIC				F	lauler ID		f Waste						1550				
				2	2430												
City, State KEN I WORTH, NJ						D	Disposal	Date		City, Stat	е						
Completed by			Title				Sign	nature	1	1. 1			Date				
LETICIA TORRES			PRE	SIDE	NT				A	14	12	.	04/1	5/2	014		

Cherk# 000135

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

Date of Notification (1)						uilding Ow		Jei atoi	(2)			7314	145 14					- 1
04-29-14						Niewood	l					Cale	MAY -	8	2	11.		_
Agencies Notified	Type Notif	ication		- 1	Street Add													
EPA	Initial				228 Bay	18						و او ا	≗ LIC	5	000 B		i Is	
DEP	Amer	nded				, Zip Code		¥2				4	E LIC	EN	311	IĠ'	UL	
DOL		ndment # rgency (i				dge NJ	07028							_			70.1 744	<u> </u>
DOH.	justifi	ication)	iloluding		Name of C							1 ele	phone Nu	HIRR	751		-	
DOH DCA	Cano	cellation				Niewood											_	
					FACILI	TY INFOR	RMATIC	ON	Tv	ne of F	acility (4	1		-				-
Name of Facility Where	e Abatement	is Taking	Place (3)															
Geraid Niewood										Subo	ool (K-12 chapter i	8 (Othe	r than K-	12)				
Street Address								J.S	×	Othe	er (i.e. pı	rivate &	commerc	cial I	buildir	ngs, h	omes	5,
228 Bay Ave.									-	etc.) uare F		# of	Floors	-	TBlo	ig. Ag	е	-
City (5)									50	uare F	eet	# 01	10015			. , , , g	•	
Glen Ridge			Verse						_		In a (Drie	r if boir	ng demoli	char	4)			
County (6)					County Co			0.0000000000000000000000000000000000000	C	urrent u	ise (Pric	n n ben	ig demon	Silc	1)			
Essex		×							L		10		(0)	ļ				
Name of Monitoring Fi	irm Hired by E	Building (Owner (8)		ASCM	No.					ent Con		(9)					
N/A			1					1	_		cting L							
Street Address								Street										
					29.0				110,000	Stree				_				-
City, State, Zip Code					200					e, Zip C		77						
								V			J 0708	3/		NI.				
Project Manager for M	Monitoring Fire	n			Telephon	e No.	of the 10	Telep					License		,			
										6-960			01206	<u>L</u>				
			Schedule	d Cor	npletion D	Date (11)					Monitor							
Start Date (10)																		
Start Date (10) 05-09-14			05-10-								cting l	LC						
NAT 6 6 NAT A 19 NAT NAT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iring Abateme	ent (Chec		14		<u> </u>		Stree	t Ad	dress		LC						
05-09-14 Occupancy Status Du	/acated Durin	a Entire	ck Only On Period of A	14 e) bater	ment			Stree 522	t Ad 2 7th	_{dress} h Stre	et	LC						
05-09-14 Occupancy Status Du Facility Closed/N Abatement Perfo	acated Durin	g Entire	ck Only On Period of A	14 e) bater	ment			Stree 522 City,	t Ad 2 7th Stat	dress h Stre e, Zip C	et							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CHECK # 5777/21063/21221

Date of Notification (1) 04-29-14					Building C				วิก	12			**	1 ·		
Agencies Notified	Type Notificati	ion	5	Street Ac					Q	19 (_{),}	!Y - 8	Ph.	!!:	į, į,	,	
EPA DEP DOL	Initial Amended Amendm	ent # 2		City, Stat Morrist	te, Zip Coo	de				& L	ICEN	COM RANG	, P	Oί		
DOH DCA	Emergen justification Cancellat		- 0		Contact Rafferty	,				Tele	ephone N	11191	-	417 707		
				FACIL	LITY INFO	RMATI	ON									
Name of Facility Where Street Address	Abatement is Ta	iking Place (3)						Туре	of Facility (4 School (K-12 Subchapter 8	2)	er than K	(-12)				
20 Whippany Road	l l							100	Other (i.e. pri				ildir	ngs,	home	es,
City (5) Morristown									are Feet	# of	Floors			g. A		
County (6) Morris					Code (7) ISE ONLY)				ent Use (Prior nmercial	r if bei	ng demo	lished)				
Name of Monitoring Firm Detail Associates	Hired by Buildi	ng Owner (8)		0001					atement Cont Environme							
Street Address 300 Grand Avenue							5000	Addre	ess d Street							
City, State, Zip Code Englewood, NJ 076	631-4355								Zip Code NJ 07072							
Project Manager for Mor Stephen A. Jaracze	nitoring Firm		- 1	Telephor	ne No.	3		hone N			License 00756					
Start Date (10) 03-26-14(1)03-31-1		Schedule 02-28-1	d Com				31000000000	of OS	HA Monitor	-						
Occupancy Status Durin							Street	Addre	ess			-				
Facility Closed/Vac Abatement Perform	ned Outside of N			ent					kson Aven Zip Code	iue		-				
Other – Describe:							Long	g Isla	nd City, NY	1111	01					
Scope of Work (Check A	All That Apply)	R	enovat	ion			D] Fu	ıll Containme	nt with	Negativ	e Press	ure			
≥160 sf or ≥260 lf		D	emoliti	on			>	Mi GI	ni-Enclosure ovebag Proce	edure	.588				_	
		la	Locatio					_ INC	on-Exempted	() an	d Non-Fi	lable P			ment	
Location	n of	N	ormall	y		De:	scription	n of					-	Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity) Mai	d Solel ntenan odial S (12)	ice/		thermal surfa	aining N system cing, VA niscellar	s insul AT, or		(5	mount Specify or LF)	Kemova		Repair	Encapsulate	Enclosure
		Yes	No	N/A							*	_			ate	œ.
Lower Level: 7	Throughout		50 V T	х		Pipe	Insula	ation		12	200LF	x				
Ground Leve	el: Lobby			х		Pipe	Insula	ation		4	00LF	×				
													1			
Name of Registered Wa ATC, Inc. / JBT (500			Ha	JDEP W auler ID		of Was	Yards ste		Name of R Minerva	**************************************				- 1		
City, State	Ji 1)		24	310		TBD	sal Date		City, State		huses					-
Shirley, NY / Bronx,	NY					TBD	1	>/	Waynes		OH 44					
Completed by John Tancredi		Title Proje	ct Ma	nager		S	ignátur	e 📐	1			Date 04-29	-14	4		

MO#21901434491

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

Date of Notification (1)					Name	of Building	Owner/O	perator (2	2)		الما يه د				
05/03	3/	14	_		Geoff (Gingerich									
Agencies Notified Ty	pe Notifica	tion				Address			2814	HAY -8 P	H11:	3	4		
□ EPA 🗵	Initial			1	268 Pr	ospect Str	reet								
] Amended			F		tate, Zip C			i A	BESTOS C	OMT	30	1.		
DHSS	Amendme			9	South	Orange, N	JI 07079)		& LICENS	ING		10		
DCA (NJAC-5:23-8)] Emergeno justification		luaing	F		of Contact				Telephone Nu			7		
(116) 1.5 0.20 0)	, Cancellat				Geoff	Gingerich)								
1.						CILITY IN		TION		-					
Name of Facility Where Abat	tement is T	aking	Place	(3)		J			Type of Facility	(4)					-
Private home		3		(-)					School (K-12						
Street Address				17	_					(Other than K-1					
268 Prospect Street									Other (i.e., p homes, etc.)		nercial	Dull	aing:	5,	
City (5)			75.50						Square Feet	# of Floors		Bld	g. Ag	e	
South Orange, NJ 07079															
County (6)					Count	ty Code (7) (STATE US	E ONLY)	Current Use (Pr	ior if being dem	olished)			-
Esses					103-00000			500 CONSTRUCTO	•	•					
Name of Monitoring Firm Hir	ed by Build	ding O	wner (8) [,	ASCM	No.	Name of	f Abateme	ent Contractor (9)				-		
*							Gr Tech		, ,						
Street Address		70					Street A					_			
01100171001000								ley Rd #	283						
City, State, Zip Code		SEASON OF THE SE		-				ate, Zip Co							
on, otato, Elp obab								NJ 0747							
Project Manager for Monitor	ina Firm			Tele	phone	No	Telepho			License No.			-		-
				10.0	F11.4.14		973-638			01127					
Start Date (10)	T	Sched	uled C	lomplet	ion Da	te (11)		f OSHA N	lonitor			355			-
05/13/						14				* .8					
Occupancy Status During Al	222			2			Street A		nsultants,Inc			0.01			
Facility Closed/Vacated [ment				D 1 D11 #	244					
Abatement Performed Or						cribe		vagaraw ate, Zip C	Road, Bldg .#	34A					
Time of Abatement:	AM-	PN	Λ	_PM_		AM	Samuel Const.								
Scope of Work (Check all the	at apply)						Fair Lav	wn, NJ 0	7410 p and decontamin	nation with nega	tive nre	200	ire		
Scope of Work (Check all the	at apply)						Н		tainment with Ne			,33	210		
>3 sf or >3 lf			X Re	novati	on			Mini-End	closure g Procedure	Tent with Nega	tivo Dro	000	Iro		
☐ ≥ 160 sf or ≥260 lf			∪∈	molitic	n		M	Non-Exe	g Procedure empted (*) and No	n-Friable Proce	dure	,33	uic		
		-	ls	Locat	ion	T						Aba	tem	ent Ty	vpe
Location of				Norma			De	scription of	of						_
Asbestos-Containing Ma		ħ)		d Sole intena					iterial (ACM)	Amount	1	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	<u>. U</u>		0000	todial		(1.6		cing, VAT	insulation, , or	(Specify SIF or LF)	1	2	a:	psu	Sur
(13)				(12)				niscellane				_		late	æ
			Yes	No	N/A									28.07	
Basement					X	Pipe inst	ulation			40 LF	E	X			
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				_	+-	1									
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														Ш	Ш
Name of Registered Waste	Hauler			NJ	DEP Wast	e Hauler ID No.	Cubic Ya	rds of Was	te Name of Regi	stered Landfill					
Gr Tech LLC				(00337	85	TBI	D	T.R.R.F. Inc						
City, State							Disposa	al Date	City, State				VE 15/1/10		-119
Wayne, NJ 07470							TBI	D	Tullytown, P	Α					
Completed By (Print or Type	e)	Title)				1	anature /	18 . 1	1	Date	-			
I) (0) 5 A 5 A								H	who wer	rao	05/03	/ ว ก	1.4		
N.Jevtic ASB-41		Ow	ier	-				//~			05/03	20	14		
MAY 11		1ja	Do no	t use t	his fori	m for asbes	tos licens	ure exemp	oted activities.						

MO#21901434480

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

ILICATION OF WODED 109 WOWLENIT	.IV I	
(Pursuant to NJAC 8:60 and 5:16)	*** * * *** * * * * * * * * * * * * *	

Date of Notification (1)					Name o	of Building	Owner/Operato	or (2))						
05/0	02	14	-02		Alan S	weetman			ORSA MAY	-8 P#H	. 50				
Agencies Notified T	ype Notifi	cation				Address			2019 117.1	-0 FF11	- ()				
	Initial			1.	I / Mar	ole Lane									
	Amende					tate, Zip C	ode			03.CONT	RUL	-		-	
□ DHSS	Amendr			1	TOTAL CON				& LI	CENSING					
	_ Emerge		luding	1		, NJ 0785		122		Telephone N	umher		-		-
(NJAC 5:23-8)	justifica	1.00000000								. Telephone II	unibui				
	Cancell	ation				weetman									-
					FAC	ILITY IN	FORMATION								
Name of Facility Where Aba	atement is	Taking	Place	(3)					Type of Facility (4)					
Private home									School (K-12)		1 0)				
Street Address	au					-			Other (i.e., pr	Other than K-	mercial	buile	dinas		
14 Maple Lane									homes, etc.)	ivate and com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9-	A.	
City (5)								-	Square Feet	# of Floors		Bldg	g. Ag	e	
Layton, NJ 07851 County (6)				-	Count	v Code (7) (STATE USE ON	LYI	Current Use (Pri	or if being den	nolished	1)		_	
95 (8) E).					Joann	, 5555 (1) (/				·			
Sussex Name of Monitoring Firm H	ired by R	ildina O	wner /	81 1	ASCM I	No	Name of Abat	tomo	nt Contractor (9)						-
Name of Workoring Firm H	irea by bu	ilialing O	wher (0)	ASCIVI I	NO.			ent Contractor (9)						
							Gr Tech LLC								
Street Address							Street Addres	SS							
							576 Valley F								
City, State, Zip Code				8000			City, State, Zi	ip Co	ode						
							Wayne, NJ 0	747	0						
Project Manager for Monito	ring Firm			Tele	phone I	No.	Telephone No			License No).	777			
	55.0°			1			973-638-177	77		01127					
Start Date (10)		Sched	uled C	omple	tion Dat	te (11)	Name of OSh		lonitor	01127					
05/12/	14	0	5 /	13	/	14									
							Street Addres		nsultants,Inc						-
Occupancy Status During A X Facility Closed/Vacated			10759		mont										
Abatement Performed C						criha			Road, Bldg .#	34A		_			_
Time of Abatement:	AM-	PA	Λ/	PM	3 - Des	AM	City, State, Z								
							Fair Lawn, N						A STATE OF THE PARTY OF THE PAR	West of the	
Scope of Work (Check all t	hat apply)								and decontamin			essu	ıre		
▼ >3 sf or >3 lf			⊠ Re	novati	on		H Mini	-Fnc	tainment with Neg losure	•					
>3 sf or >3 lf > 160 sf or >260 lf				molitic			Glov	vebag	g Procedure	Tent with Neg	ative Pr	essi	ıre		
							☐ Non	-Exe	mpted (*) and No	n-Friable Prod	cedure		1		
				Locat								Aba	teme	ent Ty	/ре
Location o		22.27		Norma ed Sole			Descript					D	R	ш	ш
Asbestos-Containing M TO BE ABAT		CM)		intena			stos Containing			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			220100		Staff?	(1.6	s., thermal systems, surfacing,			SIF or LF)	940	₹.	nsq	Sur
(13)				(12)			other misce					=		late	(D)
W 52			Yes	No	N/A				100000000000000000000000000000000000000						
Crawl Space			П	ПП	X	Pipe ins	ulation			150 LF		X	П	П	П
Clawl Space		-		1=		r ipe ins	uiation			130 L1				\equiv	
													LI.		Ш
												\Box	П	П	П
						11. 12.12.11						Ш	Ш	<u> </u>	Ш
Name of Registered Waste	e Hauler			NJ	DEP Wast	e Hauler ID No	. Cubic Yards of	Wast	te Name of Regi	stered Landfill					
Gr Tech LLC					00337	85	TBD		T.R.R.F. Inc						
City, State					1		Disposal Dat	e	City, State						
							TBD		Tullytown D	Δ					
Wayne, NJ 07470	201	Title						re	Tullytown, P	. 1	Date			-	
Completed By (Print or Ty	pe)						Signatu	1	0/1 :/						
N.Jevtic		Ow	ner					174	inte Wer	120	05/02	2/20	14	- 1	
ASB-41		4	Dono	1 1100	his for	n for achas	stos licensure e.	Home	nted activities						
MAY 11			DUTTE	" Hat I	mo juri	" Joi dispes	incentative t.	ac int	, ou manifering						

ChECK# 1479

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

TICK		(I m	Suan				(7)				
ate of Notification (1)	= 9 /	/	Nan	ne of Bui	Iding O	mer/Operator	D DUHAR	RT. C			_
	5-2-14			et Addr		/ / 50/1	APE R	OFD OF	63	6	
gencies Notified	Type Notification				7			2002	NI ID	-	=
EPA DEP	Amended	3	City	, State	Zip Cod	K RII) CF 1	I DICEN 976	316	>	
DOL	Amendment #_ NV Emergency (incl	uding	_					Telephone Number		//	
DOH	justification) Cancellation		Na	me of Co	I C	PLACE	215_				-
DCA	L Central Control				100000000000000000000000000000000000000	RMATION		7			
		Dinos (3)		ACELII	1 866 0		Type of Facility				
ame of Facility Where	Abatement is Taking	riace (v)					School (K-1	8 (Chines then IX-14)			
reet Address ,	- P.						1 1000	orivate & commercial in	HAT	NE 1E	
4 LEN	IAPE RI	<u> </u>					Square Feet	# of Floors	Blog.	<i>pge</i>	
		71					1200	/		90	_
IN SPARK T		- 0 ,	T	County C	ode (7)	(STATE	Current Use (F	Prior If being demolished	ed)		
ounty (6) BET	REEN			JSE ÓN	.Y) _				7	_	
ame of Monitoring Fir	m Hired by Building O	wher	AS	CM No.		Name of Abate	ment Contractor (STRIES	M	0	
3)			1_		=						
treet Address						145	MHIJCK	TRAIL	,		_
T Code					-	City, State, Zip	Code NJ	08/24	/		
ity, State, Zip Code					_			Licerise No.	0/	_	
roject Manager for M	onitoring Firm		elept	ione No.		Telephone No.	9-7499		7	, 	
		juled Con	odalio	n Date (11)	Name of OSH			***		
Start Date (10)	14 5	- 9 -	14	/						_	
Oceanory Status Di	ring Abatement (Che	100				Street Address	S		33		
	mend During Foline Pt	endo oi mi	Milcan	ent		City, State, Zi	n Code				
Abatement Perform	ned Outside of Norma	I Facility	MOURS			Oily, Obbo, —				_	
Other - Describe:	to all shed arrobed					EX E.A	Company with	Negative Pressure			
Scope of Work (Chec		[√ Ren	neolin	n		Mini-	-Enclosure				
]≥3 sf or≥3 lf ≥160 sf or≥260 lf		Den	office	1		Glow	rebag Procedure -Exempted (*) and	Non-Friable Procedu	re		
		T Is Lo	cation	n					A	baten Typ	
£			mally		ē	Descriptio	in of		\vdash		I
Locati Asbestos-Containi	on of no Material (ACM)	Maint	enand	ne/	Asber	stos Containing , thermal system	Material (ACM)	Amount (Specify	8	7	Encapsulate
TOBEA	BATED	Cu	stodial talii?	'	(re	surfacing, V other miscell	Al, of	SF or LF)	Removal	Repair	psul
IN Fa			12)			Office Linescen	alleous		=		ate
		Yes	No	NA				400 SF	1	H	\vdash
FLOOR TIL	EIN			1	VA	IT True	ORTILE	400 31	+-	H	H
BASEME									+		
								-	+	T	
					lacto.	1 Cubic Yards	s / Name of	Registered Landfill		<u> </u>	-
Name of Registered	Waste Hauler	1		LIDEP W		of Waste	66	ROWS			
WD 1/ 1/1	DUSTRIES	INC.	ئا_	2160	2	Disposal Da	ate City, Stat	PA			
								1 11			
City, State						5-12.		17			
	KJ,	ide Pre					14	Date	3	-/	4

			_
Project #			

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

		0.100
Check	#	2462

Date of Notification (1))			I	Name of	Building O	wner/0	Operator	(2) 2814	HAV O DIA		8			
05/01/2014				D	on Du	ryea			2017	HAY -8 PM	11: (9			
Agencies Notified	Туре	Notification		5	Street Ad	idress									
-		1-14:-1		6	5 Plea	sant Hil	II Rd		- 33	ESTOS COL	VIRC	1			
EPA DEP	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Ow	Initial Amended		(City, Stat	e, Zip Coo	ie		6	LICENSIA	(G				
DOL		Amendment		- lc	heste	r, NJ 07	930				_	9 32			
1 2011		Emergency (including	1	Name of	Contact				Telephone Nu	ımber				
DOH DCA	П	justification) Cancellation		la	an Sco	tt									
L BOX						ITY INFO	RMAT	ION		_					
Name of Facility When	re Abater	nent is Takin	Place (3)						Type of Facility	(4)		534			
Private House									School (K-	12)					
Street Address									Subchapte	8 (Other than K-	12)				
125 Maple Ave									Other (i.e. etc.)	private & commerc	cial Duilo	ings	nome	25,	
City (5)									Square Feet	# of Floors	В	ldg.	\ge		
Chester, N	NJ 0793	30													
County (6)						Code (7)			Current Use (Pr	ior if being demoli	shed)				
Morris				1	STATEL	JSE ONLY)	-								
Name of Monitoring F	irm Hired	by Building	Owner (8)		ASCN	No.		Name	of Abatement Co	ntractor (9)					
370								Nick I	Restoration L	LC					
Street Address			100		L			Street	Address						
								72 Br	ookside Rd						
City, State, Zip Code								City, S	State, Zip Code						
Oity, Otale, Zip Oode	*							(6.37)	olph NJ 078	869					
Project Manager for N	Aonitorin	Firm		т.	Telepho	ne No			none No.	License	No.	_			
Project Manager for N	VIOLITOTITY	<i>j</i> 1 11111			Cicpito				33-2550	01133					
01 10 10 (40)			Scheduled	Con	oplotion	Data (11)			of OSHA Monito	0.000			-		
Start Date (10)		3			ipietion	Date (11)			Environmenta						
05/10/2014			05/13/20						Address			- 1		_	
Occupancy Status Du									RT 22						
Facility Closed/\	/acated [Ouring Entire	Period of Al	atem	nent									-	
Facility Closed/\ Abatement Performance Other – Describe			nal Facility I	Hours	3				State, Zip Code						
								Unior	n, NJ 07083			_			
Scope of Work (Chec	k All Tha	t Apply)						Eull Containment with Nogetive Pressure							
≥3 sf or ≥3 lf				enova				1	Full Containment with Negative Pressure Mini-Enclosure						
≥160 sf or ≥260	lf		☐ De	emolit	ion			Mini-Enclosure Glovebag Procedure							
1.0										ed (*) and Non-Fri	able Pro	ced	ire		
· · · · · · · · · · · · · · · · · · ·			1-1									Aba	temen	ıt	
			10,000	_ocati			_		5			_ 1	ype		
Loca Asbestos-Contair	ation of	rial (ACM)	Used			Ashes		escription	Material (ACM)	Amount		1	l m		
	ABATED			tena	nce/ Staff?		therm	al system	s insulation,	(Specify	공	20	nca	Enclosure	
10000000	acility	77	Cusic	(12)				facing, VA		SF or LF)	Remova	Repair	Encapsulate	losi	
(13)		-		To years	4	oule	писсена	(leous)		/ <u>a</u>	=	late	l e	
			Yes	No	N/A							_		_	
Attic Area	ttic Area					vermic	ulite			1200 SF	X				
														T	
			+		+-					-	-	+	+-	+	
		1/4		127					*			_	1	_	
7								150							
Name of Registered	Waste Ha	auler			JDEP V			ic Yards	Name o	f Registered Land	ifill				
Nick Restoration	LLC			Hauler ID No. of Waste TBD											
City, State				Disposal Dat											
Randolph, NJ 07869				TBD Tullytown, PA											
Completed by Title															
Elvira Mrda		President				(2/2) () () () () () () () ()					05/01/	01/2014			
Livila ivilua			1 10310	O. 11					COUNTY /						

CheCK # 22997

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT SECTIVED

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

Date of Notification (1)		515			Merck Sharp and Dohme Corporation Street Address									
	01 /	14	-		Mer	ck Sharp	and Dohme Co	rporation	-R PMII.	3				
Agencies Notified	Type Notifi	cation			Street	Address		C017 [H]	U IAII.	J				
					126	E. Linco	In Avenue	8 H. # J C T	OS CONTRO	1				
☑ DOLWD	Amende				City, S	tate, Zip C	Code	2 11	CENSING	L.				
☑ DHSS ☐ DCA	Amendr	-	cluding		Rah	way, NJ	07065	OC LI	CENSING	120				
(NJAC 5:23-8)	justifica		Juding	120	Name	of Contac	t	8	Telephone Numb	per				
V.	☐ Cancell	ation			Ger	ry Stank	ovitz							
			*//		FAC	ILITY IN	FORMATION							
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility	(4)					
Building 80Y								School (K-12						
Street Address							8000		3 (Other than K-12) rivate and commer		ildina	S.		
126 E. Lincoln Ave	nue							homes, etc.)						
City (5)								Square Feet	# of Floors	Blo	ig. Ag	je		
Rahway								115000	4	1	50			
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)				
Union								Vacant						
Name of Monitoring Firm	Hired by Bu	ilding C	wner ((8)	ASCM	No.	Name of Abateme							
EHI, Inc.								mental Manag	ement, Inc.					
Street Address							Street Address							
655 West Shore Tr	ail						8436 Enterpr	Market and the second second second						
City, State, Zip Code							City, State, Zip Co	Anna - and and an analysis of the second of						
Sparta, NJ 07871							Philadelphia,	PA 19153						
Project Manager for Mon	nitoring Firm				phone I		Telephone No.		License No.					
Lisa Liloia					3-729	0.0	215-365-5810		1156					
Start Date (10)	4.4			Andrew Street	tion Dat		Name of OSHA M							
5/26/					_ / _		Leave	mental Manag	ement, inc					
Occupancy Status Durin	-	54	115				Street Address							
☐ Facility Closed/Vacat						oribo	8436 Enterpr							
Abatement Performer							City, State, Zip Co							
							Philadelphia,	PA 19153						
Scope of Work (Check a	II that apply)						□ Full Con	ontainment with Negative Pressure						
≥3 sf or ≥3 lf				novati			Mini-End	nclosure						
≥160 sf or ≥260 lf			□ De	molitic	on		☐ Gloveba	g Procedure	n-Friable Procedu	re				
			le	Locat	ion		⊠ Noll-Exe	iii-i fiable i focedu		atem	ent T	vne		
Location	n of		2000	Vorma			Description of	of						
Asbestos-Containing	Material (AC	CM)	5.553	ed Sole	, ,		stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE AB			1000000	todial		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	ıpsu	osui	
(13)	iity			(12)			other miscellane		0. 0. 2. ,	-		late	œ.	
			Yes	No	N/A							5,554		
Laboratory Rooms					\boxtimes	Transit	e Table Tops an	d Fume	12,870 SF	\boxtimes				
2 nd and 3 rd Floors						Mastic	33-34112		51,560 SF	\boxtimes				
All Floors			П		\boxtimes	Duct F	lange Caulks		30,000 LF		П		П	
				_			_] [
Roof				Ц,		Flashir		Name of D	6,640 SF	Ø		Ш		
Name of Registered Was				6555	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regi						
Freehold Cartage I	nc.			1	15939		1200 Lycoming County Kivis							
City, State							Disposal Date City, State							
Freehold, NJ							8/26/2014	Montgome	ery, PA					
Completed By (Print or T	Гуре)	Title	,				Signature Date							
Dilip Kumar		P	rogra	m Ma	nager		Sulid Maxeurar 5/1/14							
ASB-41			<u> </u>			2		P. J. J.		- 1				
MAY 11		* Do not use this form for asbestos licensure exempted activities.												

Check # 23006

State of New Jersey

	FION OF ASBESTOS ABATEMENT suant to NJAC 8:60 and 5:16)	into .	9000 2-1	/*	**		1	C :	No.
1	Name of Building Owner/Operator (2)				80	41:	2		4 2

Date of Notification (1)		44				The state of the s	g Owner/Operator (
/	01 /	14	<u></u> y		Wer	ck Snar	and Dohme Co	rporation 2014	MAY -8 PM	11:12	Š.		
	Type Notifi	cation				Address		2011	0 1111	11. 12			
							In Avenue		ESTOS CON	TOOL			
100000000000000000000000000000000000000	☐ Amende	ed ment #			City, St	ate, Zip 0	Code		LICENSIN		8		
☑ DHSS ☐ DCA	☐ Emerge		T. C. C. C.		Rah	way, NJ	07065						
(NJAC 5:23-8)	justifica		ading		Name	of Contac	t		Telephone Num	ber	18		
	☐ Cancell	lation			Gerr	y Stank	ovitz			_			
					FAC	ILITY IN	FORMATION						
Name of Facility Where At	patement is	Taking	Place	(3)				Type of Facility	(4)				
Building 121/121E/1								School (K-12					
Street Address								Subchapter 8	3 (Other than K-12 rivate and comme	2) vrcial bui	ldina		
126 E. Lincoln Aven	ue							homes, etc.)		iciai bu	lullig	٥,	
City (5)								Square Feet	# of Floors	Blo	g. Ag	e	
Rahway								115000	4		0		
County (6)			17 15 15 15		Count	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Union				234				Vacant					
Name of Monitoring Firm I	Hired by Bu	ildina O	wner (8	3)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
EHI, Inc.							USA Environ	mental Manag	ement, Inc.				
Street Address				-			Street Address						
655 West Shore Trai	il						8436 Enterpr	ise Avenue					
City, State, Zip Code	"						City, State, Zip C					-	
Sparta, NJ 07871							Philadelphia						
Project Manager for Monit	orina Firm			Tele	phone I	Vo.	Telephone No.		License No.				
Lisa Liloia	oning i min			188	3-729-		215-365-5810)	1156				
Start Date (10)		School	ulad Co	10732	tion Dat	12020.00	Name of OSHA N					-	
	14	l			i /	3.3213		mental Manag	ement Inc				
								micrital manag					
Occupancy Status During							Street Address	daa Ayeeyyo					
☐ Facility Closed/Vacated☐ Abatement Performed						cribe	8436 Enterpr						_
Time of Abatement: 7:							City, State, Zip C Philadelphia						
							Philadelphia	, PA 19103					
Scope of Work (Check all	tnat apply)						☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			Re				Mini-End	closure	-				
≥160 sf or ≥260 lf			□ De	molitio	on		☐ Gloveba	g Procedure	on-Friable Proced	ure			
			le	Locat	ion		Z Non Ex	simpled () and the	I I I I I I I I I I I I I I I I I I I		atem	ent T	vne
Location	of		1,0123	lorma			Description	of		1	-		-
Asbestos-Containing N		CM)			ely by		estos Containing Ma	aterial (ACM)	Amount	Removal	Repair	nos	ncl
TO BE ABA			1,000,000	ntena	ince/ Staff?	(i.	e., thermal systems surfacing, VAT		(Specify SF or LF)	SVOI	ai-	sde	Enclosure
IN Facilit	У			(12)			other miscellane		SF OF LF)	=		Encapsulate	6
			Yes	No	N/A							W.	
See attached													
		W - E	JATES I									П	
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								9184407777				Ш	
								WW.5					
Name of Registered Was	te Hauler			1	NJDEP I	Waste	Cubic Yards of	Name of Regi	istered Landfill		-		
Freehold Cartage In				113	Hauler II	D No.	Waste	Commence of the Commence of th	County RMS				
			ned Section		15939	9	1200 Disposal Date	City, State					
City, State							8/26/2014	Montgom	erv PA				
Freehold, NJ								Montgom		Date	_		
Completed By (Print or Ty	ype)	Title			Color Color		Signature	60		Date	11.		
Dilip Kumar		P	rogra	m IVla	anager		Killi	10mar		7/1/	19		

Location of Asbestos- Containing Material (ACM)		by Maint./Co	ustodial	Description of ACM (i.e. thermal systems insulation,	Amount (Specify SF or LF)	Abatem	ent Type	!	
in Facility (13)	YES	Staff? (12) NO	NA	surfacing, VAT, or other miscell.)		Rem.	Rep. E	ncap En	close
Building 121 MER			X	Pipe Fittings	4 EA	X	T		
Building 121 MER			х	Pipe Wrap Cloth	10 LF	x			
Building 121 Window Sill			Х	Transite	54 SF	X			
Building 121 Glazing			Х	Glazing	10 EA	х			
Building 121 Window			Х	Sill Caulk	85 EA	X			77
Building 121 Door			X	Caulk	200 LF	x			
Building 121 Roof			Х	Parapet Coping Caulk	150 LF	X			72.74
Building 121 Roof			Х	Roof Tar	24,000 SF	х			
Building 121 Crawl Space			Х	Debris	2,000 SF	x			
Building 121 E 2 nd Floor			Х	Pipe Fittings	5 EA	х			
Building 121E First Flr			Х	Transite Table Top	15 SF	х			
Building 121 E First Flr			Х	Masonry Waterproofing	400 SF	X			W-2-1-1
Building 121E Window	2000 NO. 100 N		Х	Caulk	63 Each	x			
Building 121 E Window			X	Sill Caulk	90 EA	х			
Building 121 E Exterior			Х	Caulk	160 LF	х			
Building 121E Roof			Х	Roof Tar	8,200 SF	×			
Building 121E Roof			Х	Flashing	800 SF	x			
Building 121E Roof		ij –	X	Caulk Coping Stone	130 LF	X			
Building 121E Exterior			X	Duct Vent	20 SF	X			
Building 123 Exterior			X	Window Caulk	46 EA	X			
Building 123 Door			X	Caulk	2 EA	X			
Building 123 Roof			X	Roof Tar	9,500 SF	X			
Building 123 Roof	2000	li l	X	Coping Stone Caulk	300 LF	X			
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	Bales (Blg)		50000	ornas Jacoj FASESTOS/ NJAC 2:50 and	12128)	THE T	291	HAY:		en-ta-	Seed.	<u>.</u>
Date of Producation (1)			-Name of B	Hilling ChizneidC			ľ	THIT	8 P	H In:	51	
4/29	/14 .			STEVE	S	WANK		- 1-18h		- 100	41	\dashv
Agencies Movied	Type Rothado	rt ·	Street_Add	141	CHE	STNUT S	<u>ئ</u> ـ ا	ESTO.	300	NIR	ni	
D BPA D DBP	C Aspended		Cay, Slate						an 0 41	¥G	5	
应 DOL	Amenina Emegano	of #		LEONIA	<u>. بہ</u>	5. 076	05	Home Nous	iner			-
DIOH	institution .	1)	Name of C		C	174	1	Militaria, a admin			33	1
II DCA	Ci Cancellatio	A .	-	STEVE	SWA	NE.	إسلا		110	-	<u> </u>	
Name of Facility White	Abeliament is like	nu Place (5)		il A contactions in	1	Type of Facility (4)	3				•	
	RESID					C School (K-15	3					
Sheet Address			7	-	-	Oberter	Magangra Arabasa	المجيدة المجانة المجانبة المجانبة	Good Clin	gs, ho	men.	ı
1	11 CHE	ST NUT	<u> </u>			ets) System Fett		Princes		in Age		
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NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	40 11				Name of Building				= Jc	i					
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Agencies Notified	Type of Notifica	tion			Street Address		2014	HAY -8 PM	11:67			\neg			
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				FAC	CILITY INFORM	IATION									
Name of Facility Where Ab	patement is Taking	Place (3)				Type of Facility (4)							
	rehouse	100					[]	School (k-12)							
Street Address						-		Subchapter 8 (other than	k-12)					
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Name of Monitoring Firm I	Hired by Building	Owner (8	3)	-	ASCM No.	Name of	Warehouse Abatement Contractor (9)								
	ardian Contract							dian Contractin	g, Inc.						
Street Address					2017/4	Street A	ddress								
	9 Rte. 9, Unit	61						Route 9, Unit 6	51	5					
City, State, Zip Code	D: 377.00					City, Sta	te, Zip Code								
Project Manager for Monito	ns River, NJ 08	3/55	T-lbN			Talaska		s River, New Je			271				
Nicholas Ferr			Telephone N 732-349-9			11.	ne Number 9-9932	00624	Number						
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5/14/14			5/16/14		(-1)			S.L. Analytical							
Occupancy Status During A	Abatement (Check	only one)		.	Street A									
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Guardian Contracting, Inc. 20223					20	Ø 4	T.R.R.F								
City, State Dispos					sal Date	City, St			П						
Toms River, New Jersey 5/19/						Tullyt	own, Pennsylva	nia							
Completed by (Print or Typ Nicholas Ferr		Title	not Morre	Signature Date 5/1/2014											
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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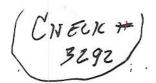
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City, State, Zip Code								Street A	ddress							
Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Completion Date (11) S/15/14 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other — Describe Stepe of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [] Step of or 2260 If [] Renovation [] Is Location Normally used Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Staff insulation, surfacing, (12) VAT, or other miscellaneous) TO BE ABATED in facility (12) VAT, or other miscellaneous) TO BE ABATED in facility (12) VAT, or other miscellaneous) To BE ABATED A A U U U U U U U U U U U U U U U U U	City, State, Zip Code						Ton	ns Rive			55-12	271				
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[x] Facility Closed/Vacated During Entire Period of Abatement	5/15/14	1		5/19/14		n Date (1	1)			E.M	1.S.L. A	nalytical				
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^{*}Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) Jason Del Giudice May 1, 2014 2814 HAY -8 PMII: 10 Street Address Type of Notification Agencies Notified 5 Whetherell Rd. Initial Notification [X] EPA ##SESTUS CONTROL Amended Notification] DEP City, State, Zip Code Amendment # [x] DOL Hillsborough, No 0883 ENSING Emergency (including [x]Telephone Number justification) Name of Contact [x] DOH Cancellation Jason Del Giudice] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial buildings, [x]8 Bay Breeze Dr. homes, etc.) County Code (7) # of Floors Bldg. Age Square feet County (6) City (STATE USE ONLY) 1600 sf 49 Current Use (Prior if being demolished) Toms River Ocean Residence Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) E.M.S.L. Analytical 05/05/2014 05/02/2014 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure [x]Demolition [x][x]≥160 sf or ≥260 lf Abatement Type Description of Is Location E E R Asbestos-Containing Amount Normally used Location of E N E N Material (ACM) (Specify SF P Solely by C C Asbestos-Containing Material (ACM) M (i.e., thermal systems or LF) Maintenance/Custodial A A L TO BE ABATED 0 0 insulation, surfacing, P Staff in facility V R S S VAT, or (12)(13)U U other miscellaneous) A R L L N/A YES NO F 1000 sf X X Asbestos siding Exterior Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. Disposal Date City, State City, State 05/06/2014 Tullytown, Pennsylvania Toms River, New Jersey Date Title Signature Completed by (Print or Type) 5/1/2014 Project Manager Nicholas Fernicola



State of New Jersey HOTHMICATION OF ASBESTOS ABATEMENT (Pursuant to NJA C 8:60 and 12:120)

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Project Manager for h	HOWIOUGH THE			-1 030			(m. 107-es. 12
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NOTIFICATION OF ASBESTOS ABATEMENT

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

CK #

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Date of Notification (1) 5/2/2014				Name of Building		Site Contractors,	1	420	05		
	l Notifica	ation tification		Street Address	940 Pa	ark Avenue	-8 PHII:3				
[x] DOL Amer	ndment # gency (i			City, State, Zip Co	de Lakew	ood, New Jersey	03 CONTRO 087031116)[_			
I A I DOII	ication) ellation			Name of Contact Irving	Perlstein		Telephone Numbe	• •	D		
			FAC	ILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (c	that the	- k 12)		
Street Address 27 11 th Street						[x]	Other (i.e., priv			ial build	lings,
City	Count	y (6)		County Code (7) (STATE USE ONL	Y)	Square feet 2000 sf	# of Floors		g. Age	50	
Lakewood	Ocea					Current Use (Prior Reside	ence	1)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	8)		ASCM No.			r (9) ian Contracting	, Inc.			
Street Address					Street Ac	1889 I	Route 9, Unit 6	1			
City, State, Zip Code				and the second of the second of the second			River, New Jer			271	
Project Manager for Monitoring Firm		Telephone 1			732-34	ne Number 9-9932	License 00624				
Scheduled Start Date (10) 5/2/14		5/5/14		on Date (11)	Name of	OSHA Monitor E.M.S	.L. Analytical	le!			
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated			d of Abat	tement	Street Ac		Stelton Road				
Abatement Performed Other – Describe	Outside	of Normal Fa	cility Ho	urs	City, Sta	te, Zip Code Piscata	away, New Jers	ey 088	354		
Scope of Work (Check all that apply)				-100	[]		t with Negative Pre	ssure			
[X] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf		[] [x]	Renova								
				1			T	Aba	tement	Туре	
		Is Location			Description		0.0000000000000000000000000000000000000	R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	1	Normally us Solely by		110.00	oestos-Cor Material (A	_	Amount (Specify SF	E	E	N	N
TO BE ABATED	Main	itenance/Cu			, thermal		or LF)	M	PA	CA	C
in facility		Staff			ulation, su	rfacing,		0	I	P	0
(13)		(12)			VAT, o			V	R	S	S
	N/A	oth	er miscell	aneous)		A L		L E	R E		
Basement	X		Asbestos pipe	insulatio	n	200 lf	X				
			 				\top				
Name of Registered Waste Hauler Guardian Contracting, Inc.	e Hauler 0223	3	ards of Was	T.R.R.F.	tered Landfill						
City, State Toms River, New Jersey	Dispos 5/6/1		City, St Tullyt	own, Pennsylvani	a /						
Completed by (Print or Type) Nicholas Fernicola	ect Manage	er Signature Date 5/2/2014									
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^{*}Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Chris Wady May 2, 2014 2014 EAY -8 PKII: Type of Notification Street Address Agencies Notified 425 Ryeside Avenue [x] EPA Initial Notification Amended Notification] DEP maseurgs control City, State, Zip Code Amendment # [x] DOL New Milford, NJ 07646 LICENSING [x] Emergency (including [x] DOH justification) Telephone Number Name of Contact 1 DCA Cancellation Chris Wady FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (k-12) Residence Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 306 8th Avenue homes, etc.) # of Floors Bldg. Age City County (6) County Code (7) Square feet (STATE USE ONLY) 60 1500 sf Current Use (Prior if being demolished) Ortley Beach Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 732-349-9932 00624 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) E.M.S.L. Analytical 5/5/14 5/7/14 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) 1 Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure [x][x]≥160 sf or ≥260 lf [x] Demolition Abatement Type Description of Is Location E E Asbestos-Containing Amount Normally used Location of E N E N Material (ACM) (Specify SF Asbestos-Containing Material (ACM) Solely by C C P M Maintenance/Custodial (i.e., thermal systems or LF) A Α L TO BE ABATED 0 P 0 Staff insulation, surfacing, in facility V S S (12)VAT, or (13)U U other miscellaneous) A I. R L YES NO N/A E 1400 sf X Asbestos siding Exterior Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. Disposal Date City, State City, State Tullytown, Pennsylvania 5/8/14 Toms River, New Jersey

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

Signature

Title

Project Manager

Completed by (Print or Type)

Nicholas Fernicola

Date

5/2/14

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)		Name of	Building C	wner/Oper				- 4	_	_			
May 2, 2014						Elite C	construction		2	4	06	7	
Agencies Notified Type of Notificat [X] EPA [] Initial	ion Notific	ation		Street Ad	dress	49 Lin	den Aven	2014 ue	AY -8 PK	1:3	€,		l v
[x] DOL Amer	dment			City, Stat	e, Zip Cod		a, NJ 080	ر 51 &	LICENSIN	TRO	į.		
instif	gency (i cation)	ncluding		Name of	Cantast		.,			<u>u</u>	1949 1049		
I I DCA	ellation			Name of	Nick		-	1	elephone Number		D		
			FAC	CILITY IN	NFORM	ATION							
Name of Facility Where Abatement is Taking	Place (3	6)					Type of Fa	cility (4)					
Residence							C.	[]	School (k-12) Subchapter 8 (oth	ar than	k 12)		
Street Address								[x]	Other (i.e., private			al build	ings
208 Sherman Aver	iue							[]	homes, etc.)				
City	Coun	ty (6)		County Co		n	Square fee		# of Floors	Bldg	. Age		
Cassida Usiahta	Oce	an		(STATE U	JSE ONLY)	Current II		being demolished)	ù	6	0	
Seaside Heights	Oce	an					Current O	Residen					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No	D.	Name of	Abatement (Contractor ((9)				
N/A						G:		Guardia	n Contracting,	Inc.			
Street Address						Street Ac	dress	1889 R	oute 9, Unit 61				
City, State, Zip Code	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			City, Sta	e, Zip Code	Toma D	iver, New Jerse	ner	755 1	271			
Project Manager for Monitoring Firm	ct Manager for Monitoring Firm Telephone Numb					Telephor	e Number	TOHIS IN	License N		33-1.	2/1	-
,						732-34			00624				
Scheduled Start Date (10) 5/5/14		Scheduled C 5/7/14		ion Date (11	1)	Name of	OSHA Mon		L. Analytical				
Occupancy Status During Abatement (Check	only one					Street Ac	ldress						
[X] Facility Closed/Vacated					-			1056 St	elton Road				
Abatement Performed	Outside	of Normal Fac	cility H	ours		City, Sta	te, Zip Code						
Other – Describe						34. 		Piscatav	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[]			with Negative Pres	sure			
[] >3 sf or ≥3 lf		г 1	D			l J		nclosure					
[X] ≥160 sf or ≥260 lf		[x]	Renov			[x]		ag Procedu cempted (*	ne) and Non-Friable I	rocedu	re		
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TO BE ABATED	Mai	ntenance/Cus	stodial		(i.e.	, thermal	systems		or LF)	M	A	A	L
in facility		Staff			insu	ılation, su				0 V	I	P	0
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Exterior	X				tos sidin	g			1000 sf	X			
Name of Registered Waste Hauler		NJDEP Waste		r ID No.		rds of Was			red Landfill				
Guardian Contracting, Inc. 20223 City, State Disposa					3	City, St		R.R.F.					
Toms River, New Jersey 5/8/1							own, Penr	sylvania					
Completed by (Print or Type)	mpleted by (Print or Type) Title				ire 1	1 /	11	1		Date			
Nicholas Fernicola	r		VI:	1 hot	to .			5/2/	14				

Check # 22994

MAY 11

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

Date of Notification (1)				N	ame of	Building O	wner/Operator (2	2)						
4 /	29 /	14			E. I. D	upont		44 W. O. A	en					
Agencies Notified	Type Notifi	ication		S	treet Ac	ddress		14 HAY -8 (11 10: 35					
⊠ EPA	Initial				250 C	heesequ	ake Road		CUTTO					
□ DOLWD	☐ Amend			C	ity, Sta	te, Zip Coo	de 🤒 .	ACOTOS C		÷				
☑ DHSS		ment #			Parlin	, NJ 088	59	& LICEN	SIME					
DCA (NUAC 5:33 8)	☐ Emerge justifica		uaing	N	lame of	Contact			Telephone	Numb	er	- 8815		
(NJAC 5:23-8)	☐ Cancel				Nicho	l Reinho	old		1					
					FACII	ITY INFO	ORMATION						<u> </u>	
Name of Facility Where A	hatement is	s Taking F	Place (3	3)	171011			Type of Facility	(4)					
Building 190	ibatorriorit i			3 f				School (K-12	2)					
Street Address			-					☐ Subchapter Some Other (i.e., p	8 (Other than	ı K-12)	rial build	linas		
250 Cheesequake F	head							homes, etc.)		,,,,,,,	ciai bana	migo,		
	\Oau							Square Feet	# of Floo	rs	Bldg	. Age		
City (5)								85000	1		+/	- 50		
Parlin					County	Code (7)(9	STATE USE ONLY)	Current Use (Pr	rior if being d	emolis	shed)			
County (6)					County	0000 (1)(0	51/A12 002 0/12.1							
Middlesex	I lise of box B	uilding O	upor /9) A	SCM N	0 1	Name of Abateme	ent Contractor (9)	-				
Name of Monitoring Firm	Hired by B	uliaing O	wilei (o	, ^	SCIVI IV	0.		mental Manag		3.				
Cardno ATC						-	Street Address	miloniai manag	,					
Street Address							8436 Enterpr	ico Avenue						
3 Terri Lane							City, State, Zip C							
City, State, Zip Code						- 1	Philadelphia							
Burlington, NJ 080								, FA 15100	License	No			-	-
Project Manager for Mon	itoring Firm	1			hone N		Telephone No.		1156					
John Lutz					9-571-7		215-365-5810		1130					- 1
Start Date (10)		Schedu					Name of OSHA		nomont In	_				
5 / _13_ /				180	_ / _			nmental Manag	gement, m					
Occupancy Status Durin							Street Address	2 22						
□ Facility Closed/Vacat	ed During E	Entire Per	iod of A	baten	nent		8436 Enterp	A STATE OF THE STA						_
Abatement Performe	d Outside o	f Normal	Facility	Hours	S - Desc	ribe	City, State, Zip C							
Time of Abatement.	7.30 AIVI-3.	.30FW	'	v			Philadelphia	i, PA 19153				_		
Scope of Work (Check a	all that apply	<i>(</i>)					☐ Full Cor	ntainment with N	egative Pres	sure				
			⊠ Rei	novatio	on		Mini-En	closure	= • = ================================					
☐ ≥160 sf or ≥260 lf			☐ Der				☐ Gloveba	ag Procedure empted (*) and N	Jon-Friable F	roced	ure			
				1 4			☐ NOII-EX	empled () and r	Ton mable i	10000		ateme	ent Tv	vpe
				Locat Iormal			Description	of						
Locatio Asbestos-Containing		ACM)	Use	d Sole	ly by	Asbes	stos Containing M	laterial (ACM)	Amo		Removal	Repair	Encapsulate	Enclosure
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IN Fac			Cusi	(12)	olali !	20	surfacing, VA other miscellar		31 01	LI)	=		ılate	O,
(13)			Yes	No	N/A									
Machaniael Boom					\boxtimes	Pine Ins	sulation		35	LF	\boxtimes			
Mechanical Room			-			1.60			14				П	
									-			=	-	-
							50 0					Ш	Ш	
								27 Sec. 19 19						
Name of Registered W	asta Hauler				JDEP V	Waste	Cubic Yards of	Name of Re	gistered Lan	dfill				
USA Environmen			Inc	100	lauler II	D No.	Waste	GROWS						
	tai manag	Ciriorit,			32610	0	1 Disposal Date	City, State						
City, State							5/20/2014	Morrisvi	lle, PA					
Philadelphia, PA							100000000000000000000000000000000000000			Tr	Date			
Completed By (Print or	Type)	Titl		000 PP			Signature	1. 1. 1/			4/2	9 1	14	
Dilip Kumar		F	rogra	ım Ma	anager		Mal	Mysell	W.		7/2	- · · ·	14	
ASB-41				20 1000 1			, , ,	moted activities						

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

NO CHECK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)					Name o		ner/Operator (2)		j			
93 F3					Street A	ddrooo	DRSE LIEV	0 0411				
5 / 1 /14 Agencies Notified Type Not					Street A 126 LAP	aaress (ESIDE BLVD	ZUTA FIAT	-8 PKII	: 23			
DEP X Am	al Notific ended N ncellation	otifica		#1			SEY 07850 & L	COLINGIA	4			
	Hold ERGEN	CY N	OTIF	CATI		f Contact AS J. O'HARI	3	Telephone N	umher :			
					ACILITY INFO	RMATION					1000	
Name of Facility Where Abatement VERIZON - BERGEN CENTRAL OFF		g Pla	ce (3)		7:			12) er 8 (Other than			ot	٥)
Street Address		-				-	Square Feet	# of Floor			g. Age	
71 MADISON AVENUE							113,347	2	F 1 B		40	
	unty (6) DSON					Code (7) ISE ONLY)	Current Use (Pr TELECOMMUN	IICATIONS				
Name of Monitoring Firm Hired by E	Building	Own	er (8)			ASCM No.	Name of Abate					
VERIZON c/o ESIS, INC.						17	PAR ENVIRON	MENTAL COP	RPORAT	ION		
Street Address po box 430							Street Address 313 SPOOK RO	OCK ROAD				
City, State, Zip Code			NEEDS NO				City, State, Zip (Code				
A STATE OF THE STA	VERSA	ILES,		250000000000000000000000000000000000000	N	-	SUFFERN, NEV		icense N	mb.o		
Project Manager for Monitoring Firm					Number		Telephone Num			umbe		
DANIEL PETROVAY		A . L .		373-6			845-369-7500 Name of OSHA		60			
Expected State Date (10) 5 / 2 /14		Sche	a. Co	7.	tion Date (11) 30	/14	QUALITY ENVI					
Month Day Year		Mo	nth 0	1	Day	Year	QUALITI LIVI	KOMMENTAL				į
Occupancy Status During Abatement Facility Closed/Vacated Du Abatement Performed Out	ring Enti	re Pe ormal	riod o	ity Ho	ement urs - Describe:		Street Address 1376 ROUTE 9					
X Other - Describe: FR Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	310000000000000000000000000000000000000		vation		TURDAY 7AM	Full Conta Mini-Enclo	inment with Nega	IGERS FALLS				
Location of Asbestos-containing			Locat mally i		10000000	scription of As Itaining Materia		Amount	-		nent T	-
Material (ACM)			olely l			e. Thermal sy		(Specify	10	REPAIR	No.	5
TO BE ABATED in Facility (13)			t/Cus taff (1		S141546	llation, surfacil other miscella		SF or LF) VAL	Ā	ENCAPSULE	ENCLOSURE
		Yes	No	N/A				-		+	im	m
BASEMENT HALLWAY ADJACENT	то											
CABLE VAULT				X	PIPE INSULA	TION		20 LF	X	_	-	_
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			_	_				-		+	+	-
			-							+	+-	+
Name of Registered Waste Hauler EXPRESS WASTE LLC	_		EP Wa er ID N		Cubic Yards o	of Waste	Name of Registe		NDFILL			
614 FRELINGHUYSEN AVENUE			15939				620 NEWVILLE					
City, State NEWARK, NEW JERSEY 07114					Disposal Date 05/02-06/30/2		Gity, State NEWBURG, PA	17242		_/	1	1
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	CTO	R OF	OPFF		gnature	7388		Date 5	//	//	4

NO CHECK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)		Name of VERIZO		ner/Operator (2)			er.		
44		Street Ac	idress	20	4 HAY -8 H	'H 11:	25		
4 / 22 /14 Agencies Notified Type Notificatio	n		ESIDE BLVD						
EPA X Initial Noti	fication Notification	City, Star LANDIN	te, Zip Code G, NEW JER	SEY 07850	# LICENS		ROL		
X DOL Cancellati	ion	Name of	Contact		Telephone Numb	nr.		1	
	NCY NOTIFICATIO	Comment of the second s	AS J. O'HARI						_
		CILITY INFO	RMATION	T=	740		-		-
Name of Facility Where Abatement is Tak	ing Place (3)			Type of Facility School (K-					
VERIZON - BERGEN CENTRAL OFFICE				Subchapte	8 (Other than K- rivate & commcl.	12) bldas	home	s. etc.	,
¥.				Square Feet	# of Floors	Diago.,	Bldg.	Age	_
Street Address 71 MADISON AVENUE				113,347	2		4	0	
City (5) County	(6)	County	Code (7)	Current Use (Pri	or if being demolis	shed)			
JERSEY CITY HUDSON	101-7 U	(STATE U	ISE ONLY)	TELECOMMUN		(8)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM No.	Name of Abater	nent Contractor	(9)	M		
VERIZON c/o ESIS, INC.			17	Street Address	MENTAL CORPC	KATIC	714		
Street Address				313 SPOOK RO	CK ROAD				
po box 430				City, State, Zip C					
City, State, Zip Code	SAILES, PA 15137			SUFFERN, NEV	V YORK 10901				
Project Manager for Monitoring Firm	Telephone 1	Vumber		Telephone Numb	per Lice	nse Nu	mber		
DANIEL PETROVAY	412-373-65	20		845-369-7500	460				
Expected State Date (10)	Sched. Completi			Name of OSHA	Monitor				
5 / 2 /14	6/	30	/14	QUALITY ENVI	RONMENTAL				
Month Day Year Occupancy Status During Abatement (Chec	Month k only one) n	Day	Year	Street Address					-
Scope of Work (Check all that apply) Demolition X >3SF OR LF	Entire Period of Abate of Normal Facility Hou Y -FRIDAY 4 PM-2:3	ırs - Describe	Full Cont Mini-Enc	ainment with Nega	GERS FALLS, N	EW YO	ORK 1	2590	
>160 SF OR 260 LF	1.1		escription of A			A	batem	ent Ty	/pe
Location of Asbestos-containing	Is Location normally used		ntaining Mater		Amount				
Material (ACM)	solely by		(ie. Thermal s		(Specify	REMOVA	REPAIR	ENCAPSU	ENCLOSU
TO BE ABATED	Maint/Custodial		ulation, surfac		SF or LF)	18	Z	PS	SO
in Facility (13)	Staff (12)	٥	r other miscel	laneous)		12		ULE	RE
	Yes No N/A				-	+	\vdash	111	m
BASEMENT HALLWAY ADJACENT TO						-	-		_
CABLE VAULT	. X	PIPE INSUL	ATION		20 LF	X	-		-
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				Name of Regis	torod Landfill		1_		_
Name of Registered Waste Hauler EXPRESS WASTE LLC	NJDEP Waste Hauler ID No. 15939	Cubic Yards	5	CUMBERLANI 620 NEWVILL	COUNTY LAND	OFILL			
614 FRELINGHUYSEN AVENUE City, State	10909	Disposal Da	te	City, State					
NEWARK, NEW JERSEY 07114		05/02-06/30		NEWBURG, P			1	_/	
Completed by (Print or Type)	itle		Signature		Da	te (121	2/1	4
BENJAMIN SÄNCHEZ	IRECTOR OF OPE	RATIONS	- [//			-4		11	_

NO CHECK

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

PERCHARA

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	1			o the s	
4/	17 /	14		Wo	odbridg	e Township Scho	ool District	AY -8 PM	11: : 1			
Agencies Notified	Type Notific	cation		Street	Address			., 0 11	11. (1			
□ EPA				PO	Box 428	School St.	3. 4混石	STOS CO	NTDOL			
⊠ DOLWD	⊠ Amende		4.4	City, S	State, Zip	Code	8	LICENSI	ALTHUL			
☐ DHSS	1.000	nent # <u>1-5/1/</u> ncy (includin		Wo	odbridg	e, NJ 07095	u.	FIO FIRST	N G	×		
(NJAC 5:23-8)	justificat		y	Name	of Contac	ct c		Telephone N	lumber	-		
	☐ Cancella			clo	Dominio	ck Dercole			>			
				EA		NFORMATION		<u> </u>				-
Name of Facility Where	Ahatement is	Taking Plac	2 (3)	FA	CILITI	NFORIVIATION	Type of Facility	(4)				
Woodbrige High So		•		h. D	-1		Type of Facility	338				
Street Address	CHOOL AUTIE	tic a reci	aciiii	Ly Deve	eiopinen	ı.	School (K-12		(-12)			
							Other (i.e., pr	rivate and com		uildin	gs,	
25 Kelly St.							homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Woodbridge, NJ												
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)		100-24-15	
Middlesex							Educational	facility				
Name of Monitoring Firm	Hired by Bui	Iding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Cor	nnections, l	nc				BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
120 N. Warren St.						1123 BEAVE	R STREET					
City, State, Zip Code			-			City, State, Zip Co	ode					-
Trenton, NJ 08608						BRISTOL, PA						
Project Manager for Mon	itorina Firm		Tele	ephone	No	Telephone No.		License No)			
Dominick Dercole			500	09-392		215-788-6040	ì	00509				
Start Date (10)		Scheduled (Name of OSHA M		00000				250
4 / _28 /			- 5	/	70 300	A DAN DATA A TRANSPORTATION OF THE PROPERTY OF	VIRONMENTAI	INC.				
Occupancy Status During			Section 1			Street Address		-,			-E.V. 30	
☐ Facility Closed/Vacate	5/4	7.	50	ment		1123 BEAVE	PETPET					
☐ Abatement Performed					cribe				V.		- 2011	
Time of Abatement: 7						City, State, Zip Co BRISTOL, PA						
Scope of Work (Check al	I that apply)					☐ Full Cont	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			enovat			Mini-Enc	losure	alivo i roodan				
≥160 sf or ≥260 lf		⊠ De	emoliti	on		☐ Glovebag	g Procedure	- Friehl- D				
			Loca	tion	1	⊠ Non-Exe	mpted (*) and No	n-Friable Proc				
Location	of		Norma			Description o		× ~	At	atem	ent T	ype
Asbestos-Containing	[2] TO THE STATE OF SHIP SHOWS IN		ed Sol		Asbe	estos Containing Ma		Amount	Re	Repair	E	E
TO BE ABA			aintena	ance/ Staff?		e., thermal systems	insulation,	(Specify	Removal	oair	Encapsulate	Enclosure
IN Facili (13)	ty	Cus	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	ure
(10)		Yes	No	N/A		other miscellane	ous)				हिं	
Concession stand			\boxtimes		Transit	te		600 SF	⊠			
										$\overline{\Box}$	П	
Name of Registered Was	te Hauler			JDEP \		Cubic Yards of	Name of Regis	tered andfill		1-		
SERVICE TRANSPO		P INC	7650	lauler II	2000	Waste	MINERVA I					
		. ,		20990)	B:	100-000-000-000-000-00	-ANDI ILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE 1	19720	-		*************			WAYNESB	URG, OH 44	688			
Completed By (Print or Ty	ype)	Title				Signature	0 .	1.0	Date /	/	,	
Brian Scafiro		Estima	tor			Brian	Safero,	1-de	5/1	114	_	50
ASB-41	1.					1./	-	/	//	/ /		

ASB-41 MAY 11 B 5 14 0 41

^{*} 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) NL#

Date of Notification (1)				-	Nan	ne of Build	ing Owner/Operator	(0)	KI á	604			
4 /	17	/ _1	4				ge Township Sch						
Agencies Notified	Type N	otification	1	200 100 100		et Address							
□ EPA	☑ Initia	al					8 School St.						
☑ DOLWD 9395	☐ Ame					State, Zip			10				
☑ DHSS 940 /		endment a		_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Annual Control of Cont	ge, NJ 07095						
DCA (NJAC 5:23-8)		ergency (i	includir	ng	_								
(110710 0.20-0)		cellation			1	e of Conta			Telephone	Number			
		ochation					ick Dercole						
Name of Equilibria Minara	h - 4				F/	CILITY	NFORMATION				-4=/2		
Name of Facility Where A								Type of Facility (4	4)				
Woodbrige High Sc	nool At	hletic 8	Rec	Facil	lity De	velopme	nt	School (K-12)					
Street Address								Subchapter 8	(Other than	K-12)	wood a second		
25 Kelly St.								Other (i.e., pri	vate and co	mmercial	buildi	ngs,	
City (5)								Square Feet	# of Floor	re T	Bldg.	۸۵۵	
Woodbridge, NJ											Diug.	Age	
County (6)					Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Prio	r if being de	emolichee			
Middlesex								Educational		cinolished	,		
Name of Monitoring Firm	Hired by	Building	Owner	(8)	ASCN	No.	Name of Abatem	ent Contractor (9)	acility				
Environmental Con								VIRONMENTAL	1110				
Street Address							Street Address	AIKOMMENTAL	, INC.				
120 N. Warren St.								DOTREET					
City, State, Zip Code							1123 BEAVE						
Trenton, NJ 08608							City, State, Zip Co						0
Project Manager for Monit	oring Eire			1+-			BRISTOL, PA	19007					
Dominick Dercole	oning ran				lephone		Telephone No.		License N	lo.			
Start Date (10)		10.				2-4200	215-788-6040		00509				
4 / _28 /	14					ate (11)	Name of OSHA M	7.515.515.55					
					_ /	14	BRISTOL EN	VIRONMENTAL,	INC.				
Occupancy Status During							Street Address					_	
Facility Closed/Vacated	During E	Entire Pe	riod of	Abate	ement		1123 BEAVER	R STREET					
Abatement Performed (Time of Abatement: 7:0	Outside o	f Normal	Facilit	y Hou	irs - Des	scribe	City, State, Zip Co	ode				_	
Time of Abatement. 1.1	JUAIVI-3.	30PW/_		IVI	AM		BRISTOL, PA						
Scope of Work (Check all t	hat apply	1)											
≥3 sf or ≥3 lf			П.				☐ Full Cont	ainment with Negat	ive Pressur	re			
≥3 si oi ≥3 ii ≥160 sf or ≥260 if			☐ Re ☑ De	movai	ion		Mini-Encl	osure		7			
			200		011		☐ Glovebag ⊠ Non-Exer	Procedure mpted (*) and Non-l	Friable Dro	oodura			
				Loca		1		inplied () dild (40)1-1	Hable Flot				
Location of			Llas	Vorma	ally ely by		Description of	f		LA.		nent T	1
Asbestos-Containing Ma TO BE ABAT		CM)		intena		Asbe	stos Containing Mat	erial (ACM)	Amount	<u> </u>	Re	E	E.
IN Facility					Staff?	(1.6	., thermal systems in surfacing, VAT,		(Specify		Repair	ap	Enclosure
(13)			Yes	(12) No	N/A		other miscellaneo		SF or LF) <u>a</u>		Encapsulate	ure
Concession stand				×		Transit			200.05		+=	"	
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					+								
Name of Registered Waste					JDEP V		Cubic Yards of	Name of Register	ed Landfill				=
SERVICE TRANSPOR	T GRO	UP, INC	•	"	20990		Waste	MINERVA LA	NDFILL				
City, State					20000		Disposal Date	City, State					
NEW CASTLE, DE 197	720							WAYNESBUR	OG OU 44	600			
completed By (Print or Type		Title					6:	WATRESDUR	NG, UN 44	000			
Brian Scafiro	,	100 PM	timate	0.5			Signature	0 1 /	:0	Date	1.	1	
SB-41		-2	unat				Brian >	scafero / 1		4/17	//	7	

ASB-41 MAY 11

B 5 / 4 0 4 / * Do not use this form for asbestos licensure exempted activities.

NO CHECK

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

amind #2 extend end date

DOLIND	Date of Notification (1)					Owner/Operator (2)	Albana una				
Stroet Address 319 ONUMD 3 ONUMD 4 Amended 4 ONUMD 5 O	2 /12 /1	3		Bel	leville Equ	uities, LLC	/ Job # 1402-1	1846 Chk.#NA		/		
EPA	Agencies Notified Type Notification	n		Street	Address				Cr. 1	/!:	07	
Compage Comp	[1] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			311	0 37th Ave	enue, Suite 500		Property from	-1	(
DCA Characteristics Check and page Characteristics Check and page Characteristics Check and page Characteristics Check and page Check and p		1000 S		City, S	State, Zip Ci	ode		4 1	-1			
Name of Contact Name of Contact Name of Contact Name of Solidits Name of Solidi	Z DI100	10 mg 10 10 10 10 10 10 10 10 10 10 10 10 10		Lo	ng Island,	NY 11101		7-02:	24	2		
Cancellation Mr. George Valiotis			9	Name	of Contact			Telephone Number	į.		C)	
FACILITY INFORMATION Type of Facility (4) School (K-12)	(1.10, 1.0 0.20 0)			Mr.	George V	/aliotis						
Second Kr. 12 Substantity (4) Second Kr. 12 Substantity (5) Second Kr. 12 Substantity (6) Substantity (7) Subs								_				
Belleville Equities, LLC School (K-12) School (K-12) Substitute September 8 (Cher than K-12) Substitute Substitut	S W AND ALLES THE	na Dian	2 (2)		CILITIN	FORMATION	Type of Facility (4	4)		7		\neg
Suchapter (Aman K-12) Such		ing Flace	= (3)									
Same of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Asbestos and Miol Services, Corp. Street Address Stre							☐ Subchapter 8	(Other than K-12)				
Square Feet								vate and commercia	al build	dings	0 5	
Seleville								# of Floors	Bldc	Age		
County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Vacant	City (5)											
Same of Montoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address PO Box 338 Street Address PO Box 4 Street Address Po Bo				-12		VOTATE LIGE ONLY				1.50		
Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	County (6)			Cou	nty Code (7)(STATE USE ONLY)	,	of it being demoising) <u>~</u>			
Asbestos and Mold Services, Corp. Asbestos and Mold Services, Corp.												
Street Address Str	Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCN	No.				2-	;		
Street Address Str	Horizon Environmental						d Mold Service				1.9	
City, State, Zip Code	Street Address					0001		mica)		
Telephone No. Throrofare, NJ 08086 Project Manager for Monitoring Firm Mr. Steve Flanigan Scheduled Completion Date (11) 02 / 26 / 14 Occupancy Status During Abatement (Check only one) Self Statity Closed/Vacated During Entire Period of Abatement Abatement Performed Custide of Normal Facility Hours - Describe Time of Abatement: AM-PM-PM-AM Scope of Work (Check all that apply) 3 sf or 23 lf Feliphone No. Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 XIV.(i): All (i): A	PO Box 336							73.7	dering			_
Telephone No.	City, State, Zip Code					\$1.00 NS W		J	10	5		
Mr. Steve Flanigan Start Date (10) OZ / 26 / 14 OS / 31 / 14 OS / 31 / 14 EMSL Analytical, Inc. Street Address Zo U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Safe or ≥3 if Selection of Abstement with Negative Pressure Mini-Enclosure Asbestos-Containing Material (ACM) To BE ABATED IN Facility (13) SEE ATTACHED - 4 additonal pages Name of Registered Waste Hauler Freehold Cartage, Inc. Scheduled Completion Date (11) Name of CSHA Monitor EMSL Analytical, Inc. Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 X N (1) (11) (11) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of Asbestos-Containing Material (ACM) To BE ABATED IN Facility (13) SEE ATTACHED - 4 additonal pages Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation 7,566 LF Osposal Date Freehold Cartage, Inc. Title Office Coordinator Office Coordinator Office Coordinator	Thorofare, NJ 08086					Hainesport,	NJ 08036		• •		. 1	
Mr. Steve Flanigan Start Date (10) O2			Te	lephone	No.	Telephone No.		License No.		•		
Start Date (10) \[\text{D2} \] \] 26			1	856-84	8-0800	609-702-0400)	00862				
O2		neduled	Comp	letion D	ate (11)	Name of OSHA	Monitor					
Street Address Stoet Address Street Address Stoet Address St	0.0	A CONTRACTOR OF THE PARTY OF TH				EMSL Analy	tical, Inc.					
Seacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM		ock only	(one)	F5740	APPENDING	Street Address						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM							ite 130 North					
Time of Abatement:AMPMPMAM	Absternant Performed Outside of North	nal Faci	lity Ho	urs - De	escribe							
Scope of Work (Check all that apply) Secope of Work (Check all that apply)	Time of Abatement: AM	PM/	PI	M	_AM	The state of the s						
Safe or ≥3 if												
□ ≥3 sf or ≥3 lf □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ ≥160 sf or ≥260 lf □ Demolition □ Description of Normally □ Description of Asbestos-Containing Material (ACM) Abatement Type □ Name of Registered Waste Hauler Freehold Cartage, Inc. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ Name of Registered By (Print or Type) □ NJDEP Waste Hauler Freehold, NJ □ NJDEP Waste (Signature) □ Disposal Date (Signature) □ Date (Signature) □ Completed By (Print or Type) □ Title (Office Coordinator) □ Signature (Signature) □ Date (Asbestos) □ Asbestos Containing Material (ACM) (Non-Exampted (*) and Non-Friable Procedure □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Scope of Work (Check all that apply)					Full Co	ntainment with Neg	gative Pressure				
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and	≥3 sf or ≥3 lf					☐ Mini-En	closure					
Secondarion of Asbestos-Containing Material (ACM) Secondarion of Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	⊠ ≥160 sf or ≥260 lf		Demol	ition		⊠ Gloveba	ag Procedure empted (*) and No	n-Friable Procedure	e			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SEE ATTACHED - 4 additonal pages IN JDEP Waste Hauler ID No. 02265 City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Asbestos Containing Material (ACM) A			la La	nation		- IAOII-EX	empted () and 14	The second	10000	ateme	ent Ty	vpe
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SEE ATTACHED - 4 additonal pages Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Cused Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Froe LF Namount (Specify SF or LF) Disposition Title Cubic Yards of Waste Ballet ID No. 02265 Disposal Date Signature City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Completed Signature Completed Signature Date ASB-41						Description	of			-		
Custodial Staff? (12) Yes No N/A N/A SEE ATTACHED - 4 additional pages		U				estos Containing M	laterial (ACM)		en	€p	nca	ncl
Yes No N/A					(i.	e., thermal systems	s insulation,		10V	활	sde	uso
Yes No N/A		0				surfacing, VA	I, OF	SF OF LF)	=		ulati	9
SEE ATTACHED - 4 additional pages	(13)	Ye		1 20	A	Other misochan					Ф	
Name of Registered Waste Hauler Freehold Cartage, Inc. Disposal Date Signature Sign						-auletian		7 566 L F	M	П	П	
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 5/31/14 Signature Signature Signature Date ASB-41 ASB-41	SEE ATTACHED - 4 additional pag	es 🗀	L		Pipe ir	isulation		7,000 Ei				-
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 5/31/14 Signature Signature Office Coordinator ASB-41 Cubic Yards of Waste 20 City Cards of Waste 20 City, State Morrisville, PA 19067 Date A 30 4										Ш	Ш	L
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 5/31/14 Signature Signature Office Coordinator ASB-41 Cubic Yards of Waste 20 City Cards of Waste 20 City, State Morrisville, PA 19067 Date A 30 4			T	7 1								
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 5/31/14 Signature Signature Date ASB-41 ASB-41			_		-				10	П		
Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 Hauler ID No. 02265 Disposal Date 5/31/14 Morrisville, PA 19067 Date 4-30-14 ASB-41								-td1dm		ГП	ПП	
City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Completed By (Print or Type)	Name of Registered Waste Hauler			1.0453/605-0224								
City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 City, State Morrisville, PA 19067 Date 4-30-14	Freehold Cartage, Inc.						GROWS L	andfill				
Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 ASB-41 Morrisville, PA 19067 Date A-30 4	City, State			1 322			City, State					
Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 ASB-41 ASB-41 ASB-41	F 1733					5/31/14	Morrisvill	e, PA 19067				
Kimberly A. Trumbetti Office Coordinator ASB-41 ASB-41		Title				Signature	1	Da	ate			
ASB-41			- C-	ordina	tor	CX	11/	1	4-5	50-	14	
	Kimberiy A. I rumbetti	Onic	- 00	Oi ullia		144	- Y		-	/0	1	-
		* Do	not us	e this fo	orm for asbe	estos licensure exe	mpted activities.	OAL	9 .	138	ne	L

State of them Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	O						
May 5, 2014	4	Name of Building	Owner/Operator (2) SmartJack S	martHouse) (7 1	2	
[] DEP [] An [x] DOL An [x] Em [s] DCA [s] just	ication tial Notification nended Notification nendment # nergency (including tification) ncellation	Street Address City, State, Zip Co	Red Bank, N	IJ 07701	250 MAY - Telephone Number		14	G.	7
[] Car			Wardrop		, ,	_			1
Name of Facility Where Abatement is Takin	ng Place (3)	ACILITY INFORM		of Facility (4)	4-1-4	23			1
Residence Street Address				[]	School (k-12)	A 8		-	100
729 Charlotte Str	reet			[x]	Other (i.e., priv				ldings,
City	County (6)	County Code (7) (STATE USE ONL	Squar	e feet 1500 sf	homes, etc.) # of Floors	Bld	g. Age	60	
Toms River	Ocean				f being demolished	1)		00	
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASCM No.	Name of Abatem	ent Contractor	(9)				
Street Address			Street Address		an Contracting				
City, State, Zip Code			City, State, Zip C	1889 R ode	oute 9, Unit 61	L			
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone Numb	Toms F	River, New Jers	sey 08'	755-1	271	
Scheduled Start Date (10) 5/6/14	Scheduled Comple	etion Date (11)	732-349-9932 Name of OSHA N		00624				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate	5/7/14 k only one) ed During Entire Period of Ab d Outside of Normal Facility H	patement Hours	Street Address City, State, Zip Co	1056 St	L. Analytical celton Road way, New Jerse		<i>51</i>		
Scope of Work (Check all that apply)			[] Full			SECOND SEC	54		
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[] Renov	SUBSCIA	[] Mir [] Glo	ni-Enclosure vebag Procedu	with Negative Pres re) and Non-Friable		re		
	Is Location					Abate	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Ast N (i.e. inst	Description of pestos-Containing Material (ACM), thermal systems plation, surfacing, VAT, or er miscellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X	Asbestos sidin	g		1250 sf	X		Е	Е
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	r ID No. Cubic Yar	rds of Waste Nam	ne of Register	ed Landfill				
City, State Toms River, New Jersey	Dispo	sal Date	City, State	Γ.R.R.F.			-		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Tullytown, Pe	nnsylvania Le	9	Date 5/5/1	4		

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

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

Date of Notification (1) May 5, 2014	Na W	ame of Bu	uilding Owner ate Street F	Operator or or operties	(2) s, LLC		Check	# 1121					
	lotification		0.000	reet Addi 28 Wes	ress st State Str	eet			22.42				
DEP A	itial mended mendment #				Zip Code NJ 08608		. 1	ADY R	2014				
X DOH ju	mergency (in stification) ancellation	ncluding	N	ame of C	ontact				Telephone Nu	mber			
				FACILI	TY INFORMA	TION				Statemen			
Name of Facility Where Abatem 128 West State Street	ent is Taking	Place (3)					☐ Sc	Facility (4) shool (K-12)	Other than K-	12)			
Street Address 128 West State Street	San Deer voor Hijgerijks i						× Of	ther (i.e. priva c.)	ite & commer	cial build			s,
City (5) Trenton							Square 1,200		# of Floors 3	10	dg. A	ge 	
County (6) Mercer				County Co	ode (7) SE ONLY)		Current		being demoli	shed)			
Name of Monitoring Firm Hired USA Environmental Mana	by Building C	owner (8)		ASCM	No.	10,000,000,000		ment Contra					
Street Address	agomont,					Street	Address Cutler	3					
344 West State Street City, State, Zip Code						City, S	State, Zip	Code					\neg
Trenton, NJ 08618 Project Manager for Monitoring	Eirm		T 7	elephone	e No		le Shao	de, NJ 080)52 License	No.		-	\dashv
Bill Weisgarber			6	609-656	3-8101	(856)755-0		00842				
Start Date (10) May 17, 2014		Schedule May 17			ate (11)	EMS		A Monitor		63			
Occupancy Status During Abate	ement (Chec	k Only On	e)				Address	50					
Facility Closed/Vacated Do Abatement Performed Out	uring Entire I	Period of A	batem Hours	ent			Haddo State, Zip						-
Other – Describe:						Wes	stmont,	New Jers	ey 08108	2015			
Scope of Work (Check All That	Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Enclosed .	enova emoliti				Min	i-Enclosure vebag Proced	t with Negativ				3
							Nor	n-Exempted (*) and Non-Fr	lable Pro		emen	t
			Locati Iormal			Description	n of				T	уре	_
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ Staff?	Š	Containing mal syster urfacing, V ner miscella	Material ns insula AT, or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Pagamont		Yes	No XXX	N/A	Grev	Paper I	nsulatio	on	5 SF	x	-	-	1
Basement Basement		-	XXX	-		"x9" Floo			26 SF	Х			
Basement	XXX		F	ipe Insu	lation		15 LF	Х	T				
Dasement		-		+		-							
Name of Registered Waste Hauler				NJDEP W		ubic Yards			egistered Lan		-		
Freehold Cartage		Hauler ID 5939	5	Waste			I.S. North I	_andfill					
City, State Mount Holly, New Jersey	08060					isposal Da 17/14	te	City, State Morrisvil					
Completed by Christina Lynch		Title Ope	ration	ıs Mana	ager	Signat	ure 8/40	De	1	Date 5/5/20	114		



STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)									if I	
	5/05/2014		THE PROPERTY OF STREET		r/Operator (2	2)				
Agencies Notified	I Notificatio		United W	/ater			A 21.			
	Notification	n Type	Street Addr			- 17	MY	8	2018	
DEP	X Initial		700 Kind	erkamack	Road					ď
X DOL		ded #	City, State,	Zip Code						
□ DOH	Emerg	gency (including	Oradell, I	NJ 07649						
□ DCA	justific		Name of Co							
N DON	Cance	ellation	Mr. Keith	Wood		I el. N	umher	0.		1700 Street, S
Name of Facility Where Abat	tement is Taking Place	FACILIT	Y INFORMATION							
United Waters	Taking Flace	(3)	Type of Fac	cility (4)						
Street Address			Schoo	l (K-12)						
				53 15						
67 Francisco Avenue			X Subcha	apter 8 (Oth	er than K-12)					
1 -	County (6)	County Code (7)	Other	(i.e., private	& commercia	al buildings	,			
	assaic	(State Use Only)	homes	s, etc.)						
Name of Monitoring Firm Hire	ed by Bldg. Owner (8)	ASCM No.	Name of Cor	otractor (0)					3	
Envirovision Consultan	ts,Inc	00079	MTM Metr		tion					
Street Address		1	Street Addre		uon					
20-21 Wagaraw Road-	Bldg 35E		-							
City, State, Zip Code		135-137 N		ve						
Fair Lawn, NJ 07410		City State, Z	ipCode			$\overline{}$				
			Paterson,	NJ 07501						
Project Manager for Monitorin			Telephone N	lumber		License	e Numi	per		
Mr. Guillermo Morales	973-636-9	200 1011	973-742-5	030		00809				
Scheduled Start Date (10)	Scheduled	Completion Date (11)	Name of OSI	HA Monitor		. 00003				
5/16/2014	5/23/2014		MTM Metr		ation					
Occupancy Status During Aba	tement (Check only on	e)	Street Addres							
			135-137 N							
Facility Closed/Vacated I	During Entire Period of	Abatement			ve -					
Abatement Performed O			City, State, Z	ip Code						
The second secon	- Tomar admit	riouis	Paterson, N	VI 107501						
Other-Describe:				40 07 00 1						
Source of Work (Check all that										
	X Renovation		Full Containment w	ith Negative	Pressure	× Mini	i-Enclo	sure		
> 160 sf or > 260 lf	Demolition							10.00		
Location of Asbestos-	Is Location Normally		Non-Exempted(*) &		100000000000000000000000000000000000000		ebag F	Procedu	re	
Containing Material (ACM) in Facility (13)	Solely by Maint./Cus		of ACM (i.e. tems insulation,	Amount (Specify SF or	(LF)	Abater	ment Ty	ре	
racinty (13)	Staff? (12) YES NO	surfacing, V	AT, or other							
First Floor-Office /Shop	X X	N/A miscell.)					Rem.	Rep.	Encap	Enclose
		Pipes, Elbows, Jo	ints	150LF			X		X	
			+							
Name of Reg. Waste Hauler	ame of Reg. Waste Hauler NJDEP Waste Hauler ID#					-		-	-	
	MTM Metro Corporation 26552					Name of	Reg. I	andfill		-
City, State	20002		_ 20			Tullytown	ł.			
Paterson, NJ					Disp. Date		TC	ity, Stat	e	
					5/23/2014		1000	illytown,		- 1
Completed by (Print or Type)	Title		Signature			Date	二二			
Elizabeth Maslarkov	Elizabeth	01 6	_	2010				1		
	Business Administrator					5/05/2014	į.			1
CD 44										

ASB-41

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

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

Check 5025

Date of Notification (1)		Name o	f Building Owner/Operator	(2)				
4-30-2014			FEIT		1	<u> </u>	耳_	$\overline{}$
Agency Notified Type Notification	1	Street A	WORTH MY	49 6TO	FI			
D EPA D Initial	-					0000		- : "
■ DOL Amendment#		Boo	NTON, N	J . 070	OSAY 8	2014		·
D Emergency (including justification)	· .	Name o	of Contact	- !	Telephan			
☐ DCA ☐ Casscalistion		-	FETT		11.			
		FACE	ITY INFORMATION	l	(0	- -		
Name of Facility Where Absternent is Taking Place	e (3)		•	Type of Facility				
To FEII			1. 	☐ School (K-12 ☐ Subchapter	8 #Other than K-12)			
121 NORTH MAIN STR	55			IP Other (i.e., pr homes, etc.)	ivate & commercial	buildin	gs.	
Cay 6)				Square Feet	Annual Control of the last of	Bidg.	-	
BOONTON			•	1450	2	119	· YR	5
County (6)	T		Code (7) (STATE USE	Current Use (P	nor if being demolish	red)		
MORRIS		ONITA		RESIDE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM	No.	1	nent Contractor (•			
Sheet Address			Best R	emoval I	пе		+	
GEST AND STATE OF THE STATE OF				River St	-			
City, State, Zip Code			City, State, Zip (Code				
				sack, N.	J. 07601			
Project Manager for Monitoring Fifth	Telephor	ne No.	Telephone No. 201-329-	7444 -	00388			
Start Date (10) Scheduled Con	repletion Da	to (11)	Name of OSHA	Monitor			_	
5-12-2014 5-13		f		vironmen	tal Inc			
Occupancy Status During Abatement (Check only	one) .		Street Address 280 Huy	ler St	* 1			
Pacifity Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	Abatement	ś	City, State, Zip C				\pm	
Cher-Describe: 8AM 5PM	y nous				k, N.J. 0	760	6	
Scope of Work (Check all that apply)				2000	Negative Pressure			
#23ser23F	_	Ren	ovation <u>jil Mini</u>	Enclosure ebag Procedure		.		
□ ≥ 160 af or ≥ 260 #		2 DÇN	□ Non-	Exempted (*) and	l Non-Friable Proces	tro	85-4	
•	is Locati	ion					250000000000000000000000000000000000000	lenneat 170e
. Location of	Used Sole		Description Asbestos Containing M		Amount			
Ashostos-Containing Maharal (ACM) TO BE ABATED	Maintena: Custodi		fi.e., thermal systems	insulation.	· (Specify		2 2	Encapsulate
(13)	(12)	<u>-</u> .	sanacing, VAT other miscellan	ous)	\$F. or (LF)		Removal	au de
		1						8
	Yes No	N/A		WATER	120	IF	V	++
BASEMENT/GARAGE	-	1	THERMAL INS	U11100	100 0			++
	-							十
					i i			
Name of Registered Waste Harder	NUDEPV	Vaste H		Name of Regis	anred Landill			
Best Removal Inc	1710	9	Waste 1 4 0	Minerva	Enterpri	ses		
City, State			Disposal Date	City, State		1		
Hackensack, N.J. 0	7601		5-13-14	Waynesh	ourg , Oh			
Completed by Title Estima	tor		R. Veller	Ann	2	1-30	2-20	14
1 1 1 1 1 1 1		-6	1 17 · Valeur		17			. /

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

Date of Notification (1) 05/05/14 CK: 3083 \$200		1,000,000	ne of Building uke Iorio	g Owner/O	perator	(2)		₹^ -	0 1	N11			
Agencies Notified Type Notifica	tion		et Address Primose A	Vonue		1	161		-0	019			\top
EPA X Initial Amende	od	Name of the second	, State, Zip C	A SCHOOL MAN AND SCHOOL									+
➤ DOL Amendr	nent #		w Provide		w Jers	ey 07974					92		1
DOH justificat		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ne of Contact	T. C.			Te	lephone	Ni 1				
DCA Cancella	ation		Schumm ACILITY INF			Carl	6.						
Name of Facility Where Abatement is T Residence Street Address	aking Place (3)		ACILITY	FORIVIATIO	ON	Type of Facili	K-12)		727706				
15 Primose Drivee							oter 8 (Oth e. private			ouilo	dings,	hom	es,
City (5) New Providence, New Jersey (7974		\		98	Square Feet 2,000	2	f Floors			ldg. <i>A</i> 5+	\ge	
County (6) Union			nty Code (7)			Current Use (Residence		ing dem	olished	1)	-		
Name of Monitoring Firm Hired by Build	ling Owner (8)	A	SCM No.			of Abatement of Corporation		(9)					
Street Address					Street	Address McBride Ave							-
City, State, Zip Code						tate, Zip Code dland Park,	New Je	sev 07	7424				
Project Manager for Monitoring Firm		Tele	phone No.		Teleph	none No. 225-8400		Licens 0110	se No.				
Start Date (10) 05/15/14	Scheduled 05/16/14		ion Date (11))	Name	of OSHA Moni Environmen				-	*******		
Occupancy Status During Abatement (C	Check Only One)	,				Address	tai Laba	•			-		
Facility Closed/Vacated During En Abatement Performed Outside of I	tire Period of Ab Normal Facility H	atement lours				Route 22 V	/est						
Other - Describe: 8AM Start						n, New Jers	ey 0708	3					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	▽ -				_	1							
≥160 sf or ≥260 lf	Description	novation molition		•	×	Full Contair Mini-Enclos Glovebag F Non-Exemp	ure rocedure					۵	
9	Is Lo	ocation				- THOM EXOTHE	, cu () ui	G 14011-1	TIADIC I		Abate	ement	t
Location of	lland)	rmally Solely by			cription				-		Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Maint Custoo	enance/ lial Staff 12)	Asbe	thermal s	systems ing, VA		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior		3		Trans	site Sid	dina	1.5	00 SF	X	-	-		
			<u> </u>	Trans		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,0	100 31	^				
Name of Registered Waste Hauler		Lune	D.Wa-ta	161.									
Lilich Corporation			P Waste r ID No. 4	of Wast		A CONTRACTOR OF THE CONTRACTOR	of Registe D.W.S L	w ·	dfill				
City, State Woodland Park, New Jersey 074	-24			Disposa 05/19/		City, S Morri	tate sville, P	ennsyl	vania				
Completed by Tatiana Kalenikova	Title Vice Pr	t		gnature		1/1	11	Date 05/1	5/1	4			

A Emergency #

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

Joy 407 1

Date of Notification (1) 5/6/14			Na Fo	me of Bo prest S	uilding Own hackletor	er/Operator Private	(2) Home			7 F.					
Agencies Notified Type Notification			Street Address 12 East 13th ST												
EPA DEP DOL	Initial Amended Amendment	Cit	y, State, orth Be	Zip Code each Have	en NJ 08		fAi C		(-)						
DOH DCA	Emergency justification) Cancellation		me of C prest	ontact				Telep	hone N	lumbe	r)				
				FACILI	TY INFORM	IATION	Type of	Facility (4)							-
Name of Facility Where Forest Shackleton	Abatement is Takir Private Home	ng Place (3)					Sc.	hool (K-12)) (Other	r than K	-12)				
Street Address 12 East 13th ST							Square	her (i.e. pri :.)	vate &	comme	rcial b		gs, h		
City (5) North Beach Haven NJ 08008								H 1			lichod	35+			_
County (6) Ocean				County Code (7) (STATE USE ONLY)				Current Use (Prior if being der Garage				, 			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM I	No.	11 11 11 11 11 11 11 11 11 11 11 11 11	ame of Abatement Contractor (9) Pernaco Inc.				•				
Street Address							treet Address PO Box 329								
City, State, Zip Code				4			City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm				Telephone No.			Telephone No. License No. 856-753-9800 00727								
Otali Dato (10)				John Pato (11)			Name of OSHA Monitor Same								
5/7/14 5/9/14 Occupancy Status During Abatement (Check Only One)							eet Address								
Eacility Closed/	acated During Entiremed Outside of No	e Period of Ab	ateme	ent		City	, State, Zip	Code							_
Scope of Work (Check	k All That Apply)		300												
= = = = = = = = = = = = = = = = = = = =				novation nolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce						e		
				-			1401	- () an	4 110111	Abatement				t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			ocation ormalist Solel of Solel of Solel of Solel (12)	y y by nce/	(i.e. th	s Containin nermal syst surfacing,	Description of Containing Material (ACM) rmal systems insulation, surfacing, VAT, or her miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterio	or Siding	Yes	NO	X		Exterior	Siding		1	000SF	-	x	70.0		
Extend	of Sidility		-	-											
					2										
							1.	Name of	Pegis	tored I s	ndfill				
Name of Registered Waste Hauler United Containers			H	11000			oic Yards Name of Naste G.R.O.				a raini				
City, State				Dispo 5/9/1			Date	city, State Morrisville PA 19067							
Completed by Title Anthony T Perna President				Sign			nature				Date 5/6/14				
Anthony T Perna Pres															

Check	No	17	82
	- Committee of the Comm	-	_

W											1		_	
Date of Notification (1)	10						g Owner/Operator	(2)	1178		1			
May 05, 2014		WF W			Jim R		4	10000	V - 8 2014	¥	1			_
Agency Notified	Type No	tification				Address	er Avenue	14.14	v 0 2		\			
□ EPA	☑ Initial	لبيان		-		ate, Zip					- 1			
Modern Median State Reg. 10 2004	☐ Amen Amer	ided ndment #				n, NJ (10.7		1		
	☐ Emer	gency (including		-		of Contac			Telephone Nu	mber				
☑ DOH ☐ DCA	justifi	cation)			Jim R				Totopholic Nu			(81)		
							ORMATION	1/300-1010-1	J	0				
Name of Facility Where	Abatamant	tie Taking Place	(3)		FACIL	III INF	ORMATION	Type of Facility	(4)			-0.200		- 1
N/A	Abatement	LIS TAKING FIACE	(3)											
					-			School (K-12) 3 (Other than K-1	2)				
Street Address								☑ Other (i.e. pr	ivate & commerci		gs,			
86 Van Riper Ave	nue							homes, etc.) Square Feet	# of Floors	Plda	۸۵۵	ē		
City (5)								1		Bldg.		:		
Clifton, NJ 07011								1,200	2	50 +	1-			
County (6)					County ONLY)	Code (7) (STATE USE	5-5-10-10-10-10-10-10-10-10-10-10-10-10-10-	rlor if being demo	ilished)				
Essex								Residence						
Name of Monitoring Fir	m Hired by	Building Owner	1	ASCM	No.		The second control of	nent Contractor (9	30					
₩/A								storation Co.,	Inc.			2,62		
Street Address			- W. W. W. W.	19.23			Street Address							
							223 Randol							
City, State, Zip Code							City, State, Zip							
							Clifton, NJ	07011	T					
Project Manager for Mo	nitoring Fir	m	Tel	lephor	ne No.		Telephone No.		License No.					
			1			-	973-478-468		00120					
Start Date (10)		Scheduled Cor		on Da	te (11)		Name of OSHA			_				
May 15, 2014		May 18, 20						vironmental S	services, L.L.	.C.				
Occupancy Status Duri	ng Abateme	ent (Check only	one)				Street Address	Des als As						
☑ Facility Closed/Vaca	ted During	Entire Period of	Abate	ement				Brook Avenue	9				_	_
☐ Abatement Performe ☐ Other - Describe:	d Outside o	of Normal Facilit	y Hou	ırs			City, State, Zip	Code NJ 07071-199	18					
Scope of Work (Check	all that anni	lv)					Lynanuist,	140 0/0/ 1-133	,0				-	_
- F	un unat appi	·3/			Ю n	a) (at!		Containment with	Negative Pressu	ıre				
					Reno Dem Dem Reno Dem Reno Reno			i-Enclosure vebag Procedure						
≥ 100 St 0t ≥ 200 H								-Exempted (*) and	d Non-Friable Pro	ocedure				
			Is	Locati	ion						A		eme /pe	nt
1	tion of		N	lormal	ly		Description	of					Po	Г
Asbestos-Contain		I (ACM)		d Sole ntena			stos Containing N	Material (ACM)	Amount		_		m	ш
TO BE	ABATED	company and the Committee		ustodi	al	(i.e	., thermal systems		(Specify		Ren	Re	cap	nck
	acility (3)			Staff? (12)			surfacing, VA other miscellar		SF or LF	1	Removal	Repair	Encapsulate	Enclosure
((12)							a	1	te	9
			Yes	No	N/A						_	-		_
Basement					X	Ther	mal Systems	Insulation		84 LF	_	-	X	\vdash
1 1 1 1 1													L	_
								82				_		_
+ +														
Name of Registered W			1000000		Vaste H	auler	Cubic Yards of	Name of Regis	stered Landfill					
B&N&K Restorat			0.000	No. 2695	/ 5007	71	Waste 0.0	Minerva F	nterprises, Ir	nc.				
Tri-State Transfe	r Associ	ates, Incl.	12	.000	, 5501									_
City, State	/ D	NIV					Disposal Date	City, State	ra OH					
Clifton, NJ 07011	/ Bronx,						5/19/14 Signature	Waynesbu	irg, Un	Date	_		-	_
Completed by		Title	005				Signature	15		5/5/2	01	4		
G. Roger Woodm	idn	Safety Offi	cer				1/1			3/3/2	U 16	*		-

J359

3		(Purs	uant to	NJAC 8:	60 and 12:	:120)					Ţ		71	
Date of Notification (1) 5 -5-14				uilding Ov	wner/Opera Andy	ator (2)			27			:	1 1	
Agencies Notified Type Notification		100	reet Add	ress ach Ave	e				MAY	- 8	2014			
EPA Initial Amended Amendment #		Cit	ty, State	, Zip Code ay NJ C	e								0.000	
Emergency (ir justification) DOA Cancellation	ncluding	1	ame of C	ontact					Teler	hone Ni	mhar			
DCA Gardenan			FACILI	TY INFO	RMATION			= = 75						-
Name of Facility Where Abatement is Taking old School	Place (3)					_ F	Sc	Facility (4) hool (K-12) bchapter 8) (Othe	r than K-1	2)		200	
Street Address 1511 York Ave							etc							3,
City (5) Cape May , NJ						4	quare 0000		1	Floors	65	ig. Ag	je 	
County (6) Cape May			ounty Co	ode (7) SE ONLY)		-	Current	Use (Prior	if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Building C	Owner (8)	1	ASCM I	No.		lame of		ment Cont Lc	ractor (9)				
Street Address						treet A		gton Ave						
City, State, Zip Code						City, Sta		Code J . 08075	5					
Project Manager for Monitoring Firm		T	elephon	e No.	T	elepho	ne No.			License 07010	No.			
Start Date (10)	Scheduled	Comp	oletion D	ate (11)	N			A Monitor						
5 -5 -14 Occupancy Status During Abatement (Chec	5-15-14					Street A	ddress	;						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Aba	ateme	ent		_	City, Sta	ate, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati				×	Min	Containme -Enclosure vebag Prod -Exempted	edure				e	
	1 101	ocatio	. T									Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	rmally Solely tenan	y y by ice/	Asbes (i.e.	Desc tos Contai thermal sy surfacir other mis	ystems ng, VAT	aterial insula 「, or	(ACM) tion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
outside	Yes	INU	X		(ACM	l) roof	ing		46	50sqft	x			
left side of bldg	+ +					floor t				2500	x			
												_	_	-
		1	JDEP W	lasta	Cubic Y	'ards		Name of	Regist	ered Land	ifili		<u>L.</u>	<u></u>
Name of Registered Waste Hauler J Robinson Waste		Н	auler ID 8687		of Wast			Wm Of						70.752
City, State Bellmawr NJ			1975 Tel 19		Disposa	al Date		City, Stat		J				
Completed by	Title VP				Sig	gnature					Date 5-5-14			
Joseph T Hill	VP										J-J-14			

of set

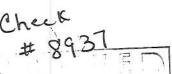
Date of Notification (1) 05/05/14					Building AS KIN			(2)								
Agencies Notified	Type Notification			Street A	ddress ERS LA	ANE		- ,	M	AY	- 8	2014				
EPA DEP X DOL	Initial Amended Amendment				te, Zip Co BURY N		12								1	
▼ DOH DCA	Emergency (justification) Cancellation				Contact AS KIN	CADE				Tel	ephone	Numb	er			5 511
				FACI	LITY INF	ORMAT	ION									
Name of Facility Where Street Address	e Abatement is Takin	g Place (3)							School (K-12 Subchapter 8	!) 3 (Oth						
6 LOUISE DR.								×	Other (i.e. pr etc.)	ivate d	s comme	erciai	DUIIC	ungs,	nome	es,
City (5) MILTOWN								Squa 180	are Feet 0	# o	f Floors		В	ldg. A	ge	
County (6) MIDDLESEX				County (Code (7) JSE ONLY)		Curr	ent Use (Prior	r if bei	ng demo	olished	1)			
Name of Monitoring Fir	rm Hired by Building (Owner (8)		ASCN	1 No.		DOMESTIC AND STREET BY		atement Cont							
Street Address							Street 6 Wh		ess DOVE CO	URT						
City, State, Zip Code						10			Zip Code OD, NJ 08	701				2.000		
Project Manager for Me	onitoring Firm	***************************************		Telepho	ne No.		Teleph 732-	none N	10.		Licens 1200	e No.				
Start Date (10) 05/15/14		Schedule 05/15/1		mpletion (Date (11)	1 11	Name	of OS	HA Monitor D PROFES	SSIO						
Occupancy Status Dur	ing Abatement (Chec		050		-		Street				TVALO					
➤ Facility Closed/Va	acated During Entire F	Period of A	bater				6 WH	HITE	DOVE CO	URT						
Other – Describe:	med Outside of Norm	ial Facility	Hour	S					Zip Code OD, NJ 08	701						
Scope of Work (Check	All That Apply)						E****	-								
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		Isl	ocat	tion					I Exempted	74.	0 110111			Abate	emen	t
Locati	on of	N	orma			De	scription	of				-		Ту	pe	_
Asbestos-Containir TO BE A In Fac (13	BATED	Mair	ntena	nce/ Staff?		thermal surfa	taining M system cing, VA miscellar	s insu T, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
BASEN	MENT	+ +	X			FLO	OR TII	LES		10	00SF	X				
E 4	2 6			-												
Name of Registered W	aste Hauler			NJDEP W	- 11-11	FT 9550 CC (A)	Yards		Name of R	egiste	red Lan	dfill				
NEWARK CARTIN	G			Hauler ID 4509	No.	of Wa			IESI	ii.						
City, State NEWARK, NJ		7				05/15	sal Date 5/14		City, State BETHLE		1 PA					
Completed by JOSEPH PERLSTE	EIN	Title OWNI	ΞR			5	Signature	9				Date 05/0	5/1	4		

Check # 8938

Date of Notification (1)			11	Name of	Building Owner	Operator	(2)	<u>`.</u>				
Date of Notification (1)	5-6-14			vaine or	Lisa		Lang	· , MA)	′ - 8	20	iA	
Agencies Notified	Type Notification			Street Ad	74	We	st Cli-	FF St	ree	+		
□ EPA □ DEP	☐ Amended	. 79	(City, Stat	te, Zip Code	743-y/	et Timei .				1-	
DOL	Amendment Emergency (-	Name of	Contact	smer	wille 1	Telephone N		(_
DOH DCA	justification) □ Cancellation		1	1	sa Lan	۹'		TO CONTINUE TO	-		,3	
Name of Facility Where	Abatement is Taking	Place (3)			LITY INFORMA	IJÓN	Type of Facility (4)				
		Dwell					☐ School (K-1				•	
Street Address			,					8 (Other than K- private & commer		dings,	home	es,
74	West U	iff	2	tre	e t		etc.) Square Feet	# of Floors		ldg. A		
City (5) Somer	wille	NI	Ċ	BBC	70		oqualo i oot	2		80	-	
County (6)				County C	Code (7)		Current Use (Pri	or if being demoli	shed)			
Name of Monitoring Fire	erset m Hired by Building	Owner (8)		ASCM	100000000000000000000000000000000000000	Name	of Abatement Cor	ntractor (9)				
	chnole	- 9 -	_		MA	LE	PC TE	chaole	gie	b ,	In	16
Street Address	Box 3	37				2	Address Box	337	9			
City, State, Zip Code	2004	NJ		08	533	City S	tate, Zip Code	A ALT	70	95	13	3
Project Manager for Mo	of rig Firm			Telephor		100 miles	none No.	License	No.	20	u	
Start Date (10)	chenke	Schedule			758-3365	609 Name	758-334 of OSHA Monitor	<u>ي ا</u>	O		1	
5-2	1-C			1-14			EPC Tec	hnologie	s I	nc		
Occupancy Status Duri	ng Abatement (Chec	k Only On	e)		***************************************	100000000000000000000000000000000000000	Address Box	227				
Facility Closed/Va	cated During Entire I med Outside of Nom	Period of A nal Facility	batem Hours	ent		City, S	state, Zip Code					
☐ Other – Describe:						N	ew Egypt	TU	08	53	3_	
Scope of Work (Check	All That Apply)					_	Tull Containm	ent with Negative	Drocci			
≥3 sf or ≥3 if □ ≥160 sf or ≥260 if		a comment of	enova emolit				Mini-Enclosur	e	: 10330	110		
	8						Glovebag Pro Non-Exempte	d (*) and Non-Fri	able Pro	100.00		5
			Locati				_				ement /pe	t
Location Asbestos-Containin		Use	d Sole	ly by	Asbestos Co		Material (ACM)	Amount	_		ū	m
TO BE A			odial S		sur	facing, VA		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-	(12)	Т	othe	r miscella	neous)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	#	ulate	ure
		Yes	No	N/A	0	1		100 LF		+		-
Basemen	}	X		-	Pipe I	n 2 m	ation.	100 CA	- X			+
		+		+					+			
		1										
Name of Registered Wa	aste Hauler			JDEP W		ic Yards Vaste		Registered Land		6	(32	
EPC Te	chnologie	S		170	00	Ö	L Was	te Manag	emen	40	e f	少
City, State		NJ.				-23-		usville_	PA			
Completed by	011	Title	,			Signatur	100		Date	- /		
Steve Scho	en Ker	HRe	sid	ent		24	esp Diche	she	<u> </u>	6	1	7

Check 8936

Date of Notification (1)		1000000	Name of	Building Owner/	Operator (2)		<u>``</u>	0.1 11:00/2018			ħ
Date of Hostination (1)	5-6-	14	Be	45 + G:	als Clu	ab o	F Mercen	<u> </u>	دم_		
Agencies Notified	Type Notification	n ;	Street A	ddress 212	Cente	e 5	tree+MA	Υ -	8 2	014	
□ EPA . □ DEP	☐ Initial ☐ Amended	ji. 3	City, Sta	ite, Zip Code							\neg
DOL	Amendme ☐ Emergence	nt # y (including			renton	N.	7 080		1		
DOH	justificatio	n)	T	f Contact	lerson		Telephone Nun	nber 2			
□ DCA	☐ Cancellati	on	Day	LITY INFORMAT							-
Name of Facility Where	1		Δ1		Туре	of Facility (4	4)				
Boys + G	ials Clu	ib of	Merce	n lo.		School (K-1	2) 8 (Other than K-12	2)			
Street Address	Spru	5.	too t	**	-EX (rivate & commercia		lings, l	nomes	5,
City (5)) JORG	117				re Feet	# of Floors	В	ldg. Ag		
	Lence	NJ		648					50) f -	
County (6)			County	Code (7) USE ONLY)			or if being demolish		23020		
Mercon Mame of Monitoring Firm	en Uirod by Buildin	o Owner (8)		/I No. a	Name of Aba		a Wareh	10 or 2	se_		\dashv
EPC TO	e hne	01:69	, ,,,,,,	NA	EPO	Te	chaoloe	ie		In	6
Street Address	Box 3	37			Street Addres	Box		3			
City, State, Zip Code		7.14	09	533	City, State, Z	ip Code	ZIA +a	0	25	1.39	3
Project Manager for Mo	ni grim	140	Telepho	one No.	Telephone N		License N	0.			
Steve S	chenk	er _	609	758-3365			5 0	25	LC	7	
Start Date (10)	20 2014	The state of the s	Completion		Name of OSI		hnologies	T		•	
Occupancy Status Durin	20, 2014	neck Only One	e 13,	2017	Street Addre		1 mongles	-	مر		-
				80	P.O.	BOX	337				
Abatement Perform	ned Outside of N	ormal Facility	Hours		City, State, Z	ip Code					
☐ Other – Describe:					New	Egypt	NJ (283	53	3_	
Scope of Work (Check	All That Apply)					II Cantainm	est with Nogotino I	Orneeu	70		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		A	enovation emolition		☐ Mii	ni-Enclosur	70	ressu	ie		
/~		,			☐ Gli	ovebag Pro n-Exempte	cedure d (*) and Non-Friat	ole Pro	cedure	9	
		Is	Location						Abate Ty	ment	
Locatio	on of		ormally I Solely by	E	escription of				.,		
Asbestos-Containin TO BE A		Mair	ntenance/		ntaining Materia al systems insul		Amount (Specify	20	R	Ence	Enc
In Fac	ality	Custo	odial Staff? (12)	3533333	facing, VAT, or r miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No N/A	-	i illioonarioodo)			8	"	late	re
	- 0.5	Yes	NO NA	0 11 1 0) . C.		3600 SE	×	 		
Southerd	Roof Sec	tion X		Rolled	cooting		J600 36	+^	-		
				-				+			
		-	-	-		-		+	+		
Name of Registered Wa	anto Hoular		NJDEP	Waste Cub	ic Yards	Name of	Registered Landfi	1			
		* . 0	Hauler II	O No. of V	Vaste 15	Was	te Manage	<i>~~</i>	4.	c P	A
City, State	chnologi	163	11/0	Dis	posal Date	City, Sta	te .				•
New E	aunt	NJ	`	Va	nious Dates	Morr		PA			
Completed by	•	Title	. 1 4		Signature	550	D	ate 5-1	(I	y	
Steve Scho	en her	the	sident		Steel	مال الرا	and I	0	0 1	L	



Date of Notification (1)	5-6-14	1	N	lame of	Building Owner/C	perator	(2)	10				
Agencies Notified	Type Notification	<u> </u>	- s	street Ac	ldress	123	res, L	11/hN -	8 20	4 .		+
□ EPA		wit .	Σ	160	Accessed to the second second	5 1	Martin	Rd	76 /			1
DEP DOL	Amended Amendment #			City, Stat	e, Zip Code	ptur	ic NJ	- 0775	53			i
≠ DOH	☐ Emergency (in justification)		_ N	lame of	Contact	•	(-0	Telephone				
DON DCA	☐ Cancellation			Jo						<u> </u>		•
Name of Facility Where	Abatement is Taking	Place (3)	.,	FACIL	ITY INFORMATI	ON	Type of Facility	y (4)				
	anily Dwg			Vac	-ant		☐ School (K					
Street Address	6 1 S+	AU	_		-			er 8 (Other than I private & commo		dings,	home	es,
City (5)	0 1						Square Feet	# of Floors	E	Bldg. A	-	
	mar 1	77		27.372	719		Current Line (f	Prior if being demo	alichod)	60	4-	
County (6)	mouth				Code (7) ISE ONLY)			family ?		_ h	ی دے	<
Name of Monitoring Firm		wner (8)		ASCM	No.	Name	of Abatement C	Contractor (9)	20			
EPC TE	chnele	Sie	<u></u>		MA	Street	Address	chnol	gie	<u>, e</u>	Ln	16
Street Address	Box 3	37				P	0. Bo	: 337				
City, State, Zip Code	244	MJ	7	80	533	City S	tate, Zip Code	ust N	50	8	13	3
Project Manager for Mo	ni g Firm			Telephoi			none No.	Licens	e No.	20	u	
Start Date (10)	etien ke	Schedule			758-3365		758-33 of OSHA Monit		10,	רכ	1	
May 19	2014	32			2014		나를 즐겁게 하고 있는 것이 모든 것이다.	chnologi	es I	'nc	eres un	
Occupancy Status Durin	ng Abatement (Check					Street	Address	~				
Facility Closed/Vac	cated During Entire F ned Outside of Norm	eriod of A	Abatem	ent			State, Zip Code	K JUF				
☐ Other – Describe:				•			ew Egyp	TU +	08	53	3	
Scope of Work (Check	All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CON-	enovat emoliti					nment with Negati sure	ve Press	ure		
2100 31 01 2200 11						<u>-</u> علا	Glovebag F Non-Exemp	rocedure oted (*) and Non-F	riable Pr	ocedu	e	
		ls	Location	on						Abat	ement ype	t
Locatio			Normall d Solel			escription	n of Material (ACM)	Amount	-	Т		Γ
Asbestos-Containin TO BE AB		Ma	intenar todial S	nce/	(i.e. therma	l system	s insulation,	(Specify	Rer	R	Encapsulate	End
In Fac		Cas	(12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		acing, VA miscelia		SF or LF)	Remova	Repair	psuk	Enclosure
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exterior y	Nalla			×	Siding	Shi	ngles	2500	SFX			
					ر ا		7					
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						- V	1 31	of Domintored La	ndfill			
Name of Registered Wa	aste Hauler			JDEP V lauler ID	No. of W	c Yards aste		of Registered La		,	<u> </u>	ΔiC
	chnologie	<u>\$</u>		170		osal Date		Ste Mana	geno	יר ט	F	(V
City, State New E	aunt	NJ	Α.			23-1		enisville	PA			
Completed by	3!!	Title	^	1 +		Signatur			Date	-6-	14	
Steve Scho	en nek	1 MRG	Sid	ent		24	De la	Ver A	<u> </u>	9	. [

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Date of Notification (1)							Operator		¥	***********		\top				
05/05/14	TT NES S					lates C	Construc	ction,	, Inc.		-0.407			eliit.		
Agencies Notified	Type Notification			Street A	000000000000000000000000000000000000000	Turn	oike #30	0			MAY	- 8	20	14		
EPA EPA	Initial		-	City, Sta			JIKE #30	<i></i>								
DEP	Amended Amendment	#			e, 210 0 e, NJ 0										25	
	Emergency (_	Name of	- (1)					Tel	ephone	Num	her		•	
DOH DCA	justification) Cancellation			Louis							- CONTONIC	-	-			
	10 00					ORMAT	ION			Ι,				-		_
Name of Facility Where		g Place (3	3)				T	Туре	of Facility (4	1)						
Residential Buildir	ng								School (K-1)	2)						
Street Address	10								Subchapter					r	ŭ	
52 Hemlock Terra	ce							\boxtimes	Other (i.e. p etc.)	rivate	x comm	iercia	Dulk	ings,	nome	25,
City (5)									are Feet	# 0	f Floors		В	ldg. A	Age	
Wayne								3,0			2			-+0		
County (6)				County C		v			ent Use (Pric		255	olishe	ed)			
Passaic						.,			sidential B							
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	No.				atement Con Contract		3335					
Street Address							Street					-	-			
A THE AND THE PERSON							27 E	dsal	Drive							
City, State, Zip Code							City, St	tate, 2	Zip Code							
							Suss	ex, l	NJ 07461							
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Teleph				Licens		١.			
01-18-1-(10)		01.11					973-				0113	3/				
Start Date (10) 05/16/14		05/20/		mpletion [Jate (11)	Ame		HA Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only On	ne)				Street	Addre	:SS			***				
▼ Facility Closed/Vac	cated During Entire F	Period of A	Abater	nent			1171	East	30th Street	et						
Abatement Perform	med Outside of Norm	nal Facility	Hour	S			City, St	tate, Z	Zip Code							
Other – Describe:							New	York	k, NY 100	16						
Scope of Work (Check)	All That Apply)		i i													
≥3 sf or ≥3 lf		_	Renova				S	Fu	III Containme		Negati	ive Pr	essu	re		
≥160 sf or ≥260 lf)emoli	tion			XXXXX	Mi	ni-Enclosure ovebag Proc							
							$\overline{\times}$	No	on-Exempted		d Non-f	riable	e Pro	cedur	е	
		Is	Locat	ion											ement	t
Locatio	on of	100000000000000000000000000000000000000	Norma			De	escription	of						13	/pe	_
Asbestos-Containing TO BE AB			d Sole intena		Asbe	stos Cor	ntaining M al systems	ateria	al (ACM)	200	mount Specify		תב		E	Е
In Fac		Cust	todial (12)	Staff?	(1.0		acing, VA		auon,		or LF)		Remova	Repair	cap	nclo
(13))		(12)			other	miscellan	eous)					oval	air	Encapsulate	Enclosure
		Yes	No	N/A											6	
Basen		х					uct wrap	_		560,000	L.F.		х			
Kitchen		х					paper b			100,00	0 S.F.		х			
Foyer F		X				linole	eum floc	ring		60) S.F.		x			
Basem		x					plaster			400	00 S.F	200	x			
Name of Registered Wa	ste Hauler		10000	IJDEP W lauler ID		Cubic of Wa	Yards		Name of F	Registe	red Lar	ndfill		11		
Pro-Tech			1000	90713			10		G.R.O.							
City, State						17/05/05/05	sal Date	te for	City, State							
New Haven, CT		1				A	ompletion		Morrisv	ille, P	'A	<u>Ļ</u> .				
Completed by		Title	ides			,	Signature		Stan			Date				
Marko Stankovic		Pres	iaent			/	Man	10	It all	120	10	05	/05/	14		

MO 2002591

Date of Notification (1) 4/29/14		1000	ame of B eff & R	uilding Ow ong Li	ner/Opera	tor (2)		M	AY -	8 20	4.		1 1
Agencies Notified Type Notification	<u> </u>	1 -	reet Add	iress dowbrool	k Road				÷				
EPA Initial Amended Amendment				, Zip Code ills, NJ 0						į.			
Emergency justification Cancellation			ame of 0 eff & R					Telep	ohone N	lumber			
	DI (0)		FACILI	TY INFOR	MATION	Tv	pe of Facility (4)						
Name of Facility Where Abatement is Taki House	ng Place (3)						School (K-12) Subchapter 8	ľ.	than K	-12)			
Street Address 42 Meadowbrook Road				- N		×	NO.009 NO.00				lings,	home	s,
City (5) Short Hills						So N/	uare Feet	# of N/A	Floors	111 (95)	ldg. A /A	ge	
County (6) Essex			ounty Co	ode (7) SE ONLY)		1 - 2000	irrent Use (Prior ouse	if bein	g demo	lished)		8	
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM	No.	90,000		Abatement Control		9)				
Street Address					Str	reet Add			-				
City, State, Zip Code					Cit	y, State	e, Zip Code , NJ 07512			<u>Varanna</u>			
Project Manager for Monitoring Firm		T	elephon	e No.	Te	lephon	V		License				
Start Date (10)	Scheduled	Com	pletion D	ate (11)	Na	ame of (OSHA Monitor Datement, Inc		110001				
5/13/14 Occupancy Status During Abatement (Che	5/14/15					reet Ad				-			_
Townson M. D. St. St. St. St. St. St. St. St. St. St				38	87510		engren Aveni	ue					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	rmal Facility F	lours				-	e, Zip Code I, NJ 07512						
Scope of Work (Check All That Apply)										K			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Full Containment Mini-Enclosure Glovebag Proce Non-Exempted	edure	Ü			re.	
	T						Non-Exempled	() and	INOH-	nable Fit	Y8	ement	
l and the second		ocatio			Descri	ption of					T	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan dial S (12)	ice/ staff?	(i.e. t		ing Mat stems ir g, VAT,	erial (ACM) isulation, or	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		pipe ins	culatio	, n	3	5 LF	x	+		
basement		X			pipe iris	Suiauc	711		J LI	- A	-		
,													
Name of Registered Waste Hauler		- N	JDEP W	/aste	Cubic Ya	rds	Name of F	Registe	ered Lar	ndfill			<u></u>
D&S Abatement, Inc.		Н	auler ID 20996	2000	of Waste		Waste N						
City, State Totowa, NJ					Disposal TBD	Date	City, State		4				
Completed by Deanna Brkusanin	Title Projec	ct Ma	anager		Sign	nature	Denne R	hue	elic	Date 4/29/1	4		

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

X 2052417.1

Date of Notification (1)						wner/Ope	rator (2	2)		-	1			
4/29/14	T - N-45-4-			Stepher Street Add				III	41/	8 201	į.	- ;	1	_
Agencies Notified	Type Notification	l.	- 52		e Ledge	e Road			-t-r-	0 201	7	*		
EPA DEP DOL	Initial Amended Amendmen				e, Zip Coo Saddle F	le River, N.	J 074	58						
DOH DCA	Emergency justification Cancellatio)	33	lame of 0 Stepher					Tele	phone Nu	mber	-		
	AL	Di (0)		FACIL	ITY INFO	RMATION		Type of Facility (4)						=
Name of Facility Where House	Abatement is Taki	ng Place (3)					_	School (K-12 Subchapter 8)	r than K 1	2)			
Street Address 29 Stone Ledge Ro	ad	500000000000000000000000000000000000000						Other (i.e. pr etc.)	ivate &	commerc	ial buile			s,
City (5) Upper Saddle Rive	г				87		100	Square Feet N/A	# of N/A	Floors		ldg. A I/A	ge	
County (6) Bergen				County C STATE U	ode (7) SE ONLY)	-		Current Use (Prior House	r if beir	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	1000		of Abatement Cont Abatement, Inc		(9)				
Street Address					1.97			Address osengren Aven	ue					
City, State, Zip Code								ate, Zip Code va, NJ 07512						
Project Manager for Mor	nitoring Firm			Telephon	e No.		10.50	one No. 445-8685		License N				
Start Date (10) 5/14/14		Scheduled 5/15/15	Com	pletion D	ate (11)	N	Name o	of OSHA Monitor Abatement, Inc	l :.		21			
Occupancy Status Durir	ng Abatement (Che	400000000000000000000000000000000000000				5	Street /	Address						
Facility Closed/Vac Abatement Perform	ned Outside of No							osengren Aven ate, Zip Code	ue					
Other – Describe:							Totov	va, NJ 07512						
Scope of Work (Check	All That Apply)	Пъ		ıt				Full Containme	ent weith	Nogative	Droce	IFO.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				×	Mini-Enclosure Glovebag Proc	edure					
		le l	ocati	on		-		Non-Exempted	() an	J NOII-FIIA	DIE FIG	Abat	ement	t
Locatio	n of		rmail	у			ription					Ty	rpe	
Asbestos-Containing TO BE AB		Main	tenar	nce/				aterial (ACM) insulation,	(5	mount Specify	Re	D D	Enca	E
In Fac	5000 5	Custo	(12)	lair		surfacir other mis			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
= =	=	Yes	No	N/A							<u>m</u>		ate	6
gara	ge		X			pipe ir	nsula	tion	6	0 LF	х			
		×			-									
						,								
Name of Registered Wa				JDEP W auler ID		Oubic Y		W. Company-octobr	100-10 -1 000-10	ered Landf gement				
D&S Abatement, In	С.		#2	20996		TBD	I Data	500 000 000 000 000		gement	0117			
City, State Totowa, NJ						Disposa TBD	ıı Date	City, State Tullytov		A				
Completed by Deanna Brkusanin		Title Projec	t Ma	anager		Sig	natore	reema R.	11110		Date 1/29/1	4		
_ Janua Birtabariii							10)	ann M	mi	~ \			-	

NO Date of Notifice 4/23/14

Date of Notification (1) 4/23/14	n				Building C	Owner/Opera	ator (2)			i	5 5		
Agencies Notified	Type Notification		- 5	Street Ad				7 - 7	MAY - 8	2014	* 1		
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo Fange,	de NJ 07052							
DOH DCA	Emergency (justification) Cancellation	ncluding			Contact Barszcz		6.5		Telephone			j	
N (5 25 M	=			FACIL	ITY INFO	RMATION							_
Name of Facility Where A House Street Address	Abatement is Taking	g Place (3)			O-11-5-11-0			School (K-12	.	(.12)			
76 Lawrence Ave							×		rivate & comme		dings,	home	es,
City (5) West Orange							Squi N/A	are Feet	# of Floors N/A		Bldg. A I/A	ge	
County (6) Essex				County C STATE U	ode (7) SE ONLY)		Curr		r if being demo	olished)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCM	No.			atement Cont tement, Inc					
Street Address					100	1	reet Addre 1 Roser	ess igren Aven	ue	100			
City, State, Zip Code						1 200000	ty, State, i otowa, I	Zip Code NJ 07512			001111111111111111111111111111111111111		-
Project Manager for Mon	itoring Firm		17	Telephor	e No.		lephone f		Licens				
Start Date (10) 5/19/14		Scheduled 5/20/14	Com	pletion [Date (11)			SHA Monitor tement, Inc	C.				
Occupancy Status During Facility Closed/Vaca				ent		100	reet Addre 1 Roser	ess igren Aven	iue				
Abatement Perform Other – Describe:	ed Outside of Norm						ty, State, i otowa, l	Zip Code NJ 07512					
Scope of Work (Check A	II That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		District Co.	novat moliti				× M G	ini-Enclosure lovebag Proc	edure			~	
		Is L	ocatio	on			III IV	on-Exempled	(*) and Non-F	nable Fit	Abate	emen	t
Location Asbestos-Containing	CITIES AND ADDRESS OF THE PARTY	Used		y by	Anhors	Descrip		N/ACM)	Amount	-	17	pe	Г
TO BE AB/ In Facili (13)	ATED		dial S (12)	taff?		thermal sys surfacing other misc	tems insu , VAT, or	lation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
baseme	ent	Yes	No X	N/A		pipe ins	ulation		136 LF	X	-		
	Bussilion.												
Name of Registered Was	ite Hauler		7,000	JDEP W	7/0	Cubic Yar	ds	Name of F	Registered Lan	dfill			
D&S Abatement, Inc				auler ID 20996	N0.	of Waste TBD		Waste N	Managemen	t of PA			
City, State Totowa, NJ		1				Disposal D	\circ	City, State Tullytow					
Completed by Deanna Brkusanin	=	Title Projec	t Ma	nager		Signa	atrire	10 R. Va	wee-	Date 4/23/1	4		-

Manual Marie

Date of Notification (1) 4/29/14				lame of E		wner/Operato	or (2)						-	\mathbb{T}
Agencies Notified	Type Notification		S	treet Add		nue		7	MAY .	- 8	2014			1
EPA DEP DOL	Initial Amended Amendment	#	C	ity, State	e, Zip Cod dge, NJ	e ·		92						1
DOH DCA	Emergency (justification)	including	1 1	lame of C					Telephone	Numb	Jer		·	
	_ Carisonation					RMATION								
Name of Facility Where House Street Address		g Place (3)					Type	School (K-12 Subchapter & Other (i.e. pr) 3 (Other than	K-12) nercial	build	ings,	nome	s,
306 Maolis Avenu City (5)	ie							etc.) are Feet	# of Floors		BI	dg. A		
Glen Ridge County (6) Essex				County C	ode (7) SE ONLY)			ent Use (Prio		nolishe		,,		
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	No.	1 07800000	e of Ab	atement Cont tement, Inc						
Street Address					. 154.22	Stree	et Addre							
City, State, Zip Code						City,	State,	Zip Code NJ 07512						
Project Manager for M	onitoring Firm			Telephon	e No.	Tele	phone 1 3-345-	No.	Licer #006	nse No 675	¥			
Start Date (10) 5/15/14		Scheduled 5/16/14	Com	pletion D	ate (11)	2012/02/03		SHA Monitor Itement, Inc).					
Occupancy Status Dur	ring Abatement (Checarated During Entire			ent		100000000000000000000000000000000000000	et Addr Roser	ess ngren Aven	ue					
Abatement Perfo Other – Describe	rmed Outside of Norr	nal Facility H	ours	CIIL		100000000		Zip Code NJ 07512						
Scope of Work (Check	All That Apply)						П							
≥3 sf or ≥3 lf ≥160 sf or ≥260 li	f		novat				× N	ull Containme lini-Enclosure slovebag Proc lon-Exempted	edure					
		- 101	ocati	on I				ion-Exempled	() and Non-	-FIIabi	T	Abate	emen	t
Asbestos-Containi	tion of ing Material (ACM)		rmall Sole	y ly by		Descripti os Containing	Mater		Amount			Ту		п
In Fa	ABATED acility 3)	Custoo	dial S (12)	Staff?	(i.e.	thermal syste surfacing, \ other miscel	VAT, or		(Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
			No X	N/A			- Contract C						Ф	_
base	basement					pipe insu	lation		20 LF		X			
														F
Name of Registered V	Vaste Hauler		1 373	JDEP W	77.000.000	Cubic Yards	S	Name of	Registered L	andfill	L			1
D&S Abatement, I				lauler ID 20996	No.	of Waste TBD			Manageme	ent of	PA			
City, State Totowa, NJ	r		1			Disposal Da	ate	City, State						
Completed by Deanna Brkusanir	1	Title Projec	t Ma	anager		Signat	turre Dalla	o fille	wir	Da 4/2	te 29/14	4		19713



* Emergency \$

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

CK 4065

Date of Notification (1) 5/2/14					Building Con & Mic				e Home				-	, <u>[</u>	· F.	7
Agencies Notified	Type Notificat	tion	1 7	Street Add	dress rth Burg	100										- 1
EPA DEP DOL	Initial Amende Amendm	nent #	C	City, State	e, Zip Coo gg Harb	ie	08087			A	MAY -	8 2	014	ļ		
DOH DCA	Emerger justificati Cancella			Name of C						Tele	phone N	umber				
Name of Facility Where Shannon & Michea Street Address				FACIL	ITY INFO	RMATI	ON		of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	2) B (Othe	er than K-	12)	ildir	nas, h	iome	s,
101 North Burgee City (5) Little Egg Harbor N	J 08087				-			e e	tc.) e Feet		Floors			g. Ag		
County (6) Ocean		¥		County C	ode (7) SE ONLY)			Currer	nt Use (Prio e	r if beir	ng demoli	ished)				
Name of Monitoring Firm	Hired by Build	ling Owner (8)		ASCM	No.			of Abat aco In	ement Cont	tractor	(9)					
Street Address		45						Addres Box 32	73							
City, State, Zip Code								State, Zi t Berli	p Code n NJ 080	91	8					
Project Manager for Mo	nitoring Firm			Telephon	e No.			753-9			License 00727					
Start Date (10) 5/5/14		5/7/14	d Com	pletion D	Date (11)	20210-12-3	Name Sam		IA Monitor							
Occupancy Status Durir	ng Abatement (Check Only On	e)				Street	Addres	s					0.04		- 9.22
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	State, Zi	p Code							
Scope of Work (Check A	All That Apply)								-		-+		-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7	Total Control of the	enova emoliti					Mir	I Containme ni-Enclosure ovebag Prod n-Exempted	edure						
		Is	Locati	on				110	LXCIIIptot	. () un	21101111		77	bate	ment	Š.
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACN BATED ility	л) Use Ма	Normall d Sole intenar todial S (12)	ly ly by nce/		tos Con therma surfa	escriptio staining I system acing, V miscella	Material ns insula AT, or	(ACM) ation,	(5	mount Specify or LF)	Kelliovai	Domonia	Tyr	e Encapsulate	Enclosure
Exterior	Sidina			х		Exte	erior S	iding		12	00 SF	x	1	1		
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Name of Registered Wa United Containers	ste Hauler		Н	IJDEP W lauler ID 2459		of Wa	Yards aste		Name of G.R.O.		ered Land	dfill				
City, State Elm NJ					***************************************	Dispo 5/7/1	sal Dat	е	City, Stat Morrisv		A 19067	7				
Completed by Anthony T Perna		Title Pres	ident				Signatu	re				Date 5/2/1	4			



pe Notification Initial			Prir		g Owner/Operator (2 niversity-Office		Construction	- 8	2014		
Initial		*****	Street	Address			MAY	- Q	2017		
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				Elm Dr.							¥
Amended Amendment #	6-5/2/1	4	City, S	itate, Zip C	Code				53	4	1
22,108144		10.71	Prir	nceton, N	J 08544					1	i
justification)	loidailig		Name	of Contact	t .		Telephone Numi	per			
Cancellation			Rob	ert Orte	ga						
			FAG	CILITY IN	FORMATION						
		(3)				Contract to the contract of th	1150.1517				
nestone Lib	i ai y					☐ Subchapter	8 (Other than K-12))			
								cial bu	ilding	IS,	
											77.00
						Square Feet	# of Floors	Bio	dg. A	ge	
			Cour	ity Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
						Library		-505			
ed by Building	Owner ((8)	ASCM	No.	III TALLES AND						
						VIRONMENTA	L, INC.				
						STREET					
											7000
ing Firm		Tele	enhone	No			License No.				
ng i iini					50		00509				
				te (11)	Marchael Harrison and Chemical Action (1997)						
14 0	N.	HO	LD		BRISTOL EN	VIRONMENTA	L, INC.				
					Street Address						
					1123 BEAVE	RSTREET					
				cribe	17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-						
at apply)					DIGITOL, 17	10007				+	
=PP-77			(8				gative Pressure				
					Glovebad	Procedure	on-Friable Procedu	re			
	Is	Loca	tion	Г	⊠ Non-Exe	impled () and is	I Tiable 1 Toolean	_	atem	ent T	vpe
	1	Norma	ally		Description o	f			_		T
terial (ACM)					stos Containing Ma	terial (ACM)	Amount	em.	(ep:	nce	Enclosure
	1500000			(i.e				SVO	¥-	sde	uso
	003						SF OI LF)	1 20		ulat	ē
5	Yes	No	N/A	1	other missonans	000)				Ф	
and A	\boxtimes			Floor ti	le and mastic		1,465 SF				
				Windov	v Caulk		96 LF				
and A				Duct w	ork		1775 SF	\boxtimes			
	-		10								
Hauler	1	1		Vaste	Cubic Yards of	Name of Regi	stered Landfill				
	С	F			Waste	G.R.O.W.	S. NORTH LAND	FILL	187		
					Disposal Date	City, State MORRISV	ILLE, PA 19067			- 	
					Cianaturo		Da	ate .	,	0-41	
) Titl	e Estima	tor			Signature	Seed.	11	5/3	2/1	4	
	justification) Cancellation tement is Takin Firestone Lib red by Building ing Firm Sche Datement (Chec During Entire Pe utside of Norma DAM-3:00PM/ at apply) terial (ACM) D and A	ing Firm Scheduled Control of Normal Facility DAM-3:00PM/Pat apply) Sterial (ACM) Sand A Sand A	Tement is Taking Place (3) Firestone Library Tele Scheduled Comple O N H C Datement (Check only one) During Entire Period of Abate utside of Normal Facility Hou DAM-3:00PM/ PM- at apply) Renovat Demoliti Is Loca Norma Used Sol Maintena Custodial (12) Yes No B and A	Cancellation Name Rot	Cancellation Name of Contact Robert Ortegen	Justification Cancellation Robert Ortega	Jacancellation Name of Contact Robert Ortega	Jacancellation Robert Ortega Telephone Numit Robert Ortega Type of Facility (4) School (K.12) Subchapter 8 (Other than K.12 Other (i.e., private and commer homes, etc.) Square Feet # of Floors County Code (7)(STATE USE ONLY) Current Use (Prior if being demolis Library Telephone No. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC. Street Address Street Address	Name of Contact Robert Ortega Telephone Number	Justification Cancellation Robert Ortega	Cancellation Robert Ortega

Date of Notification (1)				Nan	ne of Buildi	ng Ow	ner/Operator (2)	9	T	7			
01 / 15	1 _	14		P	rinceton l	Unive	ersity-Office	of Design and	Constructio	n	1	5.1].
Agencies Notified Type N	otifica	ation		Stre	et Address				1//-					
☐ EPA ☐ Init				2	00 Elm Dr	٠.			MAY - 8	2014			\mathcal{A}	
☑ DOLWD ☑ Am				City	, State, Zip	Code	100			2014		-	21	
A Company of the Comp		ent # <u>5-4/2</u>			rinceton,								1	
	ergeno	cy (includin	g		ne of Conta				Telephone N	lumber	- 1		+	-
Car		200			obert Orto				, a	· carrido	4		1	
				F	ACILITY I	NFO	RMATION		- 1			-		
Name of Facility Where Abateme	nt is T	aking Plac	e (3)					Type of Facility	(4)					
Princeton University-Fires	tone	Library						School (K-12						
Street Address	_							Subchapter						
Washington Rd								Other (i.e., p		imercia	I DU	illaing	js,	
City (5)	-			-				Square Feet	# of Floors		RI	dg. A	ne .	
Princeton								0400.0100	" 01110010		0"	ag. / \	90	
County (6)				TCo	unty Code	(7\/CT/	ATE USE ONLY)	Current Use (Pr	rios if boing don	a aliah a	۳۱/			
MERCER				100	unity Code	(1)(317	TE USE ONLY)	The state of the s	nor it being den	nonsne	u)			
	. D. ila	E 0	(0)	1400				Library						
Name of Monitoring Firm Hired by	Bulla	ing Owner	(8)	ASC	M No.			ent Contractor (9)						
ATC Associates Inc.								VIRONMENTA	L, INC.					
Street Address							eet Address							
Three Terri Center						1	123 BEAVE	R STREET						
City, State, Zip Code						City	y, State, Zip Co	ode						
Burlington, NJ 08016						E	BRISTOL, PA	19007						
Project Manager for Monitoring F	rm	-200	- 1	elephon		Tel	ephone No.		License No).				
Michael Keehn				609-38	36-8800	2	15-788-6040		00509					
Start Date (10)	S	cheduled (Comp	oletion [Date (11)	Nai	me of OSHA M	onitor						
2 / 5 / 14		5		2 /	_14_	E	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During Abatem	ent (C	Check only	one)			Stre	eet Address				-			
☐ Facility Closed/Vacated During						1	123 BEAVER	RSTREET						
☐ Abatement Performed Outside	of No	rmal Facili	ty Ho	ours - D	escribe	1	y, State, Zip Co							
Time of Abatement: 6:30 AM-	1:00P	'M/F	PM	A	M	153	BRISTOL, PA							
Scope of Work (Check all that app	oly)								ti D					
☐ >3 sf or >3 lf		⊠ R	enov	ation			☐ Full Cont	ainment with Neglosure	gative Pressure	9				
≥160 sf or ≥260 If		□ D	emol	ition			☐ Glovebag	g Procedure						
G00								mpted (*) and No	n-Friable Proc	edure				
		2		cation							Ab	atem	ent T	уре
Location of Asbestos-Containing Material	/A CBA	1		nally olely by	Aab		Description o				Re	Re	П	ш
TO BE ABATED	,ACIVI)	Ma	ainte	nance/	/i	e. the	Containing Ma rmal systems i	insulation.	Amount (Specify	2	Remova	Repair	cap	ICIO
IN Facility		Cus		al Staff?		s	surfacing, VAT,	or	SF or LF)		va.	-	Encapsulate	Enclosure
(13)		Yes	(1: N		A .	oti	her miscellane	ous)					ate	
Throughout Levels C, B and	Α					tile ar	nd mastic		1,465 SF		\boxtimes			
Office A-7J		\boxtimes			Windo	w Ca	ulk		96 LF		<u> </u>			
Throughout Levels C, B and	A	\boxtimes			Duct w	vork			1775 SF					
	A052	\boxtimes	$\frac{1}{\Box}$								7	П	П	
Name of Registered Waste Haule			1) Waste	Cub	oic Yards of	Name of Regis	stered Landfill		_			\dashv
SERVICE TRANSPORT GR		INC			ID No.	Was			. NORTH LA	NDEII	ı			
				2099	90	-	ID :							
City, State						Disp	posal Date	City, State						
NEW CASTLE, DE								MORRISVI	LLE, PA 190	67				
Completed By (Print or Type)		Title					Signature	1 1-	1.0	Date		05776		
Brian Scafiro		Estima	tor				Brian	Scolino	1-K					

ASB-41
MAY 11 B 5 / 40 0 3 - B * Do not use this form for asbestos licensure exempted activities.

01 / 1	5 /	14				ding Owner/Operator					1 2	~ ~
	ype Notificat					University-Office	of Design an	d Constru	ction		li	7.1
	pe Notificat Initial	ion		1,000	eet Addres					_	-	-
☑ DOLWD	Amended			_	00 Elm D	902	3	MAY	- 8	201	Л	
☑ DHSS	Amendmer	nt #4-4	/16/14	10 250	y, State, Zip		1			71112	1	
□ DCA □	Emergency	(includ		LP		NJ 08544						
(NJAC 5:23-8)	justification			Nar	me of Conta	act	1,,,,,,,,	Telephoi	ne Num	her		
	Cancellatio	n			obert Ort		******			. 0	. 4	
Name of Facility Where Abat				F	ACILITY	INFORMATION					-	7.00
Princeton University-F	iroctone l	King Pi	ace (3)				Type of Facility	y (4)				
Street Address	II ESTOTIE L	library					School (K-1	12)				
Washington Rd							☐ Subchapter ☐ Other (i.e.,	orivate and	an K-12) 	L	
City (5)							homes, etc	.)	COMMINE	Clar	ווטווטו	igs,
Princeton							Square Feet	# of Flo	ors	E	3ldg.	Age
					1020-0030-0030					- 1	2	.90
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being	demolis	hed)		
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Name of Monitoring Firm Hire	d by Buildin	g Owne	er (8)	ASCI	M No.	Name of Abateme))				
ATC Associates Inc.							VIRONMENTA					
Street Address		4				Street Address		·-, 1110.				
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitorin	g Firm		Te	lephone	e No.	Telephone No.		Tree				
Michael Keehn						resoprione 140.		License	No.			
			6	09-38	6-8800	215-788-6040		0000				
	Sch	eduled			6-8800 ate (11)	215-788-6040		00509	9			
	Sch		Compl	etion D	ate (11)	Name of OSHA M	onitor		9			
Start Date (10)2 /5 /14	<u> </u>	4	Compl / 2	etion D		Name of OSHA M BRISTOL ENV	onitor		9			
Start Date (10) 2 / 5 / 14 Decupancy Status During Aba Facility Closed/Vacated Du	tement (Che	4 eck only Period o	Compl / 2 / one)	etion D	ate (11)	Name of OSHA M BRISTOL ENV Street Address	onitor /IRONMENTA		9			
Start Date (10) 2 / 5 / 14 Decupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs	tement (Che ring Entire P	eck only Period of al Facil	Compl / 2 / one) of Abate	etion D	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	onitor VIRONMENTA		9			
Start Date (10) 2 / 5 / 14 Decupancy Status During Aba Facility Closed/Vacated Du	tement (Che ring Entire P	eck only Period of al Facil	Compl / 2 / one) of Abate	etion D	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co	onitor VIRONMENTA R STREET de		9			
Start Date (10) 2 / 5 / 14 Decupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:30A	tement (Che ring Entire F ide of Norm M-3:00PM/	eck only Period of al Facil	Compl / 2 / one) of Abate	etion D	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	onitor VIRONMENTA R STREET de		9			
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Date of Notification (1)					Na	me of Duile	di 0						
01 /	15	/14	ı		"	Princeton	ding Owner/Operator University-Office	(2)	Connet	17	F		T
Agencies Notified EPA DOLWD	Type Not Initial Arnen				Str	eet Addres	s		MAY - 8 2				<u> </u>
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DCA	☐ Erner	gency (in	dud	ing			, NJ 08544						
(NJAC 5:23-8)	Justific Cance	cation)				me of Conta			Telephone Nu	mber	4	{	
	- Cance	enation				Robert Ort			10		- m hand		
Name of Facility Where At					F	ACILITY	INFORMATION						-
Princeton University	-Firesto	is raking one Libi	9 Pla rarv	ice (3))			Type of Facility	5,451				-
Street Address				-				School (K-12) (Other than K-	40)			
Washington Rd								Other (i.e., pr	ivate and comm	12) ercial	buildi	nos	
City (5)								nomes, etc.)				95,	
Princeton								Square Feet	# of Floors		Bldg.	Age	_
County (6)			_		TCo	unty Code	(7)(STATE USE ONLY)						
MERCER						unity Code	(1)(STATE USE UNLY)	Current Use (Pri	or if being demo	lished)		
Name of Monitoring Firm H	ired by B	uilding O	wne	r (8)	ASC	M No.	Name of Abatem						_
ATC Associates Inc.								VIRONMENTAL	INC				
Street Address							Street Address	THE THE TALL	., 1110.				
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co						
Burlington, NJ 08016							BRISTOL, PA						
Project Manager for Monitor	ring Firm			Te	lephone	e No.	Telephone No.		License No.				
Michael Keehn					609-38	6-8800	215-788-6040						
Start Date (10)		Schedu	iled (Comp	letion D	ate (11)	Name of OSHA M		00509				
2 / 5 /	14					_14		/IRONMENTAL	INIO				
Occupancy Status During At	batement						Street Address	THOM WENT AL	INC.				
☐ Facility Closed/Vacated D	During En	tire Perio	od of	Abat	ement		1123 BEAVER	07055					
Abatement Performed Out	utside of A	Normal F	acili	ly Ho	ırs - De	scribe	City, State, Zip Co						
Time of Abatement: 6:30	AIVI-3:00	JPW/	- ۲	'M	AM	I.	BRISTOL, PA						
Scope of Work (Check all tha	at apply)												
_ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf				enova emoliti			☐ Glovebao	ninment with Nega psure Procedure apted (°) and Non-	•				
				Loca				7	Hable Flocedu				
Location of Asbestos-Containing Mate	erial (ACA	16)		Norma	ally ely by		Description of				batem		_
TO BE ABATED			Ma	inten	ance/	Asbes	stos Containing Mate , thermal systems in	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility		- 1	Cust	todial (12)	Staff?	(surfacing, VAT, o	sulation,	(Specify SF or LF)	100	1	aps	Sor
(13)		1	res	No	N/A	1	other miscellaneou	ıs)	Or or Ery	=		Encapsulate	ē
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ffice A-7J		<u> </u>	-	一		Window			1,465 SF	×			
nroughout Levels C, B a	and A	D	-	$\overline{\Box}$	 	Duct wo			96 LF	×			
		×	-	=		200 WO			1775 SF	×			
me of Registered Waste Ha	uler		N 1		JDEP V	Vacto	Cubic Manil						
SERVICE TRANSPORT		INC		H	auler ID	No.	Cubic Yards of Waste	Name of Register	ed Landfill ORTH LANDF	= 0 .			
ty, State					20990		Disposal Date	City, State	ONTH LAND	-11-1			
NEW CASTLE, DE							- Jose Date	MORRISVILLI	F DA 10007				
mpleted By (Print or Type)		Title					Signature						
Brian Scafiro		Estin	nato	or			A' 1	1- 1	Dat	e,	, ,		

Cope of Work (Check all that an incident and incident an	A	Us	s Local Norma ed Sokal intena stodial (12)	tion illy oly by	(1.6.,	Description of os Containing Materia thermal systems insu surfacing, VAT, or other miscellaneous) and mastic	rocedure rocedure led (*) and Non-Fr		_		Encapsulate	ge Enclosure
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] ≥3 sf or ≥3 lf			emoliti			Glovebea B	an a					
cope of Work (Check all that ap				tion		☐ Full Contain	ment with Negative	re Pressure				
Facility Closed/Vacated Duri Abatement Performed Outsix Time of Abatement: 6:30AM	ng Entire F de of Norm -3:00PM/	eriod	of Abat	ement	10	Street Address 1123 BEAVER : City, State, Zip Code BRISTOL, PA 1						_
Occupancy Status During Abate	ment (Chr	eck on	(one)		/ _14	BRISTOL ENVI		INC.				
Start Date (10)	Sch	edule	Comp	etion	86-8800 Date (11)	215-788-6040 Name of OSHA Mo	Ditor	License No 00509				
Project Manager for Monitoring Michael Keehn	Firm				ne No.	Telephone No.	19007					
Burlington, NJ 08016						City, State, Zip Co BRISTOL, PA			-		_	_
City, State, Zip Code						1123 BEAVER	STREET					
Three Terri Center						Street Address						_
Street Address				1		BRISTOL EN	/IRONMENTAL	, INC.				
Name of Monitoring Firm Hire ATC Associates Inc.	a by Buildi	ng Ow	ner (8)	AS	CM No.	Name of Abateme	Library ent Contractor (9)					
MERCER	J1 =				County Code	(7)(STATE USE ONLY)		or if being de	molish	ed)		_
County (6)								# of Floors	3	Bld	g. Ag	e
City (5) Princeton							Other (i.e., pr homes, etc.) Square Feet			ial bu	ildings	١.
Washington Rd							Subchanter 8	/Other share	K-12)			
Street Address	restone	Libra	iry				Type of Facility					_
Name of Facility Where Aba Princeton University-	tement is 1	aking	Place ((3)	- MOIEITI	INFORMATION	T - 12 11					_
Name of Facility 147						INFORMATION				-		
	Cancella	tion			Name of Cor Robert O		16.4	Telephone	Numb	i Mer	+	_
(NJAC 5:23-8)	Emerger justificat	ion)	duding	-	Princeto	n, NJ 08544				1		
	Amenda	nent #2	-2/12/	14	City, State, 2	Ip Code	MAI	<u> </u>	14			
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⊠ DOLWD		ation		-	Street Addre	ess	e of Design and	Construc	uon		1	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)						NJAC 8:60 and							
01 /	15	4.	4		Name of B	uilding Owner/Onem	10- (2)						
Agencies Notified					Princet	on University-Off	nor (e)	and O-		E		T	_
□ EPA	Type Not	ification			Street Addr	ording-Off	ice of Design s	ing Con	structio	'n	1	11	
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	☐ Cancel	letion			Name of Co	ntact		Tolo	at .	į.		4	
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ATC Associates Inc.			mei (o	A	SCM No.	Name of Abaten	nent Contractor (2)					
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Three Terri Center						Street Address	THE PROPERTY	AL, INC.					
City, State, Zip Code						1123 BEAVE	D etapes	50.7				_	_
Burlington, NJ 08016						City, State, Zip C	N SIREET						
Project Manager for Monitor												_	_
	nng Firm		71	eleph	one No.	BRISTOL, PA	19007						
Michael Keehn			- 1			Telephone No.		-					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Ck# 2544

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City, State, Zip Code						1123 BEAVE	R STREET					
Burlington, NJ 08016					V-SS-	City, State, Zip C	ode					
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Project Manager for Monitoring	i-im		To	elepho	ne No.	Telephone No.	. 10001					
Michael Keehn					386-8800			License No			_	-
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