#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator

check # 2424
or (2)
2.7
Telephone Number
12 44 6:12
215
LICENSTAGE
) ) (Other than K 42)
(Other than K-12)
s, etc.)
Of Floors Building Age
ng demolished)
SSTAR SERVICE COMPANY
CTING GROUP. INC.
License Number
00860
CTING GROUP. INC.
I
legative Pressure
Ion Eriable Procedure
Ion-Friable Procedure
Abatement Type
R E E

Date of Notification (1)				Building Ow	ner / Oper	rator (2)	2.2	· ~ ~				
05 / 11 /	15		First Energ						* / / p pm= _			
Annaisa Natified True	- of Notification		Street Ad				6.		to ran			
	e of Notification		76 South	e, Zip Code			TEST IN	T 10.				
☐ EPA DEP	Amended		Akron, Oh				* - 7	1/2	AH be	10		
☑ DOH	Amendment		Name of 0				Telephor	ne Numb	er	*		
☑ DOL		- v/ justification	Jim Halse				215		V. 1000000000			
	Cancellation						u L	ICELIE	SPIRE	1		
		F	ACILITY IN	IFORMATIO	N				TO			
Name of Facility Where A	hatomont is Taking	Diace (3)		Type of Fa	cility (4)							
Name of Facility Where A	batement is raking	riace (5)		Type of ra	Cility (4)							
					School (K	-12)						
Street Address						er 8 (Other						
466 - 467 SPRINGFIELD A	VE					, private &	commerc	ial				
City (E)	inty (6)	County Code	(7)	Square Fe		mes, etc.) # Of Floor	-	Buildin	a A a a			
City (5) Cou		County Code	(1)	Square re	et.	# OI FIOOI	5	Bullani	g Age			
001111111	011			Current Us	e (Prior if	being dem	olished)	t				
				Telephone		J	56					
Name of Monitoring Firm	Hired by Bldg. Own	ner (8)	ASCM NO	N .								
54						0.0TU-0.0	DOUB "	10				
Environmental Health Inve	stigations					RACTING G	KOUP. IN	iC.				
Street Address				Street Add	ress							
655 West Shore Trail City, State, Zip Code				32 Williams	Parkway							
Sparta, NJ 07871				City, State								
Project Mngr. For Monito	ring Firm	Telephone Nu	mber	Oity, Otato	, Lip oode							
Dino Nappi	11119 1 11111	212-682-9271		East Hanov	er, NJ 070	36						
Sheduled Start Date (10)	Sched, Com	oletetion Date (1	11)	Telephone			License	Number				
, , ,	15 05	/13/	15_									
///				973-88				0	0860			
Occupancy Status Durin				Name of O			DOLID IN					
	d/Vacated During Er	itire Period of				RACTING G	ROUP. IN	IC.				
Abatement Po	rformed Outside of	Normal Escility		Street Add	ress							
	be: Friday 8:00 a			32 Williams	Parkway							
	be:			City, State								
	3			East Hanov								
Scope of Work (Check A	I That Apply)											
☐ Demolition		Renovation		Full Conta	inment wit	th Negative	Pressure					
✓ >3sf or >3lf		Removation	H	Mini - Encl		iii iiogaiivo	11000011					
≥160 sf or ≥26	0 If			Glovebag	Procedure	•						
			V			nd Non-Fria	ble Proce	dure				
					79 5210							
Location of	ls		Descript				Abateme	nt Type	Ie.	ΙE		
Asbestos Containin	g Location Normally	A	Material	Containing		Amount	R E	R	E N	N		
TO BE ABATED	Used	1 0	.e., therma			(Specify	M	E	C	C		
in Facility	Solely			facing, VAT		SF or LF)	0	P	A	L		
(13)	by Main-			ellaneous)		THE THE POINT.	V	Α	P	0		
	tenance/						Α	1	S	S		
	Custodial						L	R	U	ū		
	Staff (12)							-	-	R		
Exterior Telephone Del-	YES NO N/A	Transite Condu	ı it			24 LF	<b>V</b>		+	+		
Exterior Telephone Pole		Transite Condi	uit			24 LI		<del>   </del>	+	+-		
		_				-			+ +	+		
							H	H	1 7	1 1		
Name of Registered Was		NJDEP Waste	Cubic	Name of R	egistered	Landfill						
NEWARK CARTING		Hauler ID No.		I.E.S.I.								
		4509	of Waste	_								
City, State			Disposal	City. State		105						
NEWARK, NJ			Date	BETHLEHE	IVI, PA 18	105						
Completed by (Print or T	vpe)	Title			Signature	^	$\overline{}$	Date				
	(1.7)	10000			16	() (	()					
Steven Stiles		Project Manag	er		- JUL	2 the	>_		05	/11/15		

## Notification of Asbestos Abatement

D&S Proj. #: 2015-149

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

											ESSANCE.			200
Date of Notification		- 11	lame of Bui DAVID T	)	er/Operator (2)			, i'	eets may	12 A	1 4:	23		
Agencies Notified		ion	treet Addre											
☐ EPA	Initial				A SZESZER	_			458ES; 41.8	2000	MIR	OL		
☐ DEP	Amended		ity, State, Z		NE AVENUE	5			CL	うご 4.7 · ·	4 C	_		
DOL.	Amendment #:	— II°												
□ DOH	Emergency (including		UNION						Talashaa	a Niveria	-		FINE	-
	justification)	I IN	ame of Con	tact					relephor	e Number				
DCA	☐ Cancellation	1	DAVID	TUVEY										
				FACI	LITY INFORM	ATION	N							
Name of facility w	here abatement i	s taking pla	ace (3)					Ту	pe of Facility					
DAVID TUVE	Y								=	ol (K - 12) apter 8 (C	tt or th	oon K	12)	
Street Address								1	Other	(Private/C /Homes, e	onime		-12)	
1307 BERGEN	ILINE AVENU	JЕ						S	quare Feet	# of Floor		Bl	dg. Ag	ge
City (5)			nty (6)			Cou	inty Code (7)	-						ā
100 C C C C C C C C C C C C C C C C C C							And the second of the second o		Current Use (P	rior if bein	g dem	olishe	ed)	
	UNION CITY HUDSON    ASCM No.   Name of Abatement Contractor (9)												300	
Name of Monitorin	ng Firm Hired by I	Bldg. Owne	er (8)		ASCM No.				13 51					
								DRATI	ON, INC.					
Street Address							Street Address							
	20 California Ave.  City, State, Zip Code Paterson, NJ 07503  Telephone Number  Paterson													
City, State, Zip Coo	le					_	City, State, Zip Co	de						
Project Manager fo	r Monitoring Firm		Ph	one Numb	er		The state of the s			License		er		
	Phone Number  Telephone Number  973-345-8020  Name of OSHA Manifer									0	1169			
Start Date (10)		Sched	. Completic	n Date (11	)				r					
05/07/15		05/20	)/15				-	ration,	inc.	-				-
	During Abatemer		1011-1011-101	Contract of the Contract		$\dashv$	20 California	Augen						
	d/vacated during			ment.			City, State, Zip Co		e				_	
Abatement p	erformed outside						Oity, State, Zip Oo	oue.						
Describe:  Other-Descri	he· NORMAL H	OURS	****			-	Paterson, NJ	07503						
Scope of Work (ch							Ι		Containment v	v/negative	Dress	ure		
>3 sf or >3 lf		Renovatio	n				ī	=	enclosure	villegative	press	uic		
≥160 sf or ≥2								☑ Glov	ebag procedu					
<u> </u>	.0011	Demolition		اداده اسمم	.1			Non	-Exempted (*)	and Non-	friable R		_	-
Location of	atoinin-		n normally u enance/cust			or cline			A		e	R	E n	E
asbestos-cor material (acn		staff(12)			Description material (		sbestos-containing	3	Amount (Specify S	SF or	m	р	С	n
abated in fac		Yes	No	N/A	material (	, (OIVI)			LF)	20.000	o v	a	a p	L
DAGEN GENTA				0.00.000	DIDE DICK	T A TT	ION		21716		e	r		
BASEMENT PIPE INSULATION 217 l ft BASEMENT Chimney packing 3 sq ft									X	부	片	11		
DASEMENT			LX		ciminey pa	cking			3 sq ft			屵	片	11
- Inches						23700					片	무	片	1
											늗	片	屵	11
Registered West-	aulor	INVIS	D U!"	<u> </u>	ubic Yards of V	Manta	INome of Desire	rod I -	dfill			Ш	Ш	
Registered Waste F D & S RESTOR		135			yds	vasie	TULLYTOW			ECOVER	Y			
City, State PATERSON, N	II 07502			Disposal D 05/08/1			City, State	AL DA						
		T:#/-		03/06/1.	Signature		TULLYTOW	N, PA		I Data		_		
Completed by (Prin BOGDAN JOL	CONTROL OF STREET	Title PRESID	FNT		Oignature					Date 05/04/	15			
DOGDAN JOL	DEIC	TKESID	LIVI		l					03/04/	1.0			

D&S Proj. #: 2015-151

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

2000,00

								-						
Date of Notification		N	lame of Buildi	ing Own	er/Operator (2)				ZEID FAT 12	2 周門	₹ 2.	2		
10 15 1/10 14			george holi						J -1 -90					
Agencies Notified EPA	Type Notificati Initial	on Si	treet Address						4351310. & L10	ひししば	TKU C	_		
□ DEP	Amended		305 westen	d avenu	ie				C4 L 10!	- (&C)(12	3			
_	Amendment #:	C	ity, State, Zip	Code										
DOL     DOL	Emergency		RIDGEWO	OOD, N	IJ 07450									
☑ DOH	(including justification)	Na	ame of Conta	ct					Telephone	e Numbe				
☐ DCA	Cancellation	.	george hol	iet										
	-			FACI	LITY INFORM	ATION	1							
Name of facility w	here abatement i	s taking pla	ace (3)					TT	Type of Facility (4	4) (K - 12)				
george holiet									=	apter 8 (C		an K.	121	
Street Address								-		Private/C			12)	
Otreet Address									Bldgs./	Homes, e	etc.			
305 westend av	venue							<u>-</u>   [	Square Feet	# of Floo	rs	Blo	ig. A	ge
City (5)		Cour	nty (6)			100 Commen	inty Code (7) ite use only)	-		to the sta		- lielee	-1/	
RIDGEWOOI	D	berg	gen			(518	ite use only)		Current Use (Pr	nor it bein	ig aem	olisne	a)	
Name of Monitorin				Т	ASCM No.	$\vdash$	Name of Abateme	ent Co	ntractor (9)					
	,	5	× *	-			D & S RESTO	OR AT	TON INC					
Street Address						_	Street Address	71011	1011, 210.			_	_	
4							20 California	Ave.						
City, State, Zip Coo	de						City, State, Zip Co	ode						
							Paterson, NJ	0750	13					
Project Manager fo	or Monitoring Firm	1	Phor	ne Numb	er		Telephone Numb	er		License		er		
							973-345-80				1169			
Start Date (10)		Sched	d. Completion	Date (1	1)	_	Name of OSHA N							
05/15/15		05/30	0/15				D & S Restor	ration	i, Inc.					
Occupancy Status	During Abatemer					_	20 California	Δver	1116					
	ed/vacated during	- A.,		ent.			City, State, Zip Code							
Abatement p	erformed outside						City, State, Zip Code							
Describe:  Other-Descri	ibe: NORMAL H	IOURS				_	Paterson, NJ 07503							
Scope of Work (cl	And the second s						1.	Fu	II Containment w	/negative	press	ure		
>3 sf or >3 lf	50.00	Renovatio	on					Total Control	ni-enclosure	•				
≥160 sf or ≥2		Demolition	n					Simon Si	ovebag procedur on-Exempted (*)		friable	proce	dur	2
		TO ASSESS HOSPITAL CONTROL	n normally us	ed solel	y			INC	JII-Exempled ( )	and NON	TR	R	E	1 2000
Location of asbestos-co	ntaining	by mainte	enance/custo		1	on of a	asbestos-containing	a	Amount		e m	e p	n	l E
material (acr		staff(12)		Service:	material				(Specify S	SF or	0	a	c a	C
abated in fac	Cility (13)	Yes	No	N/A							v e	i	р	-
BASEMENT			X		PIPE INSU	JLAT	ION		150 L FT		×			
4	(i)				1									
-														
Registered Waste			EP Hauler ID	8 8	Cubic Yards of	Waste				COMP	0.72			
D & S RESTOR	KATION, INC.		506	isposal [	2 yds.			N, R	ESOURCE RE	COVE	X I			
City, State PATERSON, N	VI 07503			05/16/1			City, State TULLYTOV	VN P	Α					
Completed by (Prin		Title			Signature		TOLLITOT	, 11, 1		Date		-		
BOGDAN JOL	17071 121	PRESID	ENT							05/04	/2015			
ASR-41		* Do not us	se this form fo	r asbest	os licensure ex	cempte	ed activities.							

D&S Proj. #: 2015-155

ASR-41

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

BASEMENT BASMENT Registered Waste F D & S RESTOR Dity, State PATERSON, N Completed by (Prin BOGDAN JOL	n) to be bility (13)  A.CLOSET, C.SPACE  Hauler LATION, INC.  IJ 07503  It or Type)	by mainte staff(12) Yes	No X X X X EP Hauler	N/A	ubic Yards of V YDS ate	ACM)  LATI  CEILI	ION ING-JOINT COMP	OUND ered Lar	(Specify S LF)  64 L FT  268 SQ FT  80 SQ FT			a :- r	a p	
BASMENT  Registered Waste F D & S RESTOR  Dity, State PATERSON, N	n) to be bility (13)  A. CLOSET, C.SPACE  Hauler LATION, INC.	by mainte staff(12) Yes NJDE 135	No X	N/A  N/A  IIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PIPE INSUL VAT SHEETROCK Libic Yards of V YDS	ACM)  LATI  CEILI	ION ING-JOINT COMPO	OUND ered Lar	(Specify S LF)  64 L FT  268 SQ FT  80 SQ FT	COVER		a : r	1000	
BASMENT Registered Waste F D & S RESTOR	n) to be bility (13) i. CLOSET, C.SPACE	by mainte staff(12) Yes  NJDE	No X	N/A N/A DID# Cidentification of the second o	PIPE INSUL VAT SHEETROCK Libic Yards of V	ACM)  LATI  CEILI	ION ING-JOINT COMPO	OUND ered Lar	(Specify S LF)  64 L FT  268 SQ FT  80 SQ FT			r a r	1000	
BASMENT	n) to be bility (13) i. CLOSET, C.SPACE	by mainte staff(12) Yes  NJDE	No X	N/A	PIPE INSULVAT SHEETROCK Libic Yards of V	ACM)  LATI  CEILI	ION ING-JOINT COMP	OUND ered Lar	(Specify S LF)  64 L FT  268 SQ FT  80 SQ FT			a r	1000	
BASMENT	n) to be bility (13) 4, CLOSET, C.SPACE	by mainte staff(12) Yes	No X	N/A	PIPE INSUL VAT SHEETROCK	ACM)  LATI  CEILI	ION ING-JOINT COMP	OUND	(Specify S LF) 64 L FT 268 SQ FT 80 SQ FT	For	o v e		1000	
	n) to be cility (13)	by mainte staff(12)	I	T	PIPE INSU	ACM)	ION		(Specify S LF) 64 L FT 268 SQ FT	For	o v e	r a r	1000	
	n) to be cility (13)	by mainte staff(12)	I	T	PIPE INSU	ACM)	ION		(Specify S LF) 64 L FT 268 SQ FT	For	o v e	a i r	1000	
BASEMENT	n) to be cility (13)	by mainte staff(12)	I	T	material (A	ACM)		g	(Specify S LF) 64 L FT	For	o v e	a i r	1000	
	n) to be cility (13)	by mainte staff(12)	I	T	material (A	ACM)		g	(Specify S LF) 64 L FT	For	o v e	a i r	1000	
material (acm) to be abated in facility (13)  BASEMENT, BOILER RM, CLOSET, C.SPACE			I	T	material (/	ACM)		g	(Specify S LF)	F or	o v e	a i r	1000	
abatoo iii iao	n) to be	by mainte staff(12)	I	T			SDESIOS-CONTAININ	g	(Specify S	For		a	a	
		by mainte	enance/cus	stoulai	Description	n of a		a	Amount		m	. D	С	C
asbestos-cor							shootoo containin		Amount		е	e	n	E n
	L			used solely				<b>⊠</b> Nor	n-Exempted (*)	and Non-	friable R	proc	edure E	
								ズ Glo	vebag procedur					
$\boxtimes$ >3 sf or >3 lf		Date Date	en =						i-enclosure	, negative	hiess	uis		
Scope of Work (ch									Containment w	/negative	nraec	ure		
Describe:  Other-Descri	ibe: NORMAL H	OURS	- 100 - 100			-	Paterson, N.	J 07503	3					
Abatement p	erformed outside						City, State, Zip C	oae						
<u> </u>	d/vacated during			ement			20 California		ue					
OS/19/15 Occupancy Status	During Abatamar	05/28				_	Street Address							
05/19/15				17.20			D & S Resto	oration,	Inc.					
Start Date (10)		Sched	. Complet	ion Date (11	)	-	Name of OSHA							
							973-345-80	020		0	1169			
Project Manager fo	or Monitoring Firm	1	P	hone Numb	er	_	Telephone Numb			License	Numb	er		
(*)							Paterson, N.		3					
City, State, Zip Coo	de					-	City, State, Zip C						-	
en e e en							20 California	a Ave	200					
Street Address						-	Street Address	UNAI	IOIN, IINC.					
		•	30.954		. 100.11110.		D & S REST							
Name of Monitorin					ASCM No.	$\neg$	Name of Abatem	nent Cor	ntractor (9)			_		
SCOTCH PLA	ATNS	TIN	ION			(Sta	ate use only)		Current Use (Pr	ior if beir	ig dem	olish	ed)	
City (5)	<del>-</del>	Cour	nty (6)	98			inty Code (7)	_				_		
1181 WOODS	IDE ROAD			0				_     7	Square Feet	# of Floo	rs	BI	dg. A	ge
										Private/C Homes, e		IbiDi		
MICHAEL & I	LUCILLE COL	UNACCH	IA-MAR	IA					-	apter 8 (C			-12)	
				т л					=	(K - 12)				
Name of facility w	here abatement i	s taking pla	ace (3)					T	ype of Facility (	4)				
	-			FACI	LITY INFORM	OITA	N							
☐ DCA	Cancellation	1	MICHA	EL & LU	CILLE COR	NAC	CHIA-MARIA		900-2					
□ DOH     □	justification)	IIN	lame of Co	ntact					Telephone	e Numbe	r			
	Emergency (including			The second second	S, NJ 07076					Total Total				
☑ DOL	Amendment #:	_	City, State,	Zip Code										
☐ DEP	Amended		1181 W	OODSIDE	ROAD					V 12 (1 N )				
Agencies Notified EPA	Type Notificat Initial	ion S	Street Addr	ess					200 <u>20.</u> 211	CENSI	N.C	\u00b6		
10 15 1/10 16			MICHA	EL & LUC	CILLE CORN	IACC	CHIA		4-5-1-1-1					
Date of Notification		1	Name of B	uilding Own	er/Operator (2)				CERTIFI	IZ AT	4.	43		
									Contract of the Contract of th					

D&S Proj. #: 2015-154

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

REGI . 35

Date of Notification (1)	Name of Bu	ilding Own	er/Operator (2)				2015 M	ÅY 12	AM	1	30	
10  5  / 0  6  / 1  5		E ZIMMI	ER									
Agencies Notified Type Notificati	Street Addre	ess					42aE	5105	Unik	TR		
DEP Amended	127 BUG	CKINGHA	AM ROAD				č.	LICEA	1514	Ç,	U 1_	
Amendment #:	City, State,	Zip Code										
	MONTO	CLAIR, N.	J 07042									
DOH (including justification)	Name of Co	ntact			No. of Contract of		Telephon	e Numbe	1			
DCA Cancellation	11	JE ZIMM	FR				1 9/3	- 0000				
Cancellation	1 2000000		LITY INFORM	ATION	i		- '	=				
Name of facility where abatement is	a taking plans (2)	TAGI	LITT INFORM	ATION			Type of Facility (	4)				
Name of facility where abatement is	s taking place (3)							+)   (K - 12)				
NATALIE ZIMMER					14: 	_	Subcha	apter 8 (C	ther th	nan K	-12)	
Street Address						7		Private/C Homes, e		rcial		
127 BUCKINGHAM ROAD								# of Floor	2000	BI	dg. A	ge
City (5)	County (6)			Cou	nty Code (7)	=			-		J	
					te use only)		Current Use (Pr	ior if bein	g dem	olish	ed)	
MONTCLAIR	ESSEX					Ц						
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatem							
				_	D & S REST	ORA	TION, INC.					
Street Address					Street Address							
City, State, Zip Code					20 California City, State, Zip Co		2.		Z 80 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50	11/2/2	-Wat 11	-
Oity, State, 21p Gode					. 5		0.2					
Project Manager for Monitoring Firm	I Di-	none Numb	er.		Paterson, N. Telephone Numb		03	License	Numb	or	_	
reject manager for Monttering 1 inn		ione Numb	GI		973-345-80				1169	/61		
Charle Date (4.0)	I Cabad Camalati	D-t- /44		_	Name of OSHA I		or				_	
Start Date (10)	Sched. Completi	on Date (11	)		D & S Resto	ratio	n, Inc.					
05/07/15	05/28/15				Street Address							
Occupancy Status During Abatemen					20 California	Ave	nue					
Facility closed/vacated during Abatement performed outside					City, State, Zip C	ode						
Describe:				_								
Other-Describe: NORMAL H				-	Paterson, N.							
Scope of Work (check all that apply							ull Containment w	/negative	press	ure		
	Renovation						lini-enclosure lovebag procedur	·e				
≥160 sf or ≥260 lf	Demolition						ion-Exempted (*)		friable	proc	edure	)
Location of	Is location normally by maintenance/cus			200-0-0-0-1-0					R	Re	Е	E
asbestos-containing material (acm) to be	staff(12)	itodiai			sbestos-containin	g	Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes No	N/A	material (	ACIVI)			LF)	. 01	o v	a	a	L
		1323							е	r	р	
BASEMENT	L X		BARE HEA	ATIN(	G PIPES		140 L FT			브	닏	뿌
basement walls and floor	$\longrightarrow$		clean-up			-	140 sq ft			屵	닏	井
			,		-/-				井	부	님	#
						-			井	屵	님	H
Registered Waste Hauler	NJDEP Hauler	JIL	ubic Yards of V	Wasto	Name of Registe	arad I	andfill			Ш	Ш	
D & S RESTORATION, INC.	13506		YDS	443IE			andfill ESOURCE RE	COVER	RΥ			
City, State		Disposal D		12000	City, State				-	765		
PATERSON, NJ 07503		05/08/1:			TULLYTOV	VN, I	PA					
Completed by (Print or Type)	Title		Signature					Date				
BOGDAN JOLDZIC	PRESIDENT PRESIDENT	forest	_ !!		d at. (bt			05/06/	2015			
ASR-41 *	Do not use this form	ior aspesto	s licensure exe	empte	activities.							

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

Ck# 2810

Date of Notification	(* 5)						Owner / Operato		THED					
Agencies Notified		ation	S	Street	Addr	ess								_
⊠ EPA			1	19 W	/ash	ingto	n Street 2515	MY 12	8M 1: 2	ž.				
			10	City S	tate &	& Zin (	Code							
		Matter and the second	I	oms	Riv	er Ne	w Jersey	terne	TOC	1				
								1105	NSING	L T	elepho	one N	lumb	er
☐ DCA	☐ Cano	ellation	F	larol	d Ba	ldwir	ı <sup>α</sup>	LIUL	एक । एक विकास का जाता के किए	23				
N					CILIT	Y INF	ORMATION							
		ent is Taking P	lace (3	)			Type of Facil							
Street Address	rai Office						School (		4 - 4 - 12	40)				
0.0007.000	troot						Other (i.e		ther than K-				-4- \	
15 washington 5	ricei						Square Feet		f of Floors		dg. Ag		etc.)	
City (5)		County (6)	Col	unty C	'ode	(7)	37000			DI	ug. Ag			
Toms River		7 4 7		arity O	,ouc i	(1)	Current Use		3	ished)		80		
TOMIS PRIVE		Ocean					COMMUNIC			isrieu)				
Name of Monitoring	Firm Hired b	v Building Owr	ner (8)		ASC	CM No				2)				
		y Building Own	101 (0)		1	JIVI INO	BRISTOL E							
Street Address							Street Addres							
		EET					1123 BEAV							
	RTH CHURCH STREET  & Zip Code  STOWN, NJ 08057  Inager for Monitoring Firm  aldwin  Start Date (10)  5/26/15  y Status During Abatement (Check cility Closed/Vacated During Entire atement Performed Outside of No						City, State &							
		1	T-11		N I I	L 2 2	BRISTOL, F		07					
	## State & Zip Code    Concest Notified   Type Notification   Department   Departm				Numl 800	ber	Telephone No. 215-788-604			License Nu		10		
	Solutified   Type Notification   PA   Initial   OL   Amended   OH   Emergency   Cancellation   PA   CA   Cancellation   Cancellation   CA   Cancellation			V-1 - N/2 II N -0-7 - 1		\	Name of OSH		for		0050	19		
	5/26/15 ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire					,	BRISTOL E			INC				
Occupancy Status D	Ouring Abater	nent (Check o	nly one	)			Street Addres			,				
					1123 BEAV			5163 						
	al Hou	rs - 7	am to	o 3pm	5000									
						BRISTOL, F	PA 1900	07						
									12022					
Coops of Work (one	on all triat ap	(Piy)						⊠ F	ull Containm	nent with Ne	aative	Pre	ssure	3
≥3 sf or ≥3 lf	f		$\bowtie$	Reno	ovatio	n		The same of the sa	/lini-Enclosur		•			
≥160 sf ≥260	O If			Dem	olitio	n			Slove Bag Pr	ocedures				
									Ion-Exempte					
				ocatio			Description			Amount	Aba	atem	ent T	уре
		3	Norm	ally U			Asbestos-Con Material (A			(Specify SF or LF)			m	
			Mainte				(i.e., thermal sy			or or Lr)	Re	R	Encapsula	Enclsoure
ir		84	Custo	dial S	taff?		insulation, surfac		Г		Remova	Repair	psu	dso
	(13)			(12)			or other miscella	aneous)			/a	=	llate	ure
	100			No	N/A									
Admin Ramp Are	a			닖	H		Vat/Mast	ic		240 SF		Ц	Ц	H
Admin Ramp Area				뮈	$\vdash$					20 20 10 25 22 22	무	H	H	
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			+	H							-	H		H
Admin Ramp Area			Ш	NIL	)FP \	Nasta	Cubic Yards	Name	of Registered	d Landfill				
riamo or riogistorou		100000000000000000000000000000000000000	ıler IE		of Waste	I vallic (	or registered	a Landiii						
SERVICE TRANS	PORT GRO	UP, INC.		209			3	MINER	RVA LAND	FILL				
City, State						Disposal Date	City, St		M. 240001					
							WAYN	IESBURG,	OH 44688					
				Title			Signature				Date	_		
PATRICK T. DeCA	ARO			PR	OJ. I	VIGR.	R	01	DeCar	1-0	5/8/1	5		
							Jarrice	K/1.	~ Car	0/1/				

#### .\_

B & G proj. #: 2015-89

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

- Check # 7199	1	-	74	
		int s	Gheck # 7199	

Date of Notification	(1)	N	ame of Build	ding Own	er/Operator (2)		CETS MAY 12	AM 1 26						
10 15 1/10 18	1/115		Robert Co	ollins			15000	.111 4.60						
Agencies Notified	Type Notification	on St	reet Addres	S			ASDESTUS & LICEN	LUNTROI						
☐ EPA	✓ Initial		17 State	Street			ce LILEA	SING				S.		
☐ DEP  ☑ DOL	Amendn	10000	ty, State, Zi East Ora		J 07017									
▼ DOH		l Na	me of Cont					Telephor	ne Number			-		
☐ DCA	Cancella		Robert C						77					
			iii ii	FAC	LITY INFORM	ATION								
Name of facility wh	nere abatement is	taking pla	ce (3)					Type of Facility	(4) ol (K - 12)					
Robert Collins	S							Subch	napter 8 (O			12)		
Street Address									(Private/Co./Homes, e		rcial			
17 State Stre	et							Square Feet	# of Floor		Blo	lg. Ag	ge	
City (5)		Cour	ty (6)				nty Code (7) e use only)	Current Use (F	Driver if boin	a dom	oliobo	d\		
East Orange		Ess	sex			(Stat		residential	Prior ii beiii	g dem	UliSHE	u)		
Name of Monitorin	ng Firm Hired by I	3ldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)						
n/a					4		B & G Restorati	on, Inc.						
Street Address							Street Address 105 Ryerson R	oad						
City, State, Zip Coo	de						City, State, Zip Code				(4)			
,,							Lincoln Park,	NJ 07035					11	
Project Manager fo	r Monitoring Firm		Pho	one Numb	per		Telephone Number (973)696-686	9	License 00	Numb 378	er			
Scheduled Start Da	ato (10)	ISchen	. Completio	n Date (1	1)		Name of OSHA Moni	tor						
05/18/2015	ate (10)	TO THE PARTY OF	18/2015		• (		B & G Restorat	ion, Inc.						
Occupancy Status	During Abatemer						Street Address 105 Ryerson R	oad						
Facility close	d/vacated during	entire peri	od of abater	ment.			City, State, Zip Code							
Abatement p Describe:	erformed outside	of normal	facility hour	S-			Lineala Deels N	107025						
Other-Descr	ibe:					_	LincolnPark, N	07035						
Scope of Work (cl	heck all that apply						_			<b>P</b> SU-0231-214-214-21				
Demolition	X	Renovation					ull Containment w/neg	gative pressure	Glove					
>3 sf or >3 lf	f 🔲	≥160 sf or				× N	fini-enclosure		∐ Non-n	riable i	R	-	J	
Location of	-1-1-1		n normally usenance/cust		1		-bt containing	Amount	*	е	е	E n	E	
asbestos-co material to b	e	staff(12)	·		material		sbestos-containing	(Specify LF)	SF or	o	p a	a	C	
abated in fac	cility (13)	Yes	No	N/A				LF)		v e	i r	р		
basement				×	pipe insu	lation		70 lf		×				
					]					40			1	
										井	片	님	H	
					-					井	H		岩	
Designated Wests	Unular	L	EP Hauler I	D# 10	Cubic Yards of	Waste	Name of Registered	Landfill						
Registered Waste B & G Restora	ntion, Inc.		19563		1		Tullytown	Resource & F	Recovery	Cen	ter			
City, State Lincoln Park,	NJ			Disposal 05	Date /15/2015	City, State Tullytown, PA								
Completed by (Prin		Title Secreta	ry/Treasu	ırer	Signature		Gordana Luna		Date 05/0	8/20	15			
	4		. , , , , , , , , , , , , , , , , , , ,		-									

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

2015-88

B & G proj. #:

Check # 7200 Date of Notification (1) 2015 MAY 12 AM 4: 19 Name of Building Owner/Operator (2) 10 15 1/10 18 1/1<u>1 15 1</u> Maple Apartments, LLC Agencies Notified Type Notification Street Address ☐ EPA 199 Lee Avenue #201 Initial DEP City, State, Zip Code Amendment DOL Brooklyn, NY 11211 Telephone Number Name of Contact DOH Cancellation Al DiGangi / Thomas J O'Beirne & Co., Inc. DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Verizon Wireless Newark 31 Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 1607-1615 Maple Avenue Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Hillside, NJ Union apartment building Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Rverson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 05/20/2015 05/18/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition Renovation Non-friable procedure Mini-enclosure X ≥160 sf or ≥260 lf >3 sf or >3 lf Is location normally used solely E Location of е е n by maintenance/custodial Amount n Description of asbestos-containing asbestos-containing m p C staff(12) (Specify SF or C material to be material (ACM) 0 a a LF) abated in facility (13) V Yes No N/A X 175 sf roofing material & flashing roof Cubic Yards of Waste | Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler 19563 Tullytown Resource & Recovery Center 3 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 05/20/2015 Lincoln Park, NJ Signature Completed by (Print or Type) Ciordana Luna Title 05/08/2015 Secretary/Treasurer Gordana Luna

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

resuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	e of Buildir	na Own	ner/Operator	(2)	a to fine the	10	hore j	:		
5/8/	15	_			rcus L. \				213b#150	5-1979	Chk	#39	57	
Agencies Notified Type Notifi	cation			Stree	t Address				TOTO TIME!	< A11	h:	18		
⊠ EPA ⊠ Initial				48	14 Outlo	ok Dri	ve, Suite 2	01 /	SPECTA	0.000				
☑ DOLWD ☐ Amende				-	State, Zip			,	ASBESTO	5.C01	476	OL		
□ DHSS   Amendr     □ DCA   □ Emerge				(82)			NJ 07753		& LIC	EMSU	₫G			
□ DCA □ Emerge   Include □ DCA □ Include □		iuaing	3	-	e of Contac				Telephone	Niumahas				
☐ Cancell				100000000000000000000000000000000000000	ather Fa				relephone	Number				
				FA	CILITY II	NFOR	MATION							
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility	(4)					
Winchester Gardens								School (K-1)						
Street Address				_				Subchapter	8 (Other than	K-12)				
333 Elmwood Avenue								Other (i.e., p	rivate and cor	nmercial	build	lings,		
City (5)								Square Feet	# of Floors		Blda	Age		
Maplewood								473,763	5		89			
County (6)				Cou	nty Code (	7)/STAT	E USE ONLY)		ior if being de	molishoo				
Essex							/	Senior Hou						
Name of Monitoring Firm Hired by Bui	Iding O	wner (	(8)	ASCM	No	Nam	e of Ahatem	ent Contractor (9)	- 100 10 To 100 100 100 100 100 100 100 100 100 10	eu Livii	ıy			
Criterion Laboratories		,			.,			d Mold Service						
Street Address		_					et Address	a Mola Service	es, corp.					
3370 Progress Drive, Suite J								Saudanand						
City, State, Zip Code							State 7:00							
Bensalem, PA 19020							State, Zip C							
Project Manager for Monitoring Firm			LTole	phone	No	_	ainesport, I	NJ 08036						
Mike Panepresso			2000	15-244		1000000	phone No.		License No	ο.				
	Schedu	lod C					9-702-0400		00862					
_5 / _8 / _15					15	1000000	e of OSHA N ISL Analyt							
Occupancy Status During Abatement							et Address							
☐ Facility Closed/Vacated During Ent				ment		24-13-13		te 130 North						
☐ Abatement Performed Outside of N	ormal F	acility	/ Hou	s - Des	cribe		-							
Time of Abatement:AM	PM					19300	State, Zip Co							
Scope of Work (Check all that apply)	WUYY	1 ,				Cil	mammson	n, NJ 08077						
							☐ Full Cont	tainment with Neg	ative Pressure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Rer Der						losure						
	L	_ Der	HOILIC	n			☐ Glovebag	g Procedure mpted (*) and No	n Eriabla Dasa	a al				
		Is	Locat	ion			I 14011-EXE	Impled ( ) and No	II-FIIADIE PIOC					
Location of			lorma			Г	Description o	f		-	1	ment '	Гуре	
Asbestos-Containing Material (ACN	1)		d Sole ntena		Asbe	stos Co	ontaining Ma	terial (ACM)	Amount	20	T Coall		E	
TO BE ABATED IN Facility				nce/ Staff?	(i.e	e., thern	nal systems i	insulation,	(Specify		0011	cap	Enclosure	
(13)			(12)				rfacing, VAT, er miscellane		SF or LF)	2	-	Encapsulate	ure	
		Yes	No	N/A								te		
Mechanical Room	]			$\boxtimes$	Pipe Ins	sulatio	on		16 LF		] [			
	]									T	1	ī	To	
	[									7	1   -		1	
	Γ	7	П								-		+=-	
Name of Registered Waste Hauler				JDEP V	Vacto	Cubio	Vordo of	None						
Freehold Cartage, Inc.			Н	auler ID	No.	Waste	Yards of	Name of Regist GROWS La						
City, State				02265		5 Diame			munn					
Freehold, NJ						5/9/	sal Date	City, State	DA 40007					
Completed By (Print or Type)	Title					-		Morrisville,	PA 1906/					
Kimberly A. Trumbetti		00.0	00-	lma4-		5	Signature			Date	0	1-		
SP 41	On	ce C	oord	inator			WX I	1		5-	0-	15		

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

MAY 11

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)	346				
5/8/	15			Glen We		2015JbH #1	505-1977 Chk.	#3958 •			
Agencies Notified Type Notifica	ation		Street	Address				2			
☐ EPA ☐ Initial			580	Union A	venue	430E21	S CONTRAL				
<ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ DHSS</li><li>Amendm</li></ul>	Table Advanced		City, S	tate, Zip C	ode	a LIC	OS CONTROL ENSING				
□ DCA □ Emergen		- .a	Brid	lgewater	Township, NJ 0	8807	í				
(NJAC 5:23-8) justificati		9	Name	of Contact	i j		Telephone Numb	per			
☐ Cancellate	ion		Gle	n Werthe	eim						
			FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is	aking Plac	e (3)				Type of Facility	(4)				
Residence/Office						School (K-12					
Street Address							3 (Other than K-12) rivate and commer		ilding	c	
580 Union Aveue						homes, etc.)		ciai bu	liuling	٥,	
City (5)					%	Square Feet	# of Floors	Blo	dg. A	ge	
Bridgewater						3000	1		1950		
County (6)			Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Somerset						Vacant					
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		V2004			
AET, Inc.					Asbestos an	d Mold Service	s, Corp.				
Street Address					Street Address						
28 North Pennell Road					3859 Sylon E	Boulevard					
City, State, Zip Code					City, State, Zip C	ode					
Media, PA					Hainesport, I	NJ 08036					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
City, State, Zip Code         City, State, Zip Code           Media, PA         Hainesport, NJ 08036           Project Manager for Monitoring Firm         Telephone No.         License No.           David Turotsy         610-891-0114         609-702-0400         00862           Start Date (10)         Scheduled Completion Date (11)         Name of OSHA Monitor											
Start Date (10)	Scheduled	Compl	etion Da	te (11)							
5 /18 /15	_ 5	/ _1	8_ /	15	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (	Check only	one)			Street Address	81					
☐ Facility Closed/Vacated During Ent	_		ement		200 U.S. Rou	te 130 North					
☐ Abatement Performed Outside of N					City, State, Zip C	ode					
Time of Abatement:AM	PM/	PN	l	AM	Cinnaminsor						
Scope of Work (Check all that apply)						1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20.000				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	-	tenova emolit				g Procedure	gative Pressure on-Friable Procedu	re			
		ls Loca	ation					Ab	atem	ent T	ype
Location of		Norma sed So			Description of		8 5	<sub>D</sub>	R	ш	T m
Asbestos-Containing Material (ACM TO BE ABATED		lainten			stos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	Cu		Staff?	(	surfacing, VAT	, or	SF or LF)	Val	-	lusc	sure
(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12	1	-	other miscellane	eous)		-		ate	
	Yes	No.	2 Stranger		74-17-10 N - 3 - 10 N			-	_		
Mechanical Room/Basement		10			on Windows						
Basement	$ \parallel$ $\perp$			Flue Pa	acking		6 SF				닏
	$ \parallel$ $\square$							ᆜᆜ			닏
			Ш			25				Ш	
Name of Registered Waste Hauler Freehold Cartage, Inc.			NJDEP I Hauler II		Cubic Yards of Waste	Name of Regi					
City, State			02265	5	5 Disposal Date	City, State					
Freehold, NJ					5/19/15	V2.50.5 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	e, PA 19067				
Completed By (Print or Type)	Title				Signature /	7	Da	ate		_	
Kimberly A. Trumbetti	Office	Coor	dinato	r	THE STATE OF THE S			5-8	-15		

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

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) / Job #1505-1978 Chk. #3959 8 / 15 Carl Onuchovsky 5 Agencies Notified Type Notification Street Address ☐ EPA 189 Church Road ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # Medford, Nj 08055 ☐ DCA ☐ Emergency (including Telephone Number Name of Contact iustification) (NJAC 5:23-8) ☐ Cancellation Carl **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 189 Church Road homes, etc.) # of Floors City (5) Square Feet Bldg. Age 228 Medford 1750 2 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residential Burlington Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Tiger Enviornmental Asbestos and Mold Services, Corp. Street Address Street Address 16 W Elizabeth Ave # 2 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kelly Walton 908-862-4301 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 20 / 15 5 / 20 / 15 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation ≥160 sf or ≥260 lf Demolition Glovebag Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SF or LF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Basement  $\boxtimes$ Duct Wrap/Paper 22 SF  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage, Inc. **GROWS Landfill** 02265 5 Disposal Date City, State City, State Freehold, NJ 5/20/15 Morrisville, PA 19067 Completed By (Print or Type) Title Signature

ASB-41 MAY 11

Kimberly A. Trumbetti

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

Office Coordinator

5-8-15

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

Date of Notification	n (1)		Name	of Build	ding C	wner/Operator	(2)	~ **	- Fig. 120			
5-6-15			Mr	s. Co	ates			7	-	0		
Agencies Notified	Type Notific	cation	Stree	et Addre	ss			202				
[ ]EPA	[X]Initial	S	21	5 Lin	coln	Ave.	25	题 1917 12	EX.	: 6:		
[ ]DEP	Notifi	cation	City	, State,	Zip C	Code	n :					
[X]DOL	[ ]Amended	cation	Un	ion, N	J,07	083	84.	7513 US	00187	ROI		
[X]DOH	NOCILL	Cacion	Name	of Cont	act		Telephon	e Nimher	1.7.3			
[ ]DCA	[ ]EMERGEN	ICY	Mr	s. Co	ates		, , , , , ,	,,	1			
4	[ ]Cancell	ation										
Name of Facility Wh	ana Thatanani	e io Molei	n= D1		ITY IN	NFORMATION	Type of Facil:	i + (A)				
Same as above		L IS IGAI	ing Fi	ace (3)				_				
							[ ]School [ ]Subchapt	(K-12) ter 8 (Othe	r than	K-12	)	
Street Addres							[X]Other (	i.e., priva	te & co	mmer		
								ildings, h				
City (5		County	(6)Es	sex	Coun	ty Code (7)	Square Feet	# of Floo	ors Br	dg. A	.ge	
3231 (3			/			TE USE ONLY)	Current Use (1	Prior if be	ing der	nolis	ned)	
							,				(3)	
Name of Monitoring	Firm hired by	y Buildir	ng As	SCM No.		Name of Abate	ment Contractor	(9)				
Owner (8) N/A						AZTECH N	IANAGEMENT	, Inc.				
Street Address						Street Addres	s					
						86 Chris	stopher St					
City, State, Zip Co	de					City, State,	Zip Code	200000				
					1	Montclai	r, NJ 070	42				
Project Manager for	Monitoring I		_	ne Numbe	r	Telephone Num	ber	Ī	icense	Numb	er	
		N	/A			(973) 744	1-8800		0037	1		
Scheduled Start Dat	e (10) Sch	ned. Comp	letio	n Date (	11)	Name of OSHA	Monitor					
5-15-15			18-1	L5		N/A						
Month Day S Occupancy Status Du		Month nt (Check	Day	Year one)		Street Addres	9					
[X] Facility Clo	sed/Vacated					Derect Hadres						
of Abatement Pe	0.0	ide of N	ormal	Facilit	y	City, State,	Zip Code		-//		1911	
	cribe: «OffHou					, , , , , ,						
[ ]other - Desc			y Des	Cript»								
Scope of Work (Chec	k all that ap	bbīA)				[ ]Full	Containment wi	th Negative	Pressu	ıre		
[X]≥3 sf or				novation		[X ]Mini	-Enclosure					
[ ]≥160 sf	or ≥260 II		[ ] Der	molition			oag Procedure Friable Procedu	re				
			Is Locat						Aba	teme	nt T	ype E
Locatio Asbestos-Co			Norma Use	lly		Description Asbestos-Con		Amount	R	R	N	N
Material	(ACM)		Sole By Ma	ly		Material		(Specify		E	A	L
TO BE AN			tenan	ce/		(i.e., therma: sulation, surf		SF or LF)	A O	AI	PS	0
(13)	S	taff	(12)		or other misce		10000000	A L	R	T T	U R	
Basement	Yes	No	N/A X	Boi	105		25 SF	x		-	E	
Dasement			+	Δ.	DOI	161		20 01		1	-	_
·			+	-								
Name of Registered	Waste Hauler	h	T-TDED	Waste	Cub	ic Yards	Name of Regi	stered Land	fill			
AZTECH MANA		NC F	lauler	ID No.	1000000	Waste 1.5						
			17040									
Montclair, No			100	posal Date -19-15	City, State Morrisvi	lle, PA	1906	57				
	. 0,042		5-19-15 Morrisville, PA 190									
Completed By (Print	1000	itle										
Constantine V	vivian E	resid	ent			61	Vi ico 5-6-15					

Date of Notification (1) 5/04/15				lame of luan G	Building Ow arcia	vner/O	perator	(2)								
Agencies Notified  EPA	Type Notification			treet Ad 88 Divis	<sub>dress</sub> sion Aver	nue				Ć	13 MAT	12	AY	i	· É	7
X EPA X DEP X DOL	Amended Amendment #				e, Zip Code le, NJ 07					Αί	35E5	US	701	11	RO	1
➤ DOH DCA	Emergency (in justification)  Cancellation	ncluding	-	lame of luan G	Contact arcia					Tele	nhone N	and a				
				FACIL	ITY INFOR	MATIC	ON					3251.0				
Name of Facility Where A	Abatement is Taking	Place (3)						-	Facility (4)							
Street Address 38 Division Avenue								St Of et	ubchapter 8 ther (i.e. pri c.)	(Othe vate &	er than K- commer	12) cial bui	ding	s, h	ome	S,
City (5) Belleville								Square N/A	- Company	# of N/A	Floors		3ldg. N/A	Age	е	
County (6) Essex		82%		County C	ode (7) SE ONLY)			Current	t Use (Prior	if beir	ng demoli	ished)				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.				ment Contr		(9)					
Street Address								Address	en Avenu	Je						$\neg$
City, State, Zip Code							City, S	tate, Zip	centality agreedings							
Project Manager for Mor	nitoring Firm		T	elephor	ne No.		Teleph	none No. 345-86			License				0	
Start Date (10) 5/20/15		Scheduled	Com	pletion [	Date (11)		Name	of OSH	A Monitor ment, Inc							
Occupancy Status Durin	ng Ahatement (Check		\					Address						_		
	ated During Entire F			ont					en Avent	ue						
	ned Outside of Norm							tate, Zip wa, NJ	Code 07512							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(11.07)	novat moliti				>	Mini Glov	Containmer -Enclosure rebag Proce	edure	(7).					
		1						1 NON	-Exempted	() an	u Non-Fii	able Pi		ter e	nent	
			ocatio			_	v .x							Тур		
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	Solei	y by ice/		s Cont nermal surfa		Material ( s insulat (T, or		(5	mount Specify or LF)	Removal	Ixebail		Encapsulate	Enclosure
basem	nent		X	7.00.04		pipe	insula	ition		12	20 LF	X	1	1		
										-			-			
Name of Desisters 4344	nata Unida		- Ki	IDED 14	lasts	Cukin	Yards		Name of F	Pagista	ared Land	1611				
Name of Registered War D&S Abatement, In			Н	JDEP W auler ID 20996	No.	of Wa TBD			Waste N							
City, State Totowa, NJ						Dispo TBD	sal Date		City, State Tulytown		1					
Completed by Deanna Brkusanin		Title Projec	t Ma	nager		S	Signatur	Mu ,	Reller	w		Date 5/04/	15			

MO 6782904954

	N			of ASBE o NJAC 8					5	F	55.4 C-1	· A		
Date of Notification (1) 5/04/15				Building C		Operator	(2)	26	管 MAY					
Agencies Notified Type Notification			Street Ad	idress ghland A	Wenu	ρ		*13		- 4	1 1	# /		
X EPA X Initial Amended Amendment #_		C	ity, Stat	e, Zip Coo	de			Δ.	8 1 10	F. 3	NO.	ĭ U Ł		
Emergency (initiation)				Contact			-1100		Telenho	ne Num	ber			
DCA Justinication		N		Rosado										
Name of Facility Where Abatement is Taking F	Place (3)		FACIL	ITY INFO	RMAT	ION	Туре	e of Facility (4	4)					
House								School (K-1						
Street Address 297 Highland Avenue							×	Subchapter Other (i.e. p etc.)				ings,	home	es,
City (5) Kearny							Squ N/A	are Feet	# of Floo	ors		dg. A	ge	
County (6)			County C				Curr	rent Use (Prid		emolishe		-		-
Hudson	mos (0)	(-		ISE ONLY)	_	Nama	100	use	tractor (0)					
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM	NO.				atement Con atement, In	107 750					
Street Address			80			Street 11 R		ess ngren Aver	nue					
City, State, Zip Code		Q.	17					Zip Code NJ 07512			*			
Project Manager for Monitoring Firm		Т	elephor	ne No.		Telepi	none I	No.	1 357343	ense No			1,0,	
Start Date (10)	chedule	d Com	nletion [	Date (11)		150000000000000000000000000000000000000	360,1165,000	-8685 SHA Monitor	#0	0675				
	5/20/15		pietion	Jate (11)				atement, In	C.					
Occupancy Status During Abatement (Check	Only On	e)				Street 11 R		ess ngren Aver	1110					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma  Other – Describe: Occupied	riod of A I Facility	bateme Hours	ent			City, S	State,	Zip Code NJ 07512	100					_
Scope of Work (Check All That Apply)	42-11-11						,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enovat				5	V G	ull Containm lini-Enclosure Blovebag Pro Ion-Exempte	e cedure	T-0			e	
		Locatio											ement pe	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormally d Solely intenant odial S (12)	y by ice/		tos Cor therma surfa	escription ntaining I al system acing, VA miscella	Materi is insu AT, or		Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										rD.	
basement		X			pipe	e insula	ation		80 L		X			
basement		X				pipes	-		10 L	.F			X	
				8										
Name of Registered Waste Hauler		1000	JDEP W			c Yards		Name of	Registered	Landfill				
D&S Abatement, Inc.		(7.007)	auler ID 20996	No.	of Wa				Manager	nent of	PA			
City, State Totowa, NJ					Dispo	osal Date		City, Star						
Completed by Deanna Brkusanin	Title Proje	ct Ma	nager			Signatur	10	aina R	Music	Da: 5/0	te 04/15	5		

Date of Notification (1) 05/04/2015			1000		Building C nited Ch										
	ype Notification		100	Street Ad	dress urnet Av	/enue			- 1	- 16 13 - 16 13	FY 12	A.	: 3	9	
X EPA X DEP X DOL	Amended Amendment			City, Stat	e, Zip Coo NJ 0708	de	)5			791 R	1.05	30X	inc 3	1	
X DOH X DCA	<ul><li>Emergency ( justification)</li><li>Cancellation</li></ul>	including		Name of Rev Dr	Contact LL DuB	reuil. I	Pastor			Tele	enhone Ni				
	_ carloonation				ITY INFO					1	Seman 111/4		-	7.5.5.5.5	
Name of Facility Where Aba Faith United Church of		g Place (3)		TACIL	ITT INTO	KWATI	ON	_	of Facility (4		a				
Street Address 1340 Burnet Avenue									Subchapter Other (i.e. p	8 (Oth			lings,	home	s,
City (5) Union									re Feet	# of n/a	Floors		ldg. A /a	ge	
County (6) Union				County C	ode (7) SE ONLY)			Curre	nt Use (Prid ch	or if bei	ng demolic	shed)			
Name of Monitoring Firm H Westchester Environr		Owner (8)	_1_	ASCM 0027	No.		100		tement Con ement, In		(9)				
Street Address 307 North Walnut Stre	eet							Addres	ss gren Aver	nue					
City, State, Zip Code West Chester, PA 193	380						City, S	state, Z	ip Code J 07512	722.5.2					
Project Manager for Monito			- 1	Telephor	ne No. 1-7545		Teleph	none No	0.		License 00675	No.			J
Start Date (10) 05/15/2015		Scheduled 05/18/20	Com		111		Name	of OSH	HA Monitor ement, In	C					T
Occupancy Status During A	hatament (Char							Addres		·					
**************************************				18					gren Aver	nue					
Facility Closed/Vacate Abatement Performed Other – Describe:						_	City, S	State, Z	ip Code J 07512						
Scope of Work (Check All 7	That Apply)												-		
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			nova				>	Mir	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	·				
								_ 140	II-LACITIPIEC	( ) ai	u IVOII-I III	DIC 1 10		ement	
Location o			ocati rmall			5		2					Ty		
Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Used Maint Custoo	enar	nce/		tos Con thermal surfa	scriptior taining M I system icing, VA miscellar	Materia s insula AT, or	200	(	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
			No	N/A										te	(D
boiler roo	m .	X				br	eechir	ng		- 3	84 SF	X			
	**														
	201							5, 5 1							
Name of Registered Waste D&S Abatement Inc	Hauler	¥8.	Н	JDEP W auler ID 0996		of Wa	Yards iste				ered Landi gement				
City, State Totowa, NJ			120				sal Date	)	City, Stat		Δ		\$1000		
Completed by		Title	-				Signatur	9	The different	*11, I		Date			
Susan Brkusanin		Project	Ma	nager			oigriatul		KIK.		1.55	05/04/	2015		

NO CK

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			1,				oo ana 12		Officer # 3	000			
Date of Notification (1)							er / Operator						
Agencies Notified	bruary 27, 201 Type Notificati				Address		Developme	nt Authority					
Agencies Notified	Type Nouncau	On		Street	Address		+						
⊠EPA				36 Wes	st State	Street							
DEP						01.001							
DOL	☐ Initial			City. St	ate & Zip	p Code		111	v 1 2 2015	- 11			
	Amen	ded			n, NJ 08			MA	X 1 3 2015				
⊠doh	Amen	dment #_4_		Trento	11, 140 00	0000				. 1			
⊠DCA	☐ Cance			Name o	of Contac	ct		1 2 2	T	elephor	ie Nij	mbe	er
				James	Saracei	no							
									1				
				FAC	CILITY	INFO	RMATION						
Name of Facility When Branford Hall Career		Taking Place	ce (3)				Type of Faci						
Street Address	Ilistitute					11			14 10)				
								pter 8 (Other tha				0 84	
651 Route 1 South (E	Ildg. 651)								commercial building	_		tc.)	
							Square Feet	C. C		dg. Age			
City (5)							60,00		+ Basement		70	175.55	
North Brunswick							Current Use Technical S	(Prior if being de chool	emolished)				
County (6)			ty Code										
Middlesex			ONLY										
Name of Monitoring Fi	rm Hired by Bu	ilding Owne	r (8)		ASCM	No.		atement Contract	tor (9)				
Hillman Consulting					23		Synatech, Ir						
	et Address						Street Addre						
	0 Route 22 East, Ste. 107 , State & Zip Code						829 Radio R City, State &			-			
Union, NJ 07083								arbor, NJ 0808	7				
Project Manager for M	onitoring Firm		Te	lephone N	lumber		Telephone N		License Nu	mher			
Tammy Lomax	og		100	8-688-780			609-296-691		Liochioc Ital	0081	7		
Scheduled Start Date		Scheduled C			1)		Name of OS		22				
May 20, 20 Occupancy Status Dur		(Chock only		27, 2015			Synatech, ir Street Addre						
Facility Close	d/Vacated Duri	ng Entire Pe	riod of	Abatemen	it		829 Radio R	7.7					
Abatement Pe	erformed Outsi	de of Norma	l Hours	3			City, State &	Zip Code					
Other - Desc	ribe:						Little Egg H	arbor, NJ 0808	7				
Facility Occup	pied During Aba	tement						,					
Scope of Work (Check		atomont									_		
Scope of Work (Check	all triat apply)						<u> </u>	7					
l —							$\succeq$	Full Containme	ent with Negative Pres	ssure			
≥3 sf or ≥ 50 lf				Renovatio				Mini-Enclosure					
≥160 sf or ≥260	) If			Demolition	ח			Glovebag Proc	edure				
								Non-Exempted	d(*) and Non-Friable F	Procedu	re		
The state of the s	cation of	4. Nadom (1970)	Is Lo	cation No	rmally		Descrip		70.500	Ab	atem	ent	Туре
Asbestos-Conta		ACM)	0.000	sed Solely		1	Asbestos-C		Amount (Specify	'			
	ABATED			aintenano			Material		SF or LF)				
IN	Facility (13)		Cust	odial Staf	1? (12)	l .	(i.e., therma nsulation, sur		g.	-	_		_
	(13)		1 1				or other misc			l z	_	<u>m</u>	匝
										em	Rep	Ca	I G
									1	Remova	Repair	nsc	Enclosure
			Yes	No	N/A					=		_	0
Basement File Storag	ge Room and	Adjacent				Ī						П	T
Corridor; Basement	Corridor Adja	cent to			X		Linoleum	& Mastic	1,000 SF	X			
Storage Room; Room		rver Room				ļ							
Storage Area North of	f File Room				X		Wallboar	rd Glue	150 LF	X			
Storage Area North of	f File Room			x		VA	T	50 SF	X				
Large Storage Room				Х		Linoleum	& Mastic	500 SF	X				
Name of Registered W		-	NJDE	P Waste	Cubic '	Yards of	Waste	Name of Regi	stered Landfill			-	_
		22.000.000.000	ID No.	1			3.						
Synatech, Inc.			2	7429	12			Grows Landf	ill				
City, State					Dispos	sal Date		City, State					
Little Egg Harbor, NJ	08087				June 1	1, 2015		Morrisville, P	A				
Completed By		Title			Signatu		1	1	Date				
-					1		111-		May 7, 201	5			
Diane Aloia		Executive .	Admini	strator	100	anc	cure		February 27, 2015	- 19			

#### State of New Jersey )TIFICATION OF ASBESTOS ABATEME

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

Date of Notification (1)	April 8, 2015					Owner / Operator (2)						
	bruary 27, 201			_		nomic Development	Authority	ent with the second control of the second				
Agencies Notified	Type Notification	on		Street A	Address							
⊠ <sub>ЕРА</sub>	ON HOLD			36 Wes	t State St	treet						
DEP	10-201						17.63					
⊠DOL	Initial			City, St	ate & Zip	Code	Wit:					
⊠doh	Amend			Trento	n, NJ 086	808						
M		dment #_3_										
⊠DCA	Cance	llation		Name o	of Contact			Tele	ephon		nbe	r
				James	Saraceno		51/ 	and the second		`^4		
				FAC	ILITY II	NFORMATION						
Name of Facility Wher Branford Hall Career		Taking Plac	e (3)			Type of Facility School (K						
Street Address						Subchapt	er 8 (Other than	K-12)				
651 Route 1 South (B	3lda, 651)						e private & co	ommercial buildings	hom	e. e	tc.)	
(2	g. cc.,					Square Feet	# of Flo		. Age	.0, 0	,	
City (5)						60,000		Basement Blug	. Age	70		
North Brunswick						Current Use (F	rior if being den			10		
County (6)		Coun	ty Code	(7)		Technical Sch	1001	i i				
Middlesex			ÓNLY_									
Name of Monitoring Fi Hillman Consulting	rm Hired by Bu	ilding Owner	(8)		ASCM N	lo. Name of Abate Synatech, Inc.	ement Contracto	or (9)				
Street Address					120	Street Address	5					
1600 Route 22 East, S						829 Radio Ros						
City, State & Zip Code Union, NJ 07083						City, State & Z	bor, NJ 08087					
Project Manager for M	onitoring Firm		Tel	ephone N	umber	Telephone Nur		License Numb	er			
Tammy Lomax				3-688-780		609-296-6916			0081	7		
Scheduled Start Date April 9, 201		Scheduled Co		on Date (1 12, 2015		Name of OSHA Synatech, Inc					0.00	
Occupancy Status Dur		(Check only		12, 2010		Street Address						
	d/Vacated Duri			Abatemen	t	829 Radio Roa	ad					
Abatement Pe	erformed Outsid	de of Normal	Hours			City, State & Z	ip Code					
Other - Desc	ribe:					Little Egg Har	bor, NJ 08087					
Facility Occup	pied During Aba	tement										
Scope of Work (Check		ACTION									_	
Scope of Work (Check	( all that apply)					N .						
				2 (3)				nt with Negative Pressu	ıre			
≥3 sf or ≥ 50 lf				Renovatio		=	Mini-Enclosure					
≥160 sf or ≥260	) If			Demolition	n		Glovebag Proce	dure				
							Non-Exempted	(*) and Non-Friable Pro	cedu	re		
	cation of	Carlo Million Co. San Co. Carlo	ls Lo	cation No	rmally	Description			Ab	atem	ent 7	Гуре
Asbestos-Conta		ACM)		sed Solely		Asbestos-Co		Amount (Specify				
	E ABATED		A	aintenanc	A Children Constant	Material (A		SF or LF)				
IIN	Facility (13)		Cust	odial Staf	1.7 (12)	(i.e., thermal : insulation, surfa			<del> </del>			
	(13)			- 1		or other misce			고	-	ᄪ	m
				- 1			,		em	ζep	car	응
									Removal	Repair	Encapsul	Sur
			Yes	No	N/A				_			O)
Basement File Storag				12/200		10/15/ FS 150	2001 110	50 S0000 MARK				
Corridor; Basement					х	Linoleum &	Mastic	1,000 SF	X			
Storage Room; Room		rver Room				Wallboard	Chio	150 LF	Х			+-
Storage Area North of					X	VAT		50 SF	X		-	+
Storage Area North o					X	Linoleum &		500 SF	X		-	+
Large Storage Room			NUDE	D West-					^		_	
Name of Registered V	vaste Hauler			P Waste ID No.	Cubic Y	ards of Waste	Name of Regis	tered Landfill				
Synatech, Inc.			1	7429	12		Grows Landfil	II				
City, State					Disposa	I Date	City, State					
Little Egg Harbor, NJ	1 08087				April 13	2015	Morrisville, PA	Δ.				
Completed By	, 00001	Title			Signatur	The state of the s	Morris tille, F	Date				
32 1026		1000			1	Mari (100.	,	April 7, 2015				
Diane Aloia		Frecutive	Admini	strator	1 11	111111 11/11/2		February 27, 2015				

#### State of New Jersey TIFICATION OF ASBESTOS ABATEME

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

			(F	ursuan	t to NJ	IAC 8	:60 and 12:	120)		Check # 95	90			
Date of Notification (							er / Operator (							-
	ebruary 27, 201			_		onomi	c Developmen	nt Authority						
Agencies Notified	Type Notificat	ion		Street A	Address									
⊠epa □dep				36 Wes	t State	Street								
⊠DOL	☐ Initial			City St	ate & Zip	n Code			707 3 5	COSE	,	_		
☑DOL □	Amen	ded dment #_3_			n, NJ 08			14	AY 12	2,410				
DCA		ellation		Name o	of Contac	ct				Tel	ephon	a Nim	~be	r
					Saracer				Lie To					
				FAC	ILITY	INFO	RMATION							
Name of Facility Whe		s Taking Plac	e (3)				Type of Facil							
Street Address	rinstitute		4				12	4 150	than V 12\					
	Dide CEA							oter 8 (Other		rcial buildings	hom		۱ ۵۰	
651 Route 1 South (	Blug. 651)						Square Feet	Profesional State of the Control of	f Floors		a. Age	ie, e	10.)	
City (5)							60.00	No. of the Control of	2 + Basei		J. Age	70		
North Brunswick							Current Use	(Prior if being						
County (6) Middlesex			ty Code											
Name of Monitoring F Hillman Consulting	Firm Hired by Bu				ASCM 23	No.	Name of Aba Synatech, In		ractor (9)					
Street Address					1 20		Street Addres							
1600 Route 22 East,							829 Radio R	To an activity about						
City, State & Zip Cod	е						City, State &		007					
Union, NJ 07083 Project Manager for N	Monitorina Firm		Te	ephone N	umber		Telephone N		0001	License Numi	oer			70/2-20
Tammy Lomax	Monttoning 1 mm			8-688-780			609-296-691			2.00.100 110.11	0081	7		
Scheduled Start Date April 9, 20	5 (A. S. D. D. C.)	Scheduled Co		on Date (1 12, 2015			Name of OSI Synatech, In							
Occupancy Status Du Facility Clos	uring Abatement ed/Vacated Dur			Abatemen	t		Street Addres							
Abatement F	Performed Outsi	de of Normal	Hours				City, State &	Zip Code						
Other – Des							Little Egg Ha		8087					
Facility Occu	upied During Ab	atement					""	- 53						
Scope of Work (Chec													-	
ocope of Work (Offec	x all that apply)							Eull Contain	mont with h	Negative Press	1150			
$ \ge 3 \text{ sf or } \ge 50 \text{ lf} $			П	Renovatio	n			Mini-Enclos		Negative Fress	uie			
≥160 sf or ≥26			Ħ	Demolition			<b>—</b>	Glovebag P						
					72			9		Non-Friable Pr	ocedu	<b>P</b>		
Lo	ocation of		Is Lo	cation No	rmally		Descript		1			atem	ent T	Гуре
	aining Material	(ACM)	U	sed Solely	by by		Asbestos-C			ount (Specify				••
	N Facility		0.000000111199	aintenano odial Stafi			Material (i.e., therma		3	SF or LF)	1			
п	(13)		Cusi	Juliai Stail	! (12)		insulation, sur				$\vdash$			
	, ,						or other misc		88		Re	R	Encapsul	Enclosure
											Remova	Repair	aps	los
			Yes	No	N/A						/al	=	=	ure
Basement File Stora Corridor; Basemen					x		Linoleum 8	R Mastic		1,000 SF	X			T
Storage Room; Roo														
Storage Area North	of File Room				x		Wallboar	d Glue		150 LF	X			
Storage Area North	of File Room				x		VA.	Τ		50 SF	X			
Large Storage Roon					Х		Linoleum 8			500 SF	Х			
Name of Registered \	Waste Hauler		0.00000000	P Waste r ID No.	Cubic `	Yards o	of Waste	Name of R	Registered L	andfill				
Synatech, Inc.			2	7429	12			Grows La						
City, State					Dispos	al Date	9	City, State						
Little Egg Harbor, N	J 08087					3, 201	5	Morrisville						
Completed By		Title			Signati	1	111		Date	Moreh on or	14 F			
Diane Aloia		Executive	Admini	strator	1	land	2 Alor		Februs	March 20, 20 ary 27, 2015	/13			

## State of New Jersey TIFICATION OF ASBESTOS ABATEME.

(Pursuant to NJAC 8:60 and 12:120) Check # 9590

Date of Notification (1)	100					g Owner / Operator (2	2)					
	bruary 27, 2			_		onomic Development	t Authority					
Agencies Notified	Type Notific	ation		Street /	Address	part of						
EPA DEP				36 Wes	st State S	Street						
DOL	☐ Initia	al		City St	tate & Zip	Code						
⊠DOH	Ame	ended endment #_2		1.00 St. 100 and	n, NJ 08		M = M	1 2 2015				
⊠DCA		cellation		Name	of Contac	t		Te	lephon	e Nu	mber	-
_					Saracen		E-1	1:			11001	
						INFORMATION	Committee of the Commit					-
Name of Facility Wher		t is Taking Plac	ce (3)			Type of Facility	* * * * * * * * * * * * * * * * * * * *					_
Branford Hall Career	Institute					School (K						
Street Address							ter 8 (Other than					
651 Route 1 South (B	3ldg. 651)						e., private & co	ommercial buildings			c.)	
						Square Feet	# of Flo	I) //	g. Age			
City (5)						60,000		Basement		70		
North Brunswick						Current Use (F	Prior if being den hool	nolished)				
County (6)			ty Code									
Middlesex	I E J E I		ONLY_		TAGOLI	N. N	10.1.1	- (0)				
Name of Monitoring Fi Hillman Consulting	rm Hirea by i	Building Owner	(8)		ASCM I	No. Name of Abate Synatech, Inc	ement Contracto	or (9)				
Street Address			- 1117			Street Address						
1600 Route 22 East, \$	Ste. 107					829 Radio Ro	ad					
City, State & Zip Code						City, State & Z						
Union, NJ 07083			1-				rbor, NJ 08087					
Project Manager for M Tammy Lomax	onitoring Firr	n		ephone N 8-688-780		Telephone Nui 609-296-6916	mber	License Num	ber 0081	7		
Scheduled Start Date	(10)	Scheduled C				Name of OSH	A Monitor		0081			
March 20, 20		Scrieduled C		h 22, 201		Synatech, Inc						
Occupancy Status Dur Facility Close		ent (Check only uring Entire Pe		Abatemer	nt	Street Address 829 Radio Ro	S					
		tside of Norma				City, State & Z	'in Code					-
Abatement Pe		iside of Norma	riouis				rbor, NJ 08087					
		botomout				Little Lgg Hai	1501, 140 00001					
Facility Occup												
Scope of Work (Check	all that appl	у)										
								nt with Negative Press	ure			
≥3 sf or ≥ 50 lf				Renovatio				6M %				
≥160 sf or ≥260	) If		Ш	Demolitio	n	<u></u> ⊔	Glovebag Proce	dure				
							Non-Exempted(	(*) and Non-Friable Pr	ocedu	re		
	cation of			cation No		Description			Ab	atem	ent T	уре
Asbestos-Conta	ining Materia E ABATED	al (ACM)		sed Solely aintenanc		Asbestos-Co Material (A		Amount (Specify SF or LF)	1			
	Facility			odial Staf		(i.e., thermal		SI GILI)				
95-300.5	(13)				(/	insulation, surfa						
	(a) 54					or other misce	llaneous)		Re	D		En
									Remova	Repair	Encapsul	dos
									val	¥.	sul	Enclosure
D	D		Yes	No	N/A		1		-	_	Ш	
Basement File Storag Corridor; Basement				1	, l	Linoleum &	Mactic	1,000 SF	Х			
Storage Room; Roon					х	LINOICUITI Q	Mastic	1,000 61	^			
Storage Area North o					х	Wallboard	Glue	150 LF	X			T
Storage Area North o					x	VAT		50 SF	X			$\Box$
Large Storage Room					X	Linoleum &		500 SF	X			+
Name of Registered W			NJDE	P Waste		rards of Waste	Name of Regis		/\			
or registered vi	. acto i iduici		15.000	ID No.	Cubic 1	GIGO OF TYGOLG	Tallie of Negls	C.OG EGIIGIIII				
Synatech, Inc.			Section of the sectio	7429	12		Grows Landfil	I				
City, State					Disposa	al Date	City, State					
Little Egg Harbor, NJ	08087				March	24, 2015	Morrisville, PA	Δ				
Completed By	00001	Title			Signatu			Date				
		1.1.10			J. gilate	. ()//	İ	March 12, 2	015			
Diane Aloia		Executive	Admini	strator	1 11/1	lane Clor		February 27, 2015	2000			

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

Date of Notification (1)							r / Operato					-			
Agencies Notified	bruary 27, 20' Type Notificat			_	ersey Ec Address		Developn	nent Auth	ority						
	Type Notificat	.1011		Street	Audiess										
⊠EPA				36 Wes	st State	Street									
DEP									W. 4. Y	5 1	5				
DOL	Initial			City, St	tate & Zip	p Code									
⊠рон	Amen Amen	ided idment #_	1	Trento	n, NJ 08	8608		i.							
⊠DCA	Cance	ellation		Name of	of Contac	ct			L	-	Tel	ephon	e Nu	mbe	r
	10 m			James	Saracer	no					1				
				FAC	CILITY	INFOF	RMATIO	И							
Name of Facility When Branford Hall Career		s Taking I	Place (3)				Type of Fa								
Street Address	msutute							ol (K-12)	04	K 40)					
651 Route 1 South (B	Ida 651)					- 1			Other than						
d) made i south (B	lug. 051)					-				ommercial			_	ic.)	
City (5)						-	Square Fe	.000	# of Flo	ors · Basemen	9	g. Age	70		
North Brunswick							Current Us	se (Prior if					10		
County (6)		C	ounty Code	(7)		$\rightarrow$	Technical	SCHOOL							-
Middlesex		U	ISE ONLY_												
Name of Monitoring Fir Hillman Consulting	m Hired by Bu	ilding Ow	vner (8)		ASCM 23		Name of A Synatech,		Contracto	r (9)					
Street Address					20		Street Add								-
1600 Route 22 East, S							829 Radio	Road			0-1-40-04				
City, State & Zip Code Union, NJ 07083							City, State								
Project Manager for Mo Tammy Lomax	onitoring Firm			ephone N 3-688-780			Little Egg Telephone 609-296-69	Number	43 00007	Lice	ense Numb				
Scheduled Start Date (	10)   5	Schedule	d Completio				Name of C		itor			00817			
March 13, 20	15		Marci	15, 2015			Synatech,		iitoi						
Occupancy Status Duri	ing Abatement d/Vacated Duri	(Check of ing Entire	only one) Period of /	Abatemen	t		Street Add 829 Radio			ē.					
Abatement Pe	erformed Outsi	de of Nor	rmal Hours			-	City, State	& Zip Cod	de		1021				
Other - Descr	ibe:					- 1	Little Egg								
Facility Occup	ied During Aba	atement													
Scope of Work (Check	all that apply)													_	-
	1.1.22						I	X Full Co	ontainmen	t with Nega	tive Press	ure			- 1
≥3 sf or ≥ 50 lf				Renovatio	n		i		nclosure	· man noga					- 1
≥160 sf or ≥260	lf			Demolition	1		į		pag Proced	dure					
							Ī	Non-E	Exempted(	*) and Non-	Friable Pro	ocedur	e		
	tion of	Section 1 are		on Normal			Descr	iption of	, ,	İ		_	ateme	ent 7	Гуре
Asbestos-Contain	ing Material (A ABATED	(CM)		Mainten				-Containir	ng	110000000000000000000000000000000000000	(Specify				
	acility		Cusio	dial Staff?	(12)			al (ACM) nal systen	ns	) SF C	r LF)	H-			-
	13)			- 1		ir	nsulation, s					اي	- 71	En	m
				- 1			or other mi	iscellaneo	us)			Removal	Repair	cap	clo
			\ ,,		21/4							oval	a:	Encapsula	Enclosure
Decement File Of	<b>D</b> .		Yes	No	N/A										L"
Basement File Storag Corridor and Baseme					х		Linoleur	n & Mastic	2	1,00	0 SF	X			
to Server Room	oni oomaon	rajacerit													
Name of Registered W	aste Hauler		NJDEP V	Vaste	Cubic \	Yards of	Waste	Name	e of Regist	ered Landf	II				
Company to a			Hauler ID						5) /02245						
Synatech, Inc. City, State			27	429	10 Dispose	al Data			s Landfill				-		
on, oraco					Dispos	al Date		City,	State						
Little Egg Harbor, NJ	08087				March	24, 201	5	Morri	isville, PA						
Completed By		Title			Signatu		7.			Date	20 2				
Diane Aloia		Evacut	vo Admiri	strator	1 ()	10:0	11/12	7 ~			rch 6, 201	5			
Dialic Aluid		Executi	ve Adminis	strator	1,00	viine	1.00			February 2	<del>7, 2015</del>				

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

Check # 9590 Date of Notification (1) Name of Building Owner / Operator (2) February 27, 2015 New Jersey Economic Development Authority Agencies Notified Type Notification Street Address **EPA** 36 West State Street DEP XIDOL. Initial City, State & Zip Code Amended Trenton, NJ 08608 **MDOH** Amendment # X DCA Cancellation Name of Contact Telephone Number James Saraceno **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Branford Hall Career Institute School (K-12) Street Address Subchapter 8 (Other than K-12) 651 Route 1 South (Bldg. 651) Other (i.e., private & commercial buildings, home, etc.) # of Floors Bldg. Age 60,000 2 + Basement 70 North Brunswick Current Use (Prior if being demolished) Technical School County (6) County Code (7) Middlesex USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillman Consulting 23 Synatech, Inc. Street Address Street Address 1600 Route 22 East, Ste. 107 829 Radio Road City, State & Zip Code City, State & Zip Code Union, NJ 07083 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tammy Lomax 908-688-7800 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor March 13, 2015 March 15, 2015 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or > 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsula (13)insulation, surfacing, VAT Removal Repair or other miscellaneous) Yes N/A No Basement File Storage Room and Adjacent Linoleum & Mastic 1.000 SF X Corridor and Basement Corridor Adjacent to Server Room Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 10 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 March 24, 2015 Morrisville, PA Completed By Title Signature

February 27, 2015

**Executive Administrator** 

Diane Aloia

NO CK

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

Date of Notification (1)		Name of	of Buildin	g Own	er / Ope	erator (2	2)									
Agencies Notified	April 17, Type No	otification			_	Address										
□EPA □DEP					305 No	orth Cam	bridge	Avenu	ie							
DOL		Initial			City, St	ate & Zip	Code									
⊠рон		Amended Amendmen		2	Ventno	or, NJ 08	3406				448	15				
DCA		Cancellation			Name o	of Contac	ct				SVET III	Т	elephor	ne Nu	mbe	r
7												100				
					FAC	CILITY	INFO	RMAT	ΓΙΟΝ		Line					
Name of Facility When Residence	re Abater	ment is Taki	ing Pla	ace (3)					of Facilit School (F							
Street Address							_	1-		ter 8 (Other	than K-1	2)				
305 North Cambridge	e Avenue	е										ercial building	gs, hon	ne, e	tc.)	
Cit. (F)								Squar	e Feet		of Floors		dg. Age			
City (5) Ventnor								Currer	1,900 nt Use (F dence	Prior if being	g demolisi		5	B yea	ars	
County (6)				inty Code				Resid	acrice							
Atlantic Name of Monitoring Fi	irm Hired	by Building		er (8)		ASCM	No.	Name	of Abate	ement Cont	ractor (9)					
N/A Street Address								Synat	ech, Inc							
									adio Ro							
City, State & Zip Code	ity, State & Zip Code									Cip Code rbor, NJ 0	2027					
Project Manager for M	lonitoring	Firm		Те	lephone N	lumber		Teleph	hone Nu 96-6916	mber	3001	License Nur	mber 0081	7		
Scheduled Start Date May 18, 20		Sched	luled (		on Date (1				of OSH	A Monitor						
Occupancy Status Dui	ring Abat	ement (Che	ck on	ly one)				Street	Address adio Ro	S						
Abatement Pe		576								ip Code						
Other – Desc		na Abateme	ent					Little	Egg Har	rbor, NJ 08	3087					
Scope of Work (Check		9														_
										Full Contair	nment with	Negative Pres	ssure			
≥3 sf or ≥ 50 lf ≥160 sf or ≥260	) IE			=	Renovatio Demolition					Mini-Enclos						
2 160 SI 01 2260	וו ע			ш	Demonition	!				Glovebag F		d Non-Friable F	Procedu	ro		
	ation of			Is Locati	on Norma	lly Used		D	escriptio		pteu( ) an	u Non-i nable i	-	atem	ent T	vpe
Asbestos-Contain	ning Mate				y Maintena dial Staff?				estos-Co aterial (A		A	mount (Specify SF or LF)				**
	acility	2		Cusio	ulai Stail !	(12)		(i.e., t	thermal	systems	- 1	SP OI LF)			I	
(	13)									cing, VAT			Re	R	Encapsulate	Enclosure
								or our	01 1111300	naricous)			Remova	Repair	nsdı	closu
				Yes	No	N/A							<u>ai</u>	~	late	IГе
Second Floor					Х				Drywa	II		1,500 SF	X		М	
Name of Registered W	NJDEP V	Masta	Cubic	/ards a	f Waste		Name of R	Pagistarad	Landfill							
	Hauler ID	No.	20	i aius 0	i vvasio	3			Lanum							
Synatech, Inc. City, State							al Date			Grows La City, State						
7						1979.				5.5						
Little Egg Harbor, NJ Completed By	l	Title			*8	June 1 Signati		5	2	Morrisville	e, PA IDate					
		1000		12 2 12 12	99	/	W.	. /	110		1	May 18, 201	5			
Diane Aloia		Exec	cutive	Admini	strator		Ulan	c a	w		April	<del>17, 2015</del>				

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

Date of Notification (1)		5				g Owner / Operato	or (2)			and the second second second second				
Agencies Notified	April 17, 2015 Type Notification	on		Frank S	Address									-
□EPA □DEP	Type Woundan	,				bridge Avenue			- 5595					
⊠DOL	[ Initial			City, St	ate & Zip	Code		With the						
⊠рон	Amend			Ventno	r, NJ 08	3406		10						
DCA	Ameno Cancel	lment #	1	Name o	f Contac	rt .	7			Tele	phon	- Nur	nhei	r
_						70. 20. 20.		11: 11: 11: 11: 11: 11: 11: 11: 11: 11:						
				FAC	ILITY	INFORMATIO	N							
Name of Facility When	e Abatement is	Taking Pl	ace (3)			Type of Fa								
Residence Street Address				Electronic Company			ol (K-12)		( 40\					
305 North Cambridge	Avenue							Other than I		al buildings,	hom		· ~ \	
oo North Cambridge	Avenue					Square Fe		# of Floo		Bldg.		ie, ei	)	
City (5)							900	# 011 100	2	Diag.		yea	rs	
Ventnor						Current Us Residence		if being demo	olished)					
County (6) Atlantic			unty Code	: (7)		- 0								
Name of Monitoring Fi	rm Hired by Bui	lding Own	er (8)		ASCM			nt Contractor	(9)					
N/A Street Address	A reet Address					Synatech, Street Add						-		-
Olicel Address						829 Radio								
City, State & Zip Code						City, State	Comment of the contract of							
Project Manager for M	Te	ephone N	umber	Telephone	Numbe	, NJ 08087	L	icense Numbe				-		
Scheduled Start Date	(10) Is	cheduled	Completi	on Date (1	1)	609-296-6 Name of C		onitor			00817		10.10	-
May 12, 20		cileduled		11, 2015	1)	Synatech,	10	Othioi						
Occupancy Status Dui Facility Close	ring Abatement d/Vacated Durir	(Check or ng Entire F	nly one)		t	Street Add						5		
	erformed Outsid					City, State	& Zip C	ode						
Other - Desc	ribe:					Little Egg	Harbor	, NJ 08087						
Facility Occu	oied During Aba	tement				-								
Scope of Work (Check	all that apply)						⊠ Full	Containment	with Ne	gative Pressu	re			
≥3 sf or ≥ 50 lf				Renovatio	n			-Enclosure	With 1405	galivo i 1000a				
≥160 sf or ≥260	) If			Demolition	1		Glov	vebag Proced	ure					
							Nor	n-Exempted(*)	) and No	n-Friable Pro	cedu	e		
9900700	ation of			on Norma			ription o	5			Aba	ateme	ent T	уре
Asbestos-Contai	ABATED	CM)		y Mainten: dial Staff?		Asbestos Mater	ial (ACM			int (Specify or LF)				
IN F	acility				(/	(i.e., ther	maÌ syst	ems		3 /			m	$\Box$
	13)					insulation, s					Re	Z	nca	Enclosure
						or other in	liscellari	eousj			Removal	Repair	sde	clos
			Yes	No	N/A						val	=	Encapsulate	ure
Second Floor				Х		Di	rywall		1,5	600 SF	Χ			$\sqcap$
Name of Registered V	Vaste Hauler		NJDEP \	Vaste.	Cubic '	Yards of Waste	Na	me of Registe	ered I an	dfill				
			Hauler II	No.			988			1.00				
Synatech, Inc.			27	429	20	al Data		ows Landfill				777		
City, State					Dispos	al Date	Cit	y, State						
Little Egg Harbor, N.	l .					2, 2015	Mo	rrisville, PA						
Completed By		Title			Signati	ure /7.1		0	Date	pril 27, 2015				
Diane Aloia		Executive	e Admini	strator	1 26	are allo		A	April 17,					

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

Date of Notification (1	1			Nome	of Duildin	a Own	or / Opporator	(2)	011001(11 012				
Date of Notification (1	April 17, 2015			Frank S		g Owne	er / Operator	(2)					
Agencies Notified	Type Notification			Street A	Address			101 0 F A					
□EPA □DEP				305 No	rth Cam	bridge	Avenue	17.50	77 E				
DOL	Initial			City St	ate & Zip	Code		17.5%	210				
	Amende	d			or, NJ 08								
DOH	Amendm			Volland	.,			V 1					
DCA	Cancella	tion		Name o	of Contac	t			Tele	ephon	e Nu	mbei	r
	1			FAC	CILITY	INFO	RMATION						
Name of Facility Whe Residence	re Abatement is T	aking Place (	3)				Type of Faci		3				
Street Address							1	pter 8 (Other than	K-12)				
305 North Cambridg	e Avenue								ommercial buildings	hom	ne e	tc.)	
	2						Square Feet			. Age		,	_
City (5)							1,90	St. Common lane.	2	1,171,200	yea	rs	
Ventnor							Current Use Residence	(Prior if being dem	nolished)				
County (6) Atlantic		County (		(7)									
Name of Monitoring F	irm Hired by Build	)		ASCM	No.	Name of Aba Synatech, Ir	atement Contracto	r (9)					
Street Address				N. Company			Street Addre						
City State 9 7in Cod							829 Radio R			_			
City, State & Zip Code	9						City, State & Little Egg H	arbor, NJ 08087					
Project Manager for N	Monitoring Firm	1	Tele	ephone N	lumber		Telephone N 609-296-691	lumber	License Numb	oer 0081	7		
Scheduled Start Date May 5, 20		neduled Com		n Date (1	11)		Name of OS Synatech, Ir					5	
Occupancy Status Du		check only or	ne)		ıt.		Street Addre	SS					
	erformed Outside			.batomor			City, State &						-
Other - Desc								arbor, NJ 08087					
Facility Occu	pied During Abate	ment							S				
Scope of Work (Chec	k all that apply)												
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≥3 sf or ≥ 50 lf				Renovatio				Mini-Enclosure					
≥160 sf or ≥26	O If			Demolitio	n			Glovebag Proce					
							L		*) and Non-Friable Pro	$\overline{}$	_		
	ation of ining Material (AC	Is Lo		n Norma Mainten			Descrip Asbestos-C		Amount (Specify	Ab	atem	ent T	Гуре
	ABATED	(VI)   301		dial Staff			Material		SF or LF)				
	Facility						(i.e., therma	al systems				m	
18	(13)						or other miss			Re	D	nca	Enclosure
			- 1				or other ima	cellarieous)		Removal	Repair	psu	dos
6		Ye	es	No	N/A					val	=	Encapsulate	ure
Second Floor			-	X			Dryv	vall	1,500 SF	X	$\vdash$		1
Name of Registered \	Naste Hauler	N.ID	FP V	Vaste	Cubic	Yards o	of Waste	Name of Regis	tered Landfill				
:70	vasto i ladioi	1000	ler ID	No.		i di do c	or readio						
Synatech, Inc. City, State			21	429	Dispos	al Date		Grows Landfill City, State	1				
J, O					Бізроз	ai Date	•	John, State					
Little Egg Harbor, N					June 5			Morrisville, PA					
Completed By	Т	itle			Signatu	ure	111		Date				
Diane Aloia	E	xecutive Ad	minis	strator	1 AVI	and	Allac		April 17, 2015				

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

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											7 ( )	11	-		
Date of Notification (1) 5/11/15				Name o	of Building eton Uni	Owner/C versity,	perator Facili	(2) ties P	rocureme	ent Off	ice,		= tio-		
Agencies Notified	Type Notification			Street A	Address cMillan E	Building	1			CE LO	<del>#1 12 -</del>	A11	4: 6	9	
DEP  DOL	Initial Amended Amendment	. #		City, St	ate, Zip Co	ode				D . C.	LICEN	J C III	Į kO	L	
⊠ DOH	Emergency justification)	(including	_		eton, NJ of Contact	08544					aphone Nur		<i>ž</i>		
☐ DCA	Cancellation				Ortego			24.00.000			55-10	<del>+</del> 1			
Name of Facility Where A	batement is Takir	ng Place (	3)	FAC	ILITY INF	ORMATI	ON	Туре	of Facility	(4)					
Residence Street Address									School (K-			0)			
60 McCosh Circle								×	Other (i.e.				dings.	hom	es,
City (5) Princeton								Squa	etc.) are Feet	850,000	Floors	1	Bldg. A	\ge	
County (6)				County	Code (7)			2,20	ont Use (Pri	1 or if bei	na demolist		0+		
Mercer				(STATE	USE ONLY	)		Res	idence			.007			
Name of Monitoring Firm Pennoni Associates	Hired by Building , Inc.	Owner (8)		ASCI	M No.				atement Co es, LLC	ntractor	(9)				
Street Address 515 Grove Street, S	uite 1B							Addre West	ss Lincoln F	lighwa	ay, Suite	500			
City, State, Zip Code Haddon Heights, NJ	08035						2470970		Zip Code 19341						
Project Manager for Monit R. Alan Lloyd	toring Firm			Telepho	one No. 47-0505		Telepl	hone N 872-8	lo.		License N 01161	lo.			
Start Date (10) 5/15/15		ed Cor		Date (11)			of OS	HA Monitor		01101					
Occupancy Status During	Abatement (Chec	7/2/15 k Only Or	ne)				200000000000000000000000000000000000000	Addre	SS						•
Facility Closed/Vacat Abatement Performe	ted During Entire I	Period of	Abaten	nent			1907.55	0.15	oute 130	North					
Other - Describe:		iai i aciiit	riouis	•		_	1,00		ip Code son, NJ	08077					
Scope of Work (Check All	That Apply)	2002020			-		r ====================================	253							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Proposed Co.	Renova Demolit				×	Mi Glo	II Containm ni-Enclosur ovebag Pro	e cedure					
		Is	Locati	on				i No	n-Exempte	o (*) and	Non-Frian	le Pro		e emen	t
Location (		1	Normal d Sole	ly			scription					-	Ty	rpe ·	T
Asbestos-Containing N	TED	Ma	intenai todial S	nce/		tos Conta thermal	system:	s insul		(S	mount specify	Re	R	Enca	Enc
In Facility (13)	(i		(12)	run.			cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1		ate	re
Througho				Х	-	/wall/Jo		30200		6,2	96 SF	X			
Floor Tile and	100.000170707000			X		500		- 23	n, BS, 🖺		,355	X			
Basement Mechan		-		X		Flue Pa					SF	X			
Exterior  Name of Registered Waste			LN	X		torm V		√ Cau			36 LF	X			
Waste Management of			1 (50)	JDEP W auler ID		of Was			GROW		red Landfill dfill				
City, State Trenton, NJ						Dispos TBD	al Date		City, Stat Morrisv		 J				
Completed by Jack Bally		Title Sr. Pi	roject	Mana	ger	Si	gnature	4 F	Ballu		Da	ite 11/1	5		
ASB-41 (R-06-08)						0	* Do no	ot use t	this form for	20 - S (7) 11 - 71 10				activi	ities.

NO CK

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Date of Notification (1) 5/11/15				Building (				Procureme	nt Off								
Agencies Notified Type Notification  EPA   Initial	n	1000		ddress :Millan E	Building	j		2013	FIFT	12 A	{ L:	0	9				
DEP Amended Amendme				te, Zip Co ton, NJ				430	211	US UL CEMSI	1111	10	Ĺ				
□ DOH		10.33	ame of	Contact					Tel	ephone N	umbe	r					
				LITY INFO	DRMATI	ON											
Name of Facility Where Abatement is Tal Residence	king Place (3)						Тур	e of Facility ( School (K-1									
Street Address 81 McCosh Circle							×	Subchapter Other (i.e. p	8 (Oth			uild	lings,	home	es,		
City (5) Princeton							Squ 2,2	are Feet	# of	f Floors			dg. A	ge			
County (6) Mercer				Code (7) JSE ONLY)			Curi	rent Use (Pri	or if bei	ng demoli	ished)	)					
Name of Monitoring Firm Hired by Buildin Pennoni Associates, Inc.	g Owner (8)		ASCM	l No.			of Ab	eatement Cor ces, LLC	ntractor	(9)							
Street Address 515 Grove Street, Suite 1B						Street 407		ess t Lincoln H	lighwa	av. Suite	500	)					
City, State, Zip Code Haddon Heights, NJ 08035						City, S	State,	Zip Code A 19341	3	,							
Project Manager for Monitoring Firm R. Alan Lloyd			elephor	ne No.		Telepi	none I			License No. 01161							
Start Date (10) 6/1/15	Scheduled 7/2/15	100	5545 8 4	SEL RESPONSA			of OS	SHA Monitor									
Occupancy Status During Abatement (Ch						Street		ess									
Facility Closed/Vacated During Entir Abatement Performed Outside of No	e Period of Abormal Facility H	ateme	nt					Route 130 Zip Code	North								
Other - Describe:					_			nson, NJ (	08077								
Scope of Work (Check All That Apply)	Alteria.																
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		ovation  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur								۵							
	Is Lo	ocation	1				- 1,	on Example	( ) ( ) ( )	4 14011 1 11	J.		Abate	ment			
Location of		rmally	by								-	_	Ту	ре			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used So Maintel Custodia					system cing, VA	ystems insulation, (S			mount Specify For LF)	10000	Remova	Repair	Encapsulate	Enclosure		
Coo Attacks d	No	N/A	(in the second										ate	Ф			
See Attached	-										_						
								1				-					
Name of Registered Waste Hauler Waste Management of New Jerse	v	100000000000000000000000000000000000000	DEP Waller ID I		Cubic of Was			Name of	200000 U.		fill						
	У				30			GROW		atili							
City, State Trenton, NJ					Dispos TBD	al Date		City, State Morrisv		J							
Completed by Jack Bally	Title Sr. Pro	ject N	Manag	ger		ignature		- 10 u 6	D		Date 5/11/	15					

# ecoservices, LLC

Location of Achaeter Containing Material (ACM)	Is location normally				Abatem	Abatement Type	
used solely by Maintenance/ Custodial Staff?		Description of Asbestos Containing Material (ACM)	Amount				
Yes No N/A		other miscellaneous)	(specify shot Lr)	Removal	Repair	Encap	Enclosure
No	01	Homosote Panels and associated black mastic	1,314 SF	×			
No	9	Mosaic Sheet Flooring	192 SF	×			
No	5	Corrugated Pipe Insulation	193 LF	×			
No Tra	ā	Transite Panels	40 SF	×			
No Flue	ne l	Flue Patch Material	1 SF	×			
No Ligh	듄	Light Reflector Pads	5 Each	×		-	
No		Window and Door Caulk	290 LF	×			

# PECTIVED MENT 12 AM 4: 09 ASSESTED JUNITROL & LICENSING

NO CK

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#24823

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

	*.	1			· V	1		PRIS KAY IS AN				
Date of Notification (1)							ner/Operator (2)	2015 HAY 12 AM	1:0	3		
5/8/15	5	٠,					PROARDOFE	DUCATION				10.00
Agencies Notified	Type Notifica	tion			Street Addre			STICENS CON	TRO	1		
EPA EPA	Initial		50				N AVENUE	& LICFHSING	, , ,			
DEP		ed Ame	ndmer	nt # 2	City, State, Z	ip Code		*	*			
□ DOL	☐ Emerge	ncy (in	cluding	1	BRICK TO	WN, NJ	08724					
□ DOH	justifica				Name of Cor	ntact			Tele	phone	Numl	62 85
DCA	☐ Cancell	ation			DAVID O'H	ŒEFE (	OWNER'S REP	)				_5
					FACILITY IN	FORMA	TION			6		
Name of Facility Where Ab	natement is Ta	aking P	lace (3			-		Type of Facility (4)				
VETERAN'S MEMORI								School (K-12)				
	AL ELEVIE	VIZAN	1 DCL	1000				Subchapter 8 (Oth				
Street Address	TANKIN IN							Other (i.e., private	& con	nmerc	ial bui	Idings
103 HENDRICKSON A	VENUE							Square Feet	# of	Floors	Bldg.	. Age
City (5)												
BRICK TOWN, NJ 087	24				Townsty Code	(7) (ST	ATE USE ONLY)	AIRPORT				
County					County Code	(1) (31)	AIL OOL ONLI	,				
OCEAN						Interven	£ Abelemont Cont	ractor (Q)				
Name of Monitoring Firm H	lired by Buildi	ng Owr	ner (8)		ASCM No.		of Abatement Cont					
N/A								RONMENTAL INC.	-			
Street Address						4	Address					
					W		ACK FOREST R	OAD				
						-	ate, Zip Code					
							LTON, NJ 0869	1	T			
Project Manager for Monito	oring Firm	Telep	hone N	lo.		Telepho	one No.			nse No	0.	
						609-89			0067	76		
Start Date (10)		Sched	iuled C	complet	ion Date (11)	Name o	of OSHA Monitor					
5/9/15	5		9/1			AMER	ITECH SERVIC	CES				
Occupancy Status During	Abatement (C	heck o	nly one	e)	iles villes es	Street A	Address					
Facility Closed/Vacate	ed During Ent	ire Peri	od of A	Abatem	ent	259 DR	RUM PT. ROAD,	STE 7				
Abatement performed out	tside of working	na hour	s 5PM-	-2 AM		City, St	ate, Zip Code					
	ENTIAL 1				•	BRICK	K, NJ 08723	The second secon				
Scope of Work (Check all t								Full Containment w	vith Ne	egative	e Pres	sure
	triat apply)		1	1946 194	Renova	tion		Mini-Enclosure				-
≥ 3 sf or ≥ 3 lf					Demolit			Glovebag Procedu	re			J
≥ 160 sf or ≥ 260 lf								Non-Exempted (*)	& Non	-Friab	le Pro	cedur
		1 10	Locat	ion	T	•			Abat	ement	Туре	200
			mally I		Description	n of Asbe	stos Containing				m	П
Location of Asbestos-C			Solely I		Material (A	CM) (i.e.	thermal systems	Amount (Specify SF or	Rer	Re	Ica	nc
Material (ACM) TO BE A	ABATED In			e/Custo	insulation,	surfacing	g, VAT, or other	LF)	Removal	pa	nsc	Enclosure
Facility (13)		dia	Staff?		1	miscellan	eous)		al a	Repair	late	re
		Yes	No	N/A					X	-	1	
WINDOWS			$\times$		GLAZING	:		3	A	-	-	
									-	-		-
									-	+	-	-
							12 12 12 1 1	Name of Registered La	ndfill			
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of Waste	Name of Registered La.	Ham			
					Hauler ID No.		100000000	GROWS			2	
CURRENT CONSTRUC	CTION				35149		1 YDS	CITY, STATE				
City, State	٠,						Disposal Date					
ALLENTOWN, NJ	***	-	71.5					MORRISVILLE, PA	Deta	-		
Completed By		Title		-	A 18 2	Signatu	127-Mar	1 Vendere	57	8/1	5	
DAVID D'ANDREA		PRES	IDEN	T		1/1/4	wid of	Mendice				
					(E) (E)		1/					. 2

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Federal Notification of A	sbesto				NJAC 8:60-7 and 12:120-	7) 9895 M	A 14					
Date of Notification	1 5		et Address EST SEVENTH STREET  Per of Building Owner/Operator  ASRESTOS  LICENSING									
Agencies Notified  X USEPA X DEP X DCA/DOL  Type of Notification Initial Notification X Amended		7 WE	et Address EST SEVENT		REET	ê.	LICE	WSIN'	TRO G	L		
X DCA/DOL X Amended Cancellation	n 3		State, Zip Co INNATI, OHI		202							
		Name	e of Contact			Telephone Numb	er					
		1	)oMouro									
			DeMauro ILITY INFOR	MATIO	ON							
Name of Facility Where Abatement is Taking F	Place			1	Type of Facility							
MACY'S - LIVINGSTON MALL					( ) School (K-12)							
Street Address				-	( ) Sub-Chapter 8 (Other ( X ) Other (I.e. private &	er than K-12) Commercial						
2017					buildings, homes, etc	.)						
SOUTH ORANGE AVE & WALNUT STREET City   County	- 1	O	2-1-	SF	of Bldg.	# Floor	our control	Age o	of Bldg.	ě.		
City		County ( State us		Cur	1 MILLION +S rent Use (prior if being dem		3		50+			
LIVINGSTON MIDDLESE	<	o tato ao	o o iiiy	Jour	rem ose (prior it being detri	olistied)						
Name of Monitoring Firm Hired by Building Ow	/ner		ASCM No.	Nan	me of Abatment Contractor							
Pennoni Associates Inc.				ACI	M CONSULTING CORP.							
Street Address					eet Address							
515.0												
515 Grove Street Ste 1B City, State, Zip Code					0 STANLEY TERRACE							
Oity, Otate, Zip Gode				City	, State, Zip Code							
Haddon Heights, NJ 08035				UNI	ON, NJ 07083							
Project Manager for Monitoring Firm	Te	elephone	No.	Tele	phone Number	License Number		2	1000			
TO BE DETERMINED	TO BE	DETER	MINED	908	-687-1008	005	-					
Scheduled Start Date Scheduled C	ompletio	on Date	VIIIVED		ne of OSHA Monitor	0057	5					
1 12 2015												
1 13 2015 6 Month Day Year Month	30 Day	2015 Year			SL ANALYTICAL et Address							
Occupancy Status During Abatement (Check C	nly One	)		13116	et Address							
Facility Closed/Vacated During Entire Pe	eriod of A	Abateme	nt		WEST 38TH STREET							
X Abatement Outside Normal Facility Hour X Describe: 9:00PM TO 6:30AM	S			City,	State, Zip Code							
Other - Describe:				NEV	V YORK, NY 10118							
Scope of Work (Checl Only One)  Demolition			Abatement N									
>3sf or >3lf			^		Containment with Negative -Enclosure	Pressure						
≥ 160sf or ≥ 260lf					ebag Procedure							
Renovation	- 11-			Non-	-Friable Procedure							
ocation of ACM Facility	IS II	Locatio	n Normally Custodial Stat	ff	Describtion of ACM to be	Amount to be Removed	Abate	ement T	ype			
	F	Yes	NO NO	N/A	Removed	(Specify SF/LF)	Rem	Rep. E	Enc	Encl.		
3rd Floor Sales Floor Phase 2					Spray-on Fireproofing	14000SF	X	1.00		12.10		
					Pipe insulation	500LF	X					
				-								
	_			-			-	-				
		-		-			+	$\vdash$		-		
lome of Decision 1997-1-11		1										
Name of Registered Waste Hauler RI-STATE TRANSFER ASSOC., INC.		A CONTRACTOR OF THE PARTY.	Waste ID No SW1896	٥.	Cubic Yds waste	Name of Registere						
City, State			al Date		TBD City, State of Registered L	MINERVA ENTERF	KISES	, INC				
RONX, NY		TBD		WAYNESBURG, OHIO								
Completed By (Print or Type)		Title			Signature	0		Date				
IMOTHY RYAN		GENER	RAL MANAGE	ER	mortay	Rysan	<i>&gt;</i>		5/7/1	5		

NO CK	NOTI	FICATIO	tate of New Jerse N OF ASBESTOS I to NJAC 5:60 ar	ABATE	MENT 0)	2	general Same Same Same		
Date of Notification (1)		Name	of Building Owner	Operator	(2).		-		T
1-16-15		EXX	on Mabil E	nuln	an mental	Servit.	3	=	Š
Agencies Notified Type Notification		Street	Address		1 0 0	- ==	_	<	
ET EPA Initial		152.	BEGCHAM	Tree	T	世形1	_	_	15
DEP Amended	ì	Cibe_Si	ate, Zip Code	- Company	The second secon	165		3	
C DOL Amendment		1 + 100	rett, MA	00	2/48	IE A	1	<u>ა</u>	
DOH Emergency	(including		of Contact			Telephone Ne	imhas.	<u> </u>	
DCA Cancellation	10	Me	he Ger			i many mount	a nevez	2	<u>.</u>
The state of the s	CONTRACTOR	The second second	LITY INFORMAT	TON	TOTAL CONTRACTOR OF THE PARTY O			1.	
Name of Facility Where Abatement is Takin		1 -	THE STATE OF THE S	-	Type of Facility	(4)			
Street Address / AWNING J	ilding	mr.	o Plant	-	School (K- Subchapte Other (i.e. etc.)	12) r 8 (Other than K- private & commerc	t2) ciał bu	ildings	a. bient
City (5) >	The second second	- War 1000 1	The state of the s		Square Feet	# of Floors		Bida	Bener
BAYEDAR						12R		NE	41
County (6)		County	Code (7)		Current Use /Pr	ior if being demails	(had)	101	
Hudson		STATE	USE ONLY)		StorageT	tok	an reactiff		
Name of Monitoring Firm Hired by Building (	Owner (8)	ASC	M No.	Name	of Abatement Co	ntractor (9)			
ASSET Inspection Techn	malanies						lur.	. /	10
CHINGS WORKINGS R			Contraction of the contraction of	Strack	Address /	ding )er	116	2,0	~ ~
123 N. Tag Road Po	BV 30,	5		550	7 Stant	ium Drik	01		
City, State, Zip Code	was se well					4410111			10 ml No. 4 may
South Hampton NY	1196	9		City, S	State, Zip Code	M1.490	5/19	•	
Project Manager for Monitoring Firm		Telepho	one No.		none No.	License 1	-		
ETECE/Jams	-	917.4	8-9217		375 95 95	_	-		
Start Date (10)	Scheduled Co				of OSHA Monitor		40	ř	
2-3-15	- 1	-12-		1 1	2.	Tosting	J. A.	inc.	11
Occupancy Status During Abatement (Chec	k Convune	10	0	Street	Address	1 14 2 MAG	C.	5	1 121
Facility Closed/Vacated During Entire F		man <sup>a</sup>			26 Doster	. 01		X.F.	in party
	al Facility Hour	enarona Is		170	tate, Zip Code	Dec	entrantoriar en la	name de anno	
Other - Describe:	CHARLEST CONTRACTOR	-				2.1.	1,0	181	7
Scope of Work (Check All That Apply)		- Action Contract of the Contr		11-161	ionen 111	Ichisas	7/6	200	
	<u> </u>	00 M C 20 P P P P P		Proceedings	٦				
≥3 st or ≥3 tf ≥160 st or ≥260 tf	Renov Demoi	44.5		E	Mini-Enclosure Glovebag Pro-				re.
	is Loca		O COLAND		e portion		900		ennen
Location of	Norma Used Soli			scription			-	17	pe.
Asbestos-Containing Material (ACM)  TO BE ABATED	Maintena		Asbestos Con			Amount		Treat leaves	m
In Facility	Custodial	21.75 TO 2003 - 200	(i.e. thermal	i systems icing, VA	s insulation,	(Specify SF or LF)	Remova	R	Encapsulate
(13)	(12)			miscellar		Si de Cri	nov	Repair	psu
	Yes No	I N/A	No.		Company		3	-	118
015=11	110		1	a ;			-	1	
Pod 5 EEW		X	Asohalte C	ratine	sontante	161,200 SF	X	No. of Contract of	
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		9,70	COLUMN		Marie and American		Column C	W. Carlot	É
lame of Registered Waste Hauler Anzarat Entiron mentac		NUDEP V	No. of Wa		1 1 1 1 1	Registered Landfil			· · · · · · · · · · · · · · · · · · ·
		1665		20	Charles and the Control of the Contr		1217	111	
lity State								-	
Suffer to NY			Uispo	sat Date	City, State	ant NIA			
Suffa to My	Tille Diecefor o	OC SUBMITTED OF STREET	18	sar Date Signature	+AIR	en, nig	- ale		

NO CK

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

P.C Bex 949 Trenton, N. Juggis

Date of Notification (1) 5 4 20	N	me of Builg	ling Ow	ner/Operator (	2)				1
		reet Address	W.g/	Kane					7
Agencies Notified Type Notific	stion St	reer Address	v m	ittos	19				
( ) EPA ( ) Initial	. 6		-	Address of the last of the las	7	2			-
DEP Nodica	gos C	(A. 21816' 57)	77.8	N.5.	2250	72			-
( ) DOL ( ) Amendo	non N	ame of Con	tact	7		Telephone			-=
( ) DOH Notifica	0	crnar	1 1	Lane			11	100	- إلب
( ) DCA	FAC	ILITY II	NFOR	MATION			_67	M	(6
Name of Facility Where Abstement i	Taking Place	(3)	Туре	f Facility (4)			991		
Residential	1 1 mm P 2 mm	(-)				1,000	201	2	1 =
Street Address				thool (K-12)			22	2	
3Hamilton Pl.			( ) Si	bchapter 8 (O	ther than K-1	2)	1. 1	2015	
C- (5)	County	Code (7)	100	ther (i.e., priva	e & commerc	nel pungruge	Building		
Jix . Xil	(STATE U	SE ONLY)	Se	uare Feet	# of Flo	oon	, L	manager and the	
Descentise HAOLIC			160	10	2	.	101	LAC.	
1, 2 1,			1 4		halas damali	ebad\			
			-	nt Use (Prior if		stica)			_
Name of Monitoring Firm Hired by	Building	ASCM No	). N	ame of Contrac	Cot (A)	~			
				HOWE	Jung	. 0			
Street Address			S	treet Address					
				iry, State, Zip					
City, State, Zip								,	_
Project Manager for Monitoring Fin	m Telephon	ne Number	7	elephone Num	per	Lice	ense Nun	iper	
1 toject trialinger for triolar-						100111 1/-	-		
Scheduled Start Date (10)	Schedule	d Complete		(11)	Name of	OSHA Mon	ntot		
	5	14/20	113						-
Occupancy Status During Absterne	nt (Check only	y one)			Address				
Facility Closed/Vacated Durin	g Entire Perio	d of Abater	nent	3	Ham.	17	61		
( ) Abstement Performed Outside	of Normal F	acility		)	How.	11100	, ,		
	, , , , , , , , , , , , , , , , , , , ,			City, St	rate, Zip		- 1	0	2
Hours - Describe				100	Trasit	in N	3	023	70)
( ) Other - Describe					12011	140 1	403		
Scope of Work (Check all that appl	y)		100	novacion	3				
( ) Demolition				inovación Il Coptainment	wich Name No	e Pressure			1
( ) Large Project (> 160 SF ot >	260 LF ACM)		, ,		MIDI LACREDA	C t resoure			1
( ) Small Project (> 25 < 160 SF	os > 260 LF /	(CM)		ini-Enclosure	0.22				
( ) Minor Project (< 25 SP or < 1	0 LF ACM)		( ) G	lovebag Proced	ture				
		Name	11	Description of			Abatem	ent Ty	pe
		cion Norma d Solely by	шу	Asbestos-Cont	aining	Amount			1
Location of Asbestos-Containing		ce/Custodia	Staff	Material (ACM	) (Le.,	(Specify	Repair	nca	nch
Material (ACM) in Facility (13)	TAS WILL COLUMN	(12)		thermal system surfacing, VAT		SF or LF)	Repair	Encapsule	Enclosure
siding Exterior				miscellaneous)	, of parer			2	3
,, ,		N1 1 .	N1/4				1	1	
*	Yes	No	N/A	35016	1		X		
	DEP Waste	Wanter ID	Ja	Cubic Yards	of Waste	Name of R	egistered	Landi	<del>1</del> 11
A TAMES OF THE MANAGEMENT AND THE PARTY OF T	1895	Tames ID L	10.	5	- · · · · · · · · · · · · · · · · · · ·	14 C			
TRansformation	1015	Disposa	Date	1	City, St	1	de	,	シナ
Egg Harbor CT	W.J.		5/1	1/2015	E.	H.7.		//	YJ
Completed by (Print of Type)	Title		-	Signature	0	/	Data	1/20	15
Benerd Kent	Home	111.4 02	_	Bunk	11/10/1	anu	13/9	120	-

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

Agencies Notified   Type Notification   Street Address   DoLVN   Standard	Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)	. J w	*	-		_
Agencies Notified   EPA   Street Address   Street Addre		23 /	15											
□ EPA	A non-in- Notified							J	2815 M	AY 12 KM	: :0			70.
DAILYD   Amended   Amen			ation							/ ,,, (	. 13			
Amendment #1.57715		1000				1000			ASBE	STOS Ania	-20:			
Name of Facility Where Abstement is Taking Place (3)   Sure Indigency (1)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (Other than K-12)   Subchapter 9 (Other than K-12)   Subchapter 9 (Other than K-12)   Subchapter 9 (Other than K-12)   Subchapter 9 (Other than K-12)   Other (It.e., private and commercial buildings, homes, etc.)   Subchapter 9 (Other than K-12)   Other (It.e., private and commercial buildings, homes, etc.)   Subchapter 9 (Other than K-12)   Other (It.e., private and commercial buildings, homes, etc.)   Other (It.e., private and commercial buildings, buildings, private and commercial buildings, buildings, private and commercial buildings, private and commercial buildings, pri				-5/7/1	5				SS	TOE MOIND	NUL			
Cancellation   Guy Pollice   FACILITY INFORMATION				luding										
Sure   Facility   Where Abatement is Taking   Place (3)	(NJAC 5:23-8)					A STATE OF THE PARTY OF THE PAR		t		Telephone Nur	ha-			
Name of Facility Where Abstement Is Taking Place (3)   Surflington Manor Apartments   Street Address   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter		☐ Cancellat	ion			Gu	y Pollice			: 31	JI			
Sure   Address   Sure   Sure   Address   Sure   Address   Sure   Address   Sure   Addres						FA	CILITY IN	FORMATION						
Subchapter 8 (Other tinas R.1.)   Subc	Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility (	4)				
Scheen   S	Burlington Manor A	partments												
County (6)   Square Feet	Street Address											ildin	19	
Burlington	255 S. Pearl St.									ivate and commit	iolai be	maniş	,5,	
County (6) Burlington Name of Monitoring Firm Hired by Building Owner (8) Brightfields, Inc Street Address 801 Industrial St City, State, Zip Code Willmington, DE 19801 Project Manager for Monitoring Firm Monty Krough Scheduled Completion Date (11)	City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Burlington   Apartments   Apartments	Burlington													
Name of Monitoring Firm Hired by Building Owner (8) Brightfields, Inc Street Address 801 Industrial St City, State, Zip Code Willmington, DE 19801  Project Manager for Monitoring Firm Montry Krough Starbate (10)	County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	shed)			
Brightfields, Inc   Street Address   Street Address   1123 BEAVER STREET	Burlington								Apartments					
Street Address   Street Address   1123 BEAVER STREET	Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
State   Zip Code   Willington, DE 19801   Telephone No.   City, State, Zip Code   BRISTOL, PA 19007   Telephone No.   O0509	Brightfields, Inc							BRISTOL EN	VIRONMENTAL	, INC.				
City, State, Zip Code   Wilmington, DE 19801	Street Address							Street Address						
Project Manager for Monitoring Firm   Telephone No.   302-656-9600   215-788-6040   00509	801 Industrial St							1123 BEAVE	R STREET					
Wilmington, DE 19801   BRISTOL, PA 19007	City, State, Zip Code							City, State, Zip Co	ode					
Monty Krough	Wilmington, DE 198	801												
Start Date (10)	Project Manager for Moni	toring Firm			Te	lephone	No.	Telephone No.		License No.				
Street Address   Str	Monty Krough				1	302-656	-9600	215-788-6040	Ki X	00509				
Occupancy 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: 8:30 AM-5:30 PW PM PM AM  Scope of Work (Check all that apply) ☐ 23 sf or ≥3 lf ☑ 160 sf or ≥260 lf ☐ Demolition ☐ Demolition ☐ Demolition ☐ Description of Asbestos-Containing Material (ACM) ☐ Normally ☐ Used Solely by Maintenance/Custodial Staff? ☐ (12) ☐ Yes No N/A  Unit 127 ☐ DEABATED ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Description of Asbestos Containing Material (ACM) Amount Systems insulation, Specify Surfacing, VAT, or other miscellaneous) ☐ Floor tile and mastic ☐ Supplement States (ACM) Amount Systems insulation, Specify Specify Surfacing, VAT, or other miscellaneous) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Start Date (10)	S	Schedu	ıled C	omp	letion Da	ite (11)	Name of OSHA N	Ionitor					
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-5:30PM PMAM	_5_/_4_/	_15	5	/		11_ /	15	BRISTOL EN	VIRONMENTAL	., INC.				
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-5:30PM PMAM	Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address					10 (00 00	
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-5:30PM PMAM   PMAM	[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [					ement		1123 BEAVE	R STREET					
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Semonotation	☐ Abatement Performed	Outside of No	ormal F	Facility	/ Но	urs - Des			W-10-040-040-0-0-0-0-0-0-0-0-0-0-0-0-0-0-					
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and	Time of Abatement: 8	:30AM- <u>5:30</u> P	PM/	P	VI	AM		- 1516						
Saf or ≥3 If	Scope of Work (Check all	that apply)												_
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Non-Exempted (*) and Non-Friable Procedure   Abatement Type		Married .		3511513										
Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A	2 - 100 of of -200 ii			_ 50						n-Friable Procedu	ıre			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Unit 127    Ves   No   N/A								2			Ab	atem	ent T	уре
Ves No N/A  Unit 127    Signature   Signature   Cubic Vards of WaYNESBURG, OH 44688    Completed By (Print or Type)   Title   Signature   Cubic Vards of Waynesburg   City, State Waynesburg   City, State   City, S									872	•	Z.	R	m	Ш
Ves No N/A  Unit 127    Signature   Signature   Cubic Vards of WaYNESBURG, OH 44688    Completed By (Print or Type)   Title   Signature   Cubic Vards of Waynesburg   City, State Waynesburg   City, State   City, S			1)				Asbe (i.e	estos Containing Ma thermal systems	insulation		emo	epa	пса	nclo
Ves No N/A  Unit 127    Signature   Signature   Cubic Vards of WaYNESBURG, OH 44688    Completed By (Print or Type)   Title   Signature   Cubic Vards of Waynesburg   City, State Waynesburg   City, State   City, S				Cust			(	surfacing, VAT	, or		oval	=	nsc	Sur
Unit 127	(13)		-	Vaa	1		+	other miscellane	ous)				late	(D)
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.  City, State NEW CASTLE, DE 19720  Completed By (Print or Type)  Title  Disposal Date  Signature  O 1			-								-			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.  City, State NEW CASTLE, DE 19720  Name of Registered Landfill Hauler ID No. 20990  Disposal Date  City, State WAYNESBURG, OH 44688  Completed By (Print or Type)  Title  Signature  O A Date Date	Unit 127			Ш	$\boxtimes$		Floor ti	le and mastic		500 SF		Ш	Ш	Ш
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.  City, State NEW CASTLE, DE 19720  Name of Registered Landfill Hauler ID No. 20990  Disposal Date  City, State WAYNESBURG, OH 44688  Completed By (Print or Type)  Title  Signature  O A Date														
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.  City, State NEW CASTLE, DE 19720  Name of Registered Landfill Hauler ID No. 20990  Disposal Date  City, State WAYNESBURG, OH 44688  Completed By (Print or Type)  Title  Signature  O A Date				П	П	П						П	П	
Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Name of Registered Landfill  Hauler ID No. 20990  Disposal Date  City, State  WAYNESBURG, OH 44688  Cubic Yards of Waste  MINERVA LANDFILL  City, State  WAYNESBURG, OH 44688		***	-							W	1=	П		
SERVICE TRANSPORT GROUP, INC.  Hauler ID No. 20990  City, State  NEW CASTLE, DE 19720  Completed By (Print or Type)  Title  Waste  MINERVA LANDFILL  City, State  WAYNESBURG, OH 44688	Name of Davidson (1997)	in I landar		Ш	Ц	L	Marta	Cubia Vanda af	Name of Docin	ored Landfill		ш	Ш	
City, State  NEW CASTLE, DE 19720  Completed By (Print or Type)  Title  Disposal Date  City, State  WAYNESBURG, OH 44688  Date  Date  Date			INC					[ - [ - [ - 1] - [ -	Marchine and Million					
NEW CASTLE, DE 19720  Completed By (Print or Type)  Title  Signature  O 1.   Date   Da		KI GROUP	, INC	•					\$25.000.00000000000000000000000000000000	ANDFILL				
Completed By (Print or Type)  Title  Signature  O 1.   Date		2000						Disposal Date	300.000	UDO OU 4460				
			ST					E A	WAYNESB	UKG, OH 4468	ď			
Brian Scafiro Estimator Quan Scofero / gl 5/1/13	H	rpe)					1)	Signature	2 1.	/ D	ate/	7 /	1,-	6
	Brian Scafiro		Es	timat	or			Drean	Scofero	1-12	5/1	1/1	5	

B 5 1 5 0 3 3 \* Do not use this form for asbestos licensure exempted activities.



4 / 23	/ 15			100		g Owner/Operator	(2) 2813 1	TAY 12 AK	: 1	9	
				Ar	bor Mana	gement, LLC					
	Votification			Stree	et Address		A.55	ES US CUP	418	JL	
☐ EPA ☐ Initi				4 [	Denny Rd	•	8	LICEMBIA	46		
	ended endment#			City,	State, Zip (	Code					
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	tification)	ioidani (	4	Name	e of Contac	at		Telephone Nun	nber		
☐ Car	ncellation			Gu	y Pollice						
				FA	CILITY IN	FORMATION					
Name of Facility Where Abateme		g Place	(3)				Type of Facility (	4)			727
Burlington Manor Apartme	ents						School (K-12)	)			
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1)	2)	uildine	
255 S. Pearl St.							homes, etc.)	ivate and confine	elcial D	ulluling	S,
City (5)	F-1000 - 1000 - 1000						Square Feet	# of Floors	В	ldg. A	oe .
Burlington											<b>3</b> –
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being demoli	ished)		
Burlington						.,	Apartments		ioriou		
Name of Monitoring Firm Hired by	Building C	Owner (	8)	ASCM	No.	Name of Abateme	,	S			
Brightfields, Inc							VIRONMENTAL	INC			
Street Address						Street Address	THOMWENTAL	., 1140.			
801 Industrial St							CTDEET				
City, State, Zip Code						1123 BEAVE					
Wilmington, DE 19801						City, State, Zip Co					
Project Manager for Monitoring Fire						BRISTOL, PA	19007				
	IIII			phone		Telephone No.		License No.			
Monty Krough			1		-9600	215-788-6040		00509			
Start Date (10)					ate (11)	Name of OSHA M					
5/4/15		/	7	/ .	15_	BRISTOL EN	VIRONMENTAL	, INC.			
Occupancy Status During Abatem						Street Address					
☐ Facility Closed/Vacated During	Entire Per	iod of A	Abater	ment		Street Address 1123 BEAVER	R STREET	<u> </u>			
<ul><li>☐ Facility Closed/Vacated During</li><li>☐ Abatement Performed Outside</li></ul>	Entire Per of Normal	iod of A	Abater	s - Des	scribe	OPERATOR STATE OF THE PROPERTY					
☐ Facility Closed/Vacated During	Entire Per of Normal	iod of A	Abater	s - Des	scribe	1123 BEAVER	de				
<ul><li>☐ Facility Closed/Vacated During</li><li>☐ Abatement Performed Outside</li></ul>	Entire Per of Normal 5:30PM/	iod of A	Abater	s - Des	scribe	1123 BEAVER City, State, Zip Co BRISTOL, PA	de 19007				
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 8:30AM-5 Scope of Work (Check all that app	Entire Per of Normal 5:30PM/	riod of A	Abater Hour 1	s - Des AM	scribe	1123 BEAVER City, State, Zip Co BRISTOL, PA	de 19007 ainment with Nega	itive Pressure			
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□ Facility Closed/Vacated During □ Abatement Performed Outside Time of Abatement: 8:30AM-5 Scope of Work (Check all that app □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13)  Jnit 127  Name of Registered Waste Hauler SERVICE TRANSPORT GRO	Entire Per of Normal 5:30 PM/	Is N Used Main Custor	Abater Hour Hour Manager Hour M	on on lion llly bly by nce/ Staff?	Asbes (i.e.	1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encl   Glovebag   Non-Exer  Description of tos Containing Mat, thermal systems in surfacing, VAT, other miscellaneous and mastic  Cubic Yards of	de 19007  ainment with Negacosure Procedure Inplication Procedure Inplication Procedure Inplication Procedure Inplication Insulation	Amount (Specify SF or LF)  500 SF	A Removal	Т	- I
□ Facility Closed/Vacated During □ Abatement Performed Outside □ Time of Abatement: 8:30AM-5 Scope of Work (Check all that app □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13)  Jnit 127  Name of Registered Waste Hauler SERVICE TRANSPORT GRO	Entire Per of Normal 5:30 PM/	Is N Used Main Custor	Abater Hour Hour Manager Hour M	on on lion llly bly by nce/ Staff?	Asbes (i.e.	1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encl   Glovebag   Non-Exer    Description of stos Containing Mat, thermal systems in surfacing, VAT, other miscellaned   and mastic   Cubic Yards of Waste	de 19007  ainment with Negacosure Procedure Inplication Procedure Inplication Procedure Inplication Procedure Inplication Insulation	Amount (Specify SF or LF)  500 SF	A Removal	Т	- I
□ Facility Closed/Vacated During □ Abatement Performed Outside Time of Abatement: 8:30AM-5 Scope of Work (Check all that app □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13)  Jnit 127  Name of Registered Waste Hauler SERVICE TRANSPORT GRO	Entire Per of Normal 5:30 PM/	Is N Used Main Custor	Abater Hour Hour Manager Hour M	on on lion llly bly by nce/ Staff?	Asbes (i.e.	Cubic Yards of Waste  Tity, State, Zip Co  BRISTOL, PA  □ Full Conta □ Mini-Encl □ Glovebag □ Non-Exer  Description of stos Containing Mat, thermal systems in surfacing, VAT, other miscellaneo	de 19007  ainment with Negacosure Procedure Inplication Procedure Inplication Procedure Inplication Procedure Inplication Insulation	Amount (Specify SF or LF)  500 SF  red Landfill ANDFILL  RG, OH 44688	Ab Removal 🛛 🗀 🖂	Repair	- I

Corrected

JAN 13

Date of Notification (1)		15	_			NAME OF THE OWNER OF THE OWNER.	Owner/Operator (2 J DEPT OF ENV		PROTE	CTION		. 1	3	
Agencies Notified	Type Notific	ation			Street	Address								: 11
					P.O	. BOX 42	0		100	AY 12	-			
⊠ DOLWD	Amende Amendm				City, S	State, Zip C	ode		1	111 4 2			100	-
☑ DOH ☐ DCA	☐ Emerger		udina		TRE	ENTON, N	IJ 08625-0420		Lucion				نـــ	
(NJAC 5:23-8)	justificat		uumg		Name	of Contact			Telepho	ne Numbe	r		2.	
30/40/2005-0-10/2006-000-00-00-00-00-00-00-00-00-00-00-00	☐ Cancella	ation			AL	PAYNE							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					FAC	CILITY IN	FORMATION							
Name of Facility When	e Abatement is	Taking I	Place	(3)				Type of Facility						
RESIDENCE								☐ School (K-12 ☐ Subchapter 8	) (Other th	an K 12)				
Street Address								Other (i.e., pr	ivate and		al bui	ilding	S,	
2 MANVILLE CAL	JSEWAY							homes, etc.)						PH 17.5
City (5)								Square Feet	# of Flo	oors		ig. Ag	ge	
FRANKLIN TOWN	NSHIP				T -				2 ,	agent ( age of a contract	. 6	55		
County (6)					Coun	ity Code (7)	(STATE USE ONLY)	Current Use (Pri		demolishe	ed)			- 1
SOMERSET	I list d by D. II	I-C O		·0\	A CON 4	NI-	NI 6 A I	RESIDENCE		>[	*		Ti	
Name of Monitoring Fi				8)	ASCM 0011		Name of Abateme	ent Contractor (9)		E. /	3	-	3	4
USA Environment	itai wanageni	ient, in	C.		0011	12	Street Address	CONTRACTING	3, INC.		MA	-	S	
344 West State S	troot				2		170 U.S. HW	/ 9		OE N	-	_	-	7.
City, State, Zip Code	ucet						City, State, Zip Co			Z	-	>		-
Trenton, NJ 0861	8						BAYVILLE, N				10	20		5
Project Manager for M				Tele	phone	No	Telephone No.	0 00/21	Licens	e No		=		
William Weisgart	- 5				09-656		732-349-3771			14			; 🗓	57.
Start Date (10)		Schedu	led C	553.5			Name of OSHA M	lonitor		1	1			711
5/18					2_/		NEIL MARZA	NO						_
Occupancy Status Dur	ring Abatement	(Check	only o	one)			Street Address					-		
☐ Facility Closed/Vac							138 SENECA	BLVD.						
☐ Abatement Perform	ned Outside of N	Normal F	acility	y Hou	rs - Des	scribe	City, State, Zip Co	ode						
Time of Abatement	t:AM	PM		PM-		AM	BARNEGAT,	NJ 08005						
Scope of Work (Check	all that apply)													
☐ >3 sf or >3 lf	□Re	novat	ion		☐ Full Cont	tainment with Neg losure	gative Pres	ssure						
≥160 sf or ≥260 lf		moliti			Gloveba	g Procedure								
		— т	- 1-	1	4:		⊠ Non-Exe	empted (*) and Non-Friable Procedure  Abatement Ty						
Locati	ion of			Loca: Norma			Description of	of.						-
Asbestos-Containii		M)	Use	d Sol	ely by		stos Containing Ma	iterial (ACM)	Amo	ount	Removal	Repair	Enc	Enclosure
TO BE A		880		intena todial	ance/ Staff?	(i.e	., thermal systems surfacing, VAT		(Spe	ecify	3701	ar.	apsı	nso
IN Fa				(12)			other miscellane		31 0	i Li )	=		Encapsulate	re
			Yes	No	N/A			30						
Tar Mastic Under L	eder Roofing	3		$\boxtimes$		Black T	ar Mastic		252	SF				
Room 2				$\boxtimes$		VAT			180	SF				
Roof				$\boxtimes$		Tar Roo	ofing		260	SF				
Chimney			Black T	ar Flashing		25SF 🗵 🗆 🗆								
Name of Registered W	/aste Hauler			1.70	NJDEP !		Cubic Yards of	Name of Regis	stered Lan	dfill	200000000000000000000000000000000000000			
RICH-MARK COM	NTRACTING,	INC.		F	dauler II 07764		Waste 20	GROWS N	ORTH L	ANDFILL	•			
City, State					0,10	•	Disposal Date	City, State						
BAYVILLE, NJ							5/22/15	MORRISVI	LLE, PA					
Completed By (Print o	г Туре)	Title					Signature	2 201		Date	e,	1		
NEIL MARZANO		SU	JPER	VISC	)R		1/10:11	MIMILLA	h	5	18	12	01	5
ASB-41							JAKE	11 pm gg		1. 422	1	1		-
JAN 13		* D	o not	use t	his form	for asbest	tos licensure exemp	oted activities.						

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

RECUIVED

Date of Notification	(1)		IN	lame	of Building	ı Ow	ner / Operato	r (2)			- S-			
	05-08-2015				University	, .,,	mor / operato	. (2)	2015 H	AY 12 A	2.0			
Agencies Notified	Type Notific	ation	3 0 0		Address				1	15 4	17 1:	15		
⊠ EPA	N 1-141				awrencevi	_	The second secon		ASAF					
DEP DOL DOH DCA	☐ Initia			ity, S	tate & Zip ceville, NJ 0	Cod	le <sup>Q</sup>		2	STOS CE LICENS	MTRI	)I		
□ DOH		rgency			of Contact		0		- ·	410581	elepho	ne N	lumh	or
☐ DCA		cellation	10000		eve Arkusz		ki			1.	Cicpiic	TIC IN	ل ر	
					CILITY IN	EOD	MOITANA							
Name of Facility WI	nere Abatem	ent is Taking P	ace (3)	\ FF	CILITIN		Type of Facili	ity (4)						
University House #	4 - Basemen	t	400 (0)				School (I							
Street Address	0.00						☐ Subchap	ter 8 (Oth	er than K-					
2083 Lawrenceville	Road									cial building			etc.)	
City (5)		County (6)	ICou	nh. C	ode (7)	$\dashv$	Square Feet 53.080		of Floors		ldg. Ag			
Lawrenceville, NJ 086	48	Mercer	Cou	iiity C	oue (1)	- 1	Current Use (		2 plus bas			51		_
	30.04.149.1	1					Campus Build		oning deritor	isi icu)				
Name of Monitoring	Firm Hired I	by Building Owr	ner (8)		ASCM No		Name of Abar							
Pennoni Associates Street Address	i, Inc.				00102		Resource Ma		t Group, L	_C				
515 Grove Street, #	1B					- 1	Street Addres 2115 Hamilto		ite 202					
City, State & Zip Co							City, State & 2		116 202					
Haddon Heights, N.							Trenton, NJ 0	8619						
Project Manager for Mr. Tom Adams	Monitoring I	Firm			Number 05 ex: 291	2	Telephone No 609-977-6159			License N	umber 0118	15		
Scheduled Start Da		Scheduled Cor	npletion	n Dat			Name of OSF	A Monito			0110			
05-18-201			6-01-2				J&S Environn		boratories,	Inc.				
Occupancy Status I	Juring Abate sed∆/acated	ment (Check of During Entire P	nly one	) f Δha	tement		Street Addres 2333 Route 2							
		uring 1st Shift	criod o	TADA	itement		City, State & 2						-	
Describe:	8:00am to 5	:00pm					Union, NJ 070							
Facility Occ	upied During	Abatement												
Scope of Work (Che	eck all that a	ppiy)						⊠ Fu	II Containn	ont with N	ogotivo	Drog	. O. I.F.O	
≥3 sf or ≥3 l	f			Ren	ovation			A Company of the Comp	ni-Enclosu	nent with No re	egalive	ries	Suit	,
≥160 sf ≥26	O If			Dem	olition					ocedures/C	Cut & W	/rap		
								☐ No		ed and Non-	-Friable	Pro		
Total Control of the	ocation of os-Containir			ocatio		^	Description		DE 100 E	Amount	Aba	ateme	ent T	ype
	erial (ACM)	ig	Norm	lely b		P	Asbestos-Cont Material (AC			(Specify SF or LF)			ш	_
<u>TO E</u>	BE ABATED		Mainte	enand	ce or	(i	i.e., thermal sy	ystems		)	Rei	R	nca	Enc
ir	r Facility		Custo		staff?		ulation, surfac				Removal	Repair	sde	dsoure
	(13)			(12) No	N/A	or	other miscella	aneous)			/al	=	Encapsulat	ure
Boiler Room						Int	terior Boiler In	sulation	-	100 SF		П	П	
Boiler Room							ssociated Fitti			50 LF		П	H	H
Boiler Room						Hot	Water Tank I	nsulation		125 SF				
			+	뭐							12			
			H	H	H -				-		++	H	ዙ	H
Name of Registered	Waste Hau	er		NJE	DEP Waste	Cu	ubic Yards	Name of	Registere	d Landfill				
Resource Managem	ent Group I	1.0			uler ID No. 5218	of TB	Waste	Grows L	17.					
City, State	ioni oroup, i			000	0210		sposal Date	City, Sta						
Trenton, NJ						TB		Morrisvil	le, PA					
Completed By (Print	or Type)			Title		Sig	gnature				Date			
Mr. Brian J. Haney				Pre	sident		Mil	in >	MA.		05/08	/2014	4	
							1/11	N )	YUUY					
							V							
									,					



Date of Notification (1) May 8, 2015			Name of Building Owner/Operator (2) Bridgeton Public Schools  Street Address 41 Bank Street  City, State, Zip Code  LICENSING												
Agencies Notified	Type Notification		_	Street A						12	AL	1:	12		
× EPA DEP	× Initial		1		nk Stree				458	ESTUS	COX	JII	101		
DEP X DOL	Amended Amendment				ite, Zip Co ton, NJ				2	E LICE!	43/h	ig n	UL		
▼ DOH DCA	Emergency justification) Cancellation	•			f Contact Albane	se				Telephon	e Num	ber			
	_			0.0000000000000000000000000000000000000	LITY INFO	2000	ION					-	_		
Name of Facility Where Bridgeton High Sch		g Place (3	3)					Туре	of Facility (4)						
Street Address	1001								School (K-12) Subchapter 8		N 12				
111 Northwest Ave	enue							Ti (	Other (i.e. pri				dings,	home	es,
City (5)									etc.) re Feet	# of Floor	s	В	ldg. A	ge	
Bridgeton								50,0		2			00	873	
County (6) Cumberland					Code (7) USE ONLY			Curre Scho	ent Use (Prior ool	if being de	nolish	ed)			
Name of Monitoring Firm		Owner (8)	)	ASCN	I No.				tement Contr vironmenta						
Street Address	00111000, 220						Street A	core recon		11, LLO					
1930 Brown Road				95					Avenue						
City, State, Zip Code Newfield, NJ 08344	4						City, Sta Maple		ip Code ade, NJ 08	052					
Project Manager for Mo Jim Eberts	nitoring Firm			Telepho 856-20	ne No. 05-1077		Telepho 856-7			Lice 008	nse No 42				
Start Date (10) May 22, 2015		Schedul May 2			Date (11)	,			HA Monitor						
Occupancy Status Durin	ng Abatement (Chec						Street A								
	cated During Entire			nent				and the second	130 North	1					
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	y Hour	S			City, Sta		ip Code son, NJ 08	077					
Scope of Work (Check A	All That Apply)						Olimia		3011, 140 00	011				-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		arrestment.	Renova Demoli				×	Min	Il Containmen		itive Pr	essu	re		
									Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		1	Locat											ement pe	t
Locatio Asbestos-Containing		Use	Norma ed Sole	ely by	Achae		scription of taining Ma		(ACM)	Amount			.,	2500	
TO BE AB	ATED		intena todial			thermal	systems	insula		(Specify	,	Rei	R	nca	Enc
In Faci (13)			(12)				cing, VAT miscellane			SF or LF	')	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	9
Rooms (	C3-C5		XXX		F	loor Ti	ile and N	Masti	ic	224 SF		X			
Rooms (	XXX			Cou	ınter Top	ps		30 SF		X					
Name of Registered Wa	N	JDEP W	/aste	Cubic	Yards		Name of Re	enistered L	andfill						
Freehold Cartage	H	lauler ID 2265		of Was			Cumberla			ndfill					
City, State Freehold, NJ						Dispos 5/26/2	sal Date 2015		City, State Newburg	. PA					
Completed by		Title	100				Signature,		<b>S</b>	M TOPESS	Dat	e			-
Christina Lynch		Oper	ration	s Mana	iger		OM	M	OX_		5/8	/201	5		

CK 2255

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification							wner / Operato	r (2)					
Agencies Notified	05-08-2015 Type Notific	ation			Univer Addre			2億6 所	Y 12 AH	::1			4
⊠ EPA	Type Nounc	ation	110			ceville R	oad	A 21 - 2	5 · · · · ·				
□ DEP						Zip Co		RODE	STAS CONT	ROL			
⊠ DOL	Ame					NJ 08648	3	ď.	<b>LICERSIM</b>		A.L	-1	4
□ DOH □ DCA		rgency cellation	100		of Co	ntact kuszew	rski		FICERSING	elepho	ne ivur	nber	
LI DON	L Can	Schation											
Name of Facility W	hara Abatam	ont in Taking Di	000 /2		CILIT	Y INFO	RMATION Type of Facili	ih. (A)					4
Ridge House #2 Ba		ent is raking Pi	ace (3	))			School (I						
Street Address				70.70 m			☐ Subchap	ter 8 (Other than	n K-12)				
2083 Lawrenceville	Road							e. private & com				.)	
City (E)		County (6)	100	unh. C	ada /	7\	Square Feet 53,080			ldg. Age	9 51		
City (5) Lawrenceville, NJ 086	548	County (6) Mercer	Co	unity C	Code (	1)		(Prior if being de	basement   molished)	-	51		-
	5.15						Campus Build		monoriou)				
Name of Monitoring		by Building Owr	er (8)			M No.		tement Contract					
Pennoni Associates	s, Inc.				0010	)2		nagement Grou	p, LLC				4
Street Address 515 Grove Street, #	#1R						Street Addres	ss n Ave, Suite 202	)				
City, State & Zip Co							City, State &		-				
Haddon Heights, N							Trenton, NJ 0						
Project Manager for Mr. Tom Adams	r Monitoring	Firm		hone 547-05	Numb	er	Telephone No. 609-977-6159		License N	lumber 0118	5		
Scheduled Start Da	ate (10)	Scheduled Cor		-	And seed over 1 weeks		Name of OSH			0110			-
05-18-20			6-01-2		.0 (11)			nental Laborator	ies, Inc.				
Occupancy Status							Street Addres	7.00					
		During Entire P	eriod	of Aba	ateme	nt	2333 Route 2						_
	8:00am to 5	ouring 1st Shift					City, State & Union, NJ 07						
	cupied During						Johnson, 140 07	000					
Scope of Work (Ch	eck all that a	pply)						F	2 2 2000		_		
≥3 sf or ≥3	It		$\boxtimes$	Pon	ovatio	n			ainment with N	legative	Press	ure	
≥160 sf ≥26			Ħ		nolitio				g Procedures/	Cut & W	rap		
			_				5		mpted and Nor			dure	
HGE 18 19	ocation of			Locati			Description		Amount	Aba	temen	t Type	е
	stos-Containi iterial (ACM)	ng		nally l olely b			Asbestos-Con Material (A		(Specify SF or LF)			п -	-
	BE ABATED			tenan			(i.e., thermal s		01 01 21)	Removal	Re	Enca	Enc
j	in Facility		Custo	odial S	Staff?		sulation, surfac			nov	pair	apsulat	SOUTA
	(13)		Yes	(12) No	N/A	(	or other miscell	aneous)		<u>a</u>		lat	5
Basement – Boiler	Room					1	nterior Boiler Ir	eulation	100 SF			7/	7
Basement - Boiler				X			ings assoc w/ pip		40 LF				i
Basement - Boiler	Room			$\boxtimes$			oiler Breech Se		1 SF				
Utility Room			-		H		ot Water Tank ittings assoc w/		125 SF			4  -	4
Utility Room			H		H	Piper	Titlings assoc w/	pipe irisulation	12 LF		HH	╡┼╞	H
Name of Registere	d Waste Hau	ler		NJ	DEP \	Vaste (	Cubic Yards	Name of Regis	stered Landfill				-
				1000000	uler II		of Waste						
Resource Manager	ment Group,	LLC		003	35218		TBD	Grows Landfill					
City, State Trenton, NJ							Disposal Date	City, State Morrisville, PA					
1 (1000) 100 (1000) 1000 (1000) 100 (1000) 1000 (1000) (1000) (1000) (1000) (1000) (1000)	at as Towns			T:41				IVIOITISVIIIE, FA		Dete			_
Completed By (Prir Mr. Brian J. Haney				Titl	le esider		Signature	01011		Date 05-08	-2015		
2					2.301		X	( )(X)					
							1)(	W July					
								0					

State of Hew Jersey HOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) |-Date of Hotification (1) Name of Building Owner/Operator (2) ype Hourication Sueel Address Mences Novined TREEMONT ACT D 84 0 80 0 80 ≥ jmea/ Amended Cry. Suie, Lip Code P77.08270 Amendment # WOODBING Emergency (including □ 00 h justification) electrone Humber Hame of Contact Cancallation LISA -ISHER FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K. 12) ESIDENCE Subonapier 8 (Other than K-12) Done (i.e., physic & commercial buildings 1909 BIDO LOS F of Floors SQUETE FOR Ciry (3) 40 t 1000 NOURVA Current Use (Prior H being demoksned) County Code (1) (STATE County (6) VACONT USE OYLY) Name of Abatement Convector (9) ASCH HO. Name of Maritoning Firm Hired by Building Owner INCI KLEMOO 18 : Sue el Address 369 5 SPRUCE AVE Street Acoress Cry. Suite. Zip Code 0805 City State Zip Code HADE MAPLO The phone No. Telephone No. 00444 Practimenager la Montania Firm 856-779 Hame of OSHA HOMA Schoolied Completion Date (11) Sian Dale (10) DSEPK 5/25 5/18 Sueel Address Occupancy Status During Abatement (Check only one) PRUCEAUE. 3695 E Facily Closed Vacaled During Entire Period of Abatement Cry. State, To Code Abatement Performed Obuside of Normal Facility Hours N. J. 06052 SHADE, MAPLE One Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mn. Enclosure Renovation Glovebag Procedure D 33 2[ 01 33 11 Non-Exempled (') and Non-Frienk Procedure ₩ Delmajison 2160-11 01 2260 11 waleter is Location NOTTUNY Description of Used Solely by Amount Asbesios Containing Material (ACM) Location of Haintenance/ (Specity (i e . mormal systems insulation. Aspessos Containing Hateral (ACM) SFOLF Custodial sunsang, VAT, or TO BE ABATED Slaft? oner myscollane as 1 (12) (13) HO YES 0000 THE RINS ITE 4 3171NG-

Name of Registered Waste Hauter
KEEMCO INC.

NOED Wase ... Hauler D No.

OWNER

Cubic Yards

Name of Registered Landill

C, M, C, M, U, A.

MOPLE SHODE, N.J. 08052

EMM

Damai Dale

CIT. STATE DODDINE,

Sixalue Ser

5/8/13

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Competer By

135EPH

CK 1934

Date of Notification (1)		T	Name e	f Building Own	ner/Op	erator	(2)		De	ر سدر باسر ا	1000			-
5/11/0			1	Mae -	tu	00	6		TE	CEN	1E	0		
Agencies Notified Type Notification			Street /	Address	-110	00	100	00 1-91						
EPA Initial DEP Amended		F	City St	ate, Zip Code	HIL	5	HE	CTI	HID FIA	Y 12 A	MI	62		
X DOL Amendment	#		City, St	1 100	100	MC	. 1	(A)	7.73	7				
DOH Emergency justification)		-	Name o	of Contact	IV	M	10	/ J W.	P.Tel	ephone Nu	mber	ROL		
DCA Cancellation			Eric P	lackis					de 1	PI F 21	117			10
Name of Facility Where Abatement is Takin	a Diese (	2)	FAC	ILITY INFORM	OTTAN	N								
Name of Facility Where Abatement is Takin	ig Place (3	3)				1	-	of Facility						
Street Address						-		School (K- Subchante	-12) er 8 (Oth	er than K-1	2)			
To Miller Hee	7							Other (i.e.		& commerc		ldings	, hom	es,
City (5)						$\dashv$		etc.) e Feet	# o	f Floors	-	3ldg.	Age	
Highlands							142	-4		2		C	12	
County (6)				Code (7)			Curren	nt Use (Pr	ior if be	ng demolis	hed)			
None of Marie William		- 1		USE ONLY) _		_		HOM	U				37	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.	4 8			ement Co		(9)				
Street Address						Street /		stries In	C.					
					1	P.O.								
City, State, Zip Code						City, St	ate, Zij	p Code						
								Jersey	08723	}				
Project Manager for Monitoring Firm			Telepho	ne No.	16.8	Felepho				License N	lo.			
Start Date (10)	01.11					(732)				01196				
State (10) 5/8/17	Schedule		npletion	Date (11)	1	Vame o	of OSH	A Monitor						
Occupancy Status During Abatement (Chec	k Only On	))()	)II)			Street A	Addres	s						
Facility Closed/Vacated During Entire I	-	0.00	ent					<b>T</b>						
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours			C	City, Sta	ate, Zip	Code					1	
						340.0		0						
Scope of Work (Check All That Apply)	-					1							114	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Remoliti	77.77.5					Containm -Enclosur		Negative I	Pressu	ire		
	4	remonu	OH				Glov	rebag Pro	cedure					
		W 955					Non	-Exempte	ed (*) and	Non-Friat	e Pro			
Location of	- SSE	Location Vormall	7,515		_								ement pe	
Asbestos-Containing Material (ACM)	Use	d Solel intenar	y by	Asbestos (		ription on ring Ma		(ACM)	A	mount			m	
TO BE ABATED In Facility	100	todial S		(i.e. ther	rmal sy urfacin			ion,		pecify or LF)	Ren	Re	ncal	End
(13)		(12)			ner mis				0.	OI LI /	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							u e	-		ate	0
			X	ALLOS	101	Si	ML	2	20P	DISF	X			
			-		1100		J., (	9	w	J J .	10			
											1			
											-			
Name of Registered Waste Hauler	11	N.	JDEP W	faste Cr	ubic Ya	ırds		Name of	Registe	red Landfill				
Brick Industries Inc.		H	auler ID 1602	77.77.77.77	Waste			GROW		ou Lundiii				
City, State Brick, New Jersey				Dis	sposal	Date		City, Stat	te					
Completed by	Title				Sign	nature/	2) 1			l D=	ite_	101		
Eric Plackis	Presi	dent			Jaga	}	-1	W		1	5	171	15	



1				
A 200	- Admin plan		600	7
10	-11			11
_ ··	W. C. L.	-11	A . 5 3 5	,-

Date of Notification (1)			100.00	T	Name o	f Building (	Owne	r/Operator (2	2)		N Torse	ba d		
	11 /	15				ec Interna				HIS HAY 12	BM 1	. 00		
Agencies Notified	Type Notificati	ion			Street A	ddress								
⊠ EPA					1 Ho	Itec Drive	9		Δ	& LICEN	15 /4	DA.		
□ DOLWD	☐ Amended				City, Sta	ate, Zip Co	de			& LICEN	21110	KUL		
□ DOH	Amendmer		01-19-5		Marl	ton NJ 08	3053			7,0714	STIFE			
□ DCA     (NJAC 5:23-8)	☐ Emergency justification		aing		Name o	of Contact				Telephone Nur	nber			
(NJAC 3.23-0)	☐ Cancellation				Matt	Mockaiti	s		'					
					FΔC	ILITY INF	ORN	ATION						
Name of Facility Where	Abatamant is Ta	king Pl	lace (	3)	1 / 0	ILIT I IIVI	Ortio		Type of Facility (4	4)				
			lace (	3)					School (K-12)					
Holtec Warehouse	- buildings i	<u>'</u>							Subchapter 8	(Other than K-1	2)		28	
Street Address									Other (i.e., pri	vate and comm	ercial bu	ilding	s,	
2500 Broadway									Square Feet	# of Floors	Ble	ig. Ag	1e	_
City (5)									3000	1 Floor		50+	, -	
Camden					-	- 1 77	OTAT	- UDE ONUV	Current Use (Pric	Land Date Design				
County (6)					Count	y Code (7)(	STATE	E USE ONLY)		or it being demo	lisileu)			
Camden									Warehouse					_
Name of Monitoring Firm	n Hired by Buildi	ing Owi	ner (8	3)	ASCM N				ent Contractor (9)	× 10.00 <b>4</b> -10 100-000				
Hatch Mott macDo	nald				0014	0	Co	ontrolled E	nvironmental S	ystems	<u> </u>			
Street Address							100000000000000000000000000000000000000	et Address						
111 Wood Avenue	South						11	21 N. Beth	lehem Pike - St	uite 60				
City, State, Zip Code							City,	State, Zip C	ode					
Iselin, NJ 08830							Sp	oring Hous	e, PA 19477					
Project Manager for Mor	nitoring Firm			Tele	phone N	Vo.	Telep	phone No.		License No.				
Brian Holbig	3		l	100000000000000000000000000000000000000	6 448		21	5 542 7000	)	00847				
Start Date (10)	S	chedule	ed Co	mple	tion Dat	e (11)	Nam	e of OSHA N	/lonitor				3 13	
5 / 26 /	0 0-000	6			1	(C) (C) (C) (C)	CE	ES						
			- 100				Stron	et Address						
Occupancy Status Durin					mont				lehem Pike - Si	uite 60				
☐ Facility Closed/Vacat	ed During Entire d Outside of No	rmal F	u oi r acility	Hour	s - Desi	cribe		State, Zip C						
Time of Abatement:	7:00AM-5:00P	M/	_PM		_AM	51100	10.0	1 전 시간	e, PA 19477					
							31	Jillig Hous	e, 1 A 10-17					
Scope of Work (Check a	all that apply)							☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf				novati				☐ Mini-End						
≥160 sf or ≥260 lf			☑ Der	molitio	n			☐ Gloveba	ig Procedure empted (*) and No	n-Friable Proce	dure			
			15	1				Z NOIT EX	empted ( ) dila ive			atem	ent T	vne
7	6			Locat Jorma				Description	of		-	-	T	
Locatio Asbestos-Containing		))	Use	d Sole	ely by	Asbes	stos C		aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB					ince/ . Staff?	(i.e.		mal systems		(Specify SF or LF)	ova	₩.	psu	nsc
IN Fac	(C-10.5)		Cusi	(12)				urfacing, VAT er miscellan		SF OI LF)	-		ılate	ro ro
(13)			Yes	No	N/A		Oth	or micoonari	, , , , , , , , , , , , , , , , , , ,				1 00	
Interior Ground Floo	or					1 x 1 Be	eige,	gray white	tile	672 SF				
Interior Window						Window	v Gla	zing		400 SF				
Interior						Green f	ir tile	e & Mastic		1808 SF				
SEE NEXT PAGE						SEE NE	XT F	PAGE		25				
Name of Registered Wa	aste Hauler		100000	1	NJDEP '	Waste		ic Yards of	Name of Regis	stered Landfill				
Waste Manageme		rsey		ŀ	1727			50+	GROWS					
City, State							1 200	osal Date	City, State					
Fairless Hills, PA							TI	hru out	Tullytown	, PA				
Completed By (Print or	Type)	Title					1	Signature	1		Date		_	
Patricia Visco	88% //	Of	fice	Mana	ager			Valu	en IN	CO	5-11	-13	)	

ASB-41 JAN 13

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

AGE 1 of Z

### P165 2 £ 2

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

RECEIVED

Date of Notification (1)				Name	of Building	Owner/Oper	ator (2	2)					
	15			Holt	tec Intern	ational		2013	MAY 12 A	H 4:	2		
Agencies Notified Type Notifi	ation			Street	Address								
				1 H	oltec Driv	е		M. 0. C	BESTUS J. & LICENS	JAIR(	)i		
□ DOLWD □ Amende	76			City, S	tate, Zip Co	ode			& LICENS	ING			
DOH   Amenda     DCA   □ Emerge	-			Mar	Iton NJ 0	8053							
□ DCA   □ Emerge (NJAC 5:23-8)   justifica		cruding		Name	of Contact				Telephone Nu	mber			
☐ Cancell	tion			Mat	t Mockait	is							
				FAC	CILITY INF	ORMATIC	N				- 527		
Name of Facility Where Abatement is		Place	(3)					Type of Facility (					
Holtec Warehouse - Building	1							☐ School (K-12) ☐ Subchapter 8		12)			
Street Address								Other (i.e., pr	ivate and comm	nercial bu	ilding	s,	
2500 Broadway								homes, etc.)	1	15.		Solvi	
City (5)								Square Feet	# of Floors		ig. Ag	je	
Camden								3000	1Floors		50+		
County (6)				Coun	ity Code (7)	STATE USE C	ONLY)	Current Use (Pri	or if being demo	olished)			
Camden								Warehouse		11			
Name of Monitoring Firm Hired by Bu	lding C	)wner (	(8)	ASCM	No.	Name of Ab	ateme	ent Contractor (9)					
Hatch Mott macDonald				0014	10	Control	led Er	nvironmental S	ystems				
Street Address						Street Addr	ess						
111 Wood Avenue South						1121 N.	Bethl	lehem Pike - St	uite 60			12000 12000	
City, State, Zip Code			777			City, State,	Zip Co	ode					
Iselin, NJ 08830						Spring I	House	e, PA 19477					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone	No.		License No.				
Brian Holbig			8	56 448	3404	215 542	7000		00847				
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name of OS	SHA M	lonitor					
5/26/15		6/	_ 30	)/_	15	CES							
Occupancy Status During Abatement	(Checl	k only o	one)			Street Addr	ess						
☐ Facility Closed/Vacated During Er	tire Pe	riod of	Abate	ment		1121 N.	Beth	lehem Pike - Sı	uite 60				
☐ Abatement Performed Outside of					cribe	City, State,	Zip Co	ode					
Time of Abatement: 7:00AM-5:0	PM/	PN	Λ	AM		Spring l	House	e, PA 19477					
Scope of Work (Check all that apply)								Latin was not strikle. None	otive Pressure				
☐ >3 sf or >3 lf		П Re	enovat	ion			ni-Enc	tainment with Neg Iosure	alive Fressure				
≥160 sf or ≥260 lf			moliti					g Procedure		W 1			
						⊠ No	on-Exe	mpted (*) and No	n-Friable Proce				
		100	s Loca Norma			D					atem		
Location of Asbestos-Containing Material (AC	M)			ely by	Asbes	Descri stos Contain		iterial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED	,		aintena			, thermal sys	stems	insulation,	(Specify	Removal	<u>a</u>	aps	Enclosure
IN Facility (13)		Cus	(12)	Staff?		surfacing other misc			SF or LF)	<u>m</u>		Encapsulate	Te
(13)		Yes	No	N/A		ourer misc	Clianc	ous,				O O	
Exterior	- 27 5 - 27				Roofing	Materials			3000 SF				
Exterior					Roof Fla	ashing			340 LF				
Exterior						er Caulk			160 LF				
					-								
Name of Registered Waste Hauler				NJDEP '	Waste	Cubic Yard	s of	Name of Regis	tered Landfill			-	-
Waste Management of New J	ersey		I	1727		Waste 150+		GROWS					
City, State				1/2/		Disposal Da	ate	City, State					
Fairless Hills, PA						Thru ou	ıt	Tullytown,	PA				
Completed By (Print or Type)	Title	e				Signat		- 0	/	Date			
Patricia Visco	C	Office	Mana	ger		1 1/2	eli	ucea V	Was	5-1	1-1	3	

ASB-41 JAN 13

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

PART Z of 7

Date of Notification (1) Name of Building Owner / Operator (2) Brick Township Municipal Utilities Authority May 8, 2015 2015 MAY 12 8412: 60 Agencies Notified Type Notification Street Address **PEPA** 1551 Highway 88 West ASBECTOS CONTROL & LICENSING DEP Initial City, State & Zip Code DOL Amended Brick, NJ 08724-2399 Amendment # XIDOH Cancellation Name of Contact Telephone Number DCA Matt Glowacki - Quad Construction Company **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mantoloking Road Pump Station School (K-12) Street Address Subchapter 8 (Other than K-12) 106 Mantoloking Road Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 300 60 years Brick Current Use (Prior if being demolished) Pump Station County (6) County Code (7) USE ONLY Ocean Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 18, 2015 May 22, 2015 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥ 50 lf Renovation Mini-Enclosure >160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) (i.e., thermal systems IN Facility Encapsulate (13)insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) Yes N/A No Pump Station 8 LF X Pipe Insulation X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 27429 Synatech, Inc. Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 May 27, 2015 Morrisville, PA Completed By Title Signature Date ant Diane Aloia **Executive Assistant** May 8, 2015

Check # 9778 Date of Notification (1) Name of Building Owner / Operator (2) Brick Township Municipal Utilities, Authority May 8, 2015 66.6 .1 Agencies Notified Type Notification Street Address EPA ASBESTES CONTROL 1551 Highway 88 West DEP Initial City, State & Zip Code DOL Amended Brick, NJ 08724-2399 Amendment # **MDOH** Cancellation Name of Contact Telephone Number DCA Matt Glowacki - Quad Construction Company **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Laurelton Pump Station Street Address Subchapter 8 (Other than K-12) 789 Route 70 East Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 300 60 years Brick Current Use (Prior if being demolished) Pump Station County (6) County Code (7) Ocean USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 18, 2015 May 22, 2015 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\ge$  23 sf or  $\ge$  50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) Yes No N/A Pump Station 8 LF X Pipe Insulation X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 27429 Grows Landfill Synatech, Inc. City, State Disposal Date City, State Little Egg Harbor, NJ 08087 May 27, 2015 Morrisville, PA Completed By Title Signature Date

May 8, 2015

**Executive Assistant** 

Diane Aloia

Check # 9779

Date of Notification (1)	)			Name o	of Buildin	g Owne	er / Op	perator (2	2)	that the state				
	May 8, 2015			Brick 7	ownship	Muni	cipal	Utilities A						
Agencies Notified	Type Notificati	on			Address		**			Y 12 AH12: 49	¥			
DEP				1551 H	ighway 8	38 Wes	t		ASSE	STOS CONTROL Licensing				
DOL				City, St	tate & Zip	Code			E	LICENSING				
	Amen			Brick,	NJ 0872	4-2399								
⊠рон	Cance	dment # Ilation		Name o	of Contac	t				Tel	ephon	e Nu	mbe	r
DCA		matro i				Œ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Con	struction	Company	1.0.	opiioii	0 110	1100	
					CILITY									
Name of Facility When	e Abatement is	Taking P	lace (3)				Type	of Facilit	v (4)					
Fifth Street Pump Sta								School (H						
Street Address								Subchap	ter 8 (Other tha	n K-12)				
719 Princeton Avenu	е						-			commercial buildings	, hom	ne, e	tc.)	
011 (6)							Squa	are Feet	# of FI	20 00 E	, Age			
City (5) Brick							Curr	300	Prior if being de	1 molished)	60	yea	rs	
								np Statio		moisned)				
County (6) Ocean	74	US	unty Code			4			10					
Name of Monitoring Fi	rm Hired by Bu	ner (8)		ASCM	No.			ement Contract	or (9)					
N/A Street Address							atech, Inc et Address							
01.00171001000								Radio Ro						
City, State & Zip Code	ty, State & Zip Code							State & Z		_				
Project Manager for M	onitoring Firm		ITA	lephone N	lumber			e Egg Ha phone Nu	rbor, NJ 08087	License Numb	ner			
					( 0.3-1) ( 0.316-0.010		609-	296-6916		License Num	0081	7		
Scheduled Start Date May 18, 20		Scheduled		on Date (1 22, 2015	11)			ne of OSH atech, Inc	A Monitor					
Occupancy Status Du Facility Close	ring Abatement			Abatemer	nt			et Address Radio Ro						
	erformed Outsi						City,	State & Z	Zip Code					
Other - Desc	ribe:						Little	e Egg Ha	rbor, NJ 08087	7				
Facility Occup	pied During Ab	atement												
Scope of Work (Check	( all that apply)										3433			
≥3 sf or ≥ 50 lf				Renovatio	nn.			-	Mini-Enclosure	nt with Negative Press	ure			
2 ≥160 sf or ≥260	) If			Demolitio	00.00			-	Glovebag Proc					
	2.11			Domontion						edure d(*) and Non-Friable Pro	aceduu	re		
Loca	ation of		Is Locati	on Norma	lly Used			Description		a( ) and Non-i habit i ii	_	atem	ent T	Type
Asbestos-Contai	ning Material (A	(CM)	Solely b	y Mainten	ance or			bestos-Co	ntaining	Amount (Specify				71-
	ABATED		Custo	dial Staff	? (12)			Material (/ ., thermal		SF or LF)	<u> </u>			
	Facility 13)								acing, VAT	122	_		En	ш
,	10 T#								ellaneous)		Remova	Repair	Encapsulate	Enclosure
					Parkers a						SVOL	pair	sula	usc
			Yes	No	N/A						=		ate	Ġ.
Pump Station					X			Pipe Insu	lation	8 LF	X		_	1
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1					
Name of Registered Waste Hauler   NJDEP V Hauler ID					Cubic	ards o	f Was	ste	Name of Regi	stered Landfill				-
Synatech, Inc. 2742					< 1				Grows Landf	ill				
City, State					Dispos	al Date			City, State					
Little Egg Harbor, NJ 08087					May 27	2015			Morrisville, P	Α				
Completed By	,,,,,,	Title			Signatu		-	11.	1	Date				
Diana Alai-				_4		11	. /	100	*	BA 0 004 5				
Diane Aloia		⊏xecutiv	e Assista	пт	1 1	Muh	( 0	Ulle		May 8, 2015				

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

Creck# 11615

GAC Project # 060-15

GAC Troject # 000-15											
Date of Notification (1)  May 8,	2015				Name of Building Owner/ RUTGERS, THE ST		/FRSI	TV OF	N.I		
Agencies Notified  EPA  DCA	2010	Notification Initial N Amende	Votificat		Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH &	& SAF	ETY D	EPT.		
⊠ DOL		☑ Emerg		ncluding	City, State, Zip Code	000#4		p-w			
☑ DEP- No Longer REQUI ☑ DOH	RED	justific			PISCATAWAY, NJ Name of Contact	08854	Talan	hone Nu	mher		
IM DON		□ Cance	ilea		MICHAEL SMITH, E	NV.	1	440-00			
					HEALTH & SAFETY			1 8			JTI!
Name of Facility Miles on About		Li Di (0)		FACILITY INF				1_5:	× ×		3
Name of Facility Where Abate STANLEY BERGEN E BLDG# 7252			GEN S	TREET,	Type of Facility (4) School (K-12) Subchapter 8 (other the	an K-12)		ICEN C	_		Ħ
Street Address					Other (i.e. private & co		dings, ho	mes, etc	.)		==
RBHS NEWARK CAN	IPUS				Sq. Feet: N/A #	of Floors: 1	4 Bldg	. Age:	60+ ye	ars	W
City (5) NEWARK RBHS	County (6	SSEX		Code (7) Use Only)	Current Use (prior if being	g demolished	): ACA	DEMIC		The Contract	jan
		-							F		
Name of Monitoring Firm Hire Cardno ATC	d by Bldg.	Owner (8)	ASCM 0098		Name of Contractor (9)						
oardilo ATO			0030		GREENWOOD ABAT	TEMENT C	ONSU	LTANT	S, INC		
Street Address 3 TERRI LANE			100		Street Address						
0: 0: 7: 0					268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 0				tra annual annual annual	City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitorin BRIAN KEARNY	g Firm	Telephone N 609-386			Telephone Number		Licens	se Numbe	<u>er</u>		
					973-492-0477		0084	0			
Scheduled Start Date (10) 05/20/15		Scheduled 0 05/22/15	Completio	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC						
Occupancy Status During A	batement	(Check only o	ne)		Street Address						
□ Facility Closed/Vacated D				t	20-21 WARGARAW	POAD					
☐ Abatement Performed Ou Describe	itside of N	ormal Facility	Hours -		City, State, Zip Code	NOAD					
☑Other – Describe: Shift	Hours:	4:00 PM -	5:00 A	M Daily							
				•	FAIRLAWN, NJ						
Scope of Work (Check all that	apply)				п	Full Contain		ith Noon	tivo Droc		
≥ 3 sf or ≥	> 3 If			<b>⊠</b> Renovation		Full Contain Mini-Enclose		ith Nega	tive Pres	ssure	
□ ≥ 160 sf or				□ Demolition	_	Glovebag F		re			
373				,		Non-Exemp					ure
Location of Asbestos-Contain Material (ACM) in Facility (13)		ocation Norma ely by Maint./C			bestos Containing Material nal systems insulation, surfac	ing, (Spec	0.000	Abatem	ent Type		٠,
, , , , , , , , , , , , , , , , , , , ,	Staf	ff? (12)		VAT, or other mis		or LF)		Remove	Repair E	ncap	Enclose
438,440,441,444,448,452	YE:	S NO	NA I	Wall Mastic		<22	SF	X			
100,110,111,111,110,10				Wall Mastic		722	01				
Name of Reg. Waste Hauler See Hauler Below #1 &	See Hauler Below #1 & 2 See Below					15 CY		of Regis O.W.S.			ill
Hauler #1) Greenwood Abate	ement Con	sultants, Inc	Butler, 1	NJ 07405, NJDE	P # 28969	Disposal Da			City, State		
Hauler #2) S TG - P.O. 2132 NJ DEP # 2099		Pa 19007, & 58	Pyles La	ne, New Castle, De	19720	05/22/15		F 1	100 New Rd. Morri 19067 215-736-	sville,	
Completed by (Print or Type)	INIO	Title	DO 150	\T	Signature		Date	Acre 0	2045		15
RAYMOND C. PEDAL	MONTH CONTROL	SENIOR P MANAGER		<i>i</i> I	Raymand C. Pe	dalino	"	May 8,	∠015		



				1		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE			. "	A .	,			
Date of N 05/08/2	Notification (1) 2015						f Building MA TRO		perator	(2)	28	AS KA	ĭ 12	EM i	2: 5	7	
Agencies	Notified	hamai	Notification Initial			Street A 24 LE\	ddress WIS AV	E.				385			-56		
DEF X DOI	<b>D</b>		Amended Amendmen				ate, Zip Co FORD N		96			å L	JČĔŇ	SIN	3	L	
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	ĆESTER						Code (7) USE ONLY	)		RES	ent Use (Prior SIDENTIAL	-		ned)			
	Monitoring Firm ELL-GREEN		by Building	Owner (8)		ASCN	/I No.				atement Cont D ENVIRO			ERVI	CES		
Street Ad 904 KII	idress NGS ARM D	RIVE							Street 570		ss //S RUN						
100 TO 10	te, Zip Code IINGTOWN,	PA 19	9335								ip Code HILL NJ 0	8062					
100000000000000000000000000000000000000	Manager for Mor PELLISSIER		Firm			Telephoi	ne No. 32-9363		Teleph 610-	none N 304-4		1100	icense N	0.			
Start Dat 05/12/2				Schedul- 05/14/2		npletion I	Date (11)		Name EMS		HA Monitor					72	
Occupan	cy Status Durin	g Abate	ement (Che	ck Only Or	ne)			Q PER	Street	Addre	SS						
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× Oth	tement Perform er – Describe:	RESIDE	ENTIAL-EME	nal Facility ERGENCY	/ Hours JOB/M	ATER D	AMAGE				ip Code NSON, NJ	08077	,				
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	A HILL NJ							05/1/4	al Date /2015		City, State WAYNE		G, OH				
Complete RON SV	ed by VANSON			Title GM				S	ignature	6	Ohr	wit	- 4	ite 5/08/2	2015		
ASB-41 (R	-06-08)								* Do no	ot use	this form for a	asbestos	licensur	e exen	npted	activit	ties.



Date of Notification (1) 05/08/2015					f Building			(2)	26	15 MA	112 L	H 12	: 56		
Agencies Notified	Type Notification			Street A	ddress RANKLI	NVII I F	= ROA	D	A:	RE		-	೭೧:	-	
EPA DEP DOL	Initial Amended Amendmen			City, Sta	ate, Zip Co	ode				å i	LICENS	HG.	1101		
ĭ DOH □ DCA	Emergency justification) Cancellation				f Contact ORIA NA		SON				ephone Nu נכ-טפס- ז				
Name of Facility Where	Abatement is Takir	ng Place (3)		FACI	LITY INF	ORMATI	ON	Type	e of Facility (	(A)					
RESIDENTIAL		3 (-/							School (K-1						
Street Address 304 FRANKLINVIL	LE ROAD							×	Subchapter Other (i.e. petc.)				dings	hom	es,
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County (6) GLOUCESTER					Code (7) USE ONLY	)			rent Use (Pri		ng demolis	ned)			
Name of Monitoring Firm CONNELL-GREEN	n Hired by Building	Owner (8)		ASCN	l No.				atement Cor D ENVIRO			ERVI	CES		
Street Address 904 KINGS ARM D	RIVE						Street 570 (		ess MS RUN						
City, State, Zip Code DOWNINGTOWN,	PA 19335								Zip Code A HILL NJ	08062	2				
Project Manager for Mor RICK PELLISSIER	nitoring Firm			Telephor 484-43	ne No. 32-9363		Teleph 610-3				License N 01145	0.			
Start Date (10) 05/18/2015		Scheduled 05/20/20		pletion l	Date (11)		Name EMS		HA Monitor				11		
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Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility F	lours	ent			City, S	tate, z	Zip Code INSON, N		77				
Scope of Work (Check A	III That Apply)						Olivi	47 (1011	110011, 11	0 000					
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ASSURED ENVIRO	NMENTAL SEF	RVICES	Ha	auler ID 34895	No.	of Was	ste		\$100 BENEVIOLENS		NDFILL				
City, State MULLICA HILL NJ					<u> </u>	05/1/4/	/		City, State		RG, OH				
Completed by RON SWANSON	v	Title GM				Si	igrature ///	els	Wer	WI!	OW ps	te 5/08/2	2015		
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CX # 9297

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Date of Notification (1)	5-8-1	5	Name	of Building Own	er/Operator (2)	Car	R MAY	1 2	20	15	1
Agencies Notified	Type Notification		Street /	Address	VA EL	1	1.16				1
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7	☐ Emergency (in		Name o	of Contact	1		Telephone Nu	mber			
DOH DCA	justification)  □ Cancellation		Do	rothy	Carr		1				
		DI (2)	FAC	ILITY INFORM		of Facility (4	4)				
Name of Facility Where	Abatement is Taking	Place (3)	selli'	29	1_	School (K-1		9			
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County (6)	Massia	12	County	Code (7) USE ONLY)	Сип	ent Use (Prid	or if being demolis	shed)			
Mic	Idlesep	(8)		M No. a	Name of Ah	atement Cor	atractor (9)			-	
Name of Monitoring Firm	n Hired by Building Of	wher (8)	ASC	NI INC.	E P	2 70	Lhaple	nie.	, d	In	h @
Street Address	6101010	3.03		6-60-0	Street Addre	ess		3	9 6	San a c	-
P.O.	Box 33	37			P.O.	Box	35 4				
City, State, Zip Code		117	AC	522	City State,		TIA L	A	06	2	2
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Project Manager for Mo			3.5	one No. 758-33	Telephone I 65 609 75				19	4	
Start Date (10)	chenken	Scheduled (			Name of OS	SHA Monitor		STO. GO	0		
5-19-15	Access 1		20.		EP	C Tec	hnologies	s I	nc		
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Facility Closed/Vac	cated During Entire Po	eriod of Aba	tement			Box	33 t				
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Asbestos-Containin TO BE Al		Mainte	enance/		Containing Materi ermal systems insu		Amount (Specify	Re	R	Enci	En
In Fac	ility		ial Staff? 12)		surfacing, VAT, or ther miscellaneous		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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City, State	3		1 2 / 5		Disposal Date	City, Sta	te	PA			
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Date of Notification (1) 5/7/15			Building C nageme			(2) LLC 20	IS MAY	12 AM	1 1: 0				F		
Agencies Notified	EPA X Initial DEP Amended					ay 22		45	BESTO	IS DOWN		4			
The state of the s	Amended Amendment #				te, Zip Coo Brook, N		12		BESTO & LIC	ENSIA	<del>VIRO</del> IG	L			
X DOH DCA	Emergency (ir justification) Cancellation	ncluding		Name of Eric Cy					Те	lephone N	Number				
				FACIL	ITY INFO	RMATIO	N								
Name of Facility Where	Abatement is Taking	Place (3)	)					Type of Facil	70 1000						
Street Address 30 Beverwyck Roa	d								pter 8 (Oth .e. private			lding	s, h	ome	s,
City (5) Parsippany								Square Feet 2600	# 0	of Floors		Bldg 65	Age	9	
County (6) Morris				County C	Code (7) ISE ONLY)			Current Use	(Prior if be	ing demo	lished)				
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.			of Abatement Environme			LC				
Street Address						3	Street	Address Box 483, 4 E							
City, State, Zip Code					City, S	tate, Zip Code wood, NJ (	)	,							
Project Manager for Mor	nitoring Firm			Telephone No. T				none No. 583-8500	77410	License	e No.	_			
Start Date (10)		Schadula	ad Con					of OSHA Mon	itor	703					
5/19/15		6/19/15	5	ipietion L	Date (11)				itoi		,				
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street	Address							
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mechanica	al room	163	140			floor tile	2 m	actic	1	00 SF	x	+	+	+	_
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various locations/windows				200		chimney	2 22-3-2			20 SF	-	+	+	+	
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NOTIFICATION OF ASBESTOS ABATEMENT Check#2182 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 07 / 15 Linda Luden Agencies Notified Type Notification Street Address ☐ EPA X Initial 317 Silzer Street X DOLWD Amended City, State, Zip Code X DHSS Amendment # Pert Amboy, NJ 08861 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Linda Luden FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 317 Silzer Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pert Amboy, NJ 08861 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_05\_\_/\_\_16\_\_/\_\_15 05 / 17 / 15 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/ PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation-wrap & cut 210 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TED T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date N.Jevtic

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

05/07/2015

State of New Jersey

ASB-41

Owner

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Date of Notification (1)			Nam	e of Buildin	g Owner/Operator	(2)	11.137	v 0 00	17		
5/7/	21			MR. C	SOMON N	ROBHRE	5R MAY	1 2 20	15		1,4
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<b>*</b> PO!!	☐ Emergency (includ iustification)	ing	Nam	e of Conta	ct ct		Telephone Nur	nber			
Z DOH	☐ Cancellation			MR.	3. ROEH	REA					
			FA	CILITY INF	ORMATION						
lame of Facility Where	Abotomont is Taking Pl	ace (3)				Type of Facility	(4)				
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	G. 100	4100	110	<del></del>		☐ Subchapter 8	(Other than K-1)	2)			
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county (6)			Cou		7) (STATE USE		ior if being demo	ilsned)			
BERG	EN		Olar						_		_
lame of Monitoring Firm	Hired by Building Own	ner AS	CM No.		1	nent Contractor (9	.51				
8)						emoval Ir	ıc				_
Street Address					Street Address						
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City, State, Zip Code					City, State, Zip						
					Hackensa	ack . N.	J. 07601				
roject Manager for Mo	nitoring Firm	Tele	phone N	0.	Telephone No.	7111	License No.	200			
	ž				201-329		00.	300			
Start Date (10)	Scheduled 0			1)	Name of OSHA		-				
6/3/15	1	6/4/	12			nvironmen	ntal Inc				_
Occupancy Status Duris	g Abatement (Check o	nly one)			Street Address						
☐ Facility Closed/Vacat	ed During Entire Period	of Abatem	nent		280 Huy						_
Ahatement Performe	d Outside of Normal Fa	cility Hours	,		City, State, Zip		07601		*		
Other - Describe: 7					Hackens	ack , N.	J. 07601			-	
Scope of Work (Check	all that apply)			_	□ Full	Containment with	Negative Pressu	ıre			
Z≥3 sfor≥3 lf				Renovation	2 Min	-Enclosure		20			
⊒ ≥ 160 sf or ≥ 260 lf				Demolition	□ Nor	vebag Procedure -Exempted (*) an	d Non-Friable Pro	ocedure			
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Local		Used	Solely b	A -t-	Description estos Containing N	of fatorial (ACM)	Amount	t l	_	-	ш
Asbestos-Containi TO BE	ng Material (ACM)		tenance stodial	(i	e, thermal system	s insulation,	(Specif)		Ren	20	Car
	cility		taff?		surfacing, VA		SF or LF	-)	Removal	Repair	lug
(1	3)		(12)		other miscellar	ieous)	1990	1	-		Encapsulate
11 11 11 11 11 11 11 11 11 11 11 11 11		Yes	No N	VA							
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Best Remo	oval Inc		000 000000		200	Minerv	a Enterp	rises	.L	LC	,
DCDC ACCIA		11/	109		Disposal Date						
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City, State		7601			6/4/15	Marrage	hiiro ()h	446	00		
City, State Hackens	ack ,N.J. 0	7601			Signature	Waynes	burg ,0h	Date			
City, State	Title	7601 mator			Signature	Waynes	burg ,0h	Date	17		J

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

Date of Notification	(1)		T	Mamo	of Bui	ldino	Ormo	r/Operator	(2)				_		-	
Date of Notification (1) 5-8-15					m Lor		Owne	r/operator	. (2)		1111	1	*			
Agencies Notified	Type Noti:	ficatio	2	Stros	t Addr	000							_			
[ ]EPA	[X]Initi	al			Doug		s Ro	ad		201	5 MAY 12	AM :	: 4	97		
[ ]DEP	NOCI	ficatio	on	City,	State	, Zip	Code									
[X] DOL	[ ]Amend	ded Lficatio	on	Gl	en R:	idge	∍,NJ	,07028		2.3	SESTOS & LINEA	LIVI	R	DΣ		
[X] DOH				Name	of Con	tact					e Number	SHIG		0.000		
[ ]DCA	[ ]EMERG		ı	Ji	m Lor	pes						7ر				
							INFOR	MATION								
Name of Facility Whe		ent is !	Taki	ng Pla	ace (3)				Type	of Facil	ity (4)					
Same as above									] [	School	(K-12)					
Street Addres			- 11-00						233	Other (	ter 8 (Othe i.e., priva uildings, h	te &	COI	nmer	-	
									Square	e Feet	# of Floo	ors E	Bld	g. 2	Age	
City (5		Cour	nty	(6) Ess	sex			Code (7) USE ONLY)								
						,-			Curre	nt Use (	Prior if be	ing d	emo	olis	hed)	)
Name of Monitoring F Owner (8)	Firm hired	by Buil	ldin	g AS	CM No.			e of Abate								
N/A					A	ZTECH M	IANAG	EMENT	, Inc.							
Street Address						eet Address 6 Chris		er St	2							
City, State, Zip Cod	le							, State,								
								78 38	ir, NJ 07042							
Project Manager for	Monitoring	y Firm			ne Numb	er	Tele	ephone Numl								
E	2		N/	N/A (973)744-8800 00371												
Scheduled Start Date	(10) S	Sched. C	Compl	Letion	Date	(11)	Name	of OSHA	Monitor							
5-23-15				-15			N/Z	A								
Month Day You Occupancy Status Dur	ear ing Abatem	Month ment (Ch		only	Year		Ctro	et Address					_			
[X]Facility Close of Abatement	sed/Vacated t	d Durin	g En	tire	Period		Sure	set Address	3							
[ ]Abatement Per	rformed Ou	tside o	f No	rmal	Facilit	ty	City	, State, 2	Zip Coc	le						
Hours - Desc:	ribe: «Othe:	r Occup	ancy	pt» Desc	ript»											
Scope of Work (Check							Ш					-				
[X]>3 sf or [ ]>160 sf o			1570	22	ovation olition			[]Mini-]	Enclosu ag Prod	re cedure	ith Negativ	e Pre	ssu	ire		
				Is				[]Non-F	ттарте	Froceau	-e	AF	a+	emer	it T	VDE
Location				ocati				Descriptio						T	E	E
Asbestos-Con Material			- 1	Used Solel				estos-Cont Material (			Amount (Specify	. E		RE	C	C
TO BE ABA	ATED		B	y Mai	n-			., thermal		ns	(Specify SF or	M. C		P	A P	L
In Facil (13)	ity		Cu	stodi	al	ir		ion, surfa			LF)	V		AI	S	S
(13)		7	Yes	aff (	N/A						I		R	L	R	
Attic			X	Ve:	rmic	ulite				Х						
Name of Bogistored W		_	h			-			-							
AZTECH MANAGEMENT, INC.					aste ID No.	- 1	bic Y Wast	ards e 1.5	1000	O.W.	stered Land	fill				
City, State				7040	5,8	Di	sposa	l Date	City.	State						-0.10
Montclair, NJ 07042						1800	-1-1				lle, PA	190	67	,		
Completed By (Print or Type) Title								Signature				Date	_			
Constantine Vivian Preside								J. C.V.	WW i			5-8		15		



# Emergenay

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Date of Notification (1) 5/8/15		Name of Building Owner/Operator (2) John Traiger Private Home  Street Address 529 East Cape May Ave											
Agencies Notified Type Notification		0.0000000000000000000000000000000000000	et Address East Cape	May /	Ave	N	48.0 M/s	11 12	im i	: Ә	1		
EPA Initial Amended Amendment #_			, State, Zip Code ean Gate NJ		-0		~ , 7 ~ 6 !	103 D.		70 <u>:</u>			
□ DOH	cluding	Nam Joh	ne of Contact					Telephon		ber			
		F	ACILITY INFO	RMATI	ON	_							
Name of Facility Where Abatement is Taking I John Traiger Private Home Street Address	Place (3)					☐ So	f Facility (4) chool (K-12) ubchapter 8		. K. 12				
529 East Cape May Ave						× O et	ther (i.e. priv c.)	vate & com	mercia	l build			s,
Ocean Gate NJ 08740						Square 1000-		# of Floor	S	1000000	dg. Ag 5+	ge	
County (6) Ocean		Cour (STA	nty Code (7) ATE USE ONLY)			Curren	t Use (Prior e	if being de	molish	ed)			¥
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	A	SCM No.			of Abate	ement Contr	actor (9)					
Street Address					1786	Address 3ox 32							
City, State, Zip Code					City, S	tate, Zip		1					
Project Manager for Monitoring Firm		Telephone No.         Telephone No.         License No.           856-753-9800         00727											
	Scheduled C	omplet	tion Date (11)		Name Sam	20	A Monitor						
Occupancy Status During Abatement (Check				_			3		- 100 - 110				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: weekend work	eriod of Abat			_		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply)									-				
≥3 sf or ≥3 If ≥ 160 sf or ≥260 If		vation olition	1			Mini Glo	Containmer i-Enclosure vebag Proce	edure				e	
	Ι					1101	-Lxciiipteu	( ) and two	i i nub	10 1 10	resiliation and	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Loc Norn Used So Mainte Custodia (1	nally olely by nance/ al Staff	i Asbest	os Cor therma surfa	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)  Amount (Specify R P P P P P P P P P P P P P P P P P P					e Encapsulate	Enclosure		
	Yes N	0 1	N/A									fe	LD.
bedroom 1,2 living room &Office		-		F	loor Ti	le		510 S	F	x			
		+											
Name of Registered Waste Hauler United Containers	200000000000000000000000000000000000000	EP Waste ler ID No. 59											
City, State Elm NJ		5	0.750	osal Date /15	9	City, State Morrisvi		PA 19067					
Completed by Anthony T Perna	Title Preside	nt			Signatur	eg l			200	ate '8/15			

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

	11011110111011011100110011001101111
heck#2183	(D
	(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Building	g Owner/Op	perator (2	0.5		To change — pages			
	Elizabeth Harbison 2015 MAY 12 AM 1: 18													
Agencies Notified	Type Notificat	lion			Street	Address								
⊠ EPA	Initial			1	305 ls	t Street			ASBE	STOS COM	TDO.			
☑ DOLWD	Amended				City, S	tate. Zip C	ode		30	STOS CON LICENSIN	TRUL			
□ DHSS     □ DSA	Amendme				Kevno	п, NJ 07	735			一、ロトはのは	G			
DCA (NJAC 5:23-8)	justification		ing	F		of Contac				Telephone N	lumber			
(110/10/0.20/0)	Cancellation				Vincor	nt Heckel	mar							
											7		11-12-2	
					FAC	SILITY	FORMAT	ION						
Name of Facility Where A	Abatement is Ta	aking Pla	ce (	3)					Type of Facility					
Private house									School (K-12	2) 8 (Other then K	10			
Street Address									Other (i.e., p	8 (Other than K	-1 Z) mercial h	uildina	2	
305 1st Street									homes, etc.		incroidi L	ununig	3.	
City (5)				-					Square Feet	# of Floors	I	Bldg. A	ge	
Keyport, NJ 07735														
County (6)		<u> </u>			County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							-		
											nonaneu)			
Monmouth Name of Monitoring Firm	Hired by Right	ina Owa	ar /0	1 1	ASCM	No	T N1	A la - t	1 0 2 1 2 2				7.11 E-11	
reaction information of the	rined by build	mig OWIN	≥1 (C	1	MOUN	NO.			ent Contractor (9	)				
OF THE PARTY OF TH	Gr Tech LLC													
Street Address		Street Address												
								576 Valley Rd #283						
City, State, Zip Code				City, State, Zip Code										
							Wayne,	, NJ 07470						
Project Manager for Mon	itoring Firm		1	Tele	phone	No.	Telephor			License No.				
55							973-638	973-638-1777 01127 <sup>1</sup>						
Start Date (10)	Is	Scheduled	d Co	mple	tion Da	te (11)		OSHAN	Aonitor	01127		-		-
05/17/		05							ensultants,Inc					
Occupancy Status During	g Abatement (C	Check on	y or	ne)			Street Ad	daress						
☐ Facility Closed/Vacate	ed During Entir	e Period	of A	bate	ment		20-21 W	/aparaw	Road, Bldg .#	34A				
Abatement Performed	d Outside of No	rmal Fac	cility	Hour	s - Des	cribe	City, Sta							
Time of Abatement: _	AM	PM/_		PM_		AM	Fair Law							
Scope of Work (Check al	I that apply)				-		I all Lav		p and decontami	nation with neg	ative pre	ATILIS	-	-
	· mar apprij/						H		tainment with Ne			33010		
>3 sf or >3 lf > 160 sf or >260 lf		$\boxtimes$		ovati				Mini-End	dosure					
≥ 160 st or ≥260 lt			Den	nolitic	n		×	Gloveba	g Procedure	Tent with Neg	ative Pres	ssure		
			-				- KA	IVOI:-EXE	mipled ( ) and Ni	Triable Ploc		1		
Location	of			Locat orma			~				A	batem	ent T	ype
Asbestos-Containing			Jsec	Sole	ly by	Asha		cription of	ot iterial (ACM)	Amount	7	Re	Ш	En
TO BE ABA	ATED			ntena			e., thermal			(Specify	-	Repair	cap	Enclosure
IN Facil	ity		usto	(12)	Staff?			ding, VAT		SIF or LF	) Va	=	Encapsulate	37IV
(13)		-	1		T	-	other m	riscellane	ous)				ate	1
		Y	es	No	N/A	-						-		-
Exterior siding					$\times$	Transite	siding			1,800 SF				
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				Ш							L			
		1	1	П	П							ПП		П
Name of Registered Was	ste Hauler			NJI	EP Waste	E Hauler ID No	). Cubic Yar	ds of Ales	Name of Regi	stered Landfill		-		
	7717			1										
Gr Tech LLC				(	003378	35	LBE		T.R.R.F. Inc					
City, State							Disposal	Date	City, State					
Wayne, NJ 07470							TBD	)	Tullytown, F	A				
Completed By (Print or Type) Title					-		-	nature /	1 4 . 1	1	Date			
A START	201 (20)						1 - 3		she wer	rad				
N.Jevtic ASB-41		Owner							0000		05/08/2	2015		
MAY 11		º Do	noi	use i	his forn	n for asbes	stas licensi	a e exemi	ned activities.					

#### Check#2184

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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					-									
Date of Notification (1) 05	0.0				Nar	ne of Buildi	ng Owner/Operato	r (2)			-	7940		
	08/	15			Nan	cy Meglio	ř.		2895 MAY	1.0				
Agencies Notified	Type Notif	fication				et Address			2815 HAY	12	14	: :0		
□ EPA								,	A c			1.	3	
⊠ DOLWD	☐ Amend					est Holly			ASBEST & LA	OS n	nur	00:		
□ DHSS	1	ment #_		_	City	, State, Zip	Code		8	Q E N/O	1110	KUL		
DCA '	☐ Emerge	ency (inc	dudi	ng		nford, NJ (				A *** 1 6 C;	117 7			
(NJAC 5:23-8)	justifica	CARLO MANAGEMENT			Nan	ne of Conta	ct		Telepho	one Nun	nber			_
	Cancell	lation			Nan	cy Meglio			1					
							NFORMATION		-1					
Name of Facility Where A	batement is	s Taking	Plan	e /31	1	ACILITI	NFORMATION	T= -						
Private house		e rannig	1 144	) (J)				Type of Facili						
Street Address								School (K-	-12)	. 192 0				
								Subchapte Subchapte	er 8 (Other th	an K-1	2)			
2 West Holly Street								homes, et	to)	COMME	rcial D	ouliain	gs,	
City (5)	9		- LISS					Square Feet	-0.00 M	nore	10	Bldg. A	\ a =	
Cranford, NJ 07016										0013	-	oluy. A	nye	
County (6)			-		Cor	unty Code (7)	(STATE USE ONLY	Current Head	(Deine If It - 1					
Union						7 (1)	(CITTLE OOL ONL)	Current Use (	Linot it peind	g aemoli	shed)			
Name of Monitoring Firm	Hired by Bu	ildina Ov	wner	(8)	ASC	/ NI -	1							
	-, 50	g O1		(0)	ASCI	VI NO.	1	ment Contractor	(9)					_
Street Address			_				Gr Tech LLC							
01.00t /\dd(635							Street Address							_
City Chat. 7: 5							576 Valley Rd	#283						
City, State, Zip Code							City, State, Zip					1000		
							Wayne, NJ 074							
Project Manager for Monit	oring Firm		-	Te	lephone	= No	Telephone No.	+/0	T.,					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				License	e No.				
Start Date (10)		Schedu	lad i	Compl	otion D	ate (11)	973-638-1777		01127					
05 / 10		0011000	ica .	Julipi	GHOH D	ate (11)	Name of OSHA	Manutar						
03 / 19 /	15	0.5		, )	0 .	15		MOTITO						
05 / 19 /		05	·	/ _2	0 /	15								
Occupancy Status During .	Abatement	(Check o	only	one)		15	Envirovision C							
Occupancy Status During .    Facility Closed/Vacated	Abatement During Ent	(Check of	only	one)	omont		Envirovision C Street Address	onsultants,Inc	# 24A					
Occupancy Status During .  X Facility Closed/Vacated Abatement Performed (	Abatement  During Ent	(Check of	only	one) F Abate	ement		Envirovision C Street Address 20-21 Wagarav	onsultants,Inc	# 34A					
Occupancy Status During .  X Facility Closed/Vacated Abatement Performed ( Time of Abatement:	Abatement During Ent Outside of N AM-	(Check of	only	one) F Abate	ement		Envirovision C Street Address 20-21 Wagarav City, State, Zip C	onsultants,Inc v Road, Bldg .# Code	# 34A	,				
Occupancy Status During .  X Facility Closed/Vacated Abatement Performed ( Time of Abatement:	Abatement During Ent Outside of N AM-	(Check of	only	one) F Abate	ement		Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ	onsultants,Inc v Road, Bldg .# Code 07410						
Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t	Abatement During Ent Outside of N AM-	(Check of tire Period Normal F	only od ot acili	one) f Abate ty Hou PM	ement ers - De		Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ C	onsultants,Inc v Road, Bldg .# Code 07410 up and decontam	nination with	negative	e press	sure		_
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Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t	Abatement During Ent Outside of N AM-	(Check of tire Period Normal F	only od of acilin	one)  F Abate ty Hou PM  enovate  emolities	ement irs - De  ion on		Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean L Full Col Mini-En Gloveba	onsultants,Inc v Road, Bldg .# Code 07410 up and decontamentainment with No	nination with it egative Pres	sure Jegative	Press			_
Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  > 3 sf or > 3 If  > 160 sf or > 260 If	Abatement d During Ent Outside of N AM-	(Check of tire Period Normal F	only od of acilin	one)  F Abate ty Hou PM  enovate emoliti s Loca	ement ors - De		Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ ( Clean t Full Con Mini-En Gloveba Non-Ex	onsultants,Inc v Road, Bldg .# Code 07410 up and decontamentainment with Neclosure ag Procedure pempted (*) and N	nination with it egative Pres	sure Jegative	Press	sure	ent T	`\r
Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  3 sf or >3 If  160 sf or 260 If	Abatement d During Ent Outside of N AM- hat apply)	(Check of the Period Pe	only od of acilin	one)  F Abate ty Hou PM  enovate emoliti s Loca Norma	ement urs - De ion on	scribe _AM	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean t Full Con Mini-En Gloveba Non-Exc	onsultants,Inc v Road, Bldg .# Code 07410 up and decontamentainment with Neclosure ag Procedure empted (*) and N	nination with it egative Pres	sure Jegative	Press	sure : :ateme	52.5	T
Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  3 sf or >3 If 2 160 sf or 260 If  Location of Asbestos-Containing Materials	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACM	(Check of tire Period of the P	Regulation Dec	one)  f Abate ty Hou PM  enovate emoliti s Loca Norma ed Sol	ement irs - De ion on tion ally ely by	scribe _AM	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean L Full Con Mini-En Gloveba Non-Exi  Description stos Containing Ma	onsultants,Inc v Road, Bldg .# Code 07410 up and decontamentainment with Naclosure ag Procedure empted (*) and No of aterial (ACM)	ination with a egative Pres Tent with N Ion-Friable P	sure legative rocedur	Press	sure : :ateme	52.5	Ť
Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  3 sf or >3 If 2 160 sf or 2260 If  Location of Asbestos-Containing Mature Association of In Facility  IN Facility	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACM	(Check of tire Period of the P	Regulation Dec	one)  f Abate ty Hou PM  enovate emoliti s Loca Norma ed Sol sintena todial	ement  ion on tion ally ely by ance/ Staff?	scribe _AM	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean L Full Con Mini-En Gloveba Non-Exi  Description stos Containing Ma	onsultants, Inc v Road, Bldg .# Code 07410 up and decontamentainment with Naclosure ag Procedure empted (*) and N of aterial (ACM) insulation,	egative Pres Tent with Non-Friable P Amou	sure  legative  rocedur  unt  cify	Press	sure : :ateme	52.5	T
Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  3 sf or >3 If	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACM	(Check of tire Period of the P	Regulation Dec	one)  f Abate ty Hou PM  enovate emoliti s Loca Norma ed Sol	ement  ion on tion ally ely by ance/ Staff?	scribe _AM	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean L Full Con Mini-En Gloveba Non-Exi  Description stos Containing Ma thermal systems surfacing, VAT	onsultants, Inc v Road, Bldg .# Code 07410 up and decontamentainment with Naclosure ag Procedure empted (*) and N of aterial (ACM) insulation,	ination with a egative Pres Tent with N Ion-Friable P	sure  legative  rocedur  unt  cify	Press	sure : :ateme	52.5	Ť
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Occupancy Status During .  Facility Closed/Vacated Abatement Performed (Time of Abatement:  Scope of Work (Check all to 15 to 16 to	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACM	(Check of tire Period Normal F PM/	Registration of the control of the c	one)  F Abate ty Hou PM  enovate moliti s Loca Norma ed Sol aintena todial (12)	ement irs - De  ion on tion ally ely by ance/ Staff?	Asbes (i.e.	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean t Full Con Mini-En Gloveba Non-Ex  Description stos Containing Ma thermal systems surfacing, VAT other miscelland	onsultants,Inc v Road, Bldg .# Code 07410 up and decontamentainment with Naclosure ag Procedure empted (*) and N of aterial (ACM) insulation, , or	egative Pres Tent with Non-Friable P Amou	sure  legative  rocedur  unt  cify	Press	sure : :ateme	52.5	Ť
Occupancy Status During .  Facility Closed/Vacated Abatement Performed (Time of Abatement:  Scope of Work (Check all to 15 to 160 sf or 260 lf  Location of Asbestos-Containing Management Location of 17 secility (13)	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACM	(Check of tire Period Normal F PM/	Registration of the control of the c	one)  F Abate ty Hou PM  enovate moliti s Loca Norma ed Sol aintena todial (12)	ement irs - De ion on tion allly ely by ance/ Staff?	Asbes (i.e.	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean t Full Con Mini-En Gloveba Non-Ex  Description stos Containing Ma thermal systems surfacing, VAT other miscelland	onsultants,Inc v Road, Bldg .# Code 07410 up and decontamentainment with Naclosure ag Procedure empted (*) and N of aterial (ACM) insulation, , or	Tent with Non-Friable P  Amou (Specific SIF or	sure  legative  rocedur  unt  cify	Press e Ab Removal	sure : :ateme	52.5	Ť
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Occupancy Status During .  Facility Closed/Vacated .  Abatement Performed (Time of Abatement:	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACN	(Check of tire Period of the P	Regulation of the control of the con	one)  If Abatt  Yell  Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell  If Abatt  Yell   ement irs - De ion on tion ally ely by ance/ Staff?	Asbes (i.e.	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ C Full Con Mini-En Gloveba Non-Exi  Description stos Containing Ma thermal systems surfacing, VAT other miscellane	onsultants, Inc  v Road, Bldg .#  Code  07410  up and decontam  ntainment with Neclosure  ag Procedure [ empted (*) and N  of  atterial (ACM)  insulation,  or  cous)	Amore SIF or 90 LF	sure  Negative  Procedur  unt  cify  LF)	Press e Ab Removal	sure : :ateme	52.5	T	
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Occupancy Status During .  Facility Closed/Vacated Abatement Performed (Time of Abatement:  Scope of Work (Check all to 160 sf or 260 lf  Location of Asbestos-Containing Management In Facility (13)  assement rawl space  lame of Registered Waste or Tech LLC city, State ayne, NJ 07470	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACN ED	(Check of tire Period Normal F.—PM/	Regulation of the control of the con	one)  If Abatt  Yhou  PM  PM  Photo  Characteristics  If Abatt  PM  PM  PM  PM  PM  PM  PM  PM  PM	ement irs - De ion on tion ally ely by ance/ Staff?  N/A	Asbes (i.e.	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ C Full Coi Mini-En Gloveba Non-Ex  Description stos Containing Ma thermal systems surfacing, VAT other miscelland	v Road, Bldg .# Code 07410 up and decontamentainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) insulation,, or eous)  tel Name of Regil T.R.R.F. Inc City, State	Amou (Spec SIF or	sure  Negative  Procedur  unt  cify  LF)	Press e Ab Removal	sure : :ateme	52.5	Ť
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Occupancy Status During .  Facility Closed/Vacated Abatement Performed ( Time of Abatement:  Scope of Work (Check all t  3 sf or >3 If 2 160 sf or 260 If  Location of Asbestos-Containing Materials Associated A	Abatement d During Ent Outside of N AM- hat apply)  f aterial (ACN ED	(Check of tire Period Normal F.—PM/	Only Only Recility Use Ma Cus	one)  If Abatt  Yhou  PM  PM  Photo  Characteristics  If Abatt  PM  PM  PM  PM  PM  PM  PM  PM  PM	ement irs - De ion on tion ally ely by ance/ Staff?  N/A	Asbes (i.e.	Envirovision C Street Address 20-21 Wagarav City, State, Zip C Fair Lawn, NJ Clean t Full Con Mini-En Gloveba Non-Ex  Description stos Containing Ma thermal systems surfacing, VAT other miscelland lation  Cubic Yards of Wast TBD Disposal Date	v Road, Bldg .# Code 07410 up and decontamentainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) insulation,, or eous)  tel Name of Regil T.R.R.F. Inc City, State	Amore (Special Sile of Line)  Stered Landf	sure  Negative  Procedur  unt cify LF)	Presse Ab Removal	ateme Repair	52.5	Ť



		(Pt	ırsuant	to NJAC 8:	60 and	12:120	0)		1,	1000	1	re.		
Date of Notification (1)				f Building Ov			(2)	-	2012			rar		
05/08/2015				larbor Tov	wnship	)		20	TE WA	V				
Agencies Notified Type Notification    X   EPA     Initial			Street A 3515 l	ddress Bargainto	wn Ro	ad			+9 1 IF	Y 12	AK !	: 26		
EPA Initial Amended Amendment #			City, Sta	ite, Zip Code	е			Alb	BES	J3 :	TUT	Do		
		_	Egg H	larbor Tov	wnship	, NJ	0823	34	8	OEN:	2.714	TUL		
DOH Emergency (in justification)  DCA Cancellation	iciuaing		Name of	f Contact					Tele	ephone N	ımber			
DCA Cancellation			Peter						(0,	Jaj 320-	4021			
Name of Facility Where Abatement is Taking	Diago /S	2)	FACI	LITY INFOR	OITAMS	N	Tun	e of Facility (4	1)					
Star Motel	riace (S	2)					i ypi							
Street Address		77				_		School (K-1: Subchapter		er than K-	12)			
8028 Black Horse Pike	8						×	Other (i.e. p etc.)				dings	home	es,
City (5)								are Feet		Floors	71	lldg. A	ge	
Egg Harbor								00 SF	1			50		
County (6) Atlantic County				Code (7) USE ONLY)	ly			ent Use (Pric cant Motel						
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN	I No.		Name	of Ab	atement Con	tractor	(9)				
EnviroVision					Incir	nia C	ontracting,	, Inc.						
Street Address					Street			67/67	W - 400 100 000					
20-21 Wagaraw Road – Building 35							ton Avenu	e, Un	it 365					
City, State, Zip Code					100		Zip Code							
Fair Lawn, NJ 07410	1		T - 1 1					JJ 07012						
Project Manager for Monitoring Firm Fred Larson			Telephor			Teleph (073				License	No.			
	Schedul	ed Com	(973) 636-9145 (973) 450-9500 01036 Completion Date (11) Name of OSHA Monitor											
	06/01/		ipicaoiri	Date (11)				ontracting,	Inc.					
Occupancy Status During Abatement (Check			7-0			Street								
➤ Facility Closed/Vacated During Entire Pe	eriod of	Abatem	ent			1360	O Clif	ton Avenu	e, Un	it 365				
Abatement Performed Outside of Norma	I Facility	/ Hours				City, S	state,	Zip Code						
Other – Describe:					_	Clift	on, N	NJ 07012						
Scope of Work (Check All That Apply)							_		×					
≥3 sf or ≥3 lf	-	Renova						ull Containme		Negative	Pressu	re		
≥160 sf or ≥260 lf	×	Demoliti	ion					ini-Enclosure lovebag Proc						
						×	I N	on-Exempted	(*) and	d Non-Fria	ble Pro			
		Locati											ement pe	t
Location of		Normali ed Solel		A - L I I		cription		al (ACM)				, ·		
Asbestos-Containing Material (ACM)  TO BE ABATED	17.55	intenar todial S			nermal s	ystem:	s insu			mount Specify	N N	מג	Enc	Ē
In Facility (13)	Cus	(12)	otani		surfacion other mi			,	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(.5)	Yes	No	N/A		Durier IIII	3001141	10003	,			/al	=	ilate	ıre
Mechanical Room	103	X	X	,	Vinyl F	loor	Tiles		5	0 SF	X			
Office		X	X		Vinyl F	.5	27.00		20.0	0 SF	X			
Windows/Door Frames Throughout	X	X			ulking				00 SF	X				
· · · · · · · · · · · · · · · · · · ·						unting	9		1,0	00 01				
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic Y	ards		Name of F	Registe	red Landf	II			
Atlantic Carting				No.	of Wast					ilehem L		Co	n	
5000 15000 15000 1000 1000 1000 1000 10		N	J-641		40			1 19 / 129/2004	000000000000000000000000000000000000000	nonem L	.anuill	001	۲.	
City, State Wayne, NJ				Disposa TBD	II Date		City, State Bethleh	tte rhem, PA						
Completed by		50.50		Sig	nature	200	40		Date					
Milena Zoric	cutive	Directo	or		1	11	1 Con	~	> 1	05/08/	2015	i		

CK 5299

		N		0.000	OF ASBESTO NJAC 8:60							7			
Date of Notification (1) 05/08/2015					Building Owner		(2)		MAY		-				
Agencies Notified	Type Notification		0.22	Street Ad	dress argaintowr	Road		1:2	100-	· <u> </u>	ul je	81			
EPA DEP DOL	Initial Amended			City, State	e, Zip Code				& 1 10	10 0 C	MIR	OL			
X DOL	Amendment # Emergency (ir				arbor Town	ship, NJ	08234		T = 1 1		*55				
DOH DCA	justification)	oldaling	1 22	lame of					1	none Nu	ımber				
DCA	Cancellation			Peter N	2017/2016/2017	ATION			/203	1				_	
Name of Facility Where	Abatament is Taking	Place (3)		FACIL	ITY INFORM	ATION	Type o	f Facility (4	.)					-	
Golden Key Inn	Abatement is raking	1 1200 (0)						chool (K-12							
Street Address								ubchapter 8		than K-	12)				
8030 Black Horse	Pike							ther (i.e. pr	ivate & c	ommer	cial build	dings,	home	s,	
	TING						Square	tc.) e Feet	# of F	loors	TB	ldg. A	ge		
City (5) Egg Harbor							4,000		1			0	_		
County (6)				County C				t Use (Prio							
Atlantic County			(	STATEU	SE ONLY)			ant Motel			n				
Name of Monitoring Fir EnviroVision	m Hired by Building O	wner (8)		ASCM	No.	100000000000000000000000000000000000000		ement Cont ntracting,		)					
Street Address						t Address		5,							
20-21 Wagaraw F				(MD) (D) (D) (D)			ue, Unit 365								
City, State, Zip Code					State, Zip										
Fair Lawn, NJ 074	410			Clifton, NJ 07012											
Project Manager for Me	onitoring Firm			Telephor	ie No.	Telep	hone No		1.5	icense					
Fred Larson	100.17			(973) 636-9145 (973) 450-9500					01036						
Start Date (10)				Completion Date (11) Name of OSHA Monito  115 Incinia Contractin											
05/26/2015		06/01/	T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3						, 1110.						
Occupancy Status Dur				Street Address 1360 Clifton Avenue, Unit 365											
× Facility Closed/Va	acated During Entire P rmed Outside of Norm	eriod of A	Abatem	ent		1700000	State, Zij	Service - Services	·, · · · · ·			-	7		
Other – Describe								07012							
Scope of Work (Check	: All That Apply)	11													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	F	-	Renova Demoliti				Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure	1.72			e e		
		Is	Locati	on		¥i.						100 W 100 W 100	ement	t	
Locat	ion of	1	Normal	ly		Description	on of					1	/pe		
Asbestos-Containi	ng Material (ACM)		ed Sole intenar			Containing				ount ecify	70		E	m	
TO BE A	ABATED acility		todial S			rmai syster surfacing, V		ition,		or LF)	Remova	Repair	aps	Enclosure	
	3)		(12)		ot	her miscell	aneous)				oval	B.	Encapsulate	sure	
		Yes	No	N/A									œ.		
Room	n 125		Χ	X	V	inyl Floo	r Tiles		120	SF	Х				
Roo	om 1		X	X	V	inyl Floo	r Tiles		120	SF	Х				
Office Liv	Х	X	V	inyl Floo	r Tiles		120	SF	X						
Name of Registered Waste Hauler				JDEP W		ubic Yards		Name of	Register	ed Land	ifill				
Atlantic Carting				lauler ID IJ-641		f Waste ·0		IESI PA	A Bethl	ehem	Landf	II Co	rp.		
City, State						isposal Da	te	City, Stat							
Wayne, NJ					Т	BD		Bethlel	hem, P	Α					
Completed by		Title				Signature   Date   05/08/2015									
Milena Zoric		Exe	cutive	Direct	or	10/1	UXC	nen			03/08	1201	J		

Check#2185

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

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(Pursuan)	tta	RILAC	0.00	200	F. 4	10	4

Date of Name							***	* * * * * * * * * * * * * * * * * * * *	. +0 1	5			
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator (	2)		Y Servi	-			
05/	09 / 1	5			p								
Agencies Notified	Type Notification				n Dippold		20% MAY 12 AY 1: 23						
☐ EPA	Initial			Stree	et Address		COM . INT . C ANT 63						
⊠ DOLWD	Amended			2 No	rmandie P	lace	A 17 Page 12 12 12 12 12 12 12 12 12 12 12 12 12						
☑ DHSS	Amendment	ш		City,	State, Zip	Code	ASSESTES CONTROL						
□ DCA	The state of the s	-	7				ASSESTOS CONTROL & L'OFREING						
(NJAC 5:23-8)	Emergency (i	ncluair	g		ford, NJ 0 e of Contac								
110110 0.20 0)	Cancellation							Telephone	Numbe	er			
		-		Kevi	n Dippold			1201					
				FΑ	CILITY IN	NFORMATION				-			
Name of Facility Where	Abatement is Takir	ng Piac	e (3)				Type of Facility	(4)					
Private house							School (K-12)						
Street Address							Subchapter	2) 8 (Other than	K 1 21				
							Other (i.e.,	orivate and co	mmerci	al buildir	200		
2 Normandie Place						¥	Other (i.e., private and commercial buildings, homes, etc.)						
City (5)							Square Feet	# of Floor	# of Floors Bidg. Age				
Cranford, NJ 07016								111111111111111111111111111111111111111		2.09.	.,90		
County (6)				Cour	nty Code (7)	(STATE USE ONLY)	Current Hee /P	rior if boing d	omodink	5 41			
Union				-	*	(0.112 002 01121)	Carrent use (F	nor it being u	emonsn	ea)			
Name of Monitoring Firm	Hired by Building	Owner	78\ T	ASCM	61-	1							
	ou of ballaning	Owner	(0)	ASCIN	No.	Name of Abateme	ent Contractor (9	)					
Charles & Allelen						Gr Tech LLC	LC						
Street Address						Street Address							
						576 Valley Rd #	283						
City. State, Zip Code						City, State, Zip Co							
						Lance Control of the							
Project Manager for Mon	itorina Firm		Tale	ephone	No	Wayne, NJ 07470 Telephone No. License No.							
			1 CK	priorie	IVU.	0.00031475000764355501150059		License No.					
Start Date (10)						973-638-1777 01127							
					ate (11)	Name of OSHA M	Ionitor						
		05		)_/	15	Envirovision Co	ncultonte Inc						
Occupancy Status During	Abatement (Chec	k only	one)			Envirovision Consultants,Inc Street Address							
▼ Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment									
	Outside of Norma	I Facili	V House	n Dor	scribe	20-21 Wagaraw Road, Bldg .# 34A							
Time of Abatement:	AMF	M/	PM		AM	City, State, Zip Co							
						Fair Lawn, NJ 07	7410						
Scope of Work (Check all	that apply)					Clean up	and decontamin	ation with ne	gative p	ressure	_		
≥ 3 sf or >3 If		M P.	enovati	an		Full Cont	ainment with New	gative Pressu	re				
2 160 sf or >260 lf		A 10	emolitic	ממ		Mini-Enci	Mini-Enclosure Glovebag Procedure Tent with Negative Pressure						
						Non-Exer	mpted (*) and No	n-Friable Pro	gauve r	ressure			
		1	s Locat	ion	T		- Francisco	11 1 110010 1 10	ccaare				
Location			Norma			Description of	ŧ.			Abaten	nent T	ype	
Asbestos-Containing I			ed Sole		Asbes	stos Containing Mat		Amount (Specify		Repair Remov	m	m	
TO BE ABA			intena todial			., thermal systems in				pa spe	ca	Co	
IN Facili (13)	ty	Cus	(12)	otan?		surfacing, VAT,		SIF or LF		Repair	nsc	Enclosure	
(13)		-	T	T	-	other miscellaned	ous)		500	=	Encapsulate	(D)	
		Yes	No	N/A									
Second floor to first flo	or			X	Pipe inst	ılation -wrap & cı	nt	15 LF					
		П	П	$\boxtimes$	1	Trup to the	1	1.J L1			1		
			1		-				34.200				
											П		
Name of Registered Wast	o Haules												
	o riduiti		NJ	er Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landfill					
Gr Tech LLC			0	03378	35	TBD	T.R.R.F. Inc						
City, State						Disposal Date	City, State						
Wayne, NJ 07470						•						ĺ	
Completed By (Print or Ty	(20)					TBD	Tullytown, PA	4				-	
Completed by (FIIII OF Ty	pe) Titl	e				Signature /	11 . 1	1	Date				
N.Jevtic	Ow	ner				72	who wer	taol	05/00	9/2015			
SB-41						# = # = #			05/05	12013			
AAY 11	1	Do no	i use il	is forn	for asbest	os licensure ekompi	ed activities.						

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MO#22742786856			1 444 5	(Pi	irsue:	nt to NJA	C 8:60	and 5:1	EWENT	E	nerganc,	y Not	ificati	ion	
Date of Notification (1)	7000				Neme	of Bulldin	Dwner/	Operator (	2) 7 7	3 /					
05 /	08 /	15			2005 Y	ha Stephe		3, 10,		- Jain	Allegaga	With the			
Agencies Notified	Type Notifi	cation				t Address	INSOIT			AU Dept.	f Marine	which a	-	-	
☐ EPA	Isitial 🗵	issi MAY 1 2 2015									CIN (	. Seni	or Sar	Trin-	
⊠ DOLWD	☐ Amenda	panded page 200 page								112/	(Sipont)			rice.	
DHSS DHSS		Rendment # City, State, 215 Obbe									15-	97.	-	-	
DCA	Emerge Emerge	ency (inc	aluding	9		olph, NJ C			E	2	-	imo:	(0)	- 1	
(NJAC 5:23-8)	justifica Demosii				500	of Contac		LiCi	ElvSii40	Telephone	ne Number				
	LI Catrosii	Huou			Natas	ha Stephe	Deop		*		5				
11 64					FA	CILITY IN	FORMA	TION			1 6	1			
Name of Facility Where	Abatement is	Taking	Place	(3)	anomana)-	Variation.			Type of Facility	(4)	1		5		
Private house									School (K-1	(Z)	15:1		=		
Street Address					17800				Subchapter	8 (Other than )	K-1 27		-		
41 Center Grove Road									Other (i.e.,	private and on	nme(cial	pulldin	gs,		
City (5)									homes, etc		12.		00		
Randolph, NJ 07869						X100			Square Feet	# of Floors	·   - †	Bidg. /			
County (5)					-			,			1		1775/178		
ACASTI AN					Cour	ity Cade (7)	STATEU	SE ONLY)	Current Use (F	rior if being de	molished	1.			
Morris	77										-		1		
Name of Monitoring Firm	Hited by Bu	iiding O	witel	(8)	ASCM	No.	Name i	of Abateme	ent Contractor (S	3)					
						82	Gr Tec	h LLC							
Street Address		Street Address													
							576 Vs	lley Rd#	#283						
City, State, Zlp Code	-	Colombia .	-		-		City, St	tate, Zip C	Code						
							1935	NJ 074							
Project Manager for Mor	itoring Firm		-	Tole	phone	No		one No.	TV ,	Tuoense N	^				
					4					1	J.				
Start Date (10)		Sched	nied f	hernin	973-638-1777 etion Date (11) Name of OSHA					01127			-		
05 / 09 /	1.5					15	Mame	of USHA N	ionitor						
							Enviro	vision Co	nsultants, Inc						
Occupancy Status Durin	g Abalement	(Chack	only	one)			Street .	Address							
Feeliliy Closed/Vacat	ed Dunng En	kire Per	iod of	Abate	mont	520	20-21	Wagaraw	Road, Bldg .#	34A					
☐ Abatement Performe Time of Abatement:	AM-	ISITTION!	raciiii	у Ноп Э Ноп	= - Des	scribe	City, St	ate, Zip C	ode	1.77				-	
		. 14	(H	-		AIN	Fair La	wn, NJ 0	7410						
Scope of Work (Check a	that apply)		and the same.	manas mark	Z-demonstration.	THE REAL PROPERTY AND ADDRESS OF	TI	Clean u	and decontain	nation with ne	zatíva pre	SBUTE	-		
>3 ef or >3 lf			Œ n.		2004	79		Full Con	tainment with Ne	gative Pressur	<b>'</b> ё				
☐ ≥ 160 sf or >260 ff	7							Mini-End		Tont with No.	Maratha Descens				
								Glovabag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure							
(Call Introduction	A SECOND SECOND		li	Local	ion	T	1			1	Delivery	1			
Location	of			Norma	lly	20.5	Description of				Abatemen			/pe	
Asbestos-Containing TO BE ABA	Material (ACI	M)	96U	ed Sole intens	ely by	Asbe	stos Con	aining Me	terial (ACM)	Amount	7	Repair	9	9	
IN Facil	ity			iodial		(i,∈		l systema		(Specify		PE	8	Enclosure	
(13)	· ·			(12)		surfacing, VAT other miscellane					)   [	1	Encapsulate	ยาม	
			Yes	No	N/A		0,,,41	ingodino()	2401	6	-		e		
Basement			П	T	X					-		_	-	-	
Non-Astract P	WENT THE PARTY OF		head			Fipe inst	Matica,	oke - to		130 LF					
											T	1	П		
	1		П	П		1.						===	L	-	
				loss.	-	-					L	4		Ш	
Number of Party											I		П		
Name of Ragistered Was	ne Hauler			MAI	DEP Wash	e Hauss ID No.	Cobio Ys	ards of 'Aleut	Name of Reg	stered Landfill	-		Water State of the Land		
Gr Tech LLC				(	103371	85	TE		T.R.R.F. Inc						
City, State	-				-		100000000000000000000000000000000000000	al Date -	City, State	/				OWE STATE	
Wayne, NJ 07470									4 Charles 20000-200						
Completed By (Print or T	una)	Title		TW COMMON			TE		Tullytown, F	'A .					
	11-1	litte		1			Si	gnature /	18 . 1	1.	Date				
V.Jevtic		Own	er					No.	In ulen	ria of	05/08/	MIE			
SE-41		males			merchant.			17.00			י/סטיוכטין.	CIVI			
44 44		4	Do no	a teste a	his forn	n for asbes	tos licens	turo Exemp	ted activities.						

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  May 8, 2015				Name of Building Owner/Operator (2)  Margaret Bennett										
Agencies Notified	D 0 111													
[X] EPA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	al Notification anded Notifica		75 Bank Street, Apt. 5B										
[x] DOL	Ame	endment #		City, State, Zip Code New York, NY 10014										
[x] DOH		rgency (including fication)	ding	Name of Co		ew r								
[ ] DCA	0 0	cellation		2012 100 m to 10 t	naci Aargaret B	Telephone Number								
			FA	CILITY INF	ORMATIC	ON								
Name of Facility Where Ab	patement is Taking sidence	Place (3)					Type of Facility (4)							
Street Address			School (k-12) Subchapter 8 (other than k-12)											
802				[x]	Other (i.e., privi				dings,					
City		County (6)	)		County Code (7) Square (STATE USE ONLY)			# of Floors	Bldg. Age					
Forked River	r	Ocean		(STATE OSE	ONL!)	1000 sf Current Use (Prior	if being demolished	ng demolished) 60						
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCM No.	II Nam	an of	Reside		53					
N/A		Owner (0)	0	ASCIVI NO.	INAIT	ne or z	Abatement Contracto Guard	r (9) ian Contracting	Inc.					
Street Address					Stree	et Ado	dress							
City, State, Zip Code					City,	, State	, Zip Code	Route 9, Unit 6						
Project Manager for Monito	ar .							Jersey 08755-1271						
					732	2-349	-9932	00624	License Number 00624					
Scheduled Start Date (10) 5/11/15	etion Date (11)	ion Date (11) Name of OSHA Monitor  E.M.S.L. Analytical												
Occupancy Status During A	700A 1865	Street Address												
	batement Hours	nrs												
[ ] Othe		City,	, State	, Zip Code Piscata	way, New Jers	-v 088	254							
Scope of Work (Check all the			1		37.93	950 . 200								
					Full Containment with Negative Pressure Mini-Enclosure									
[ ] >3 sf [ x ] ≥160	vation	[	]	Glovebag Proced										
[ K ] ≥100	sf or ≥260 lf	L	x ] Demo	olition	L	x ]	Non-Exempted (	*) and Non-Friable	Procedi	ıre				
		To I	ocation		ъ.				Abatement Type					
Location o		Norn	nally used		Descri Asbestos-			Amount	R E	R	E	E		
Asbestos-Containing M TO BE ABAT			lely by nce/Custodia		Materia			(Specify SF	M	E P	N C	N C		
in facility			Staff	"	(i.e., thern insulation			or LF)	0	A I	A P	LO		
(13)			(12)			T, or			V	R	S	S		
		YES	NO N/A		other misc	cellar	neous)		A L		L	U R		
Exterior house		X		Asbestos	siding	-		850 sf	X		Е	Е		
				110000100	ording			650.81	1					
Name of Registered Waste F Guardian Cor		NJDE	P Waste Haule 20223	SECTION OF THE PARTY OF THE PROPERTY OF	oic Yards of V	Waste		ered Landfill	1					
City, State			Disp	osal Date		, State								
Toms River, 1 Completed by (Print or Type		Title	5/13		Tul	llyto	wn, Pennsylvania	1						
Nicholas Fern		Project N	lanager	Signature	1165	1	. 1		Date 5/8/					
		*Do no	ot use this for	m for asbestos	licensure es	xemp	ted activities.		1	1022				