(K# 1493

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

			T No	me of F	pribling	Owner/Op	erator (2)				-		1			
Date of Notification (1)	Name of Building Owner/Operator (2)  JOSEPHINE ERVEN name of Building Owner/Operator (2)										1					
	Agencies Notified Type Notification						Street Address /									
Agencies Notified		١.	23	1 LORILLARD AVE												
☐ EPA ☐ DEP	Manual Amended		Ci	ly, State	Zip Co	Code BEACH NI 07735										
₩ DOL	Amendment #_ [7] Emergency (incl	erline.		(	NI	ON	13E	HCH 1		<u> </u>	E.	_	4			
□ DOH	instification)	um ig	N:	ame of	Contact	Qu	2011	Telephone Number								
DCA	Cancellation		1	ER	10	PLACKIS = 117										
				TY INFO	RMATIO	N						4				
Name of Facility Where	Abetement is Taking	Place (3)					1	ype of Facility (4	)				-			
Name of Facility Where	Applement a 12-3							School (K-12)	Other than K-12)							
Street Address /			Á					7 Other (i.e., priv	ate & commercial b		js,		1			
234 LO	RILLAR.			E				homes, etc.)	# of Floors	Bldg.			$\dashv$			
		,	4/ /	6	79-	35	5	Gruare Feet	2		0					
UNIO	N BEAC	7							r if being demolishe	1)		-	4			
County (6)	/			County USE O	Code (7	) (STATE	1	VACA	FNT				_			
County (6) MONI	YOUTH		- L			Name of	Abatemer	nt Contractor (9)			111111111111111111111111111111111111111		$\neg$			
Name of Monitoring Fire	m Hired by Building O	wner	AS	SCM No	2	Re	1 - V	IND. IN	16.	57750			_			
(8)						Street A	ddross						7			
Street Address						14	5 N	NATICK TR.								
					-											
City, State, Zip Code						BA	RICK	MJ 0	8/24				_			
		-	Telepi	hone No	0.	Telephor	ne No.	11-0	License No.	/						
Project Manager for M	OUXOUNG 1-min					/		1499	0119	6_	_	_	4			
	Scheo	uled Cor	npleti	on Date	(11)	Name of	OSHA M	DUBLOT	•							
Start Date (10)	15	5/1	15/	15	1							_	러			
Occupancy Status Du	ring Absternent (Che	ck only o	ne)			Street A	ddress						-			
☐ Facility Closed/Vac	ated During Entire Pe	riod of A	baten	nent		I							$\dashv$			
Abatement Perform	ned Outside of Norma	I Facility	Hours	Ours City, State, Zip Code									- 1			
Other - Describe:												-	=			
Scope of Work (Chec	k all that apply)					P	Full Cont	zinment with Ne	gative Pressure				1			
		Ren	ovatio	חוב			1 Mini-End	losure g Procedure								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Den	nofition	1		F	Non-Exe	mpted (*) and No	n-Friable Procedure				_			
<u> </u>		lelo	catio	n T						A	palen Typ					
-		No	mally	- 1		Dee	cription of			-	_		$\dashv$			
Location	on of	Used :			Asbe	stos Conta	aining Mate	erial (ACM)	Amount	_	1	Encapsulate	m			
Asbestos-Containin TO BE A	ng Material (ACM)	Cus	stodia	4 [	(Le	thermal	systems ir	nsulation,	(Specify SF or LF)	a a	Repair	8	믕			
IN Fa			taff? 12)			SURTAC other III	ing, VAT, iscellaneo	us)	0. 0	Remova	목	Sulla	Enclosure			
(13		-				40				-		9				
		Yes	No	N/A				11100	40050	17	$\leftarrow$	_	$\Box$			
FLOOR TU	ES 2 NO FL.				_4	00 5	9-1	VAI		1	_		-			
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1 FLOOR I	HK I MI CI	+														
Name of Registered	Wasta Harder		T	UDEP	Naste		Yards	Name of Reg	istered Landill	(						
Rame of Registred	IDUSTRIES	. IN		lauter II		of Wa	ste	(5	. R. O, W	ر_ ,			_			
		- ( - (		116	0 4		sal Date	City, State	Da							
City, State	K NJO	872	4			51	15/14		PA			_	_			
OR IC		de /	_			S	ignature	1	Date	_/	3.	-1	4			
Completed By FRIC FR	ACKIS "	PRE	3,				Cu	Mach			=		<u>_</u>			
1-071-			_		-											

CK # 2192

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

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

Date of Notification (1) 05/13/2013				Name of Building Owner/Operator (2) Fairleigh Dickinson University  Street Address 285 Madison Avenue												
Agencies Notified	Type Notific	cation		3.500.500.000	Street Address 285 Madison Avenue											
DEP DOL	Amende Amendn		_		City, State, Zip Code Madison, NJ 07940											
DOH DCA	justifica Cancella	tion)	9		e of Conta Palladin			Telephone Number								
				FA	FACILITY INFORMATION											
Name of Facility Where Wellness Center, FI			€ (3)		2		Type of Facility School (K-1	2)								
Street Address 285 Madison Avenu	ie							Subchapter 8 (Other than K-1 2)  Other (i.e., private & commercial buildings,								
City (5) Madison, NJ 07940						7	Square Feet 3,400 SF	# of FI	oors	6 6	ldg. <i>F</i> 1	Age				
County (6) Morris County					nty Code ONLY)	(7) (STATE	Current Use (P University	rior if being	demolis	hed)						
Name of Monitoring Firm	n Hired by Bui	lding Owner	T	ASCM	No.	Name of Abater	ment Contractor (	9)								
(8) Environmental I	Design, Inc			N/A			ociates, LLC						_			
Street Address	0.4.101					Street Address										
5434 King Avenue,	Suite 101					145 Mill Stre										
City, State, Zip Code Pennsauken, NJ 081	.09					Paterson, N	NJ 07501									
Project Manager for Mor Tom Pruno	nitoring Firm		5-25	ephone 8-306		Telephone No.         License No.           973-553-5374         01108										
Start Date (10)		Scheduled C	omple	etion Da	ate (11)	Name of OSHA Monitor										
05/23/2014		05/28/20				Valiant Asso	ociates, LLC				_					
Occupancy Status Durin	.5				Street Address  145 Mill Street											
Facility Closed/Vacat						City, State, Zip (						-				
Other - Describe:	a outside of it	ormar r dom	., 1100			Paterson, N										
Scope of Work (Check a	all that apply)		enovat emo													
		19	Locati			=			10.00			batement				
Location	of	100	ormall d Sole			Description o	f				Туре					
Asbestos-Containing Material (ACM)						stos Containing Ma , thermal systems i surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
Waiting Room Door		Yes	No	N/A X	Plaster			17 LF		X						
Watering Room Door				A	7 745001					-						
				1			THE PERSON NAMED IN COLUMN									
				1												
					Waste	Cubic Yards	Name of Reg	stered Lan	dfill .							
Service Transport Group					No.	of Waste	Minerva Landfill									
City, State New Castle, DE						Disposal Date 05/28/2014										
Completed By		Title Project N		-	Mai -	Signatura	mentoris		Date							
Miodrag Stamenovic	;	Project N	/ana	ger	(Y) 60	05/13/20					2014					

CK# 006019

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

Date of Notification (1) 05/12/14				Name of Building Owner/Operator (2) The Evergreens C.C. Retirement Community										
Agencies Notified	Notification Type		Street Address 309 Bridgeboro Rd											
☐ EPA ☐ DEP X DOL	Initial x ☐ Amended _ Amendment #		City, State, Zip Co Moorestown, NJ 08057											
□ DOH □ DCA	☐ Emergency (Included Justification) ☐ Cancellation		Name o Jim Po	77	ıct		Telephone Number				er			
			<i>//</i>			ė:K=								
Name of Facility Where A	Abatement is Taking Pla	ce (3)					Type of Facili		-					
Street Address 309 Bridgeboro Rd	XI							Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings,						
City (5) Moorestown		II					Square Feet 150000 +					ldg. Age 5		
County (6) Camden				US US	ounty Coo	de (7) (STATE )	Current Use (	prior if being	g demol	ished	)			
Name of Monitoring Firm Harvard Environmer		3)	ASCM N	No.		of Contractor (9) ty Environmen	ıtal							
Street Address 760 Pulaski Highwa	y				Street	Address Iew Churchma	Week -		-					
City, State, Zip Code New Castle, DE 197					City State, Zip Code New Castle, DE 19720									
Project Manager for Mon Wesley Morrison		(302)	lephone No. 02) 326-2333			one Number 322-8946		License Number 00578						
Scheduled Start Date (10 05/27/14	05/27/14		Date			of OSHA Monitor ty Environmen	tal							
Occupancy Status During	Abatement (Check only	y one)				Address lew Churchma	lress / Churchmans Road							
☐ Facility Closed/Vacate Abatement Performed X Other – Describe:abate	Outside of Normal Faci	lity Hours	s -		City, St	tate, Zip Code Castle, DE 197								
Scope of Work (Check all		011011 01 2	diding		11011		nent with Negat	ivo Drassus	_					
$X \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If				X Reno		X Mini-Enclos		ebag Proce	dure	е				
	N/		s Locati				120			At	oate Ty		nt	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)			Normall ed Solel aintenar Custodi Staff? (12)	ly by nce/ al		Description stos Containing M thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure	
010		Yes	No	N/A	<u> </u>									
Crawl Space		X			TSI			50 LF		X		-	$\dashv$	
													二	
Name of Reg. Waste Hau Service Transport G		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEP Wa No.2099		uler	Cubic Yards of Waste	Name of Re Minerva	g. Landfill						
City, State New castle DE			70			Disposal Date TBA	City, State Waynesburg_OH							
Completed by Ben Hodgdon	Title PM					Signature	Date 1/29/14							
ASB-41	* Do not use this form for asb	estos licens	ure exemn	ted activit	ine				0.00					

(K# 3349.

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

Date of Notification (1) 05/14/2014				Name of Building Owner/Operator (2) Fourth Generation Const LC5 PM ID: 53.										
□ EPA 🖂	pe Notifi			Street Address 14 Aspen Drive										
DEP DOL	Amende Amendr Emerge		ng		North Caldwell, NJ 07006									
DCA	justification) Cancellation				e of Conta or Recchi			Telephone Number						
				FA	CILITY IN	FORMATION								
Name of Facility Where Abate Residence	ement is	Taking Plac	e (3)				Type of Facilit	foot fo						
Street Address 367 Little Falls Road								8 (Other the private & co			dings	i,		
City (5) Cedar Grove				•	N 40		Square Feet 1,200 SF	eet # of Floors			Bldg. Age 50+			
County (6) Essex					inty Code EONLY)	(7) (STATE	Current Use (F Residence	rior if being	demolis	hed)				
Name of Monitoring Firm Hire				ASCM	No.	Name of Abatem		89			Silvis.			
(8) Bio-Terra Environment	tal Solut	ions LLC.	]	N/A		DIA Genera Street Address	l Constructio	n, Inc.					_	
P O Box 122A						1360 Clifton,	Avenue, PM	B Suite 2	218					
City, State, Zip Code Union, NJ 07083						City, State, Zip C Clifton, NJ C	Code							
Project Manager for Monitorin	ng Firm		338556	lephone		Telephone No.	License No.							
Rick Eustaquio				3-494		973-389-008		_0069	93					
Start Date (10) 05/25/2014		Scheduled 0 05/26/20		etion Da	ate (11)	Name of OSHA N DIA General		n Inc						
Occupancy Status During Ab	atement					Street Address	OONStruction	1, 1110.						
Facility Closed/Vacated Du						1360 Clifton,	Avenue, PM	IB Suite :	218					
Abatement Performed Outs Other - Describe:	side of N	lormal Facili	ty Hou	ırs		City, State, Zip C Clifton, NJ 0								
Scope of Work (Check all that >3 sf or >3 lf >160 sf or >260 lf	t apply)		enova emo			Mini-End Goveba	atainment with Ne closure g Procedure tempted (*) and	× <b>T</b>		dure				
		10.000	Locati								Abatement Type			
Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	al (ACM)	Use Mai C	d Sole ntenar ustodi staff? (12)	ly by nce/ al		Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) esulation, or	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure	
1st Floor Bed Room		Yes	No	N/A	VAT			200 SF	-	7/	_			
2nd floor Bed Room				X	VAT			300 SF	<del></del> -	X X				
Zild Hoof Bed Room		_		X	VAI			300 51		Λ				
		_												
Name of Registered Waste Ha	auler			NJDEP		Cubic Yards	Name of Regi	stered Land	Ifill				-	
Service Transport Group			_   1	tauler II 20970	) No.	of Waste 5 CY	Minerva La	ındfill						
City, State New Castle, DE						Disposal Date 05/26/2014	City, State Waynesbur	g, OH) 44	688					
Completed By Krutarth Jagad		Title Presiden	t			Signature	Date 05/14/2014							

ASB41

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

(K \$ 4541

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

			10000000							7		* # 1	1	prog.		
Date of Notification (1) 05/12/2014					Building Ow uth Unive	ner/Operato ersity	r (2)			DELE M	7.14					
Agencies Notified	4.3	Street Add	dress dar Aveni	 ue				2814 M	17 ! 6	P	10:	5				
EPA DEP DOL	Initial Amended Amendment	#	City, State, Zip Code West Long Branch								& LICENSING					
⊠ DOH	Emergency ( justification)			Name of 0	Contact				Tele	nhone *1	10:1	3 11.	<u> </u>			
X DCA	Cancellation		Timothy				-			- r						
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFOR	MATION	Туре	of Facility (4	4)			i	Call III	-		
Bluff Building #4	*							School (K-1	2)							
Street Address 590 Ocean Avenue	Э							Subchapter Other (i.e. p etc.)				ings,	home	s,		
City (5) West Long Branch	í	11111111111					_	re Feet	# of	Floors	BI	dg. A	ge			
County (6) Monmouth	<u> </u>	<del></del>		County C	ode (7) SE ONLY)			ent Use (Prio mitory	or if beir	ng demolis	hed)		7.5-7			
Name of Monitoring Fir AHERA Consultar		Owner (8)		ASCM 0057	No.	10 300000000000000000000000000000000000		ntement Con		(9)						
Street Address PO Box 385							treet Address 208 Piaget Avenue									
City, State, Zip Code Oceanville, NJ 082	231		8			Zip Code J 07011	9									
Project Manager for Mo		,		Telephon	ie No.		phone No. License No.									
John Smoyer		609-65			3-253-8			00704								
Start Date (10) 05/27/2014	d Con 1014	npletion D	Date (11)	100000000000000000000000000000000000000		HA Monitor npany, Inc	:									
Occupancy Status Duri	ing Abatement (Ched	ck Only On	e)			Stre	et Addre	ss								
Facility Closed/Value Abatement Perfor Other – Describe:	ncated During Entire med Outside of Norr	baten Hours	nent '		City,	Zip Code										
Scope of Work (Check	All That Apply)								11-27							
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		enova emoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e					
	8	Is	Locat	tion								Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  No Used Main Custo				ely by ince/ Staff?	(i,e. th	s Containing nermal syste surfacing, \	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
ist .		Yes	No	N/A						500000 ESTATE			(D)			
Apt. 29			Х			trock/join				330 SF	x					
Apt. 29	A-34B		X			Flooring n	nateria	l	1,4	474 SF	x			-		
Name of Registered W	Janto Haular		Ι.,	NJDEP W	laste	Cubic Yard	e .	Name of	Regist	ered Landi	fill		L			
Freehold Cartage,			- 4	Hauler ID	No.	of Waste 40	Milking prop. And the property of the control of th									
City, State Freehold, NJ						Disposal Da	ate	City, Sta Morris		PΑ						
Completed by Vovtek Roszkowski	ci .	Title Pres	ident			Signat	we >	~~~\ ~~~\	-1		Date 05/12/	2014				

<sup>\*</sup> 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)

check # 1015 Page 1 of 1

Date of Notification (1) Name of Building Owner/Operator (2) 5-9-2014 Asbury Park Board of Education PH 10: 49 Agencies Notified Type Notification Street Address 16 603 Mattison Avenue, 3rd Floor X **EPA** Initial AUSISTOS CONTROL City, State, Zip Code DEP Amended × DOL Amendment # Asbury Park, NJ 07712 LICENSING Emergency (including Name of Contact Telephone Number DOH justification) Frank Primiani DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Asbury Park High School School (K-12) × Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1003 Sunset Avenue etc.) # of Floors Bldg. Age City (5) Square Feet Asbury Park 60,000 **80+** 3 Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) School Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 0057 GL Group, Inc. Ahera Consultants Inc Street Address Street Address PO Box 385 140 Hamburg Turnpike City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231-0385 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 01084 John Smoyer (609) 652-1833 201-710-9725 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-19-2014 6-2-2014 GL Group, Inc Occupancy Status During Abatement (Check Only One) Street Address 140 Hamburg Turnpike Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Sub-8 Occupied Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A X Boiler Room (2)Boilers Rope, Insulation/rib pk 320 SF X Boiler Room X (2) Boilers Fire Brick 192 SF X Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Grows GL Group, Inc 0033034 TBD Disposal Date City, State City, State TBD Morrisville, PA Bloomingdale, NJ Completed by Title Signature Date Elona Stulla President 5-9-14 Elena Solakov