				NOTIFICA	TION OF A	NEW JERS SBESTOS A AC 8:60-7 A	ABATEME		The	R	₫ :	202
Date of Notification (	1) /14				The second secon	Building O						
Agencies Notified	Type of No	otificat	tion		76 South							
☐ EPA	F-7550	Initial				te, Zip Code	e					
☐ DEP	0.000	Amen				hio 44308		H /	1000	r to	10-15	
☑ DOH			dment		Name of	Contact			Telepho	ne Num	her	
☑ DOL			gency vellation	w/ justification	Jim Hals	еу		313				
					FACILITY II	NFORMATIO	ON		***************************************			
Name of Facility Whe	re Abatem	ent is	Taking	Place (3)		Type of F	acility (4)					
St 4 4 1 1							School (F	(-12)				
Street Address SPRINGFIELD & PAS	SAIC							ter 8 (Other				
SPRINGFIELD & PAS	SAIC					V	Other (I.e	., private &	commerc	ial		
City (5)	County (6)			County Code	(7)	Square Fe		mes, etc.)		Duitali	ng Age	
	MORRIS			Totaling Total	(,)	loquare i		# OI 1100	15	Bullul	ng Age	
				<u> </u>		Current U	se (Prior if	being dem	nolished)	1		
N						Telephone			,			
Name of Monitoring F		8   1	lg. Own	ier (8)	ASCM NO	9				^		
Environmental Health I Street Address	nvestigation	าร			1		lition Service	es Inc.				
Street Address 655 West Shore Trail						Street Add	dress					
City, State, Zip Code						32 William	o Dorlanov					
Sparta, NJ 07871							s Parkway e, Zip Code					
Project Mngr. For Mor	nitoring Fir	m		Telephone Nu	umber	Joily, State	s, zip coue	,				
Dino Nappi				212-682-9271		East Hano	ver, NJ 070	36				
Sheduled Start Date (	/			letetion Date (	11)	Telephone			License I	Number		
$\frac{-05}{28} / \frac{28}{28} /$		_(	05/		14							
Occupancy Status Du	ring Abata	mont /	(Chook	Only 4)			34-8682				00860	
Facility Clo	sed/Vacate	ed Dur	ina En	tire Period of			SHA Monition Service	17.77.15.1				
Abatement						Street Add		es me.				
☐ Abatement	Performed	Outsi	ide of N	ormal Facility								
Hours - Des	scribe: F	Friday	8:00 ar	m to 5;00 pm		32 Williams						
Other - Des	cribe:						, Zip Code					
Scope of Work (Check	All That A	pply)				East Hano	ver, NJ 070	36				
D			-		-							
<ul><li>Demolition</li><li>≥3sf or ≥3lf</li></ul>			싀	Renovation				th Negative	Pressure			
□ ≥160 sf or ≥						Mini - Enc						
								d Non-Fria	ble Proces	dure		
Location of			s		Descript				Abatemer	nt Type		
Asbestos Contain	ning		ation nally	As	sbestos - C				R	_	E	E
TO BE ABATE	D		ed	0	Material ( e., thermal	•		Amount	E M	R E	N C	N
in Facility	-		lely			facing, VAT		(Specify SF or LF)	0	P	A	C L
(13)			lain-			ellaneous)		0. 0. 1.	v	A	P	ō
	- 1		nce/			>************************************			Α	1	s	s
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		Staff									L	R
xterior Telephone Pole			O N/A	Transite Condu	nit .			2015				
olophone i ole	-	HH		Transite Condu	416			20 LF		-4	+	+
		THE									╅	+
									H	- H	<del>                                     </del>	╅┼┼
ame of Registered W	aste Haule	r		NJDEP Waste	Cubic	Name of R	egistered l	andfill				
EWARK CARTING				Hauler ID No.	Yards	I.E.S.I.	— two success of the same	and the control of th				- 1
ity Ctat-				4509	of Waste							
ity, State EWARK, NJ					Disposal	City. State	M DA 101	0.5				
ETVAIN, NO					Date	BETHLEHE	:M, PA 181	05				1
ompleted by (Print or	Type)			Title		1	Signature				Date	
	0000 4 <del>3</del> 003 40 - 0 4 50			pgenerations Sector and		- 1	14	-	00		Date	
teven Stiles				Project Manage	er		Ser	12	X		05/	/14/14
SB-41										-	- 55/	

		NOTIFICAT	TION OF A	NEW JERSEN ASBESTOS AE	BATEME	NT /	2/.	1	i 1	2074
Date of Notification (1)		(PURSUA	-	AC 8:60-7 AND		7 (5)	The	CK	tile	2014
	<del>E</del> a		First End		ner / Ope	erator (2)		51 5		
Agencies Notified Type of	Notification		76 South							
□ EPA ☑	Initial			ate, Zip Code					115 1	
□ DEP □	Amended			Ohio 44308				-		
☑ DOH	Amendmen		Name o	f Contact			Telepho	ne Ni	-h	
DOL _	Emergency Cancellation	w/ justification	Jim Hal	sey		7	I			
			ACILITY	INFORMATION	N	i i				
Name of Facility Where Abate	ement is Takin	g Place (3)		Type of Fac	ility (4)					
Street Address				_	School (K					
7 NORTH LOANTAKA LANE						er 8 (Other				
A HOROTTE CANTAINA LANE						., private & omes, etc.)	commer	cial		
City (5) County	(6)	County Code	(7)	Square Feet		# Of Floor	e .	Build	ling Age	
CHATHAM MORRIS			(.)	oquare reci	•	# OI 1 1001	3	Bulla	ing Age	
				Current Use	(Prior if	being dem	olished)	1		
				Telephone P		.5 ==				
Name of Monitoring Firm Hire	ed by Bldg. Ow	ner (8)	ASCM N			***************************************				
_		554 920								
Environmental Health Investiga	tions			LVI Demolition		es Inc.				
Street Address				Street Addre	ess				- 12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19-12-19	
655 West Shore Trail				_						
City, State, Zip Code				32 Williams F						
Sparta, NJ 07871 Project Mngr. For Monitoring	Fi	TT ( )		City, State, 2	Zip Code					
Dino Nappi	Firm	Telephone Nu 212-682-9271	mber	Foot Honous	- NI 070	200				
Sheduled Start Date (10)	School Com	pletetion Date (1	11)	East Hanove		136				
05_ //_28 / 14	05	30	14	Telephone N	vumber		License	Numbe	r	
//	-  /	//		973-884-	8682				00860	
Occupancy Status During Ab	atement (Checi	k Only 1)		Name of OS		tor			00000	
☐ Facility Closed/Vac	ated During Er	ntire Period of		LVI Demolitic						1
Abatement				Street Addre						
Abatement Perform	ned Outside of	Normal Facility								
Hours - Describe:		am to 5;00 pm		32 Williams F	Parkway					
☑ Other - Describe: _				City, State, 2						
				East Hanove	r, NJ 070	36				
Scope of Work (Check All Tha	it Apply)									
☐ Demolition	v	Renovation		Full Contain	ment wit	h Negative	Proceur	_		
≥3sf or≥3lf			Й	Mini - Enclos		ii ivogativo	ricooure	-		
≥160 sf or ≥260 lf				Glovebag Pr	ocedure					
			V	Non-Exempt		d Non-Frial	ole Proce	dure		
Location of										
Location of Asbestos Containing	ls Location		Descrip				Abateme	nt Type		
. iozotos containing	Normally	As	Material	Containing (ACM)		Amount	R	P	E	E
TO BE ABATED	Used	in.		(ACIVI) Il systems		(Specify	E M	R	N C	N C
in Facility	Solely			rfacing, VAT,		SF or LF)	O	P	A	L
(13)	by Main-			cellaneous)		3. 3. 2. /	v	A	P	0
	tenance/						Å	î	s	s
	Custodial						Ĺ	R	ŭ	Ŭ
	<u>Staff (12)</u>						17854		L	R
	YES NO N/A									
Exterior Telephone Pole		Transite Condu	it			20 LF	v			
				1						
demo of Devistant 1111		NIBES III								
Name of Registered Waste Ha NEWARK CARTING	uier		Yards	Name of Reg	istered L	.andfill		10001808		
City, State			of Waste	The same of the sa						
NEWARK, NJ			Disposal Date	City. State BETHLEHEM	, PA 181	05				
Completed by (Print or Type)		Title		Sig	gnature		$\overline{\bigcirc}$		Date	
Steven Stiles		Project Manage	r	[]	TIE	2 26	>	-	0	5/14/14

ASB-41

#### State of NJ Notification of Asbestos Abatement

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_	~	-	PIU	٠.	22.

2014-76

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

**************************************								Check	#6539				200
Date of Notification (1)		Nam	e of Bui	ilding Owr	ner/Operator (2)		(4						
0 5 / 1 2 / 1	<u>  4</u>	Es'	tate of	Gunne	r Kathenes				10 1 9 1 C	7	A 10		
	Notification	Stree	t Addre	SS						-			
☐ EPA ☐ DEP	Initial	1	Lee F		`								Ã.
DOL	Amendmen			zip Code on, NJ (	7039		300 April 1990 April 1						
DOH	8	Name	of Con	itact		-		Telepho	ne Numbo		-		
□ DCA □	Cancellation	1 B	rian Ka	athenes				-					
				FAC	ILITY INFORMA	ATIO	٧						
Name of facility where aba	tement is ta	king place (	(3)					Type of Facility	(4)				
Estate of Gunner Ka	thenes				*			=	ol (K - 12) napter 8 (0		hon k	′ 12\	
Street Address								Other	(Private/C	omm		-12)	
20 Lee Road							11	Bldgs.	/Homes, e # of Floo		В	ldg. A	ae
City (5)		County (6	6)			Cou	inty Code (7)				-	-9	3-
Livingston, NJ 0703	9	Essex	Κ.		70	(Sta	ite use only)	Current Use (F	rior if beir	g der	nolish	ed)	
Name of Monitoring Firm H	ired by Bldg	. Owner (8	)		ASCM No.		Name of Abatement Co						
	N/A						B & G Restoration	. Inc.					
Street Address				-		_	Street Address	<u>/</u>					
	15.						105 Ryerson Road	*					
City, State, Zip Code							City, State, Zip Code	100000					
	-			-			Lincoln Park, NJ (	)7035			-0000		
Project Manager for Monitor	ing Firm		Pho	one Numb	per		Telephone Number		License	Num	ber		-202111-11111
				141			973-696-6869 Name of OSHA Monito		0378			-	
Scheduled Start Date (10)	***	Sched. Co	mpletio	n Date (1	1)		B & G Restoration						
05/22/2014		05/23/	2014				Street Address	, IIIC.					
Occupancy Status During At	patement (C	heck only o	one)				105 Ryerson Road						
Facility closed/vacated Abatement performed							City, State, Zip Code						
Describe: Other-Describe:						-	Lincoln Park, NJ (	7035					
Scope of Work (check all th	at apply)					-			¬ wrap	& 01	t		
Demolition		novation				Пв	ull Containment w/negat	tive pressure	Glovel				
<b>☑</b> >3 sf or >3 If	_	0 sf or >260	n if			_	/lini-enclosure		Non-fr				
		location nor		sed soleh	Л			T	7 11011	R	R	E	Г
Location of asbestos-containing	by	maintenan			1 200	n of a	sbestos-containing	Amount		е	e	n	E
material to be	sta	iff(12)	-		material (A		sbestos-containing	(Specify S	SF or	m o	p a	c a	n c
abated in facility (13)	)	res	No	N/A				LF)		V	i	p	L
pasement				X	duct insulati	on (	8 locations @ 2 sf)	16 sf		e			П
			7									f	
egistered Waste Hauler		NJDEP H	auler ID	)# C	ubic Yards of W	aste	Name of Registered La						
B & G Restoration, Inc.		19563	Ir	Disposal 5	1/2		Tullytown Resourc	e & Recovery	Center				
ity, State Lincoln Park, NJ 07035			٢	Disposal D 05/2	3/2014		City, State Tullytown, PA						
Completed by (Print or Type)		e			Signature		1		Date		-		
Gordana Luna		eretanı/Tr	00011701			(	Gordana Luna		05/12	201	4		

Date of Notification (1)  5 / 12	_ / _	14		r	NA - Supe	erfund Site		/.loh # 44	05 4070	0			
Agencies Notified Type	Notificat	ion			eet Addres			/ Job # 14	UD-1873	Ch	IK. #	356	3
⊠ EPA ⊠ Ir				0000000		•							
	mended					Swamp Road	<u> </u>						
	mendmer			1	y, State, Zi								
ODCA E IDCA ID E	mergency	(includ	ding			wnship, NJ 08085							
	istification ancellatio			E	ne of Cont			Telepho	ne Numb	er	-	2000	
	aricellatio	n				russock, BROS T	ech. Comm.				Ł		
Name of Facility Where Abatem				F	ACILITY	INFORMATION					_	_	
Bridgenort Pontal & Oil (	ient is Tai	king Pla	ace (3)	1	- 1		Type of Facili	ty (4)					
Bridgeport Rental & Oil S Street Address	servces,	Supe	rfund	Site			School (K-	12)					
							Subchapte	er 8 (Other tha	an K-12)				
75 Cedar Swamp Road							Other (i.e., homes, et	private and	commerci	ial bu	uildi	ngs,	
City (5)							Square Feet	# of Flo	0.50	15.	1.1		
Logan Township							400		UIS	1		Age	
County (6)	400			Co	unty Code	(7)(STATE USE ONLY)		1			50	year	S
Gloucester					,	TO MOTHER DOL ONLY)		rior if being	demolish	ed)			
Name of Monitoring Firm Hired b	y Buildin	g Owne	er (8)	ASC	VI No	Name of Abote	Vacant						
Horizon Environmental	2		27/	. ,501	110.	Name of Abateme					C		
Street Address						Asbestos an	a Mold Service	es, Corp.					
PO Box 336						Street Address							
City, State, Zip Code						3859 Sylon B							
Thorofare, NJ 08086						City, State, Zip Co	ode						_
Project Manager for Monitoring F						Hainesport, N	IJ 08036						
-, manager for Mornicoring F	II (T)		Te	lephone	No.	Telephone No.		Licanco	No				
							2001136 140.						
Dave Flanigan					8-0800	609-702-0400		00862					
Dave Flanigan Start Date (10)	Sche	eduled 05	Compl	letion Da	ate (11)	609-702-0400 Name of OSHA M	onitor						
Dave Flanigan Start Date (10)05 /27 /14	Sche	05	Compl		ate (11)	609-702-0400	onitor						
Dave Flanigan           Start Date (10)          05 /27 /14           Occupancy Status During Abatem	Sche	05 ck only	Compl	letion Da	ate (11)	609-702-0400 Name of OSHA M	onitor						
Dave Flanigan  Start Date (10)	Sche	05 ck only	Compl / 3	letion Da	ate (11) 14	Name of OSHA M EMSL Analyti Street Address	onitor cal, Inc.			-			
Start Date (10)  05 / 27 / 14  Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	Sche	05 ck only eriod o	Compl / 3 one) f Abate	ement	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout	onitor cal, Inc. e 130 North						
Start Date (10)	Sche nent (Che g Entire P of Norma	05 ck only eriod o	Compl / 3 one) f Abate	ement	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Cor	onitor cal, Inc. e 130 North						
Start Date (10)  05 / 27 / 14  Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	Sche nent (Che g Entire P of Norma	05 ck only eriod o	Compl / 3 one) f Abate	ement	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout	onitor cal, Inc. e 130 North						
Dave Flanigan  Start Date (10)	Sche nent (Che g Entire P of Norma	05 ck only eriod o al Facili PM/	Compl / _ 3 one) f Abate ity HouPM	letion Da 30 / ement urs - Des	ate (11) 14	609-702-0400 Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Coc Cinnaminson,	e 130 North de NJ 08077	00862	2	:Ins	Cidk		
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Dave Flanigan  Start Date (10)	Sche nent (Che g Entire P of Norma	05 ck only eriod o al Facili PM/	Compl / _ 3 one) f Abate ity HouPM	letion Di 30 / ement urs - Des	ate (11) 14	609-702-0400  Name of OSHA M  EMSL Analyti  Street Address 200 U.S. Rout  City, State, Zip Coc  Cinnaminson,	e 130 North de NJ 08077	gative Pressu	ure EN(			r	
Dave Flanigan  Start Date (10)	Sche nent (Che g Entire P of Norma	O5 ck only eriod o al Facili PM/	Compl / 3 one) f Abate ity HouPM enovate emolities s Locate	letion Diagrams   1   1   1   1   1   1   1   1   1	ate (11) 14	609-702-0400  Name of OSHA M  EMSL Analyti  Street Address 200 U.S. Rout  City, State, Zip Coc  Cinnaminson,	onitor cal, Inc. e 130 North de NJ 08077	gative Pressu	ure EN(	ds			
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Dave Flanigan  Start Date (10)	Sche  ment (Che g Entire P e of Norma	Ck only eriod o al Facilia M/	Compi / 3 one) f Abate ity Hou PM enovate emolitie s Locat Norma ed Sole aintena	letion Diagrams of the control of th	ate (11) 14 scribe AM	609-702-0400  Name of OSHA M  EMSL Analyti  Street Address 200 U.S. Rout  City, State, Zip Coc  Cinnaminson,  Strull Conta  Mini-Encle  Stovebas  Non-Exem  Description of stos Containing Mate	e 130 North de NJ 08077  himment with Nessure Procedure Winted (*) and No	gative Pressu LAP 7 U1+ on-Friable Pro	ure EN( Mthu ocedure	ds Abat	item	ent T	-
Dave Flanigan  Start Date (10)	Sche  ment (Che g Entire P e of Norma	Ck only eriod o al Facilia M/	Compl / 3 one) f Abate ity Hou PM enovate emolities s Local Norma ed Sole aintena	letion Diagrams of the control of th	ate (11) 14 scribe AM	609-702-0400  Name of OSHA M  EMSL Analyti  Street Address 200 U.S. Rout  City, State, Zip Cod  Cinnaminson,  Stell Conta  Mini-Enclo  Stovebas  Non-Exem  Description of stos Containing Mate	e 130 North de NJ 08077  himment with Ne osure Procedure W pted (*) and No	gative Pressu Ap 7 41+ on-Friable Pro Amoun (Specifi	ure EN( Mthu ocedure	ds Abat	item	ent T	-
Dave Flanigan  Start Date (10)	Sche  ment (Che g Entire P e of Norma	Ck only eriod o al Facilità PM/	Compi / 3 one) f Abate ity Hou PM enovate emolitie s Locat Norma ed Sole aintena	letion Diagrams of the control of th	ate (11) 14 scribe AM	609-702-0400  Name of OSHA M  EMSL Analyti  Street Address 200 U.S. Rout  City, State, Zip Cod  Cinnaminson,  Full Conta  Mini-Enclo  Stovebas  Non-Exem  Description of stos Containing Mate  thermal systems in surfacing, VAT, of	e 130 North de NJ 08077  himment with Ne osure Procedure W opted (*) and No	gative Pressu Lap 7 Unt n-Friable Pro	ure EN( Mthu ocedure	ds Abat		ent T	-
Start Date (10)	Sche  ment (Che g Entire P e of Norma	ck only eriod o all Facility PM/	Compl / 3 one) f Abate ity Hou PM enovate emolities s Local Norma ed Sole aintena	letion Diagrams of the second	ate (11) 14 scribe AM	609-702-0400  Name of OSHA M  EMSL Analyti  Street Address 200 U.S. Rout  City, State, Zip Cod  Cinnaminson,  Stell Conta  Mini-Enclo  Stovebas  Non-Exem  Description of stos Containing Mate	e 130 North de NJ 08077  himment with Ne osure Procedure W opted (*) and No	gative Pressu Ap 7 41+ on-Friable Pro Amoun (Specifi	ure EN( Mthu ocedure	ds Abat	item		-
Start Date (10)	Sche  ment (Che g Entire P e of Norma	Ck only eriod o al Facility M/	one)  f Abate  f Abate  pM  enovate  emolitic  Norma  ed Sole  aintena  todial:  (12)  No	letion Diagrams of the second	ate (11) 14 scribe AM Asbes	609-702-0400  Name of OSHA M  EMSL Analyti  Street Address 200 U.S. Rout  City, State, Zip Cod  Cinnaminson,  Full Conta  Mini-Enclo  Stovebas  Non-Exem  Description of stos Containing Mate  thermal systems in surfacing, VAT, of	e 130 North de NJ 08077  himment with Ne osure Procedure W opted (*) and No	gative Pressu Ap 7 41+ on-Friable Pro Amoun (Specifi	ure EN(	Abat	teme	ent T	
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Start Date (10)	Sche  ment (Che g Entire P e of Norma	Ck only eriod o al Facility M/	one)  f Abate  f Abate  pM  enovate  emolitic  Norma  ed Sole  aintena  todial:  (12)  No	ement urs - Destion on tion ally ely by sncc/ Staff?	ate (11) 14  scribe AM  Asbee (i.e.	609-702-0400  Name of OSHA M EMSL Analyti  Street Address 200 U.S. Rout City, State, Zip Cod Cinnaminson,  Full Conta Slovebas Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous  le and Mastic ushing	e 130 North de NJ 08077  himment with Ne osure Procedure W opted (*) and No	gative Pressu AP 7 U1+ n-Friable Pro Amoun (Specifi SF or LF	ure EN(  MUM  Decedure	Abat Remova	teme	ent T	/pe Enclosure
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Start Date (10)	Sche ment (Che g Entire P e of Norma	Ck only eriod o all Facility M/	compi / 3 one) f Abate ity Hou PM enovate emolities s Locate and Sole aintena todial (12) No	ement urs - Destion on tion ally ely by ance/ Staff?	Asbee (i.e.  Floor Ti Roof Fla	609-702-0400  Name of OSHA M EMSL Analyti  Street Address 200 U.S. Rout City, State, Zip Cod Cinnaminson,  Full Conta Stovebas Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous  le and Mastic sching sulation	e 130 North de NJ 08077  himment with Ne sure Procedure Wanted (*) and No	gative Pressu Amoun (Specifi SF or LF	ure EN(	Abat C	teme Repair	ent T	-
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Start Date (10)	Sche  nent (Che g Entire P e of Norma  /F  Diy)  (ACM)	Ck only eriod o al Facilities M/	compi / _3 one) f Abate ity Hou _PM enovate emolitie s Locat Norma ed Sole aintena todial (12) No	ement urs - Destion on tion ally ely by ance/ Staff?  N/A	Asber (i.e.  Floor Ti  Roof Flat  Duct Ins	609-702-0400 Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Con Cinnaminson,  Full Conta Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, containing Mate thermal systems in surfacing and Mastic le and Mastic leshing culation  Cubic Yards of Waste 5 Disposal Date 5/30/14	e 130 North de NJ 08077  imment with Ne osure Precedure W opted (*) and No erial (ACM) sulation, or us)  Name of Regist GROWS La	gative Pressur Amoun (Specifi SF or LF 500 SF 25 LF ered Landfill	ure EN(	Abat C	teme Repair	ent T	-
Dave Flanigan  Start Date (10)	Sche  nent (Che g Entire P e of Norma  /F  Diy)  (ACM)	Ck only eriod o al Facilities M/	compi / _3 one) f Abate ity Hou _PM enovate emolitie s Locat Norma ed Sole aintena todial (12) No	ement  ion on  tion on	Asber (i.e.  Floor Ti  Roof Flat  Duct Ins	609-702-0400  Name of OSHA M EMSL Analyti  Street Address 200 U.S. Rout City, State, Zip Cod Cinnaminson,  Full Conta Slovebas Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous  le and Mastic ashing culation  Cubic Yards of Waste 5 Disposal Date	e 130 North de NJ 08077  imment with Ne osure Procedure W pted (*) and No erial (ACM) sulation, or us)  Name of Regist GROWS La City, State	gative Pressur Amoun (Specifi SF or LF 500 SF 25 LF ered Landfill	ure EN(	Abata Remova	Repair	ent T Encapsulate	

ETS JOB # 4215/14

Check#: 24919

AMENDMENT #

Date of Notification (1) 5/9/2014		Name of Building	Owner / Operator (2)			
Agencies Notified Type Notificati	on	Street Address	NEZ OOA, ELO			
		ONE MERCEDE				
	lotification	City, State & Zip C				
	ed Notification	MONTVALE, NJ	07645			
DOH Cancel	lation	Name of Contact				Telephone Number
DCA		MR. DAVE LEE				
		FACILITY INF	ORMATION		Đ.	
Name of Facility Where Abatemen		(3)	Type of Facility (4)			
MERCEDES - BENZ USA, LLC Street Address	•		School (K-12) Subchapter 8	Other than K	12)	
ONE MERCEDES DRIVE						gs, homes, etc.
ONE MERCEDES DRIVE			Square Feet	# of Floors		ldg. Age
City (5)	ounty (6)	ounty Code (7)	200,000	4		46 YEARS
Association of the second seco	ERGEN	, (-)	Current Use (Prior	if being demoli	ished)	40 ILANO
			COMMERICAL			
Name of Monitoring Firm Hired by	Building Owner (8	3) ASCM No.			9)	
BUREAU VERITAS N.A., INC.			ETS Contracting	ı, Inc.		
Street Address 110 FIELDCREST AVENUE			Street Address 160 Clay Street			
City, State & Zip Code			City, State & Zip Co	ode		
EDISON , NJ 08837			Brooklyn, NY 11			
Project Manager for Monitoring Firm MR. DOUG MCGARRITY		ephone Number -225-6040	Telephone Number 718-706-6300		License N	umber 00511
	heduled Complet		Name of OSHA Mo	nitor	L	00311
6/6/2014		1/2014	JLC ENVIRONEN		JLTANTS	, INC.
Occupancy Status During Abateme			Street Address			
Facility Closed/Vacated Du	- <del> </del>		30 WEST 26TH ST			
Abatement Performed Outs		[ ] [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	City, State & Zip Co			
Describe: FRIDAY 3:00	[1] [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		and the second of the second o	10010		
Other - Describe:	& SUNDAT 8	00 AM - 8:00 PM				
Scope of Work (Check all that appl	y)		Level and the second			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Renovation			tainment with	Negative P	ressure
Large Project			Mini-End			
Quantity is ≥ 3 SF or ≥ 3 L				g Procedure		
Quantity is ≥ 160 SF or ≥ 2			Other:			
Location of Asbestos-Containing		Location mally Used	Description of Asbestos-Containing	F 7555	mount Specify	Abatement Type (Specify: Removal,
Material (ACM)		Solely by	Material (ACM)		are Feet or	Repair,
TO BE ABATED	Mai	ntenance or	(i.e., thermal systems	s Line	ear Feet)	Encapsulation or
in Facility	Cus		nsulation, surfacing, V			Enclosure)
(13)		(12)	or other miscellaneou	s)		
GROUND FLOOR RESTROOM	IS	No	FIREPROOFING	5	42 SF	REMOVAL
1 <sup>ST</sup> FLOOR RESTROOMS		No	FIREPROOFING		85 SF	REMOVAL
2 <sup>ND</sup> FLOOR RESTROOMS		No	FIREPROOFING		85 SF	REMOVAL
Name of Registered Waste Hauler	NJD	EP Waste Hauler II	grante and property of the contraction of the contr			ered Landfill
Tri State Transfer City, State		19551	Disposal/Date		State	rprises, Inc.
Bronx, NY			TBD		nesburg,	ОН
Completed By (Print or Type)	Title	·	Signature	1/1/1		Date
ROBERT MIDDLETON	SR. PROJE	CT EXECUTIVE	1 1/1	1/11/11 _		5/9/14
L	<u> </u>		1 / 9	11-11		
ASB-41 JUN 95 G4667			10			

CHECK # 20931

Date of Notification (1)					Name o	of Building	Owne	r/Onerato	r (2)	-	-						
05-09-14						Jersey T						1	_				
Agencies Notified	Type No	ification				Address Main Stre	ot.							180011			
EPA DEP	Initi	al ended		-		ate, Zip Co											
▼ DOL	Ame	endment				bridge, 1		095									
DOH DCA	justi	fication)				of Contact						Telephon	o Ni	L	-		
☐ DCA	Can	cellation			A CONTROL OF STREET	Colella	DIA	TION					-		-		
Name of Facility Where	Abatement	is Takin	g Place (3	3)	FAC	ILITY INFO	JRMA	HON	Тур	e of Fac	cility (4)		-				
NJ Turnpike Pump	House a	t Pier 5	52					19			l (K-12)						
Street Address Pump House at Pie	r 52 Ber	eath N	.l Turnn	ike h	etweer	Evite 1	5 Y &	15\\\	×	Subch Other	apter 8 (0 (i.e. priva	Other than	n K-12) mercia	buil	dinas	hom	es
City (5)	7 02 001	Caurry	o rump	ike D	CLWCCI	I EXILS I	υΛ α	1344	- <del> </del>	etc.) uare Fee					- 3		
Secaucus									5,9			# of Floor 2	S		ildg. /		
County (6)			C	Т		Code (7)			Cur	rent Use	e (Prior if	being der	molishe	1925	- ,		-
Hudson						USE ONLY			A 2000	ation	20						
Name of Monitoring Firm	Hired by E	Building (	Owner (8)		ASC	M No.					it Contrac						
Street Address									t Addr Broa	ess ad Stre	et						
City, State, Zip Code								A Production	31. NO. C. COLORS	Zip Cod	CONTRACTOR OF THE PARTY OF THE			-	-		
8 :										t, NJ 0	7072						
Project Manager for Mon	itoring Firn	1			Telepho	ne No.		Telep 201-		No. -6565		Licer 007	nse No 56	2			100
Start Date (10) 05-28-14			Schedule 07-31-		mpletion	Date (11)		1.2.3	of OS	SHA Mo Inc.	nitor						
Occupancy Status During	Abateme	nt (Chec	k Only Or	e)			000	Street					-				
Facility Closed/Vaca	ted During	Entire F	Period of A	baten	nent						Avenue		j.				
Abatement Performe Other – Describe:	ed Outside	OT NORT	iai Facility	Hours	3	The state of				Zip Cod	e y, NY 1	1101					
Scope of Work (Check Al	That App	ly)			Serve.			Long	9 1310	ind Oil	y, 141 1	1101					
23 sf or ≥3 lf			☐ R	enova	ition				F	ull Conta	ainment v	vith Nega	tive Pre	essu	re		
≥160 sf or ≥260 lf			X	emolit	ion			-	M	lini-Encl							
			T					>			npted (*)		Friable				
			100	Locati											Abate Ty	ment	
Location Asbestos-Containing		CM)	Use	d Sole	ly by	Asbest	os Co	escription ntaining N	n of Materia	al (ACM	,	Amount					
TO BE ABA				ntenai odial S		(i.e.	therma	al system acing, VA	s insu	lation,	20	(Specify		Re	Z.	Enca	Enc
(13)				(12)			other	miscellar	neous	)		SF or LF	,	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									=	10.750	ate	Гe
Roof					Х	I	Roofi	ng & Tr	ansit	e		600SF		x			
Interio	r			District Control	х			Gaskets	S			12LF		x			
Interio	r				х		V	/ire Wra	ар			200LF		x			
Name of Registered Wast				2838	JDEP W auler ID		Cubic of Wa	Yards aste		7 88000	e of Regi			200			
Auchter Industrial Se	vices				1289		TBD			Cub	erland	County	Land	fill			
City, State _inden, NJ 07036							Dispo TBD	sal Date	1		State /burg, F	PA 1724	0				
Completed by			Title	Signature / Date					$\dashv$								
- Coopin autor	eph Patrick Project M					Manager 05-09-14											

UIA FAX Ch#/083

Date of Notification (1) /	Name of Building	Owner/Operator	(2)	C.	•
05/09/14	HVCO	s Holdi	nas, LC	<u> </u>	
Agency Notified Type Notification	Street Address 564	Soring	UST		
GEPA CINETAL CIAMENDED	City, State Zip C	ode/ ///	UT .	07201	
G BOL Amendment #   C) Emergency (archiding	Name of Contect	Abeth /	Y-J.	Telephone tu-	
DOH justification)	I U T	acio. Pin	to		
- I was	FACILITY INFO		-	148	
Name of Facility Where Abstement is Taking Place	(3)		Type of Facility		
			O School (K-12 O Subchapter 8	1. 16 May 10 200 15-121	huildings
Street Address	12		homes, etc.)	vale & commercial	
221 Catherine ST.		•	3000	# of Floors	Bidg. Age
Flizabeth NJ.	County Code (7)	POTATE LISE	Oment Use (P	ior if being demolis	
County (6)	OMEA)		KE	SIDENT.	
Name of Mordoring Firm Hired by Building Conner	ASCM No.	A I	nent Contractor (	3)	• •
(8)		Street Asidress	atech 14	) C	<del></del>
Street Address		P.O.	Box 814	/ ·· <u>.</u>	
City, State, Zo Code		City, State, Zo		N.J.	•
	Telephone No.	Telephone No.	Dridge	- License No.	1
Project Hanager for Maniforing Firm-	temburine	73223	8-1500	0080.	<u> </u>
	nphillion Date (11)	Name of OSHA	tech In	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	
Occupancy Status During Abatament (Chack only	one)\	Street Address	Ray Coly		
	Ahelement	City, State, Zip	Scx 8/7		. 37
DiFacility Closed/Vausian During Classes of Normal Facility Cl Abatement Performent Queside of Normal Facility Cl Other - Describe:	y Hours	Old	Bridge,		5057
Scope of Work (Check all that spoly)		· DR	Containment will i-Endosuse	h Negative Pressus	
D>3efer>3ff	Q Renovation Demolition			nd Non-Prieble Pro	cedure.
32 160 st or 2 250 II	, i	. 6 60		-	Abalem
	is Location Normally Lead Solely by	Description	n of	Amount	_   9
Location of Ashestos-Containing Waterial (ACM)	Transport of the same of the s	stos Conteining i	D STEPHENS	(Specify SForLF)	
TO BE ABATED IN Facility	Staff? -	suifacing, Vi otter miscale	A1_ CH	3.00	Alla Alla
(13)	(12)		5 <b>7</b> .0		
	Yes No NA			10000	SEX
VERD LOWER ROOF	1 X RG	OF HAT	ENITY	4350	25/1
KEAR LOWER KOOF					
	NJDEP Waste Header	Cubic Yards o	Name of Re	istered Landfill	_
Name of Registered Waste Hauter	DN 18501	Waste	.6.	R.O.W. S	<u>S.                                    </u>
Novatech Ipc		Disposal Dete	City. State.	· [] 1	PA.
City, State   O	,08557		1 Maria	sylle, !	Date /
Crosspelled by	1 +	Signature		ntio	05/09//
Carlos Almerda. Dress	use this form for ashestos	icensuré exempt	ed activities		

#### State of New Jersey

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

Data of Nationalia (4								Check #	ŧ 74	191	
Date of Notification (1					ner/Operator (2) Water Commissi	on					
Agencies Notified	8/8/13 Type of Not	ification		Address		vater Commissi	on and the same of	Di 32			
[] EPA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Main				05			
[] DEP	[x] Initial										
Carrier Carriers	Notifica [] Emerge	1 CONT. 1 CO. 1 CO. 1	City, S	State, Zip	Code					_	
[x] DOL	[] Amend		Clifto	on, NJ	0701	1					
[x] DOH	Notifica	ation	Nama	of Conta	ot .		Telephone *				
[] DCA	[] Cancell	ation		Morre	7.0		Jelephone				
			IVIIKO	IVIOITE	Marie I		- LIT	<b>1</b> .			
Name of Facility Whe	ro Abatament i	a Takina F	Na (0		FACII	LITY INFORMATION					
Little Falls WTF			riace (3	)			Type of Facility (4)  [] School (K-12)				
Street Address	Dallaling						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial bui				
800 Union Blvd.							homes, etc.)				
occ chich biva.							Square Feet # of Flo	# of Floors Bldg. A			
City (5)		Coun	ty (6)			County Code (7)	5000 2	~ 7			
Totowa					(	STATE USE ONLY)	Current Use (Prior if being of				
Name of Monitoring F	lame of Monitoring Firm Hired by Buildin					Name of Abatem	Pump station				
	Vhitman Companies, Inc.				)		of Abatement Contractor (9)  Jupiter Environmental Services, In				
Street Address	reet Address					Street Address	upiter Ettinerinteritar	OCI 11000, 111			
	Pleasant Hill Road					3	Lynn Court				
City, State, Zip Code						City, State, Zip C					
Cranbury, NJ 08							Lincoln Park, NJ 0703	5			
Project Manager for M	lonitoring Firm			e Numbe		Telephone Numb	elephone Number Lice				
Kevin Lovely Scheduled Start Date	(10)	ched. Con		0-5858			973-709-0200 Name of OSHA Monitor				2
5/19/14			/30/1		1)	The state of the s	<sup>มอกเธอร</sup> J & S Environmental L	ahoratories	ПС		
Occupancy Status Dui	ring Abatemen	t (Check o	nly one	:)		Street Address	o a o Environmental E	aboratories	, LLC	2 2	
[x] Facility Close	ed/Vacated Du	ring Entire	Period	of Abate	ement	The state of the s	333 Route 22 W				
[] Abatement Pe		de of Norm	ial Faci	lity Hour	s –	City, State, Zip C				_	
[] Other – Desc							Jnion, NJ 07083				
Scope of Work (Check	all that apply)		-				Onion, NJ 07083				
	11.37						[ ] Full Containme	nt with Negative	Pressu	re	
[] Demolition [x] ≥3 sf or ≥3 lf				[X]	Rend	ovation	[x] Mini – Enclosur	е			
[] ≥160 sf or ≥26	50 If						[x] Glovebag Proce [ ] Non – Friable P				
			Is Loca	ition			[] Non Thable F	Toccurre	Abot		
<b>↓</b> 1, 1000			ormally	Used		Descri	iption of		Abat Type		ent
Location Asbestos – C	3.3 333337	Mo	Solely	by ce/Cus			- Containing	Amount	R	R	EE
Material (A			mtenan dial Sta				al (ACM) nal systems	(Specify SF or LF)	4 5 6 6	200	N
TO BE AB	ATED			(/			urfacing, VAT,	SF OI LF)			C C
In Facil (13)	ity	Van	NIa	11/0		or other mis	scellaneous)		V	1	PC
(13)		Yes	No	N/A					A		SSU
Main level		х			Pipe	insulation		9 LF	X	+	
											T
										d	
Name of Registered M	me of Registered Waste Hauler				L .	Out in Vand					
Jupiter Environm		IJDEP lauler I			Cubic Yards Of Waste	Name of Registered Landfil Minerva Landfill	II.				
	.505	04782			1						
City, State		187			61	Disposal Date	City, State		0.		
Lincoln Park, NJ	Torris		5/30/14				Waynesburg, OH				
Completed By (Print or	Title		NA	~~-	Signature	( ,	Date				
Pane Repic	Ge	neral	Mana	ger	1	i	5/9/13				
SB-41					10			-300	_		

#### State of New Jersey

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

Check # 7490 Date of Notification (1) Name of Building Owner/Operator (2) Passaic Valley Water Commission 8/8/13 Agencies Notified Type of Notification Street Address 1525 Main Ave. [] EPA Initial [] DEP Notification City, State, Zip Code Emergency DOL Clifton, NJ 07011 Amended [X] DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation Mike Morreta FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, Little Falls WTF - Building 4 Street Address homes, etc.) 800 Union Blvd. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 5000 ~ 70 Totowa (STATE USE ONLY) Current Use (Prior if being demolished) Passaic Pump station Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Whitman Companies, Inc. 00110 Jupiter Environmental Services, Inc. Street Address Street Address 7 Pleasant Hill Road 3 Lynn Court City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Kevin Lovely 732-390-5858 973-709-0200 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5/19/14 5/30/14 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W Abatement Performed Outside of Normal Facility Hours -[] City, State, Zip Code Describe: Other - Describe: Union, NJ 07083 [] Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition [] Renovation Mini - Enclosure [x] [X] ≥3 sf or ≥3 If Glovebag Procedure [x] ≥160 sf or ≥260 If Non - Friable Procedure 11 Is Location Abatement Normally Used Description of Type Location of Solely by Asbestos - Containing Amount R R E E Asbestos - Containing Maintenance/Cus Material (ACM) (Specify E Е N N Material (ACM) todial Staff (12) P (i.e., thermal systems SF or LF) M C C TO BE ABATED insulation, surfacing, VAT, 0 A Α L In Facility or other miscellaneous) V P 0 1 (13)Yes No N/A S A R S U U Main level X Pipe insulation 8 LF Х Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Minerva Landfill 04782 City, State Disposal Date City. State Lincoln Park, NJ 5/30/14 Waynesburg, OH Completed By (Print or Type) Title Signature Date Pane Repic General Manager 5/9/13

ASB-41

Date: 5/9/14 Time: 1:15

### Signs of Medic Jursey NOTIFICATION OF ASSESSION ANA VENEZAN (Purcent to Marc 6:60 and 12-120)

Date: 0/9/14 Ti	- I A NICE OF THE PARTY OF THE	No.			IC Step som r					N MARKS		100
			Name	of Billio	ng Olane Opt		py 9: 1	13 :				
5/9/14					BRIAN	Otenia	Ei					phone
TOTAL NUMBER	Type Montacation		Street	Address	31/ 1	AUILTON	AVE				-	ļ
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DEP	C Amended		City, -	Ġ	IEN RO	CE NJ	. 07	152	nharr.			1
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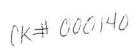
NJ Dept. oWhealth & Senio	r Service	-	Ele Ame	State of New Jon	Sey			Chec	k#_	8	440
Dale: 59 WTime:	415		(Pursuer	IN OF ASSESTO	S ABATI and 12:12	EMENT 20)	or be	7.5			North Control
Date of Notification (1)  Apencies Notification  Type Notification			1	of Building Owne CHALID (	r/Operato QU/R/	5 H 1	77 - 12 24	0; ;	()		-
Agencies Notified  Type Notification  EPA  Initial  Amended  DOL  Amendment	n		/	28 WIG	LIA	M STR	EET				
ISS Emarana			E	NGLEWOO	00	NJ O	7631				
DOH Justification Cancellation	1)	-9	MA	of Contact Thirkly			Telephone N	limpos		9	
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	HLITY INFORMA	TION	Type of Facility	· (A)			· ·	-
Sweet Address 128 WILLIAM ST			×			School (K-	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	12) cial bu	lidings	, אסח	n <del>o</del> s,
ENGLEWENA	111					Square Feet	# of Floors		Bldg.	-	
County (6)				Code (7)		GOO Current Use (Pr	rior if being demoli	(hada	60	2	
Name of Monitoring Firm Hired by Building	6	XI.	A 10	USE ONLY)		CALAGE	f 2 CAR	anauj			
	owner (	5)	ASC	M No.	A. N	of Abatement Co Mac Contractin	ntractor (9) o Inc.		•		
Street Address		•			Street	Address	<u> </u>				
City, State, Zip Code						Lowell Road		···········			
Project Manager for Monitoring Firm					Gler	1 Rock, N.J. 0	7452				
Trojout manager for managering Fight			Telepho	ine No.		tone No. -262-5841	License I 00156	VD.			
Start Date (10) 5/9/14	Schedu S	ilen Co	moletion // /	Date (11)		of OSHA Monitor		nc.		-	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abster	ment		Street	Address Huyler Street					
Other – Describe:	mal Facili	ty Hour	5			tale, Zip Code kensack, NJ 0	7606			•	<del></del>
Scope of Work (Check All That Apply) ≥3 af or ≥3 if	[pass]				· ·	7	- Y-ra-basis	•		-1	
L_i ≥3 af or ≥3 ff D ≥160 af or ≥260 lf		Renova Demoil				Mini-Enclosum Gloveban Pro-	cedura				
100		s Locat				1 NOU-EXCIDITE	d (*) and Non-Friat	ole Pro	Abate	-	t
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sola	ly by	De Asbestos Con	scription	of		-	Ту	pe	
TO BE ABATED In Facility (13)		aintena stodiai ( (12)		(i.e. therma surfa	systems cing, VA niscellan	Insulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Endosyle
	Yes	No	NVA					로	7	Bie	ie
OUTSIDE	-		X	SH12	went)		480 SF	×			
				17.10			-				
Name of Registered Waste Hauler		IN	JDEP W	aste Cubic	Yards	Name of	Registered Landfill				
Rovic Transport		H	auler ID   0785				Registered Langilli Bethlehem La		Con	<b>.</b>	
City, State Riverdale, New Jersey 07457		—-l			al/Date	City, State				-	$\dashv$
Completed by R. McDonald	Title	ident			ignatura	. , ,	Da	,	1.	4	

Check # 8764

Date of Notification (1					ng Owner / O				OHECK :	- 01	04	
Agencies Notified	May 12, 2014 Type Notification			ship of G	reen Brook							
□EPA □DEP				reenbroo	k Road	ē.	/ Y / V 14	* 9:16				
□ DEP	Initial		City S	State & Zip	Code							
	Amended				NJ 08812							
⊠DOH  □DCA	Amendme											
	Cancellat	ion	Name	of Contac	ct				Telenho	na Mi	ımbe	er
			FA	CILITY	INFORMA	ATION						
Name of Facility When Washington Park Sta	re Abatement is Ta ate House	king Place (3)			Тур	e of Facility ( School (K-						
Street Address							8 (Other tha	an K-12)				
16 Rock Road West								commercial buildi	inas ho	me (	atc \	
					The State of the S	are Feet	# of F		Bldg. Age		:(0.)	-
City (5) Green Brook	N.		1000	111.11		5,000		+ Basement	55	70		
					Curr		or if being de	emolished)				
County (6) Somerset		County Code	€ (7)									
Name of Monitoring Fi	rm Hired by Buildir	ng Owner (8)		ASCM		ne of Abatem	ent Contract	tor (9)				
Hillman Consulting Street Address			- 35/9/32/			atech, Inc. et Address						
1600 Route 22 East, 5	Ste. 107					Radio Road						
City, State & Zip Code Union, NJ 07083					City,	State & Zip	Code					
Project Manager for Mo	onitoring Firm	ITe	lephone I	Vumber		e Egg Harbo phone Numb	or, NJ 0808		roma la min			
Brian Nemetz		90	8-686-26	36		296-6916	)C1	License N	umber 0081	7		
Scheduled Start Date ( May 22, 201		eduled Completi	on Date (		11-25/37/2019	e of OSHA	Monitor					
Occupancy Status Dur	ing Abatement (Ch	eck only one)				et Address						-
	d/Vacated During E			nt		Radio Road						
	erformed Outside o	f Normal Hours			City,	State & Zip	Code				- 07	
Other – Descr	350.000				Little	Egg Harbo	or, NJ 08087	7				
Scope of Work (Check	ied During Abatem	ent										
ocope of work (offeck	all triat apply)					П г						
$\ge 3$ sf or $\ge 50$ If		$\boxtimes$	Renovatio	on		Mir Mir	ni-Enclosure	nt with Negative Pre	essure			
≥160 sf or ≥260	If		Demolitio				vebag Proce	edure				
					9			(*) and Non-Friable	Procedu	re		
Local Asbestos-Contain	tion of	Is Location	on Norma	lly Used		Description of	of		Ab	atem	ent T	уре
	ABATED		Maintendial Staff			estos-Conta Material (ACI		Amount (Special SF or LF)	fy			
	acility		- 1		(i.e.,	thermal sys	tems	0. 5. 2.				
- C	3)	1 1				tion, surfacin ner miscellar			₽ R	Z)	nca	5
		1 1				- Time Coman	.0000/		Remova	Repair	psu	Enclosure
		Yes	No	N/A					/al	7	Encapsulate	ure
1 <sup>st</sup> Floor Landing of B	asement Staircas	e		х	Flo	oor Tile & Ma	stic	8 SF	X		П	Т
								-				
Name of Registered Wa	aste Hauler	NJDEP W		Cubic Ya	ards of Wast	te Na	me of Regis	tered Landfill				
Synatech, Inc.		Hauler ID		< 1		Gr	ows Landfil	ı				
City, State				Disposal	Date		y, State			_		
ittle Egg Harbor, NJ	08087			luna 22	2014							
Completed By	Title			June 23		MC	orrisville, PA	N Date		_	-	
Nana Alaia				[ ./].	ane 1	10-						
Diane Aloia	Exe	cutive Adminis	trator	IVI	une /	UOL_	_	May 12, 2014				

Date of Notification (1)				Name o	of Building C	wner/Operat	tor (2)	M MAY 15	Ps.	s apes Es				
05-08-14				La Po	orta Build	ers Inc.			Ph	2: :	Ċ			
Agencies Notified	Type Notification			Street A	Address			VIII						
EPA	Initial			14 La	aureldale .	Ave.								
DEP	Amended				ate, Zip Coo			4 N						
DOL	Amendment Emergency		-		chen NJ (	08840								
DOH	justification)	,			of Contact				Tal	onh	**			
☐ DCA	Cancellation				.aPorta					~	1700	Š		
Name of Facility Where	Abatement is Takir	n Place (3	)	FAC	ILITY INFO	RMATION	Tv	pe of Facility (4	1					
Private Residence	Abdicinent is Taki	9 1 1400 (0	,				-							
Street Address							$\exists \exists$	School (K-12 Subchapter 8		er than	K-12)			
7 West Cedar St.							X	Other (i.e. pr				uilding	s, hon	nes,
City (5)							Sa	etc.) uare Feet	# o	f Floors		Blda	Age	
Metuchen												_,	, igo	
County (6)	*****		7	County	Code (7)		Cu	rrent Use (Prior	if bei	ng dem	olished)		50.01000	
Middlesex				(STATE	USE ONLY)						18 8 8			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.	Nan	ne of A	batement Cont	ractor	(9)				
N/A						De	elfa C	ontracting LI	_C					
Street Address				Street Address										
					522 7th Street									
City, State, Zip Code				City, S				, Zip Code						
				Unio				nion City NJ 07087						
Project Manager for Mor	Manager for Monitoring Firm					1 (100)	phone No. License No. 1 216-9603 01206							
										0120	6			
Start Date (10) 05-19-14				npletion Date (11) Name of OSHA Monitor  Delfa Contracting LLC										
	- Ab -4 (Ob -	05-20-		A										
Occupancy Status Durin	5 2	-	8				et Add	ress Street						
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of A	bater	nent										
Other – Describe:	ed Outside of North	iai Facility	noui	5				Zip Code city NJ 07087	7					
Scope of Work (Check A	Il That Apply)					1 01	iioii C	nty 145 07 001						
23 sf or ≥3 lf	,,,			tion			П.		4	N1 45-	D	0000		
≥160 sf or ≥260 lf		(WINDS	enova emoli					Full Containmen //ini-Enclosure	it With	wegauv	e Press	ure		
								Slovebag Proce		. N	: D			
		T			Ι			lon-Exempted (	r) and	Non-Fi	nable Pr		ire temer	
		1,000	_ocat ormal			27 1832	122						ype	HL
Location Asbestos-Containing		Used	Sole	ly by	Asbesto	Descriptions S Containing	on of Materi	ial (ACM)	Аг	nount		T	T_	
TO BE ABA	ATED	Mair Custo	ntena		(i.e. th	nermal syster	ms inst	ulation,	Amount (Specify		Z,	7	Enc	5
In Facili (13)	ty	Just	(12)	Mail:		surfacing, V other miscella			SF	or LF)	Remova	Repair	apsı	Enclosure
(,,,,		LV. T		T.,,,		Jaici Illisocii	aneous	"		54	l a	=	Encapsulate	ure
		Yes	No	N/A							_	$\perp$		
Exterio	or		X			Transite s	siding		60	0 SF	x			
												T	1	
<del></del>		+									+	+	+	$\vdash$
Name of Registered Was	te Hauler		IN	JDEP W	aste T	Cubic Yards		Name of Re	nister	ed Lanc	Hell			$\Box$
			Н	auler ID	MARKEAN I	of Waste		VOSE VENTRAL I	15000				F- "	.
Delfa Contracting LL	.0		3	5240		4		Tullytowr	ı Ke	source	Keco	very	racii	ity
City, State						Disposal Dat	e	City, State						
Union City NJ 07087						05-22-14		Tullytowr	ı, PA					
Completed by		Title				Signatu	re	40	**************************************		Date .			
Jaime Delgado		Proj. I	viana	ager		05-08-14					4			

Date of Notification (1)				Name	of Building	g Owner/O	perator (2	2)						-
05-08-14				Ann	Ryan			MENT RULE	<b>5</b> 6	14 O 1				
Agencies Notified	Type Notific	ation			Address				4	0 5	-			
EPA	Initial			408	Cranber	rry Rd.		- A						
DEP DOL	Amend				tate, Zip C			-1 - 2 - 2 - 2	4,5-					
DOL		lment # ency (includin		Farm	ningdale	NJ 0772	27	4- 1	- A	1				
<b>⊠</b> DOH	justifica		g		of Contac	t			Te	lephone	Number			
DCA	Cance	lation			Ryan	# 9 <sub>196</sub>								
Name of English Where	Vh ata a a a d i a	T-Li- Di-	(0)	FAC	ILITY IN	FORMATIC								
Name of Facility Where A Private Residence	Abatement is	raking Place	(3)				12	ype of Facility	(4)					
Street Address								School (K-						
133-135 Feronia W	lav						I I	Subchapte Other (i.e.				ildinas	hon	nes
City (5)								etc.)						
Rutherford							8	Square Feet	# 0	of Floors		Bldg.	Age	
County (6)				C	C-d- (7)									
Bergen					Code (7) USE ONL			сиrrent Use (Pr	ior if be	ing dem	olished)			
Name of Monitoring Firm	Hirad by Buil	ding Owner /	2)				$\Box \bot$							
N/A	riffed by Bull	uling Owner (c	9)	ASC	M No.			Abatement Co		(9)				
Street Address		-					Street Ac	Contracting	LLC					
								h Street						
City, State, Zip Code								e, Zip Code						
7,,,								City NJ 070						
Project Manager for Moni	toring Firm			Telepho	ne No		Telephon			Licens	o No			
				Tolopin	, , , , , , , , , , , , , , , , , , ,			6-9603		0120				
Start Date (10)		Schedu	led Co	mpletion	Date (11)			OSHA Monitor		0120				
05-20-14		05-21						Contracting						
Occupancy Status During	Abatement (	Check Only O	ne)				Street Ad				***	-		
Facility Closed/Vaca	ted Durina Er	ntire Period of	Abate	ment			522 7tl	n Street						
Abatement Performe	d Outside of	Normal Facilit	y Hour	s		<u> </u>	City, State	e, Zip Code						
Other – Describe: 8	:00 Am - 4:00	PM .	-			_ [	Union	City NJ 070	87					
Scope of Work (Check All	That Apply)	150.000												
≥3 sf or ≥3 lf			Renov	ation				Full Containm	ent with	Negativ	e Pressi	ıre		
≥160 sf or ≥260 If			Demoli	ition			×	Mini-Enclosure	е					
								Glovebag Pro Non-Exempte		d Non-Fr	iahle Pro	redu		
		1	s Locat	tion				TON Example	2 ( ) an	3 1101111	IGDIC I TO		emen	t
Location	nf		Norma			Doco	ription of						/ре	
Asbestos-Containing N	Material (ACM		ed Sole		Asbes			erial (ACM)	A	mount			m	
TO BE ABA		A	todial		(i.e.	thermal sy				pecify	Re	Z	nca	띨
(13)			(12)				ng, VAT, o scellaneou		51	or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u> 0</u>	-	late	lre
Basemer	nt .		-	1,,,,								-		-
Daseme	IL.		X			pipe in	sulation	1	6	0 LF	Х			
										-				
Name of Registered Waste	Hauler		IN	JDEP W	aste	Cubic Ya	ards	Name of I	Register	red Land	fill			
Delfa Contracting LLC			H	lauler ID		of Waste		10	173			00.5	oci:	.
			3	5240		1		Tullytov		source	Recov	ery F	acili	Ly
City, State						Disposal		City, State			F1-1-1000			
Union City NJ 07087 Completed by		1 = "				05-23-		Tullytov	vn, PA					
Jaime Delgado		Title	Man	0005		Sign	nature	18		- 11	Date		e.e.b	
			Man	agei				15			05-08-	14		



Date of Notification (1)	Name of Building Owner/Operator (2)											
05-06-14		Wayne	e Pohida		791/ Y	14 15	PM A:	23				
Agencies Notified Type Notification		Street A		20								
☐ EPA 🔀 Initial			. Broad S				15 1 2	2.73				
DEP Amended			te, Zip Cod		- 4	i ni i						
DOL Amendment			eth NJ 0	7202	45.0				0.31.00			
Emergency (i justification)	ncluding	Name of	Contact			Tel	ephone Nu	ımher				
DOH justification)  DCA Justification			Pohida									
		FACI	LITY INFO	RMATION	T= 7E	P4 - 745						
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility (4)							
Private Residence					School (K-12) Subchapter 8 (Other than K-12)							
Street Address					Other (	i.e. private	& commerc	cial build	dings,	home	es,	
624 Spring Ave.					etc.)							
City (5)					Square Fee	t  #0	f Floors		ildg. A	ge		
Elizabeth												
County (6)			Code (7) USE ONLY)		Current Use	(Prior if be	ng demolis	shed)				
Union		<u> </u>										
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCN	No.	1	of Abatemen		(9)					
N/A					a Contracti	ng LLC						
Street Address					Address							
				X	7th Street							
City, State, Zip Code					, State, Zip Code							
					ion City NJ 07087							
Project Manager for Monitoring Firm		Telepho	ne No.		hone No.		License	No.				
		1			216-9603		01206				175-25.65	
Start Date (10)	Scheduled C	ompletion	Date (11)		of OSHA Mo							
05-07-14	05-10-14				a Contracti	ng LLC						
Occupancy Status During Abatement (Chec	k Only One)				Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Abat	ement			7th Street							
Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	urs			State, Zip Cod							
		Union City NJ 07087										
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf		vation		4	Full Containment with Negative Pressure Mini-Enclosure							
≥160 sf or ≥260 lf	□ Dem	olition				osure Procedure						
						npted (*) ar		ble Pro	cedur	е		
	Is Loc	ation								emeni	t	
Location of	Nom			Description	n of				1 13	pe I		
Asbestos-Containing Material (ACM)	Used S Mainte			os Containing I	Material (ACM	7 1 3	mount	-		g	ш	
TO BE ABATED In Facility	Custodia		(i.e. 1	hermal system surfacing, VA			Specify F or LF)	en	Re	cap	nclo	
(13)	(1	2)		other miscella			38053 <del>50</del> 7 - <b>4</b> 67	Remova	Repair	Encapsulate	Enclosure	
1.500	Yes N	o N/A						=		at e	(D)	
	+	-		L	alia a	+	00 SF			-		
Exterior				transite Si	aing		000 SF	х	-			
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Name of Registered Waste Hauler	egistered Waste Hauler N.				oic Yards Name of Registered Landfill							
Secret come re-m and another expenses		NJDEP W Hauler ID		of Waste	100000000000000000000000000000000000000	lytown R			en l	acili	itv	
Delfa Contracting LLC		35240		10			source		Ci y i	auil	ıry	
City, State				Disposal Date		State						
Union City NJ 07087				05-12-14		lytown, P						
Completed by	Title			Signatur	e 21			ate	4.4			
Jaime Delgado	Proj. Ma	anager		05-06-14								

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

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) May 6, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. D DCA ■Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NEWARK GYM, BLDG# 7223 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years County (6) County Code (7) NEWARK **ESSEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitorina Firm Hired by Blda. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/16/14 05/19/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf Renovation ■ Mini-Enclosure ≥ 160 sf or > 260 lf ■ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Room 004 Suite X VAT 250 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 15 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 05/19/14 100 New Ford Mill Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino May 6, 2014 MANAGER

Check# 10901

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

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) March 6, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **X**EPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. X DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOI ■ Emergency (including) City, State, Zip Code X DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Telenhone Number □ Cancelled Name of Contact MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BUSCH CENTRAL HEATING, BLDG# 3540** ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY MIDDLESEX** (State Use Only) Current Use (prior if being demolished): HEATING PLANT Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/16/14 05/28/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 8:00AM - 8:00AM - 24Hr FAIRLAWN, NJ Scope of Work (Check all that apply) X Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf □ Renovation Mini-Enclosure > 160 sf or > 260 ■ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA 1st, 2nd, & 3rd Floors X TSI 100 SF X (various areas) 1st, 2nd,& 3rd Floors X TSI 100 LF X (various areas) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State 100 New Ford Mill Disposal Date NJDEP # 12561 05/28/14 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Rd. Morrisville, Pa NJ DEP# 22612 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalins March 6, 2014 MANAGER

NO CHECK

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

GAC Project # 060-14		*** 9	NOT THE POST ! .	* 354												
Date of Notification (1)  March 6,	2014			1	Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ											
Agencies Notified  EPA  DCA	2017	Notification Initial Amende	Notifica		Street Addr		HEALTH	& SA	FETY I	DEPT.	S					
☑ DOL ☑ DEP- No Longer REQUIRE	D	☐ Emerg justific		including	City, State, PISCATA	Zip Code AWAY, NJ (	08854									
<b>⊠</b> DOH		□ Cance			Name of Co		NV.	Tele	phone N	umher						
		<u> </u>		FACILITY IN		G OAI LIT		1								
Name of Facility Where Abatemer BUSCH CENTRAL HEAT			540		Type of Faci											
Street Address						pter 8 (other tha	an K-12)									
BUSCH CAMPUS						.e. private & cor					ars					
	unty (6	LESEX		y Code (7) Use Only)		e (prior if being					1000					
Name of Monitoring Firm Hired by ATC ASSOCIATES	Bldg. C	Owner (8)	ASCM 0098		Name of Cor	ntractor (9)	EMENT	ONCI	II TANI	TC IN						
Street Address		-			Street Addre		CINICIAI C	ONS	JLIAN	13, 1140	<u>,                                     </u>					
3 TERRI LANE					268 MAIN STREET											
City, State, Zip Code	-				City State, ZipCode											
BURLINGTON, NJ 0801	6					NJ 07405										
Project Manager for Monitoring Fir	m	Telephone N	lumber		Telephone N	lumber		Licer	se Numb	se Number						
BRIAN KEARNY		609-386-	erearcher.		973-492-0	477	008	40								
Scheduled Start Date (10) 05/16/14		Scheduled 0 05/28/14	ompletio	on Date (11)	Name of OSI 11 ENVIROV	HA Monitor										
Occupancy Status During Abate  Facility Closed/Vacated Durin  Abatement Performed Outside	g Entire	e Period of Al	patemer	ıt	Street Addre	SS RGARAW R	Standard (1980)									
Describe Sother – Describe: Shift Ho	urs: 8	3:00AM – 8	3:00AN	Л - 24Hr	City, State, Zip Code FAIRLAWN, NJ											
Scope of Work (Check all that app	ly)					577		-		10 1/22						
□ ≥ 3 sf or ≥ 3 lf ⊠ ≥ 160 sf or ≥ 26	60			☑Renovation ☐ Demolition			Full Contain Mini-Enclos Glovebag F on-Exempte	sure Procedi	ure			re				
Location of Asbestos-Containing Material (ACM) in Facility (13)				Description of Ast (ACM) (i.e. therm VAT, or other mis	al systems insu		g, (Specif or LF)			nent Type Repair	-	Enclose				
1 <sup>st</sup> , 2 <sup>nd</sup> ,& 3 <sup>rd</sup> Floors (various areas)	X			TSI			100 S	F	X							
1 <sup>st</sup> , 2 <sup>nd</sup> ,& 3 <sup>rd</sup> Floors	X			TSI		- NO HANDLE COLUMN	100 L	F T	X	1						
(various areas)										+						
Name of Reg. Waste Hauler See Hauler Below #1 & 2  NDEP Waste Hauler ID # See Below					Cubic Yards of Waste: 15 CY Name of Registered Landfill G.R.O.W.S. North Landfill						ill					
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561							Disposal Da 05/28/14	<u>te</u>		City, Stat		Aill				
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612							00/20/14		!	Rd. Morr 19067 215-736-	isville,					
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Signature Rayman	rd C. Pedi	elino	<u>Date</u>	March							
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NO Check

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

GAC Project # 060-14			_									
Date of Notification (1)					Name of Building Owne	er/Operator (2	2)					
March 8,	2014		15		RUTGERS, THE	STATE UN	<b>IVERSIT</b>	Y OF	NJ			
Agencies Notified  IXIEPA  IXIDCA  IXI DOL			Notific led No	ation tification #1 —	Street Address ENVIRONMENTA 27 ROAD 1, BLDG	Ç'HEALTH	& SAFE	TY D	EPT.	s		
☑ DEP- No Longer REQUIRE ☑ DOH	D .		ency	(including	City, State, Zip Code PISCATAWAY, N.	J 08854			•			
IZI DOH		justific Cance			Name of Contact MICHAEL SMITH, HEALTH & SAFET		Telepho	one Nu	mhor			
N. CE W. CE				FACILITY IN	FORMATION							
Name of Facility Where Abatemet BUSCH CENTRAL HEA	nt is Tak TING,	sing Place (3) BLDG# 3	540		Type of Facility (4)  School (K-12)	No. of the second						
Street Address BUSCH CAMPUS				14	Subchapter 8 (other Other (i.e. private & co	r than K-12) ommercial bui <u># of Floors:</u>	dings, home	es, etc.)	50± 110	oro		
PISCATAWAY		LESEX		ty Code (7) Use Only)	Current Use (prior if being					dis		
Name of Monitoring Firm Hired by ATC ASSOCIATES	Bldg. C	Owner (8)	ASCN 009		Name of Contractor (9)  GREENWOOD ARATEMENT CONSULTANTS INC.							
Street Address 3 TERRI LANE					GREENWOOD ABATEMENT CONSULTANTS Street Address							
City, State, Zip Code					268 MAIN STREET  City State, ZipCode							
BURLINGTON, NJ 0801					BUTLER, NJ 07405							
Project Manager for Monitoring Fir BRIAN KEARNY	<u>m</u>	Telephone N 609-386-			Telephone Number	License	Numbe	ŗ				
Scheduled Start Date (10)	_	Schodulad C	amalati	D-t- (44)	973-492-0477		00840					
05/16/14		Scheduled 0 05/28/14	ompletio	on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	C						
Occupancy Status During Abate  Facility Closed/Vacated Durin	ment (C	heck only or	ne)	nt	Street Address	<u>.                                    </u>						
Abatement Performed Outside Describe	e of Nor	mal Facility I	Hours -		20-21 WARGARAW ROAD City, State, Zip Code							
☑Other – Describe: Shift Ho	urs: 8	8 – MA00:	3:00A	VI - 24Hr	FAIRLAWN, NJ							
Scope of Work (Check all that appl	ly)								-		-	
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 26						Full Contai Mini-Enclo Glovebag Non-Exempt	sure Procedure				re	
Location of Asbestos-Containing Material (ACM) in Facility (13)		DATE OF THE PARTY		Description of Asb (ACM) (i.e. therma VAT, or other misc	estos Containing Material al systems insulation, surfac	Amou	nt Al	bateme emove I	nt Type			
1 <sup>st</sup> , 2 <sup>nd</sup> ,& 3 <sup>rd</sup> Floors (various areas)	X			TSI		100	SF 🗵	3				
1 <sup>st</sup> , 2 <sup>nd</sup> ,& 3 <sup>rd</sup> Floors (various areas)	X			TSI		100	_F 🗵					
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste See Below			Cubic Yards of Waste:	15 CY	Name of I				11	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612					Disposal Date					Ford M sville,		
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Signature  Raymand C. Pedalino  March 8, 2014							

NO CHECK

		K.	Hovnani	on Hamas	195							
	_	K. Hovnanian Homes										
		Stree	t Address		Ç11 (A							
				est Avenue, 5 <sup>th</sup> F	loor							
			State, Zip									
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ner (8	) T	ASCM	No	Name of Abateme	nt Contractor (9)		-	-1				
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ed Cor	nplet	ion Da	te (11)	Name of OSHA M	onitor		- 1157			_		
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acility I	Hours	s - Des	cribe									
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	NJ	DEP V		Cubic Yards of	Name of Regis				Ш	Ш		
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	NJ Ha	IDEP V	No.	Waste As Needed Disposal Date TBD	IESI Landfi	, PA						
	NJ Ha	IDEP V	No.	Waste As Needed Disposal Date	IESI Landfi City, State	11			/,,			
	ed Core / only on d of Alacility I 4:00P	Telegent Properties of Abatem acility Hours 4:00 PM-12  Renovation Demolition  Is Locatin Normall Used Solel Maintenar Custodial S (12)	Telephone 973-494 ed Completion Da / 12 / only one) d of Abatement acility Hours - Des 4:00 PM-12:00 AM Renovation Jemolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	County Code (interval in the content of the content	County Code (7)(STATE USE ONLY)  ASCM No. Name of Abateme ALL PRO MA  Street Address 27 Outwater L  City, State, Zip Co Garfield, NJ (1)  Telephone No. 973-494-3762  ed Completion Date (11) / 12 / 14  Only one) d of Abatement acility Hours - Describe 4:00 PM-12:00 AM  Renovation Renovation Custodial Staff? (12)  County Code (7)(STATE USE ONLY)  Name of Abatemene ALL PRO MA  ALL PRO MA  Street Address 27 Outwater L  City, State, Zip Co Garfield, NJ (1)  Full Conta  Mini-Enclor Glovebag Non-Exen  Asbestos Containing Mat (i.e., thermal systems in surfacing, VAT, other miscellaneo	Place (3)    Type of Facility   School (K-1: Subchapter   Other (i.e., phomes, etc.)     Square Feet   Other (i.e., phomes, etc.)     Street Address   27 Outwater Lane     Other (i.e., phomes, etc.)     Street Address   27 Outwater Lane     Other (i.e., phomes, etc.)     Street Address   973-928-4888     Square Feet   Other (i.e., phomes, etc.)     Street Address   973-928-4888     Square Feet   Other (i.e., phomes, etc.)     Street Address   973-928-4888     Square Feet   Other (i.e., phomes, etc.)     Street Address   973-928-4888     Square Feet   Other (i.e., phomes, etc.)     Street Address   973-928-4888     Square Feet   Other (i.e., phomes, etc.)     Street Address   27 Outwater Lane     City, State, Zip Code   Garfield, NJ 07026     Street Address   27 Outwater Lane     City, State, Zip Code   Garfield, NJ 07026     Street Address   27 Outwater Lane     City, State, Zip Code   Garfield, NJ 07026     Street Address   27 Outwater Lane     City, State, Zip Code   Garfield, NJ 07026     Street Address   27 Outwater Lane     City, State, Zip Code   Garfield, NJ 07026     Street Address   27 Outwater Lane     City, State, Zip Code   Garfield, NJ 07026     Ablestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12   Other (i.e., private and commended homes, etc.)   Square Feet   # of Floors	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial b homes, etc.)  Square Feet # of Floors B  County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)  ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC  Street Address 27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Telephone No. 973-494-3762 973-928-4888 1188  ed Completion Date (11) / 12 / 14 Name of OSHA Monitor ALL PRO MANAGEMENT LLC  Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026  Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026  Street Address 4:00PM-12:00AM  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Mini-Enclosure Glovebag Procedure Mini-Enclosure Glovebag Procedure About Amount (Specify Sire LF)  About Amount (Specify Sire LF)  About Amount (Specify Sire LF)  About Amount (Specify Sire LF)	Type of Facility (4)	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age  County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)  Mer (8) ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC  Street Address 27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Telephone No. 973-494-3762 973-928-4888 1188  Name of OSHA Monitor  / 12 / 14  Name of OSHA Monitor  ALL PRO MANAGEMENT LLC  Street Address 27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Telephone No. 973-494-3762 973-928-4888 1188  Name of OSHA Monitor  / 12 / 14  ALL PRO MANAGEMENT LLC  Street Address 27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Telephone No. 973-928-4888 1188  Name of OSHA Monitor  ALL PRO MANAGEMENT LLC  Street Address 27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Application of Mini-Enclosure Glovebap Procedure Non-Exempted (*) and Non-Friable Procedure  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or of other miscellaneous)  Abatement T		

CK# 11/05

Date of Notification (1)	5-13-2	oli.	1	Name of Building Owner/Operator (2)  1 10 11 A S GABRIELLINI										
Agencies Notified	Type Notification	-/9	-		t Address			<u> </u>	1.0	Car, on		=		
☐ EPA	[7] Initial	6	- 1	-		JARD	DR							
I DEP	Amended		ŀ		State, Zip				-		ill-market	_		
DOL	Amendment #		.	Cary.	-	CK. N	1 0	F 1723		17. (7				
Прон	Emergency (in iustification)	cluding		Alone	of Conta			/ Telephone Number	_	=	-	=		
DCA	Cancellation		1		RIC		15	/ I reightan				Ì		
						FORMATION		7	7					
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Faci	iity (4)						
I reality of a bounty williams	Audiomoni is Tonni	g : 1000	(0)				☐ School (N							
Street Address /	7						Subchapt	er 8 (Other than K-12)	É					
39 h	ARD I	)R					Other (Le homes, e	., private & commercial tc.) HOME	build	lings,				
City (5) PR 1 C	KN	1		08	372	3	Square Feet	# of Floors	Bio	dg. A	1			
County (6)	CAN			Cou	nty Code (	7) (STATE	Current Use	se (Prior if being demolished)						
Name of Washing	W-J-D-17	<b>Name</b>	_	ASCM		Name of Abater			7			_		
Name of Monitoring Firm (8)	n mired by Building C	wner	1	MOUN	NO.	BRICH		USTRIES_	14	1C				
Street Address						Street Address	HTICK		_			=		
						City, State, Zip C	The second state of the second state of the second	11241		=		_		
City, State, Zip Code						BRIC	// /	1.087	2	_		_		
Project Manager for Mo	Tele	phone	ne No. Telephone No. License No. 132-899-1400 D 1196											
Start Date (10)	I School	uled Co	monlei	ion Da	to (11)	Name of OSHA	maglionistic complete and for the complete and the comple	9 0 11	7			-		
Clast Date (10)		ionou oc	ntipio		/									
Occupancy Status Duri	ng Abatement (Chec	k only	one)			Street Address					-			
☐ Facility Closed/Vacar					•		1							
Abatement Performe			Hour	3		City, State, Zip C	Code				-			
Other - Describe:	VACANI						- 1							
Scope of Work (Check	all that apply)			-					-					
[]-2-62×		mb-	novati			☐ Full Co		Negative Pressure						
	Marine Marine A		nolition				ag Procedure							
Ш		[1]						Non-Friable Procedure	9	-0				
			ocatio						A	bate				
Location		Used:	mally			Description o				Typ	e			
Asbestos-Containing I			tenan		Asbes	tos Containing Ma		Amount			177			
TO BE ABA			stodia	1	(i.e.	, thermal systems		(Specify	공	20	2	Enclosure		
IN Facility (13)	<b>期間27.707.8011-3</b>		taff? (12)			surfacing, VAT other miscellane	, Of	SF or LF)	30	Repair	pst	sol		
9 SF WHITE	CHIMNEY		-		1			QSF	Removal	==	Encapsulate	a.		
	CAULK	Yes	No	N/A				9 3	V					
9 SF BLACK	CHIMINEY I	TR						9 SF	V					
200 SQ Fr	FLOOR TO	LE	4/	145	70	VAT		200 SF	V					
USLF PI	APER HZA	C	IN.	SUL	77700	1		48 45	V					
180 SQF1	TRANSITA	= 77	AN	EZ	2	TRANSI	TE	180 SF	V					
Name of Registered Wa			I H	JDEP auler, II	Waste D No.	Cubic Yards of Waste		egistered Landfill	۲.			Personal		
BRICK /N	DUSTRIES	IN		216		Disposal Date	City, State	R.O.W.	<u> </u>			_		
BRICK.	NJ.	100				5-15-14	Only, Grate	PA.						
Completed By	AeKIS Title	RES				Signature	XX DI	Date 5	_/:	3 _	14			
ASB-41	11-11/2	VE3					Weller				_			

#### State of INEW Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  May 12, 2014	4	Name of Buildin	Name of Building Owner/Operator (2)  Summit Construction					5		
Agencies Notified Type of Notific	ation al Notification	Street Address		eron Road	3:	42	5	ď		
[x] DOL Ame	ended Notification endment # ergency (including ification)	City, State, Zip (	Tucke	erton, NJ 08087						
[[] = 0.1	cellation	Name of Contact Cliff			Telephone Number	7		-4		
Name of Facility Where Abatement is Taking Residence	g Place (3)	FACILITY INFOR	MATION	Type of Facility (4	8					
Street Address 23 West Navasini	k Drive			[ ] [x]	School (k-12) Subchapter 8 (o Other (i.e., prive			al buil	ldings,	
City Muetic Island	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors	Bldg.		0		
Mystic Island  Name of Monitoring Firm Hired by Building	Ocean Owner (8)	ASCM No.	Nome of	Resid		1)				
N/A Street Address	(-)	ABOW NO.	Name of Abatement Contractor (9)  Guardian Contracting, Inc.  Street Address							
City, State, Zip Code			City, Stat	te, Zip Code	Route 9, Unit 6					
Project Manager for Monitoring Firm	Telephone Num	ber	Telephon 732-34	e Number	License 1	Jersey 08755-1271 ense Number 624				
Scheduled Start Date (10) 5/12/14	Scheduled Comp 5/13/14	oletion Date (11)	_	OSHA Monitor	J.L. Analytical	****				
Occupancy Status During Abatement (Check  [ x ] Facility Closed/Vacate  [ ] Abatement Performed  [ ] Other – Describe	only one) d During Entire Period of A Outside of Normal Facility	Abatement Hours	Street Ad	dress 1056 : e, Zip Code	Stelton Road					
Scope of Work (Check all that apply)			[]		away, New Jerson at with Negative Pres	100 Dec	4			
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf	2 3	ovation nolition	[ ] [ ] [ x ]	Mini-Enclosure Glovebag Proces						
					Tit	Abaten	nent T	уре		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A	ial (i. in:	Description sbestos-Con Material (A. c., thermal s sulation, sur VAT, or her miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	E M O	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X	Asbestos sidi	ng		900 sf	Х	-		1	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223	3	ards of Waste	Name of Regist T.R.R.F.	ered Landfill	1	1			
City, State Toms River, New Jersey		posal Date 4/14	City, Stat		a					
Completed by (Print or Type) Nicholas Fernicola	Signature	1.41	1 / Milli		Date 5/12/1	4				

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

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 2/11/2014	Name of Buildin		erator (2) ercola Enterprise	rs	6	20	1.2	63-		
[ ] DEP	al Notification ended Notification	on	Street Address  City, State, Zip C	120022	30x 790	and a			, ,	
[X] Eme	endment # rgency (includin fication)	g	Name of Contact	Mata	wan, NJ 07747					
	cellation			ando		Telephone Number	r			
Name of Facility Where Abatement is Taking	Plane (2)	FA	CILITY INFOR	MATION						
Residence	riace (3)				Type of Facility (4	School (k-12)				
Street Address 113 Harvard Aver	nue				[ ] [×]	Subchapter 8 (o Other (i.e., priva				ldings,
Point Pleasant	County (6)		County Code (7)	110	Square feet	homes, etc.) # of Floors	Bldg	. Age		
1 omt 1 ioasant	Ocean		(STATE USE ON	LY)	1000 sf Current Use (Prior	1 r if being demolished	1 60			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.	Name of	Resid					
N/A Street Address	(7)		ABCIVI NO.		Guard	or (9) dian Contracting	, Inc.			
				Street Ad		Route 9, Unit 61	ı			
City, State, Zip Code		City, Sta	te, Zip Code							
Project Manager for Monitoring Firm			e Number	River, New Jers		755-1	271			
Scheduled Start Date (10)	ion Date (11)		9-9932 OSHA Monitor	00624						
5/13/14 Occupancy Status During Abatement (Check		St A		S.L. Analytical						
[ X ] Facility Closed/Vacated	During Entire	Period of Aba	tement	Street Ac		Stelton Road				
Abatement Performed ( Other – Describe	Outside of Norm	al Facility Ho	ours	City, Star	e, Zip Code					
Scope of Work (Check all that apply)						away, New Jerse	20	54		
scope of work (check all that apply)				[ ]	Full Containmer Mini-Enclosure	nt with Negative Pres	ssure			
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf	[	Renova		[ ]	Glovebag Proce					
[ X ] ≥160 sf or ≥260 lf	[ x	Demoli	tion	[x]	Non-Exempted	(*) and Non-Friable	Procedur	re		
	Is Loc	otion					Abate	ment '	Гуре	
Location of	Normal	y used	As	Description bestos-Con		Amount	R E	R	Е	E
Asbestos-Containing Material (ACM)  TO BE ABATED	Solel Maintenance			Material (A		(Specify SF	M	E P	N C	N C
in facility	Sta	ff		sulation, sur		or LF)	0	A	A P	L
(13)	(12	2)		VAT, o	r		V	R	S	S
	YES NO	N/A	ot	ner miscella	ncous)		A L		U L	U R
Exterior	X	T	Asbestos sidi	ng		850 sf	X		Е	Е
				-		030 31	Α	-		$\vdash$
Name of Registered Waste Hauler	NIDER	Vaste Hauler	ID No.   C. I. c.							
Guardian Contracting, Inc.	NUDEP	20223	ID No.   Cubic Y	ards of Waste	Name of Regist T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey		-	al Date	City, Sta	te	= -				
Completed by (Print or Type) Nicholas Fernicola	Signature	he P	wn, Pennsylvani	a	Date 5/12/	2014		_		

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

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/One	rator (2)			_				
May 12, 2014	4			onstruction Service	ces	) 4	26	3			
[ ] DEP [ ] Ame	ation al Notification ended Notification endment # ergency (including	Street Address  City, State, Zip Co	ode	ast Bay Avenue							
DCA justi	fication)	Name of Contact			Telephone Number						
	DA	Mike									
Name of Facility Where Abatement is Taking Residence	g Place (3)	CILITY INFORM	MATION	Type of Facility (4							
Street Address 532 Broad Avenu	e			[ ] [x]	School (k-12) Subchapter 8 (of Other (i.e., priva				dings,		
City	County (6)	County Code (7) (STATE USE ONI	W)	Square feet	homes, etc.) # of Floors	# of Floors Bldg. Age					
Brick	Ocean	(STATE USE ONI	.1)	1500 sf Current Use (Prior Reside	if being demolished	)		50			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Name of Abatement Contractor (9)							
Street Address			Street Ad	ldress	ian Contracting,						
City, State, Zip Code		**************************************	City, Stat	1889 I te, Zip Code	Route 9, Unit 61						
Project Manager for Monitoring Firm	Toms I			River, New Jers		755-1	271				
Scheduled Start Date (10)	tion Date (11)	732-34		00624	·umoer						
5/13/14 Occupancy Status During Abatement (Check	tion Date (11)		E.M.S	.L. Analytical							
	only one) d During Entire Period of Ab	atement	Street Ad		Stelton Road						
Abatement Performed Other – Describe	Outside of Normal Facility H	lours	City, Stat	te, Zip Code							
				Piscata	away, New Jerse	y 088	54				
Scope of Work (Check all that apply)			[ ]	Full Containmen Mini-Enclosure	t with Negative Pres	sure					
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf	[ ] Renov		į į	Glovebag Proceed							
[ X ] ≥160 sf or ≥260 lf	[ X ] Demol	lition	[ x ]	Non-Exempted (	*) and Non-Friable I	Procedu	те				
	Is Location		Description	n of		Abate	ement	Гуре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility	Normally used Solely by Maintenance/Custodial Staff	As l (i.e	pestos-Con Material (A ., thermal sulation, sur	taining CM) systems facing,	Amount (Specify SF or LF)	R E M O	R E P A	E N C A P	E N C L		
(13)	YES NO N/A	oth	VAT, or er miscella			V A L	R	S U L E	S U R E		
Exterior	X	Asbestos sidir	ıg		1300 sf	Х		-	E		
		-									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	r ID No. Cubic Ya	rds of Waste	Name of Registe	ered Landfill						
City, State Toms River, New Jersey		sal Date	City, Sta	te							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Let	own, Penhsylvani	1	Date 5/12	/14	-1			

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