State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

								LUIT				
Date of Notification	(1)					wner / Operator	(2)					
	05-03-2016		er Un						MAY 1	0 2016	U	+
Agencies Notified	Type Notification		et A		ss ceville	Pood			11171.1		1	
					Zip Co						1	
⊠ DOL	Amended				NJ 086		1	ASI		CONTROL		
□ DEP □ DOL □ DOH □ DCA	Emergency	12.000	ne of			830	1		LIUUH	elephone N	umber	1
□ DCA	☐ Cancellation	Mr.	Stev	e Arl	cuszew	/ski						
			FAC	ILIT	/ INFO	RMATION						1
Name of Facility Wh	nere Abatement is Taking Pla					Type of Facility	y (4)					
House #1 – Boiler F						School (K		55.0 NOS 6	122			
Street Address						Subchapte	er 8 (Other	than K-1	2)	gs, homes, e	to)	
2083 Lawrenceville	Road					Other (i.e. Square Feet		Floors		ldg. Age		-
City (5)	County (6)	Count	v Co	de (7	7)	15,000		ors each		54		
Lawrenceville, NJ 086	A CONTRACTOR OF THE CONTRACTOR	Oodin	, 00	40 (.	,	Current Use (F			shed)			
Lawrence vine, rice ese	1110.001					Campus Buildi	ing					
Name of Monitoring	Firm Hired by Building Own	er (8)			M No.	Name of Abate						
Pennoni Associates	s, Inc.	1500	(0010	2	Resource Man		Group, LL	_C			-
Street Address	44 D					Street Address 2115 Hamilton		202				
515 Grove Street, # City, State & Zip Co						City, State & Z		, 202				7
Haddon Heights, N.						Trenton, NJ 08						
Project Manager for		Telepho			er	Telephone Nu			License N			
Mr. Brian Clark		856-265				609-977-6159				01185		-
Scheduled Start Da 05-16-20		npletion I 5-31-201		(11)		Name of OSH, J&S Environm		ratories.	Inc.			
	During Abatement (Check or		10			Street Address						٦
Facility Clos	sed/Vacated During Entire P	eriod of	Abate	emer	nt	2333 Route 22						
	Performed During 1st Shift					City, State & Z						
	8:00am to 5:00pm					Union, NJ 070	183					
Scope of Work (Ch	cupied During Abatement											\dashv
Scope of Work (Cit	eck all that apply)						⊠ Full	Containn	nent with N	legative Pre	ssure	
≥3 sf or ≥3	If	⊠ F	Reno	vatio	n		☐ Mini-	Enclosu				
≥160 sf ≥26	60 If		Demo	olition	1					Cut & Wrap		
										n-Friable Pro		
177	ocation of	Is Lo		V 200		Description Asbestos-Cont			Amount (Specify	Abatem	ent Type	2
	tos-Containing terial (ACM)	Normal Sole	ly by			Material (AC			SF or LF)		Enc	п
	BE ABATED	Mainter				(i.e., thermal sy	/stems			Ren	ıca	Enc
-	in Facility	Custodi		aff?		nsulation, surfac				epair	apsulat	Isoure
	(13)	-	12) 10 1	N/A		or other miscella	aneous)			<u>a</u> ¬	<u>a</u>	Ď
					Interior	Boiler Insulation		_	200 SF			\neg
Boiler Room			X X	屵		tings assoc w/ fibe	erglass pipe		40 LF		HH	Ħ
Boiler Room				ш	insulat	ion						
Boiler Room			X			Breach Sealing Mu			10 SF		1414	4
Boiler Room				ឣ		ated Pipe Insulation	on		30 LF 300 SF		+H+	뮈
Boiler Room			<u> </u>	H	HOL WA	ter tank insulation			300 31	- 위 위	+H+	╡
Name of Registere	d Waste Hauler		NJD	EP V	Vaste	Cubic Yards	Name of F	Registere	d Landfill		1010	7
Ivame of registere	a vvadio i ladioi					of Waste						
Resource Manager	ment Group, LLC		003	5218		TBD	Grows La	ndfill				
City, State						Disposal Date	City, State					
Trenton, NJ						TBD	Morrisville	, PA		,		
Completed By (Prin			Title			Signature	11			Date	10	
Mr. Brian J. Haney			Pres	siden	t	\$11 An	DH	VA 16		05-03-20	10	
						1 19 W.	#11	1W				

State of New Jersey

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

					11-1						Ш	
Date of Notification	(1) 05-03-2016			of Buil Jniver		wner / Operator	(2)	MAY 10	2016		IJ	
Agencies Notified	Type Notification			Addre			12 -	WIAI		-		
⊠ EPA	Type Notification	100			ss iceville	Road						
DEP		-			Zip Co		AS	BESTOS CO	NTRO	L &		
⊠ DOL	Amended				NJ 086			LICENSIN	NG			
□ DOH	Emergency			of Cor			-	Te	lephon	e Nu	ımbe	er
□ DCA	☐ Cancellation	N	1r. Ste	eve Ar	kuszev	vski			15			1:
												-
		- 12		CILIT	Y INFC	RMATION	(4)				-	
	nere Abatement is Taking Pl	ace (3)			Type of Facility						
House #3 – Boiler F	Room					School (K		(10)				
Street Address	D1					Other (i.e.	er 8 (Other than k . private & comme	rcial buildings	home	e et	(C)	
2083 Lawrenceville	Road					Square Feet	# of Floors		g. Age		0.7	
City (E)	County (6)	ICO	inty C	ode (7)	15.000	3 floors	Dia	g. 7 gc	54		
City (5) Lawrenceville, NJ 086		1000	irity C	oue (, ,		Prior if being dem	olished)				
Lawrenceville, NJ 000	40 Wercer	1				Campus Build		olio rou)				
Name of Manitoring	Firm Hired by Building Own	or (8)		IASC	M No.		ement Contractor	(9)				
Pennoni Associates		ici (0)		0010			nagement Group,					
Street Address	, 1110.			10010		Street Address					-	
515 Grove Street, #	1B					2115 Hamilton	Ave, Suite 202					
City, State & Zip Co						City, State & Z						
Haddon Heights, N.						Trenton, NJ 08	8619					
Project Manager for		Telep	hone	Numb	er	Telephone Nu	mber	License Nui				
Mr. Brian Clark	20000000000000000000000000000000000000	856-2	65-10	14		609-977-6159			01185	5		
Scheduled Start Da	te (10) Scheduled Cor	npletio	n Dat	e (11)		Name of OSH						
05-16-20		5-31-2		42 33		J&S Environm	ental Laboratorie	s, Inc.				
Occupancy Status I	During Abatement (Check or	nly one)			Street Address	-					
	sed/Vacated During Entire P	eriod o	of Aba	ateme	nt	2333 Route 22						
	Performed During 1st Shift					City, State & Z						
	8:00am to 5:00pm					Union, NJ 070	183					
	upied During Abatement											-
Scope of Work (Ch	eck all that apply)							nment with Ne	avite	Pres	CHIP	
□ >0 =f == >0	I.E	\boxtimes	Pon	ovatio	n		☐ Mini-Enclos		gative	100	ouic	
 ≥3 sf or ≥3 ≥160 sf ≥26			Philippine and	nolition				Procedures/Cu	ıt & W	ran		
△ ≥100 SI ≥20	50 H		Dell	iontioi				oted and Non-I			cedu	re
1	ocation of	lel	ocati	on		Description		Amount	_	teme		
	tos-Containing		nally l			Asbestos-Cont		(Specify				, ,
	terial (ACM)		olely b			Material (AC		SF or LF)	71		Щ	П
	BE ABATED	Main	tenan	ce or		(i.e., thermal sy			Removal	Re	Enca	Encl
i	n Facility	Custo	odial S	Staff?		nsulation, surfac			101	epair	psı	Isoure
	(13)		(12)			or other miscella	aneous)		<u>a</u>	7	apsulat	re
		Yes	No	N/A					2000			
Boiler Room			\boxtimes			Boiler Insulation		200 SF			Ц	Щ
Boiler Room			\boxtimes			tings assoc w/ fibe	erglass pipe	40 LF			Ш	
			E 2		insulat	ion Bre e ch Sealing Mu	ıd	10 SF				
Boiler Room		H		H		ated Pipe Insulation		30 LF		井	Η	H
Boiler Room		H		H		ter tank insulation)II	300 SF		H	믐	H
Boiler Room		H	<u> </u>	+	I IOL Wa	iter tarik irisulation		300 01		H	H	H
Name of Registere	d Maste Hauler		NI I	DED /		Cubic Yards	Name of Registe	red Landfill				
Name of Registere	u vvaste nautei			uler I		of Waste	realise of registe	rea Lariann				
Resource Manager	ment Group II C		700000	35218	1357	TBD	Grows Landfill					
	non oroup, LEO		00		-	Disposal Date	City, State					
City, State						TBD	Morrisville, PA					
Trenton, NJ				1-			1 /		Data		911-	
Completed By (Prir			Tit		.4	Signature	1/1/		Date 05-03	201	6	
Mr. Brian J. Haney			Pre	esider	IL	MAN	1 1011.		00-03	201	J	
						11111	24-11/11					

CX 2429

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

					 7/3		IIDII		-01	- 1	11/	11
Date of Notification (1) 05-03-2016			of Bu Unive		Owner / Operator	r (2)		MAY 1	0 201	0	1	1
Agencies Notified Type Notification			Addre									+
⊠ EPA					e Road		L	BESTOS	CONTR	ROL	&	
				Zip C			AS	LICE	VSING			_
□ DEP □ Initial □ Amended	_			, NJ 08	648							
☑ DOH☑ Emergency☑ Cancellation	100		of Co		88			17	Telepho	ne Nu	ımbe	35
☐ Cancellation	1	Mr. St	eve A	rkusze	wski			1				
			ACILIT	Y INFO	ORMATION						111111	
Name of Facility Where Abatement is Taking P	lace (3	3)			Type of Facili							
House #5 – Boiler Room	-				School (I							
Street Address 2083 Lawrenceville Road							ner than K-		h	+	- \	
2000 Lawrenceville Road					Square Feet		& commercof Floors		gs, nom		C.)	
City (5) County (6)	Co	untv (Code (7)	15,000	0.000	floors		lug. Age	54 54		
Lawrenceville, NJ 08648 Mercer			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. /	Current Use (ished)		0.1		
100000000000000000000000000000000000000					Campus Build			,				
Name of Monitoring Firm Hired by Building Ow	ner (8)		U DOWNSON STATE	CM No.								
Pennoni Associates, Inc.			001	02	Resource Ma		t Group, Ll	LC				
Street Address 515 Grove Street, #1B					Street Addres		:1 - 000					
City, State & Zip Code					2115 Hamilto City, State & 2		lite 202					_
Haddon Heights, NJ 08035					Trenton, NJ 0							
Project Manager for Monitoring Firm	Telep	hone	Numb	oer	Telephone Nu			License N	umber			
Mr. Brian Clark	856-2	265-10	014		609-977-6159	9			0118	5		
Scheduled Start Date (10) Scheduled Co. 05-16-2016	mpletic 5-31-2		te (11))	Name of OSH J&S Environn			Inc				
Occupancy Status During Abatement (Check o					Street Addres		boratories,	IIIC.				
Facility Closed/Vacated During Entire F			ateme	nt	2333 Route 2	656						
Abatement Performed During 1st Shift					City, State & 2							
Describe: 8:00am to 5:00pm					Union, NJ 070							
Facility Occupied During Abatement												
Scope of Work (Check all that apply)										_		
≥3 sf or ≥3 lf	\boxtimes	Pon	ovatio	'n			ıll Containn ni-Enclosu		egative	Press	sure	
≥160 sf ≥260 lf			nolitio				ove Bag Pr		11t & \//	ran		
		2011	ionao				on-Exempte				edur	·e
Location of	Isl	Locati	ion		Description			Amount		teme		
Asbestos-Containing	4	nally l			Asbestos-Con			(Specify			Ť	
Material (ACM)		olely b			Material (A0			SF or LF)	z	_	田田	Щ
TO BE ABATED in Facility		tenan odial S	ce or		(i.e., thermal synsulation, surface				em	ep.	car	icis
(13)	Cusic	(12)	olali!	1	or other miscella				Removal	Repair	Encapsulat	Enclsoure
	Yes	No	N/A		0, 00,0, 1,1100011				2		at	G,
Boiler Room		\boxtimes	П	Interior	Boiler Insulation	14:50		200 SF		\sqcap	\Box	П
Boiler Room		\boxtimes			ttings assoc w/ fibe	erglass pip	е	40 LF				
Pailer Deam		E Z		insulat				10.05	S			
Boiler Room Boiler Room	+H	\boxtimes	Н		Breech Sealing Mu ated Pipe Insulation			10 SF 30 LF		H	H	H
Boiler Room	H		H		iter tank insulation			300 SF		壯	H	ዙ
2010. 1100111	П		Ħ		nor tariit inounation			000 01		Ħ	Ħ	ㅐ
Name of Registered Waste Hauler		NJ	DEP \	Vaste	Cubic Yards	Name of	f Registere	d Landfill				_
			uler II		of Waste							
Resource Management Group, LLC		003	35218		TBD	Grows L						
City, State					Disposal Date	City, Sta						
Frenton, NJ					TBD	Morrisvi	ile, PA					
Completed By (Print or Type)		Titl			Signature	\cap	1		Date			
Mr. Brian J. Haney		Pre	esiden	τ	TN no	[]	LIM	0/	05-03-	2016	i	
					11/11	X	1711	7				
						-						

State of New Jersey

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	MAY	1	0	201	6	

	(Pu	rsuant to NJA	T \$ 60 and 12-1	20: [[]]	MAY 10	201	6		11
Date of Notification 15 3		Name of Buildi	ng Dwner Oberaid	oriz L				i	1
5-3-	-16	E AVE D	+TECH	CONTRIAC	TING		-	1	=
Agencies Notified Typ	e Notification	Stree: Address			ASBESTOS CO	ING	IUL	OL.	
□ PA - 🎽	nna	132	RT. 50		LICENS	ING	-		=
	Amended Amendmen; =	Cr. State Zip		N 7	00770				
A.300	Emergency including		MARIELO	111-2.	08530				_
Ø DOH	ustification	Name of Conta		: 4	electrone Nim	nner			
	Cancelation	BRUC		NILE					
		, EYCIPLA IM	FORMATION		*				
Name of Facility Where Abate	ment is Taking Place 13			Type of Facility					
RESIDE		4		3chool (K-	12" r 8 :Other than K-1	21			
Street Address					private & commercial		dings		
				nomes, etc		Тв	ldg A	~	
City (5)				Square Fee!	# of Floors	5	10g 2		
OCEAN	CITY			1000	-1		46		_
County (6)		County Code USE DAL 1	7: STATE		Prior if being demo	isned)			
CAPE IV	1A7				ANT				
Name of Monitoring Firm Hired	by Building Owner	ASON No	. ,	men: Convactor (
151 N.A			المملك		16.				_
Street Address			Street Address	_	UCE AVE				
			369	S. Spr	ULL AVE				
City, State Zip Code			Ct. State Zp:	- contraction -	7 1h -n	0	80	52	
			MAP	LE JHH	License No				_
Project Manager for Monitoring	Firm Tale	ephone 140	Telephone No	c 01123	그 그리고 아이 아이 아이를 하는데 없다면 없다.	14			
				9-0472	- 1 - 001				
Start Date (10)	Scheduled Comple		Name of OSHA	▶	T				
5-13-16	5-2-1-	-16	J6SEPH	Clemn	1) R				
Occupancy Status Dunno Apa:	ement (Check anly one)		Street Address	. SPRUC	c 10	. •			
M English Closed Warraged Dur	ing Entre Penot of Abale	men:	369		e nue				
Abatement Performed Outs	de of Normal Facility hou	75	Cty State Zp (ALT OF	305	7-		
Other - Describe			MAPLE	SHADE	18.1	100			
Scope of Work (Check all that a	30019		— = 11 Co	ntainment with N	egative Pressure				
	- Renovati	or	TI MICH ED	closure					
≥3 s1 or ≥3 ff ≥160 s1 or ≥260 ff	₹ Demoito		Gloved	ag Procedure	on-Friable Procedi	ıre			
X 3 100 21 01 5500 1	**		· / 401-Ex	(E1112):50 : ; a120 11	3/11/00/01/1000		bate	ment	
1.	is Locatio Normally						Typ	æ	
	used Soleh	h	Description o	1	Amount			-	
Location of Asbestos-Containing Matenai	ACM Maintenant	ce Ast a s	es Johia ning Ma Inemal systems	teria (AUM) Insulation	Specify	72	E	120	Enc
TO BE ABATED	Custota Staff	e e e	surfacing wat	÷,	SF or LF1	Remova	Repair	sch	Enclosure
IN Facility	1.5		ome: miscellane	೦		leve	3hr	Encapsulate	ure
• 3		4			- **			G	
	`* ·:				2-20-55	X			
SIDING		X :	TRANSIT	<u>t</u>	3000 55	1	-	_	
JINING		-						-	_
					,				
		IDEP Waste	Cubl: Yards	I Name of Red	istered Landfill				
Name of Registered Waste Haut			of rivageta	Cus	C IM 11	1	99		
	ve	7904	5	1-2-14	. C. Y*1. U				
City State			Osposal Date	City, State	o. 13 − 1 h	1 7			
	= N.J			1 - MOOA	OBINE !	77. 7	_		=
Y I I I I I I I I I I I I I I I I I I I	Tite		Signature	0 0	Date	-3	-1	6	
Completed By MICHAEL KLEM	1 11c= F	RESIDENT	_ Mu	21/1	= 1 - 3				
	M. I								

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

					_					-							111
Date of Notification (1) 5 / 3	1	16			100000000				er/Operator operty Mai		gement and C	onstruction	ay 1	0	201	6	IL
		17	_							_		n C. M.	AI	- ×	150		1
	oe Notifica Initial	ition				et Addre West		te Str	reet, 9th Flo	00	r	ASBES	TOS	CC	NTI	ROL	. &
	Amended				City	State, 2	Zip C	Code				ASBES	LICE	NS	NG		
	Amendme				- 25.5				5-0034		1		LIOL				
	Emergend		cluding			e of Co	10000000					Telephone N	lumbe	r			
	justification Cancellation				2.00	smine						1 diephone 14	idilibe				
							2000		MATION								_
Name of Facility Where Abate	ament is T	akina	Place	(3)	г	ACILII	TIN	IFOR	WATION	T	Type of Facility (4)					
Taxation Building	Silielit is 1	aking	1 1000	(0)						- 1	School (K-12)						
Street Address										+	Subchapter 8	(Other than K					
50 Barrack Street											Other (i.e., pr homes, etc.)	ivate and com	mercia	al bu	ilding	S,	
City (5)						- marke					Square Feet	# of Floors		Blo	ig. Ag	ge	
Trenton											10,000	10			100		
County (6)					Co	unty Co	de (7)(STAT	E USE ONLY)		Current Use (Pri	or if being dem	nolishe	ed)			
Mercer											Taxation Bu	ilding					
Name of Monitoring Firm Hire			wner ((8)	ASCI	ЛNo.					nt Contractor (9)						
Environmental Connec	tion, Inc	:.						Sł	nade Envir	101	nmental, LLC						
Street Address								Stree	et Address								
120 N. Warren Street								0.700	23 Cutler A	2000							
City, State, Zip Code									State, Zip C								
Trenton, NJ 08608	4 C + 40 C + 1 C +								aple Shade	e,	NJ 08052						
- 150	roject Manager for Monitoring Firm Telephon								phone No.	_		License No).				
Roland Jones						2-4200		3565	6-755-009	33		00842					
Start Date (10)05 /13 /1						ate (11 16		100000000000000000000000000000000000000	ne of OSHA I VISL Analy								
Occupancy Status During Aba	atement (0	Check	only o	one)				Stree	et Address								
☐ Facility Closed/Vacated Du	uring Entir	e Per	iod of	Abate	ement			20	0 Route 1	30	North						
Abatement Performed Out Time of Abatement:									State, Zip C								
Scope of Work (Check all that	t apply)								W222	- 22		and the second second					72
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De						✓ Mini-En✓ Gloveba	iclo ag	ninment with Neg osure Procedure opted (*) and Nor						
			ls	Loca	ation									Ab	ateme	ent T	vpe
Location of			1	Norm	ally				Description					207709500			
Asbestos-Containing Mate		1)			lely by ance/	P	Asbe	stos C	Containing M	late	erial (ACM)	Amount		em	Repair	nca	ncl
TO BE ABATED IN Facility)				Staff?		(ı.e		mal systems urfacing, VAT			(Specify SF or LF)		Removal	ali-	psu	Enclosure
(13)				(12)				er miscellan			01 01 11)	'	_		Encapsulate	Гe
3.72			Yes	No	N/A	4										W	
7 th Floor Mechanical Roo	7 th Floor Mechanical Room							sulati	ion			7 LF		\boxtimes			
1			П											П	П	П	П
			ī		+-											$\overline{\Box}$	
Name of Registered Waste H	auler		Ц_	_	MIDE	Waste		Cubi	ic Yards of		Name of Regis	tered Landfill					
Freehold Cartage	autor				Hauler	ID No.		Was				orth Landfill	ĺ				
City, State					022	5		1 Disp	osal Date	_	City, State						
Freehold, NJ									5/14/16		Morrisville,	PA					
Completed By (Print or Type)		Title							Signature	_			Date				
Christina Lynch				ions	Mana	ger			Om lon		2)0 2				16		
							1.0		VIIV	_			01	01	14		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) May 4, 2016 Bayside Marine Construction Agencies Notified Type of Notification Street Address [X] EPA Initial Notification 11 Birdsall Street [X] STOS CONTROL & DEP Amended Notification City, State, Zip Code LICENSING [x] DOL Amendment # Waretown, NJ 08758 Emergency (including [X] DOH justification) Name of Contact Telephone Number DCA Cancellation Adam FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, homes, etc.) City County Code (7) Bldg. Age County (6) # of Floors Square feet (STATE USE ONLY) 800 sf 1 60 Current Use (Prior if being demolished) Little Egg Harbor Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A 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 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/16/16 5/17/16 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x] [x]≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure [x] Abatement Type Is Location Description of R R E Location of Normally used Asbestos-Containing Amount Е E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C C P M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A L A 0 in facility P Staff insulation, surfacing, 0 V S S (13)(12)VAT, or U U other miscellaneous) A L R YES NO N/A E Exterior X Asbestos siding 420 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 5/18/16 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 5/4/16

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e a		NOT:	(Pı	ION Corsuant to	o NJAC	BES1 0 8:60 an	d 12:120	A1 1	EMENT	D)-	EGE				
Date of Notification (1)	May 4, 2016					uilding Ov	oner/Opera Good N	ntor (2) Mowi	n Inc		MAY 1	0)21	995 C	113	4
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA	Amend	Notificati ed Notifi ment #_ ency (inc ation)	cation	С	ity, State	, Zip Code		n, NJ	Road 08527		SBESTOS LICEN			. & .	
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City		County		C) (S	ounty Co TATE U	de (7) ISE ONLY)		are feet 2000 sf rent Use (Prio	r if bein	of Floors 2 g demolished)	Bldg.	Age 60		
Name of Monitoring Firm	Hired by Building C ger Environment	wner (8)		A	SCM No					tor (9)	ontracting,	Inc.			
Street Address 16 City, State, Zip Code	W. Elizabeth Avnden, NJ 07036		Suite 6				Street Ac City, Sta	te, Zip	Code Tom		9, Unit 61	y 087	55-12	71	
Project Manager for Monit Kelly			Telephone N 732-948- Scheduled C	9458	Data (11		Telephor 732-34	9-99			License No 00624	ımber	- 11		
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Completed by (Print or T Nicholas Fe	ype)		ect Manaş	ger	Signat			_	-	1		5/4	2016		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Ohak# 10643.

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

Date of Notification (1)			140	aille oi t	bullully C	wner/Operator (2)	1		2010			- 1	
5 /	9 / 16	=		City of	Camde	n			2016 HAY 1	7	15	4	
Agencies Notified	Type Notification		St	treet Add	dress				1	A	M12		
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	Amended		C	ity, State	e, Zip Coo	de			alenhone Number	/	17		
⊠ DOH	Amendment #				en, NJ 0					14	CIT	1/	
	 Emergency (inclusion) 	uding	N	ame of	Contact			T	elephone Number		7		
(NJAC 5:23-8)	☐ Cancellation			John l	Bond			'	*				
				FACIL	ITY INF	ORMATION							_
Name of Facility Where Ab	atement is Taking F	Place (3)					(5)	e of Facility (4)					
STATE STREET RES								School (K-12)	Other than K-12)				
Street Address							N C	Other (i.e., priva	ate and commercial	build	ings,		
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City (5)		200					Squ	are Feet	# of Floors		. Age		
Camden							0.750	aries	varies	50	+		_
County (6)				County	Code (7)(STATE USE ONLY)			if being demolished	1)			
CAMDEN							2537		EMED UNSAFE				
Name of Monitoring Firm	Hired by Building Ov	wner (8)	A	SCM No).	Name of Abateme							
Health and Safety S				117		Controlled E	nvir	onmental Sy	stems				
Street Address						Street Address							
PO Box 365						1121 N. Beth	lehe	em Pike - Sui	ite 60				
City, State, Zip Code						City, State, Zip C	ode						
Berlin, NJ 08009						Spring Hous	e, P	A 19477					
Project Manager for Moni	toring Firm		Telep	hone N	0.	Telephone No.			License No.				
Jim Proctor	toring r			609-839		215 542 7000	0		00847				
Start Date (10)	Schedu	uled Cor	npleti	ion Date	(11)	Name of OSHA	Monit	tor	***				
5 / 20 /				/		CES							
Occupancy Status During						Street Address							
☐ Facility Closed/Vacate	d During Entire Per	iod of Al	baten	nent			lehe	em Pike -Suit	te 60				
☐ Abatement Performed	Outside of Normal	Facility	Hours	s - Desc	ribe	City, State, Zip C	Code						
Time of Abatement: 7	:00AM-5:00PM/_	PM-		_AM		Spring Hous	se, F	PA 19477					
Scope of Work (Check a	Il that apply)								ative Procesure				
Scope of Work (Grissia		Ren				☐ Full Co		ment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Ren				☐ Gloveh	ап Р	rocedure	= D				
△ ≥100 31 01 ≥200 11						⊠ Non-Ex	emp	ited (*) and Nor	n-Friable Procedure			-t T	100
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Name of Registered Wa	aste Hauler		11.55	NJDEP \		Cubic Yards of Waste	85	Name of Regis	stered Landfill				
Waste Manageme	nt of NJ		1	Hauler II 1727		200/reside	nc	GROWS					
City, State						Disposal Date		City, State	DΛ				
Fairless Hills, PA						8/5/16		Tullytown					
Completed By (Print or	Type) Tit	tle				Signature	1-	- 11	Da	رو ا	1	1.	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Oher Late 10 GNU

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator ((2)	2-17:106	1.	4 F.		
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Agencies Notified Type No				Stree	et Address				AMI	2		
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Name of Facility Where Abatement	is Takin	g Place	e (3)	1 7	CILITIII	NFORMATION	Type of Facility	(4)				
YORK STREET RESIDENCE	S						☐ School (K-1					
Street Address							☐ Subchapter	8 (Other than K-12)				
416 534 705 707 717 719 YO	RK Str	eet Re	eside	ences			Other (i.e., homes, etc.)	private and commerc	cial b	uildin	gs,	
City (5)			0.000				Square Feet	# of Floors	10			
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Name of Monitoring Firm Hired by E	uildin - ((0)	1000		1		DEEMED UNSAF	E			
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Street Address				117		Controlled E	nvironmental	Systems				
						Street Address						
PO Box 365						1121 N. Bethl	lehem Pike - S	Suite 60				
City, State, Zip Code						City, State, Zip Co	ode					
Berlin, NJ 08009	3					Spring House	e, PA 19477					
Project Manager for Monitoring Firm	1		Te	lephone	No.	Telephone No.		License No.				
Jim Proctor					39-2432	215 542 7000		00847				
Start Date (10)	Sched	luled C	ompi	letion Da	ate (11)	Name of OSHA M	onitor					_
5 /20 /16				5/	16	CES			19			
Occupancy Status During Abatemer	nt (Check	c only	ne)			Street Address						
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Abatement Performed Outside of	Normal	Facility	γ Ηοι	ırs - De	scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-5:0		PN	Λ	AM		Spring House						
Scope of Work (Check all that apply)											
≥3 sf or ≥3 lf		□Re	nova	tion		☐ Full Conta	ainment with Ne	gative Pressure				
≥160 sf or ≥260 if		☑ De				☐ Glovebag						
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City, State						Disposal Date	City, State					-
Fairless Hills, PA						8/5/16	Tullytown	PA				
Completed By (Print or Type)	Title					Signature		Date			_	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN,T

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

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Date of Notification (1)					Name o	of Building	Owne	er/Operator (2	(2)		•	i į	-	
5 /	9 /	16			City	of Camo	len			2016 MAY	In			
Agencies Notified	Type Notificat	tion			Street /	Address					10	AM	12:	10
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☐ DCA (NJAC 5:23-8)	☐ Emergence justification		aing	F	Name	of Contact				Telephone Numbe	r			
(110/10 0.20 0)	☐ Cancellation				Joh	n Bond								
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Name of Facility Where A	Abatement is Ta	aking Pl	lace ((3)					Type of Facility (4)				
NORTH 5 th STREET	RESIDENC	ES							School (K-12					
Street Address										(Other than K-12) ivate and commerci	al hui	Idina		
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City (5)									Square Feet	# of Floors	Blo	g. Ag	е	
Camden									varies	varies	5	+0		
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being demolish	ed)			
CAMDEN						·, (,				EEMED UNSAFE				
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8	3) /	ASCM I	Vo.	Nam	ne of Abateme	ent Contractor (9)					
Health and Safety		•			117		C	ontrolled E	nvironmental S	Systems				
Street Address							Stre	et Address						
PO Box 365							11	121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code							City,	, State, Zip Co	ode					
Berlin, NJ 08009						(2)	S	pring House	e, PA 19477					
Project Manager for Mon	itoring Firm			Telep	ohone l	No.	Tele	phone No.		License No.				
Jim Proctor				С	609-83	39-2432	21	15 542 7000		00847				
Start Date (10)	S	chedule	ed Co	mplet	ion Dat	e (11)	Nam	ne of OSHA N	lonitor					
_ 5 / 20 /	16	8	_ /	5	/	16	C	ES						
Occupancy Status During	g Abatement (C	Check o	nly o	ne)			Stre	et Address						
☐ Facility Closed/Vacate	ed During Entir	e Period	d of A	baten	nent		11	121 N Bethl	ehem Pike -Su	ite 60				
☐ Abatement Performed						cribe	City	, State, Zip Co	ode					
Time of Abatement: 7	7:00AM- <u>5:00</u> P	M/	PM		_AM		S	pring Hous	e, PA 19477					
Scope of Work (Check a	Il that apply)									V 2000 - 200				
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 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novatio nolitio					g Procedure					
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Date of Notification (1)			Nam	e of Ruildin	ng Owner/Operator (2)			10		
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DCA Emerger (NJAC 5:23-8) justificati		ng	-	e of Contac			G / / C		1140		I.
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Name of Facility Where Abatement is	Taking Plac	e (3)			orani trioit	Type of Facility	, (A)				
NORTH 8 th STREET RESIDENCE	CES					School (K-1					
Street Address						☐ Subchapter	8 (Other than K-12))			
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City (5)						Square Feet	# of Floors	Tr	1-1- 4		
Camden						varies	varies		ldg. A	ige	
County (6)			Cou	nty Code C	7)(STATE USE ONLY)				50+		
CAMDEN			000	nty code (/	MOTATE OSE ONLY)		rior if being demolis				
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No	Nome of Abatama						
Health and Safety Services	anig Owner	(0)	117		Name of Abateme						
Street Address			117			nvironmental	Systems				
PO Box 365					Street Address						
City, State, Zip Code					1121 N. Bethl	ar-man were an instruction of	Suite 60				
Berlin, NJ 08009					City, State, Zip Co						
Project Manager for Monitoring Firm		1-1			Spring House	e, PA 19477					
Jim Proctor			ephone		Telephone No.		License No.				
	الماداد المعام			39-2432	215 542 7000		00847				
5 / _20_ / 16	Scheduled (etion Da		Name of OSHA M	onitor					
Occupancy Status During Abatement (0		0.0 = 11 1	_ ′	10_	CES						
Facility Closed/Vacated During Entir					Street Address						
Abatement Performed Outside of No	e Period of	Abate	ment	oriba	1121 N Bethle		uite 60				
Time of Abatement: 7:00AM-5:00F	M/ P	iy nou M-	AM	cribe	City, State, Zip Co						
Scope of Work (Check all that apply)					Spring House	, PA 19477					
					□ Full Cont	ainment with Ne	gotive Deserve				
≥3 sf or ≥3 lf		enovat			☐ Mini-Encl	osure	gative Pressure				
≥160 sf or ≥260 lf	⊠ De	emolitio	on		Glovebag	Procedure					
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Asbestos-Containing Material (ACM) Us	ed Sole	ely by	Asbe	Description of stos Containing Mat		Amount	Re	Re	四四	ш
TO BE ABATED		aintena stodial			., thermal systems in		(Specify	Removal	Repair	cap	clos
IN Facility (13)	Cus	(12)	Stall?		surfacing, VAT,		SF or LF)	val	-	Encapsulate	Enclosure
()	Yes	No	N/A	1	other miscellaneo	ous)				ate	
SEE ATTACHED				SEE AT	TACHED		200 YD per res		П		П
to:									Н		
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Name of Registered Waste Hauler											
Waste Management of NJ			JDEP V		Cubic Yards of Waste	Name of Regis	stered Landfill				
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City, State					Disposal Date	City, State					
Fairless Hills, PA					8/5/16	Tullytown	PA				
Completed By (Print or Type)	Title	100			Signature	11	Date	9	5/8/		-
Patricia Visco	Office	Mana	ger		Datus	1 m (1) 1d	D ALT	5	10	li.	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) Size Address Double Agencies Notified Type Notification Street Address Double Amendment Amendment Amendment Double Double Amendment Double Double Double Double Amendment Double				(P	ursuar	nt to NJA	C 8	:60 and 5:16	i) Chord	# 106×	17			
Agendical Notified Set PA Po Notification Set PO Box S120	Date of Notification (1)				Name	of Building	g Ow	ner/Operator (2	2)	C-70 100	1 1			
Agencies Notified Be PA		16			Cit	y of Cam	den					11	100	
Amendment # Camden, NJ 98101 Name of Contact Telephore Number		fication			Street	Address				2816 May .			0.25	
Amendment # Camden, NJ 98101 Name of Contact Telephore Number		404			РО	Box 951	20			TIAT 10	A	MID	. ; ,	•
Canden, NJ 08101					10000	(3) (5)				1 4 5 5 7 5 7			13	1
Name of Facility Where Absterment is Taking Place (3) Short Pl	□ DCA □ Emerg	ency (in		1	Car	nden, NJ	08	101		27/ES	U	4 T:	4.73	
Second S	(NJAC 5:23-8) justific	ation)			0.0000000000000000000000000000000000000		t			Telephone Numb	er i	10	U.	
Name of Facility (Where Abatement Is Taking Place (3) NORTH 9" STREET RESIDENCE Street Address S31 NORTH 9th Street Residence Street Address S41 NORTH 9th Street Residence Square Feet	L Cance	llation						Security and the control of the cont		1		-		
Street Address Square Feet \$F of Floors Stock (New Yorkeand commercial buildings, homes, etc.) Other (Le., private and commercial buildings, home	Name of Facility Where Abstement	e Takina	Diago	/2)	FA	CILITY IN	IFOI	RMATION	T 5 F - 104	10				
Subchalplate Given than K-12	NORTH 9 th STREET RESIDE	NCF	Place	(3)										
Solid Commercial commercial buildings Square Feet Square Sq		IVOL												
City (5) Camden	Contract of the second	ence							Other (i.e., p	rivate and commerc	ial bu	iilding	IS,	
Camden		-									DI	da A	~~	
County (6)										200 00000000000000000000000000000000000	100000		Je	
Name of Monitoring Firm Hired by Building Owner (8)	County (6)				Cour	ntv Code (7	VSTA	ATE USE ONLY)	7.534.5.5.5					_
Health and Safety Services	CAMDEN					.,	//							
Street Address PO Box 365	Name of Monitoring Firm Hired by B	uilding C	wner ((8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))				
PO Box 365	Health and Safety Services				117		(Controlled Er	nvironmental	Systems				
City, State, Zip Code Berlin, NJ 08009	Street Address						Str	eet Address						
Berlin, NJ 08009	PO Box 365						1	l121 N. Bethl	ehem Pike - S	uite 60				
Project Manager for Monitoring Firm Telephone No. C 609-839-2432 Telephone No. Q 215 542 7000 Q 2847 Q 20							Cit	y, State, Zip Co	ode		350700			
Start Date (10)	70						S	Spring House	e, PA 19477					
Start Date (10) 5										License No.				
Street Address Str	SVIJOUT HUBBEROY IN THE						-			00847				
Occupancy Status During Abatement (Check only one) Secondary Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement ?7:00AM-5:00PM/ PMAM Scope of Work (Check all that apply) Street Address 1121 N Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SEE ATTACHED One of Registered Waste Hauler Waste Management of NJ Name of Registered Waste Hauler Waste Management of NJ Title Sinpature One of Abatement One of Abatem	A						100000000		lonitor					
Second Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outstide of Normal Facility Hours - Describe Time of Abatement Performed Outstide of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ PMAM			_			10								
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ PMAM										2				
Time of Abatement: 7:00AM-5:00PM/ PMAM Spring House, PA 19477 Scope of Work (Check all that apply) Spring House, PA 19477 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu						cribe				lite 60				
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Renovation □ Demolition □ Glovebag Procedure □ Normally Used Solely by Maintenance/ Custodial Staff? (13) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Time of Abatement: 7:00AM-5:0	0PM/	PN	1	AM	OTIDO								
Saf or ≥3 if	Scope of Work (Check all that apply						3	spring nouse	e, PA 194//					
≥160 sf or ≥260 lf □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A No. N/A N/A No. N/A								☐ Full Cont	ainment with Ne	gative Pressure				
See Attached See														
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SEE ATTACHED Cubic Yards of Waste Hauler Waste Management of NJ Name of Registered Waste Hauler ID No. 17273 City, State Fairless Hills, PA Completed By (Print or Type) Title Signature Amount (Specify SF or LF) Amount (Specify SF or LF) NAmount (Speci			Z 50.	onc	511			Non-Exer	mpted (*) and No	n-Friable Procedure	9			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A SEE ATTACHED SEE ATT									***		Ab	atem	ent T	уре
SEE ATTACHED SE						Aobo	otoo				R	R	亞	Ш
SEE ATTACHED SE	TO BE ABATED	JIVI)	Mai	intena	ance/					100000000000000000000000000000000000000	ome	pai	ncap	nclos
SEE ATTACHED SEE ATTACHED SEE ATTACHED SEE ATTACHED ONAME ON			Cust				5	surfacing, VAT,	or		Val		sula	sure
SEE ATTACHED SEE ATTACHED 200 YD per res SEE ATTACHED SEE ATTACHED OUTDITION OUTDITO OUTDITION OUTDIT	(13)	Yes		1		Oti	ner miscellaned	ous)				ate		
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Title City State Fairless Hills, PA Completed By (Print or Type) Title City State Fairless Hills, PA Completed By (Print or Type) Title City State Fairless Hills, PA Completed By (Print or Type) City State Fairless Hills, PA Completed By (Print or Type) City State Fairless Hills, PA Completed By (Print or Type) City State Fairless Hills, PA Completed By (Print or Type) Completed By (Print or Type) City State Fairless Hills, PA Completed By (Print or Type)	SEE ATTACHED		П	П		SEE AT	TAC	CHED		200 YD per res	M	П		
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Name of Registered Waste Hauler ID No. 17273 Name of Registered Landfill Waste 200/residenc Disposal Date City, State 8/5/16 Tullytown PA			П							200 12 per res				
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Name of Registered Waste Hauler ID No. 17273 Name of Registered Landfill Waste 200/residenc Disposal Date City, State 8/5/16 Tullytown PA														
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA NJDEP Waste Hauler ID No. 17273 Disposal Date 8/5/16 Cubic Yards of Waste 200/residenc City, State Disposal Date 8/5/16 Tullytown PA					+=									H
Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Hauler ID No. 17273 Disposal Date City, State 8/5/16 Tullytown PA Date (A) Date (B)	Name of Registered Waste Hauler	-					Cut	nic Yards of	Name of Regis	stered Landfill	ш		ш	
City, State Fairless Hills, PA Completed By (Print or Type) Title Disposal Date City, State Tullytown PA				1953	lauler II	O No.	Wa	ste		stered Landini				
Fairless Hills, PA Completed By (Print or Type) Title Signature	City, State				1/2/3)		The second secon	City, State					
Completed By (Print or Type) Title Signature	Fairless Hills, PA									PA				
Patricia Visco Office Manager Valuation Use 5/9/16	Completed By (Print or Type)	Title						Signature	1	/ Date	9	/	/	
	Patricia Visco	0	ffice N	/lana	ger			Vool	ween U	Wes	5/	2/1	6	

ASB-41 JAN 13

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

(K5341

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

Date of Notification (1)			Name o	of Building (Owner/Operator (2	2)	6016 M	1.	200,000	100	7
	16	Name of Building Owner/Operator (2) Cranford Development Associates, LLC Street Address 10 Sterling Boulevard, Suite 401									
Agencies Notified Type Notificat	ion		Street A	Address			46.0		17/7	7/:	2.0
☑ EPA ☑ Initial			10 S	terling Bo	oulevard, Suite	401	Electrone Num				16
☑ DOLWD ☐ Amended	nteritoria.	İ	City, St	ate, Zip Co	de		*/(ENS	117	130	
⊠ DEP Amendmer				beth, NJ					WG	10,	(
DCA Emergency justification				of Contact			Telephone Num	ber			
☐ Cancellation	9.5		John	n Driesse			030				
			FAC	ILITY INF	ORMATION	***					
Name of Facility Where Abatement is Ta	aking Place	(3)		A THE STATE OF THE		Type of Facility ((4)				- 10 - 10
Former Elberon Development B	uilding					School (K-12					
Street Address	3853					Subchapter 8	(Other than K-12 ivate and comme	l) rcial bui	Idina	S.	
235 Birchwood Avenue						homes, etc.)			3		
City (5)						Square Feet	# of Floors	Blo	g. Ag	е	
Cranford						13,000	2	5	+ 0		
County (6)			Count	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli:	shed)			
Union						Commercial	Offices				
Name of Monitoring Firm Hired by Buildi	ing Owner	(8)	ASCM N	Vo.	Name of Abateme	ent Contractor (9)					
Bio Terra Environmental Solution					Red Roc Mat	erials, LLC					
Street Address					Street Address						
P.O. Box 1224					20 Ramapo V	alley Road					
City, State, Zip Code					City, State, Zip C						
Union, NJ 07083 Mahwah, NJ 07430											
Project Manager for Monitoring Firm		Tele	phone N	No.	Telephone No.		License No.				
Rick Eustaquio		None of	3-494-	A-11-11/12/1975	201-529-4700)	01248				
•	cheduled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
	06/				Red Roc Mat	erials, LLC					
Occupancy Status During Abatement (C	check only	one)			Street Address						
☐ Facility Closed/Vacated During Entire			ment 20 Ramapo Valley Road								
☐ Abatement Performed Outside of No		y Hour									
Time of Abatement:AM	_PM/	PM-	AM		Mahwah, NJ	07430					
Scope of Work (Check all that apply)					58-57						
					☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf ☑ >160 sf or >260 lf	17.	enovati emolitic			☐ Gloveba	g Procedure					
<u> </u>					☑ Non-Exe	empted (*) and No	n-Friable Procedu	ле			
		Loca				041		Ab	atem	ent Ty	уре
Location of	1.1-	Norma		Aches	Description of stos Containing Ma		Amount	Re	Re	En	E
Asbestos-Containing Material (ACM) TO BE ABATED) Ma	aintena	ance/	(i.e.	, thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility	Cus	stodial (12)		25 8	surfacing, VAT	, or	SF or LF)	<u>a</u>		Encapsulate	ure
(13)	Yes		N/A	1	other miscellane	eous)				te	20.00
1 st /2 nd Floors			□ ☑ 2'X4' Ceiling Tiles 560 SF ☑								
1 st Floor Storage/Entire 2 nd Floor				9'X9' Flo	or Tile/Mastic		9,550 SF				
Roof				Roof Fie	eld, Roof Flash	ing	14,870 SF				
			1								
Name of Registered Waste Hauler			JDEP \		Cubic Yards of	Name of Regi	L stered Landfill				
Weigle Trucking		122	Hauler ID No. Waste Minerva Landfill								
City, State			17634 150 CY Disposal Date City, State								
Linden, PA				on/ab 6/13/16 Waynesburg, OH							
Completed By (Print or Type)	Title				Signature	,	0 ()	ate			
Michael F. Keith	Projec	ct Manager Michael Keit 5-9-16									

ASB-41 JAN 13

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 05/4/2016				ling Ov	vner/Operator (2)			4	2016 MAY		12F	1		
Agencies Notified	Type Notificatio	n St	treet A	ddress					4	& LICE	10	AMI	,	
DEPA	☐ Initial ☐ Amended	3.1.2	Carrier and the second	AND DESCRIPTION OF THE PARTY OF	p Code:					20/1	0		· ê9)
□ DEP	Amendment#:			k, NJ 0			-	Telephone	Numl	& 1.1CF	Wa		411:	
POOL	☐ Emergency (including		ame o Iildrec		act:			Telephone	Num		1101	MG	181	
₽DOH ₽DCA	justification) □ Cancellation													
						FACILITY INFO	-							
Name of I	Facility Finance	Building:	: Chi	rist Ep	iscopal	Church		of Facility (4): ool (K-12)						
480 Warw	vick Avenue						⊋ Súb	chapter 8 (Other than K						
City/ (5)		County (6	6):			y Code (7):	□ Oth	er (i.e., private & comm	ercial b	uildings, ho	mes, e	tc.)		
Teaneck	F	Bergen			07666		Squa	re Feet:		# of Floor	s:			
								. Age						
27 (2)		YY' - J 1-	D!I	J: C		ASCM No.:		ent Use: Church e of Abatement Contr	actor (9).				
	Monitoring Firm ster Environmen		у Бин	ding C	WHEI	00127	0.0000000000000000000000000000000000000			۷).				
Ct A A	1		_					x Development, In t Address:	с.				- 70	-
Street Add	Valnut Street						Stree	radios.						
100000000000000000000000000000000000000							Rutgers Place							
City, State	e, Zip Code:					00000500	State, Zip Code:							
West Chester, PA 19380							Paramus, NJ 07652 Telephone No: License No.:							
Project M Abraham	anager for Moni	toring Fi	irm:			Telephone No.: 610-996-3515		ohone No.:	1					
		Cala	a daylar	1 Cami	plation		1	of OSHA Monitor:	012	15				
Start Date 05/20/16	(10):		28/16		pietion	Date (11):	7,000,000	o Analytical Laborato	ories					*
	Status During Ab							t Address: West 36th Street, Sui	te 203					
	Closed/vacated Du ent Performed Outs					T.		State, Zip Code:						
Describe:							New	York, New York, 10	0018					
☐ Other Describe:														
	Vork (Check all tha	at apply):						12/21/11	Contain	ment with	Negat	tive Pr	eccure	
$\square \ge 3 \text{ sf o}$	$r \ge 3 \text{ lf}$				Reno	vation		□ Mini-	Enclos	sure	rvega		cssure	
₽≥ 160 s	$f \text{ or } \geq 260 \text{ lf}$			-	□ Demo	olition		□ Non-E	xempt	ocedure ed (*) and N	lon-Fr			
				Location		De	escripti	on of					emen /pe	t
1 8	Location of Containing Mate	erial l		ormall Solel		Asbestos Cont	aining	Material (ACM)			-	Τ.		
	(ACM)		Mair	ntenar	ice/	(i.e., therma	icing, V	ms insulation, /AT, or	A	mount	Rei	R	Encapsulat	Enclosure
10000000	BE ABATED IN Facility			stodia Staff?	11/	other	miscel	laneous)		Specify	Remova	Repair	nsdı	losu
	(13)			(12)	NT/A	19			SI	F or LF)	al	7	lat	lre
Yes No N/A STORAGE ROOM X PIPE IN:					PIPE INSULAT	ΓΙΟΝ		45	LF	*			*	
					PIPE INSULAT			32	LF	*			*	
BOILER ROOM X PIPE INSU					PIPE INSULAT									
Name of Registered Waste Hauler: NJDEP JIMMY BYRNE TRUCKING 19551				JDEP Waste Hauler ID No.: Cubic Yards of Waste: 30 Name of Registered landfill MINERVA ENTERPRISES						C.				
City, State: Disposal Date:					e:	City, State: Waynesburg, OH 44688								
Bronx, NY 10474 Completed By: Title:						Signature: Date:								
Completed By: Sylvester Oracegbunam President					lent	Suglamer 05/4/2016								

NO CK

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

Date of Notification (1)				Name	e of Buildin	g Owner/Operator (2)					
4 / 21 /	16			Riv	verside N	ledical Group		/ Job #1603-206	7	Chk.	. #N	Α
Agencies Notified Type Notif	ication			Stree	t Address				2	5		
☑ EPA ☐ Initial				38	Meadow	lands Parkway			6	T.		
☑ DOLWD☑ Amend☑ DHSSAmend				City,	State, Zip	Code		Qu T		-		-
□ DCA □ Emerge			a	Sea	acaucus,	NJ 07094		- 6		_		
(NJAC 5:23-8) justifica	ation)	oldalli	9	Name	e of Contac	ot		Telephone Number	er	0		
☐ Cancel	lation			Ed	Salameh	1			-	马		
				FA	CILITY IN	NFORMATION			- W	Z.	5	-
Name of Facility Where Abatement is							Type of Facility	(4)	5		٠,	
Riverside Medical - PHASE 1	& Pha	ise 2	WOR	K			School (K-12		6	C	5	
Street Address							Subchapter 8	(Other than K-12) rivate and commerc	ريط احاد	حدادا:	20	
930 Clifton Avenue							homes, etc.)	ivate and commerc	iai bu	liaings	5,	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	е	
Clifton						m7.5	9000	2	1 0	1950		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Passaic							Office					
Name of Monitoring Firm Hired by Bu	ilding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consulting, LLC						Asbestos and	d Mold Service	s, Corp.				
Street Address				nticitati		Street Address						
1600 Route 22 East						3859 Sylon B	oulevard					
City, State, Zip Code				0.000		City, State, Zip Co						
Union, NJ 07083						Hainesport, N	NJ 08036					
Project Manager for Monitoring Firm				ephone		Telephone No.		License No.				
Craig Abrams					3-7800	609-702-0400		00862				
Start Date (10)					ite (11)	Name of OSHA M						
				<u> </u>	16_	EMSL Analyti	ical, Inc.					
Occupancy Status During Abatement						Street Address						2.002
☐ Facility Closed/Vacated During En	tire Per	riod of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed Outside of I Time of Abatement: 7:00AM-	Normal PM/	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
TOME MAEKEND MONT	a Mi	AJ 7	AKE	PLA	CE	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)		ı			*	57.	100 × 2000			- 11200		
≥3 sf or ≥3 lf		⊠ Re	enovati	ion		⊠ ! □ lwiini-Encl	Neg losure	ative Pressure EN	ilus	ure	r	
⊠ ≥160 sf or ≥260 lf /			emolitic	on		☐ Glovebac	Procedure					
		10			1	Non-Exer	mpted (*) and Nor	n-Friable Procedure				
Location of			S Locat Norma			Description			Aba	ateme	nt T	уре
Asbestos-Containing Material (AC	M)	Use	ed Sole	ely by	Asbe	Description of stos Containing Mat		Amount	Re	Re	En	En
TO BE ABATED IN Facility			intena todial			., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)		000	(12)	Otan:		surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate	ure
		Yes	No	N/A		outer modellanes	503)				te	
See Attached Description					SEE AT	TACHED				П		
of Asbestos Materials		=							-	ᆜ		
Of Asbestos Waterials					SEE AT	TACHED						
				\boxtimes				W.	\boxtimes			
5											П	П
Name of Registered Waste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
Freehold Cartage, Inc.			H	lauler II		Waste	GROWS La					
City, State				02265)	8 Disposal Date	City, State	GH-905-6-532716				
Freehold, NJ						6/20/16	Morrisville,	PA 19067				
Completed By (Print or Type)	Title					Signature /	7					
Kimberly A. Trumbetti			Coore	linato		Signature	\	Date	_	-bb-		
ASB-41						1	1	5	-)-	V	差	
MAY 11	* [Do not	use th	is form	for asbest	os licensure exemp	ted activities.					

				(Pur	suant	to NJA	C 8:60) and 5:16))		thing	2010	•			
Date of Notification (1)					Name o	of Building	Owne	r/Operator (2	2)		7		-			
5 /	6 /	16			State	e of NJ D	Depart	ment of T	ransporta	tion/ J	ob #1507-20	003 C	δķ.	#43	66	
Agencies Notified	Type Notificat	tion			Street A	Address							7			
⊠ EPA	☐ Initial					3ox 600					0	65				
□ DOLWD	☐ Amended				City, St	ate, Zip C	ode				72	- ()	-3	-	1	
□ DHSS	Amendme	1.7				ton, NJ					1	12 C		=		
DCA (NJAC 5:23-8)	☐ Emergenc justification		uding	+		of Contact				1	Telephone Nu	mber		89:11 M		
(143/10/3.25-0)	☐ Cancellation	100		- 1	Joar	nne Carr	oll			9		,,,		0		
		2000			EAC	ILITY IN	FORM	IATION								
Name of Facility Where A	Ahatement is Ta	akina F	Place	(3)	1 70	11 1 114	OKW	ATION	Type of Fa	cility (4)	2-17-11-1				
Structure Number		aking i	1000	(0)					☐ School		,					
Street Address	1211-102								☐ Subcha	apter 8 (Other than K-		20 40			
Matawan Road ove	r Route 18 B	ridae									rate and comm	nercial	buil	dings	i,	
City (5)	Troute 10 D	riuge					-		Square Fe	S	# of Floors		Blde	g. Ag	e	_
Middlesex									NA		NA			A		
County (6)					Count	ty Code (7	VSTATE	USE ONLY)	20000000	se (Prio	r if being demo	olished	1550	10.00		_
Middlesex					Ooun	iy oodo (r	//01/11/2	. 002 011217	NA	(,			
Name of Monitoring Firm	Hired by Build	ina Ov	vner (8	3) [/	ASCM N	Vo.	Name	e of Abateme	10.7343	tor (9)						
ATC Group Service		ing O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"	.00			bestos an			. Corp.					
Street Address	,							t Address			,		_			
3 Terri Lane, Suite	4							59 Sylon B	oulevard							
City, State, Zip Code								State, Zip C								
Burlington, NJ 080	16						1000	inesport, I								
Project Manager for Mon				Tele	phone I	Vo.		hone No.			License No.					
John Lutz	intorning i iiiii				9-479-		1 2000	9-702-0400)		00862					
Start Date (10)	S	chedu	led Co	275.55	tion Dat		105050	e of OSHA N							-	_
5/23/					27 / 16 EMSL Analytic											
Occupancy Status During								t Address								
☐ Facility Closed/Vacate																
☐ Abatement Performed						cribe	1.500	State, Zip C								
Time of Abatement:							1.053	naminsor		77						
Scope of Work (Check a	Il that apply)						011	III a III III III III III III III III I	1, 140 0007		-		_		_	
	ii tilat appiy)	30	10000000							th Nega	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rei					☐ Mini-End		Δ.						
△ ≥100 SI 0I ≥200 II		1		HOILIC	ш						-Friable Proce	edure				
			ls	Locat	ion								Aba	teme	nt T	уре
Location				lorma d Sole				Description of					D	Z.	Щ	Щ
Asbestos-Containing TO BE ABA)		ntena				ontaining Ma nal systems		1)	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facil			Cust		Staff?	(1.0		rfacing, VAT			SF or LF)	1	va	7	lusc	sure
(13)		-	Yes	(12)	T		othe	er miscellane	eous)						ate	LU .
	No	N/A										_	_			
Bridge Abutment		\boxtimes	Asbest	tos Bo	ard			91 SF								
				П								Г	7	П	П	П
		-		1						-			=			
LI	4-11			Ц	L			. Wester 1	TM		d 1 160			Ш	Ш	Ш
Name of Registered Was				102.15	JDEP \ lauler ID		Cubic	c Yards of e			ered Landfill					
Freehold Cartage,	inc.				02265		5			WS La	патн					
City, State							100	osal Date	City, Sta							
Freehold, NJ							5/27/16 Morrisville, PA 19067									
Completed By (Print or T		Title			100			Signature	' 1	- Date 5-6-16						
Kimberly A. Trumbetti Office Coordinator									1	_		5	-6	-1	6	

ASB-41 MAY 11

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

Date of Notification (1)			Name	of Building	g Owner/Operator (2)					
	16		Mill	ville Inve	estment Group	/ Job #16	305-2080 C	hk. #43	365		
Agencies Notified Type Noti	fication		Street	Address							
☐ EPA ☐ Initial			110	1 Wheat	on Avenue		2020	2			
☑ DOLWD ☐ Amend			City, S	tate, Zip 0	Code			2016			
	lment #		Mill	ville, NJ	08332			玉			
DCA Emerg (NJAC 5:23-8) Emerg	ency (including ation)	3		of Contac			Telephone-Nur			1	
Cance				n Lopez			1 1000000000000000000000000000000000000	=		1 4	
•			FAC	CILITY IN	IFORMATION		Z	3		30.	
Name of Facility Where Abatement i	s Taking Place	(3)				Type of Facility	(4)	-165°	_		
Millville Investment Group						School (K-12	(4) E) 3 (Other than K-1		••	-	
Street Address	**					Subchapter 8	3 (Other than K-1 rivate and comm	2)-	Who	c	
1101 Wheaton Avenue						homes, etc.)		eimai pu	liuling	٥,	
City (5)						Square Feet	# of Floors	Blo	dg. Ag	ie	
Millville						160,000	2		53		
County (6)			Coun	ty Code (7	7)(STATE USE ONLY)		ior if being demo				****
Cumberland			Coun	ity oodo (i	(CINIE OCE ONE)	Financial G		iioiiou/			
Name of Monitoring Firm Hired by B	uilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environmental					Asbestos an	d Mold Service	s, Corp.				
Street Address					Street Address						
PO Box 316					3859 Sylon E	Boulevard					
City, State, Zip Code					City, State, Zip C						
Thorofare, NJ 08086					Hainesport, I						
Project Manager for Monitoring Firm		Tole	phone	No	Telephone No.	140 00000	License No.				
Dave Flanigan			56-848		609-702-0400	1	00862				
Start Date (10)	Scheduled C				Name of OSHA N		00002				
					EMSL Analyt						
Occupancy Status During Abatemer	t (Check only	one)			Street Address						
☐ Facility Closed/Vacated During E			ment		200 U.S. Rou	ite 130 North					
☐ Abatement Performed Outside of				cribe	City, State, Zip C						
Time of Abatement:AM	PM/	PM-		AM	Cinnaminsor						
Scope of Work (Check all that apply							. =				
⊠ >3 sf or >3 lf	M Pa	enovati	ion		☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf	1000	emolitic				g Procedure					
					☐ Non-Exe	empted (*) and No	n-Friable Proced	lure			
		Locat						Ab	ateme	ent T	уре
Location of	1000	Norma ed Sole		12.0	Description of			Z,	R	Ш	Ш
Asbestos-Containing Material (A TO BE ABATED		intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ıca	Clo
IN Facility	Cus	todial	Staff?	(1.0	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)	-	(12)	_	-	other miscellane					late	æ
	Yes	No	N/A								_
Basement Mechanical Room				Pipe In	sulation & Duct	Insulation	10 SF		\boxtimes		
Name of Registered Waste Hauler		N	JDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill				_
Freehold Cartage, Inc.		H	lauler II		Waste	GROWS L					
City, State			02265)	5 Disposal Date	City, State				-	
Freehold, NJ					5/23/16		, PA 19067				
Completed By (Print or Type)	Title				Signature	Λ <u>'</u>	TI	Date	20-21-77		
Kimberly A. Trumbetti	Office	Coord	dinato	r	de			5-5	5-11	0	
ASB-41					THAT I	X C				*	
MAY 11	* Do not	use th	nis form	for asbes	tos licensur exem	oted activities.					

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)					
	16					nmunity Action		b #1605-2082	2 CI	ık. #4	364	
Agencies Notified Type Notificat	ion			Street /	Address							
⊠ EPA ⊠ Initial				110	Cohanse	y Street		4	8	2		
☑ DOLWD ☐ Amended	-4-44			City, St	tate, Zip Co	ode				5		
☑ DHSS Amendme ☑ DCA ☐ Emergence		ina		Brid	geton, N	J 08302		Q ^c	5 (°)	MAN		
(NJAC 5:23-8) justification		ing		Name	of Contact			Telephone Nu	mber	-		
☐ Cancellation				Naki	ia Ames			<u></u>	and i			
			- 36	FAC	ILITY IN	FORMATION			ZE		8	٠,
Name of Facility Where Abatement is Ta	aking Pla	ace (3))				Type of Facility (Q450	王	_	··-	
Commercial Property - 10 Wash	ington						School (K-12)		13	72	0,	
Street Address							Subchapter 8 Other (i.e., pr			uildina	s.	
10 Wahington Street							homes, etc.)					
City (5)							Square Feet	# of Floors	В	dg. Ag	je	
Bridgeton							12,432	2		1978		
County (6)				Count	tv Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Cumberland					, (-,	,		struction Are				
Name of Monitoring Firm Hired by Build	ing Own	er (8)	1	ASCM I	No.	Name of Abateme	ent Contractor (9)					
T&M Associates		800				Asbestos an	d Mold Service	s, Corp.				
Street Address						Street Address						
40 Monmouth Park Highway, St	uite 2					3859 Sylon E	oulevard					
City, State, Zip Code			-			City, State, Zip C				-		
West Long Branch, NJ 07764						Hainesport, I						
Project Manager for Monitoring Firm		7	Tele	phone I	No	Telephone No.		License No.				
Rohan Tadas				6-296		609-702-0400)	00862				
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor												
				_ / _		EMSL Analyt						
Occupancy Status During Abatement (C	Check on	ly one)			Street Address						
☑ Facility Closed/Vacated During Entir	e Period	of Ab	ater	nent		200 U.S. Rou	ite 130 North					
Abatement Performed Outside of No						City, State, Zip C	ode					
Time of Abatement:AM- FRIGAY 4 fm + c 1 am , Sa harday	PM/		PM-	100 10	AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)	4311111	N.	LU	IN TU	10 pm							
	_						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Reno				☐ Mini-End	closure ig Procedure					
2 100 st of 2200 ft		Deine	JIILIO	411		☐ Non-Exe	empted (*) and No	n-Friable Proce	dure			
		Is Lo	ocat	ion					A	patem	ent T	ype
Location of			rma		100	Description			70	R	Ш	ш
Asbestos-Containing Material (ACM) '	Used : Maint				stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		Custoc			(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	Sur
(13)		(12)			other miscellane			1 200		late	е
	Y	es	No	N/A								
Bathroom-1 st floor] [_		Floor T	ile & Mastic		90 SF				
] [
] [
	Т	1 [7	П						П	П	П
Name of Registered Waste Hauler			TN	JDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage, Inc.				lauler II	D No.	Waste	GROWS L					
City, State				02265		5 Disposal Date	City, State					
Freehold, NJ						5/23/16		, PA 19067				
Completed By (Print or Type)	Title		_			Signaturé /	7		Date			
Kimberly A. Trumbetti	0.5.1935-55.0	ce Co	oro	dinato	r					- 1n	11-	
ASB-41					-	47 V 1			51	AU	14	
MAY 11	* Do	not us	se th	nis form	for asbes	tos licensure exem	pted activities.					

D&S Proj. #: 16-136

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

					20)	16 M.			
Date of Notification (1)	Name of Building	Owner/Operator (2	2)		*	LICENET			
0 5 /0 3 /1 6	chuck nelson						41/	· : =	
Agencies Notified Type Notification	Street Address				d.	Ling	187.2	. 6	7
DEP Amended						LOK KIST	11/1	117	
Amendment #:	City, State, Zip Co	de					.0	`	
DOL ☐ Emergency	Upper Montel	air, NJ 07043					#		
DOH (including justification)	Name of Contact				Telephone	Number			
☐ DCA ☐ Cancellation	chuck nelson				1	רטנד-,			
		FACILITY INFORM	MATION						
Name of facility where abatement is	taking place (3)				Type of Facility (4	1) (K - 12)			
chuck nelson						apter 8 (Other t	than K	-12)	
Street Address			-		Other (F	Private/Comme		/	
					0	Homes, etc.	I DI	dg. Ag	ge.
Cit. (E)	County (6)		T Cou	nty Code (7)	Square Feet	# of Floors		ıy. A	30
City (5)	County (6)			te use only)	Current Use (Pri	ior if being der	nolishe	ed)	
Upper Montclair	essex							85	
Name of Monitoring Firm Hired by B	Bldg. Owner (8)	ASCM No.		Name of Abatement	Contractor (9)				
				D & S RESTOR	ATION, INC.				
Street Address				Street Address					
				20 California A					
City, State, Zip Code				City, State, Zip Code					
Drainet Manager for Manitoring Firm	Phone N	lumbor		Paterson, NJ 0' Telephone Number	/503	License Num	ber		
Project Manager for Monitoring Firm	Priorie	vumber		973-345-8020) [01169			
-01 15 1 (10)	Lichard Completion Do	to /11\		Name of OSHA Mor		-	-		
Start Date (10)	Sched. Completion Da	te (11)		D & S Restorat	ion, Inc.				
05/18/16	06/15/16			Street Address					
Occupancy Status During Abatement Facility closed/vacated during	pergenting the property of the first that			20 California A	The Control of the Co				
Abatement performed outside				City, State, Zip Code	9				
Describe: NORMAL HO	OURS			Paterson, NJ 0	7503				
Scope of Work (check all that apply					Full Containment w	/negative pres	sure		
N	Renovation				Mini-enclosure				
_ =	Demolition			⋉	Glovebag procedur Non-Exempted (*)		0.0500	oduro	
	Is location normally used	solely		1	Non-Exempled ()	R	R	E	520
Location of asbestos-containing	by maintenance/custodial	70000 7000	tion of a	sbestos-containing	Amount	e m	e p	n c	E n
material (acm) to be abated in facility (13)	staff(12)		I (ACM)	_	(Specify S LF)	1 0	a	a	C
abated in facility (10)	Yes No N	N/A				v e	l r	р	
BASEMENT		pipe insul	ation		120 l ft				
				10					ᄪ
							1 <u> </u>	닏	닏
							부	붜	井
		I Cubia Varda a	f \Mooto	IN an a of Degisters	d Londfill				
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards o 2 yds.	vvasie	Name of Registere TULLYTOWN	, RESOURCE RE	COVERY			
City, State	Dispo	osal Date		City, State					
PATERSON, NJ 07503	05/	/19/16		TULLYTOWN	I, PA		_		
Completed by (Print or Type)	Title	Signature				Date 05/03/2010	6		
BOGDAN JOLDZIC ASB-41 *	PRESIDENT Do not use this form for as	sbestos licensure	exempte	d activities.		03/03/2010			

CK 005 864

0)

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120

NAME OF THE OWN			otification of Asbestos Abatement						9			
D&S Proj. #: 16-140	-	(Pursua	ant to NJAC	8:60	and 12:120)			26	18 4			4//: 5
		(5.11.11.0	10 10						" PA	41	7 .	
Date of Notification (1)		f Building Owne						to tay	į.		A	111:5 1401
Agencies Notified Type Notification	Street A	g center assoc	ciates						5//	17.5		
☐ EPA ☑ Initial	Street A	2005							., (CN.	Wille	1101
DEP Amended		valley road ite, Zip Code				-		_			*()	- 1.
DOL Amendment #:	-											
DOH Emergency (including	Name of	ng, nj 07980					Telephor	ne Numbe	r			_
justification)							T Glophion					
Cancellation	david	d voight										_
		FACI	LITY INFORMA	ATION								
Name of facility where abatement is ta	aking place (3)					T	ype of Facility School	(4) ol (K - 12)				
stirling, nj 07980								apter 8 (0		nan K	-12)	
Street Address						1	Other	(Private/C	omme		ŕ	
1205 valley road						1		/Homes, e		В	dg. Ag	e
City (5)	County (6)			Cou	nty Code (7)	- `	Square reet	# 01 1 100	15		-95	-
only (e)					e use only)	1 -	Current Use (F	rior if beir	ng dem	olishe	ed)	
stirling	Morris					Ц.						
Name of Monitoring Firm Hired by Bld	g. Owner (8)		ASCM No.		Name of Abateme							
Ohrank Address				-11	D & S RESTO	DRAT.	ION, INC.					
Street Address					20 California	Ava						
City, State, Zip Code					City, State, Zip Co	-					-	_
only, claic, hip code				- 11	Paterson, NJ		3					
Project Manager for Monitoring Firm		Phone Number	er		Telephone Number	100000000000000000000000000000000000000		License	Numb	er		_
,					973-345-80	20		()1169			127
Start Date (10)	ISched, Comp	letion Date (11)	-11	Name of OSHA N		:=0:					
	for some contraction	•	,		D & S Restor	ration,	Inc.				1 104(0)(5)	
05/17/16 Occupancy Status During Abatement (0	06/10/16	2)		-11	Street Address 20 California	Avon	110					
Facility closed/vacated during en					City, State, Zip Co		ue			_		_
Abatement performed outside of					Oity, Glato, Lip Ot	, ac						
Describe: NORMAL HOU	JRS			-	Paterson, NJ	07503	3			1		
Scope of Work (check all that apply)						Full	Containment	w/negative	e press	ure		
	enovation						i-enclosure					
☐ ≥160 sf or ≥260 lf ☐ De	emolition		N/A				vebag procedun- n-Exempted (*)		-friable	proc	odure	
116	location norm	ally used solely				140	II-Exempted (and Non	R	R	E	F
	y maintenance	custodial/	Description	on of a	sbestos-containing	1	Amount		e m	e p	n	E n
material (acm) to be abated in facility (13)	taff(12)	T	material ((Specify :	SF or	0	a	a	C
abated in lability (10)	Yes No	N/A							v e	l r	р	
roof (15 locations)			roof flashin	g, bla	ck tar,		151 square	feet				
									10			ᆜ
						-			+ -	닏	부	-
									井	片	片	H
Registered Waste Hauler	NJDEP Hat	ular ID# 1 C	ubic Yards of V	Vasto	Name of Registe	red I a	ndfill				Ш	Ш
D & S RESTORATION, INC.	13506		yds.	14315	TULLYTOW			ECOVE	RY			
City, State	sposal Date City, State											
PATERSON, NJ 07503		05/18/1	Signature	_	TULLYTOW	VN, PA	A	Date				_
Completed by (Print or Type) Ti BOGDAN JOLDZIC P		05/03/16						220				

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2016-74 B & G proj. #: Check # 7828

Date of Notification	n (1)	111	lame of Buil	ding Own	er/Operator (2))		CETE MAY IO				
10 15 1/1016	0 5 / 0 6 / 1 16 Patricia Alfo							, 10	AM 11:5-			
Agencies Notified	Type Notificati	ion	treet Addres	SS				& LICENS				
☐ DEP	X Initial							LICENST	MIRON			
DOL	☐ Amendr		ity, State, Z Lyndhur		7071				* G			
₩ DOH		I N	ame of Con		7071			Telephon	e Number		-	
□ DCA	☐ Cancella	- 1 1 · ·	Patricia									
			ratiicia			ATION						
			(0)	FAC	ILITY INFORM	ATION		Type of Facility ((A)			
Name of facility w		s taking pla	ace (3)						1 (K - 12)			
Patricia Alfon	ISO							A SECTION AND ADDRESS OF THE PARTY OF THE PA	apter 8 (Other			
Street Address									Private/Comm Homes, etc.	nercial		
MI CONTRACTOR								Square Feet	# of Floors	В	lldg. A	.ge
City (5)		Cour	nty (6)			0.0000000000000000000000000000000000000	inty Code (7) ite use only)	Overset Head (D	in if haine da		d\	
Lyndhurst, N	J 07071	Ве	rgen			(Sta	tile use only)	Current Use (P	nor ii being de	molish	ea)	
Name of Monitorii	ng Firm Hired by I	Bldg. Own	er (8)		ASCM No.		Name of Abatement					
11					n/a		B & G Restorat	ion, Inc.				
Street Address							Street Address 105 Ryerson R	Road				
City, State, Zip Coo	de					-	City, State, Zip Code					
12 / Para							Lincoln Park,	NJ 07035				
Project Manager fo	or Monitoring Firm	1	Pho	one Numb	per		Telephone Number (973)696-686	9	License Nur 0037			
Scheduled Start Da	ata (10)	ISchoo	I. Completio	n Date /1	11	_	Name of OSHA Mon					
05/17/2016	ate (10)	1	1. Completio 18/2016	II Date (1	'/		B & G Restorat	ion, Inc.				
Occupancy Status	During Abatemer					_	Street Address 105 Ryerson R	oad				
	ed/vacated during			ment.			City, State, Zip Code					
Abatement p Describe:	erformed outside	of normal	facility hours	S-								
Other-Descr							LincolnPark, N.	J 07035				1
Scope of Work (cl												
Demolition	× .	Renovatio					full Containment w/neg Mini-enclosure	gative pressure [★ Glovebag Non-friable X X X X X X X X X X X X X X X X X X	-		
> <u>3</u> sf or > <u>3</u> lf	. Ц	≥160 sf or	≥260 If n normally u	sed solely	,	W 1	willi-ericlosure		Non-mabin		E	1
Location of asbestos-co	ntaining	by mainte	enance/cust			on of a	sbestos-containing	Amount	_ e	e	n	E
material to b abated in fac		staff(12)	NI-	T	material (-	(Specify S LF)	F or o	a	a	C
		Yes	No	N/A					e	1	P	
boiler room	***************************************			X	pipe insul	1 1000		40 lf 36 lf	X		ዙ	#
work shop main room (above	drop ceiling)			X	pipe insul pipe insu			44 If	X		H	H
ma <u>ii room (above</u>	urop ceiling)]					10	盲	后
Registered Waste I B & G Restora	Hauler tion, Inc.		EP Hauler II 19563		ubic Yards of \ 2	Waste	Name of Registered Tullytown	Landfill Resource & Re	ecovery Ce	nter	74	
City, State Lincoln Park,	NJ]	Disposal D 05/	Date 18/2016		City, State Tullytown,	PA			*	
	Completed by (Print or Type) Title						Gordana Luna		Date	140		
Gordana Luna	Gordana Luna Secretary/Treasurer						Zoraana Luna		05/06/20	116		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:

2016-75

Check # 7829

Date of Notification		11			er/Operator (2))	2016 M	AY 10 AMII						
10 15 1/1 0 16			Mark G	ildersleev	re			科 / /	:57					
Agencies Notified	Type Notificati	on St	reet Addı	ress			£ .	ICFUS VALE	- 1					
☐ DEP	X Initial						at [ICFULLATION	i fil		_			
_	☐ Amendn	CONTRACTOR IN THE PROPERTY OF		Zip Code	1.07050			- IAP						
X DOL	Amendi			Plains, N	J 07950			17-1	Nombre		-			
X DOH	☐ Cancella	1 1 1 1 1 1 1 1	ame of Co	ontact				Telephone	Number					
☐ DCA	L Caricella		Mark (Gilderslee	eve									
				FAC	ILITY INFORM	IOITA	N							
Name of facility wh	here abatement is	s taking pla	ce (3)					Type of Facility (4						
Mark Gildersl							86	=	(K - 12)					
								Subcha	pter 8 (Other			12)		
Street Address							22		Homes, etc.		Ciai			
								Square Feet	# of Floors		Blo	ig. Ag	je	
City (5)		Coun	ty (6)			1000	unty Code (7)	- Com	ior if hairs	107	lich-	۹/		
Morris Plains	s, NJ 07950	Moi	rris			(Sta	ate use only)	Current Use (Pri residential	or it being o	iemo	MISTE	u)		
Name of Monitorin	na Firm Hired by I	Bldg. Owne	r (8)		ASCM No.	-	Name of Abatement C							
	,		705		n/a		B & G Restoration, Inc.							
Street Address						=	Street Address	100						
							105 Ryerson R	oad						
City, State, Zip Coo	de						City, State, Zip Code	11.07005						
							Lincoln Park, N	NJ 07035						
Project Manager fo	or Monitoring Firm	1	F	Phone Numb	ber		Telephone Number (973)696-6869	9	License N 003		er			
							Name of OSHA Monit							
Scheduled Start Da	ate (10)	Sched	. Comple	tion Date (1	1)		B & G Restorati							
05/19/2016		05/2	20/2016	l			Street Address							
Occupancy Status							105 Ryerson Ro	oad						
Facility close	ed/vacated during erformed outside	entire perio	od of aba	tement.		1	City, State, Zip Code							
Describe:		or norman	acility no			_	LincolnPark, NJ	07035						
Other-Descr		,												
Scope of Work (cl						X	Full Containment w/neg	ative pressure	Gloveba	a nro	redi	ire		
	×	Renovatio					Mini-enclosure	ative pressure [Non-frial					
>3 sf or >3 lf		≥160 sf or		y used solel	lul .		Willi-Eliciosure			RI	R	E		
Location of asbestos-co	ntaining	by mainte				ion of	asbestos-containing	Amount		e m	е	n	E n	
material to b	e	staff(12)			- material			(Specify S LF)	For	0	a	c	C	
abated in fac	cility (13)	Yes	No	N/A				LF)	- 1	v e	i r	р	-	
round floor bathro	oom & hallway			X	VAT	-		31 sf		X				
									[]				
										4			片	
					Cubic Yards of	Mast-	Name of Registered	Landfill			Ц	Ш		
Registered Waste I B & G Restora			EP Haule 19563	rID#	Subject rates of	vvaste	Tullytown	Resource & Re	covery C	ent	er			
City, State Lincoln Park,				Disposal 05	Date /20/2016		City, State Tullytown,					1		
Completed by (Prin		Title	2000		Signature									
Gordana Luna						Gordana Luna 05/06/2016								

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Check A 2670

Date of Notification				Name of Building Owner / Operator (2)							
05 / 09	_ /16			Mondelez International Street Address							
A manaina Natifia	/	atification			e 208 North			nn.			7.
Agencies Notified	500000000000000000000000000000000000000	otification Initial			e, Zip Code			< 5 lb	MAV.		
☐ EPA		Amended			New Jersey,	07410			11/	O AMI	,
☑ DOI		Amendment #		Name of C			-	Telephor	ne Numb	er 11/	1.36
☑ DOI		Emergency w	justification	JOHN LIS	SY			0000			
		Cancellation						O _C	Urr.	P 781	
			F	ACILITY IN	FORMATIO	N			- /	V. ·/NG	, itil
Name of Facility		ent is Taking F	Place (3)		Type of Fa	cility (4)					
INOTIGETEZ ITIETHAL	onai					School (K	-12)				
Street Address							er 8 (Other	than K-12	2)		
2211 Route 208					2	Other (l.e.	, private &	cmmercia	al		
							mes, etc.)				
City (5)	County (6)	County Code	(7)	Square Fee		# Of Floor	S	Buildin	g Age	
Fairlawn	Bergen				1,000		3	3	ļ	40	
							being dem	olished)		40 +	
				1.0011110	Bakery/WA	REHOUSE					-
Name of Monitor	ing Firm Hired	by Bldg. Owne	er (8)	ASCM NO	1,						
ΔET					NORTHST	AR CONT	RACTING G	ROUP IN	C.		
AET Street Address					Street Add		0.011140.0		J.		
907 Doolittle Drive					Street Aud	1000					
City, State, Zip C					32 Williams	Parkway					
Bridgewater, NJ (City, State,						
Project Mngr. Fo		irm	Telephone Nu	mber	1,						
Eric Houseknecth	i momeomig i		908-218-1108		East Hanov	er, NJ 079	36				
Sheduled Start D	ate (10)	Sched, Comp	letetion Date (1	11)	Telephone	Number		License	Number		
05 // 23	/	05	/ 25 /	16							
//	-/	/	/		973-884	4-8682			0	00860	
Occupancy Statu					Name of O						
☐ Facilit	y Closed/Vaca	ted During Ent	ire Period of			The second second	RACTING G	ROUP, IN	C.		
Abater					Street Add	ress					
		ed Outside of N	ormal Facility		22 14/:!!:	Dorlanes					
	- Describe:	7 2.20			32 Williams City, State,				_		
☑ Other	- Describe: _	7:am - 3:30pm			East Hanov						
Scope of Work (0	Check All That	Apply)			Laot Hallo	01, 110 01 0					
		11.27									
☐ Demo	ition	~	Renovation				th Negative	Pressure	9		
					Mini - Encl						
☐ ≥160 s	f or ≥260 If				Glovebag I		e nd Non-Fria	ble Proce	dure		
					NOII-EXCIII	pieu () ai	iu ivoli-i ila	DIE I TOCC	uuic		
Locatio	n of	Is		Descript	ion of			Abateme	nt Type		
Asbestos C		Location	As	sbestos - C				R	1	E	E
		Normally		Material			Amount	E	R	N	N
TO BE A	BATED	Used	(1.	.e., therma	(B) (B)		(Specify	M	E	C	С
in Fac		Solely			facing, VAT		SF or LF)		P	A	L
(13)	by Main-	or	other misc	ellaneous)			V	A	P	0
5050 %		tenance/	1					A	1	S	S
		Custodial						L	R	U	U R
		Staff (12)	ļ						-	-	IX.
DAIVEDY SUB-	. 0.145	YES NO N/A	DIDE & FITTING	10			10 LF	[7]		-	
BAKERY - 2ND F			PIPE & FITTIN				3 LF	✓ ✓		+ +	
BAKERY - 2ND F	L CL L12		PIPE & FITTIN	10			J LI		H	1 +	
			-					H		1 +	
Name of Posists	rad Masta Us.		NJDEP Waste	Cubic	Name of R	enistered	Landfill				
Name of Registe NEWARK CARTI		net	Hauler ID No.		I.E.S.I.	-gistered	Landini				
MENARK CARTI	10			of Waste							
City, State				Disposal	City. State						
NEWARK, NJ				Date	BETHLEHE	M, PA 18	105				
						1		0			
Completed by (P	rint or Type)		Title			Signature	1	/		Date	
Salah Bridaka				Manager Steun Slut					E100140		
Steve Stiles			Project Manage	er		xuc	un p	un	_	0:	5/09/16

(P					Pursuant to NJAC 8:60 and 5:16)					4		. ,	
Date of Notification (1) 5/6/16				Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Marsh Street Address						110			
Agencies Notified	Type Notifica	ation		Street	Address			# Ling	٠, ر		14.	ĉ _o	
EPA DEP	Initial Amended	-	City, State, Zip Code								_		
DOL Amendment # Emergency (including				Titusville, NJ 08560									
				Name	of Contac			Telephone Number					
Cancellation						Ellie Wyeth							
Name of Facility Where Abatement is Taking Place (3)					FACILITY INFORMATION Type of Facility (4)								
Residential				School (I				(-12)					
Street Address				▼ Oth				 ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private & commercial buildings, homes, etc.) 					
City (5)							# of Floors	BI	dg. A	70			
County (6) Titusville, NJ 085				County Code (7) (STATE			3000	rior if being demolished)					
Mercer				USE	ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) MECS				ASCM No. Name of Abatement Contractor				(9) nmental Services, Inc.					
(8) MECS Street Address				Street Address				Jimental Services, Inc.					
PO Box 341						PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515					City, State, Zip Code Allentown, NJ 08501								
				phone		Telephone No.	License Ne.						
					8-4070	(609) 2:	00493						
Start Date (10) Scheduled Compl 5/19/15 5/20/					te (11)	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check only one)					Street Address							-	
Facility Closed/Vacated During Entire Period of Abate						30x 341	x 341						
☐ Abatement Performed Outside of Normal Facility Hol Control Other - Describe: 8am - 4pm				City, State, Zip Code Crosswicks, NJ 08515									
Scope of Work (Check all that apply)					Full Containment with Negative Pressure							_	
				ation Mini-Enclosure									
Is Locat				on		Non-ex	on-Friable Procedur	Abatement			0.25		
Norma Location of Used Sole							f		Туре				
Asbestos-Containing Material (ACM) TO BE ABATED Maintena Custo						tos Containing Ma thermal systems	terial (ACM)	Amount (Specify	711	1979	En	т	
IN Facility Staff' (13) (12)					(1.0.,	surfacing, VAT other miscellane	, or	r SF or LF)		Repair	Encapsulate	Enclosure	
(10)		Yes	No	N/A		Other miscellane	ous)		Removal	ir	ulate	ure	
Baseme	ent		×		Th	ermal Pipe In	sulation	110 lf	×				
		_											
Name of Registered Waste Hauler			IN	JDEP \		Cubic Yards	I Name of Reg	istered Landfill					
Stevens Environmental Services, Inc.				lauler ID		of Waste GROWS Landfill					52		
City; State Allentown, NJ						Disposal Date 5/20/16	City, State	Morrisville,	PA				
Completed By Title					Signature	1/1/	Date						
Mahlon E. Stevens Project Manager						_ ///			5/6	/16		_	

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

CK# 25/49

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

								TID A	AL			4,		
Date of Notification (1) 5/6/16				Name	of Building	g Owner/Operator	(2) Wyeth	- 40 A	7/	0	Abe	,		
Agencies Notified														
□ EPA	▼ Initial			Street Address										
DEP DOL	Amended Amendment #			City, State, Zip Code										
	☐ Emergency (in			Skillman, NJ 08558										
DOH DCA	justification)		Name	of Contac			Telephone Number							
						Ellie Wyeth								
				FAC	CILITY INF	ORMATION								
Name of Facility Where Abatement is Taking Place (3)							Type of Facility (4)							
Residential							School (K-12) Subchapter 8 (Other than K-12)							
Street Address						Other (i.e., private & commercial buildings, homes, etc.)								
City (5)	Enter MANAGED	22-22-22-22		165			Square Feet							
	Skillmar	1, NJ 0	855							90	+/-	_		
County (6) Somerset				County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)							
Name of Monitoring Firm	일 이 병원이 없었다면 이 경우를 보고 하는 것이 아이를 보는 것은	Owner		ASCM	No.	Name of Abaten	(9)							
(8)	MECS		_ .			Stevens Environmental Ser				rices, Inc.				
Street Address	-					Street Address								
	PO Box 34	1				PO Box 322								
City, State, Zip Code						City, State, Zip Code								
	rosswicks, NJ	08515				Allentown, NJ 08501								
				phone		Telephone No.	License No. 00493							
									049.)		_		
Start Date (10) Scheduled Comp							MECS							
					Street Address									
Facility Closed/Vacated During Entire Period of Abatement						PO Box 341								
Abatement Performed Outside of Normal Facility Hours						City, State, Zip Code								
▼ Other - Describe: 8am - 4pm				Crosswicks, NJ 08515										
Scope of Work (Check	all that apply)					2						_		
≥3 sf or ≥3 lf Renova					☐ Full Containment with Negative Pressure									
≥ 160 sf or ≥260 lf				ion Glovebag Procedure										
In Lease					Non-Exempted (*) and Non-Friable Procedure							tomont		
ls Loca' Noma							-		"	Abatement Type				
Location of Used Sol								A		TTT		_		
Asbestos-Containing Material (ACM) Mainten TO BE ABATED Custo								Amount (Specify	R	_	Enc	Щ		
IN Facilit			taff? (12)			surfacing, VAT other miscellane	, or	SF or LF)	Removal	Repair	aps	Enclosure		
(13)		-	(12)	_		other miscellane	ous)			¥-	Encapsulate	sure		
		Yes	No	N/A							O.			
Basem	ent		X		Th	ermal Pipe In	sulation	20 lf	×					
								73						
		\vdash												
Name of Registered Waste Hauler NJDEP Waste Hauler						Cubic Yards	Name of Reg	stered Landfill						
Haule				lauler ID		of Waste 1 CU		GROWS Lan	dfi11					
Stevens Environmental Services, Inc. 18292 1 CU GROWS Landfill City, State Disposal Date City, State									=					
	Allentown, 1	ŊJ				5/17/16 /	1///	Morrisville,	PA					
Completed By Title						Signature Date					_			
Mahlon E. Stevens Project					ager	_////			5/6	/16				
ASR-41						17711	1							

ASB-41 MAR 00

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