

,	N		CATION	ate of New Jerse N OF ASBESTOS to NJAC 8:60 and	ABATE		Τ .	i	EC.				
Date of Notification (1)			Name o	of Building Owner/C	Operator	r (2)	E		Aris	fry ,	-		
Agencies Notified Type Notification			Street A	address ebro Road			45		in.	140	3		
EPA Initial Amended Amendment				ate, Zip Code n NJ 07012				ţĖ;	10E (S)		dOt		
DOH justification)  DCA Cancellation	ncluding		Name o	f Contact ullivan				Te	lenhana *!	er			
Name of Facility Where Abatement is Taking	Place (3)		FAC	LITY INFORMATI	ON	Tvr	e of Facility (4)	-					
Intersection of Newark Ave and Ker							School (K-12	)					-
Street Address Intersection of Newark Ave and Ker	nnedy B	lvd				×	Subchapter 8 Other (i.e. pri etc.)				dings	, hom	es,
City (5) Jersey City						Squ n/a	uare Feet I	# o n/a	f Floors a		3ldg. / v/a	Age	
County (6) Hudson				Code (7) USE ONLY)		Cur n/a	rent Use (Prior	i be	ing demolish	ned)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN n/a	Λ No.	100000000000000000000000000000000000000		patement Contr vironmental						
Street Address					Street		ress lock Rd	-					
City, State, Zip Code		-	*		City, S	State,	Zip Code						
n/a Project Manager for Monitoring Firm		T	Telepho	ne No.	Teleph	A 2 10 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	NY 11980	_	License N	0.			
n/a	0 1 1 1		n/a	D-1- (11)			8111		01136				
Start Date (10) 5/11   15	Schedule 5	Con	pletion	Date (11)			SHA Monitor above		• 55 				
Occupancy Status During Abatement (Check	053	: Ts)			Street n/a	Addr	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: rodadway isolated by	al Facility	Hours		<u>_</u>	City, S n/a	state,	Zip Code	_					
Scope of Work (Check All That Apply)						_		-	10.				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti	2		×	N G	ull Containmen ini-Enclosure lovebag Proce on-Exempted (	d ire	14 16 <del>3</del> .461 561				
	ls l	ocati	on		- Bain	2 1	on-Exempled (	all	u Non-Filab	1	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Used	Sole!	y by	Des Asbestos Cont	scription		al (ACM)	Δ	mount	-	1 1 1	pe _	
TO BE ABATED In Facility (13)	Custo	ntenar odial S (12)		(i.e. thermal surfac	systems sing, VA niscellan	s insu T, or	lation,	(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		-			_				te	CD .
Street			Х	Asbestos	Trans	site F	Pipe	. 2	CF.	x			_
						-		-					
Name of Registered Waste Hauler Veolia ES Technical Soulutions		Ha	JDEP W auler ID 1071				Name of Re Wayne D	ā .					
City, State 1 Eden Lane Flanders NJ 07863				Dispos	al Date		City, State Belleville,	л П		90			
Completed by Michael J DiMaria	Title Proj M	gr/Si	ite Sup	Si	gnature		PIRSA	12	Dat   5	//2	114	_	

Date of Notification (1) 5/8/15		Name (	of Building Owner/	Operator	(2)	-	¥ 15 12				
	otification	Street	Address Eagle Rock Rd		2015 MAY			56			
	ial nended nendment #	City, St	tate, Zip Code land NJ 07068		ASE IT & LI		1 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OL			
DOH jus	nergency (including tification)	Name o	of Contact Neville				lephone Nu	ımbe	r		
Name of Facility Where Abatemen Hudson Switch	t is Taking Place (3)	FAC	ILITY INFORMAT	ION	Type of Facility (						
Street Address 164 Van Keuren Ave					School (K-1) Subchapter Other (i.e. p	3 (Oth	er than K-1 & commerc	l2) cial bu	ıilding	s, hor	nes,
City (5) Jersey City NJ 07097					etc.) Square Feet n/a	# o	f Floors		Bldg. n/a	Age	
County (6) Hudson		(STATE	Code (7) USE ONLY)		Current Use (Pric n/a			hed)			
Name of Monitoring Firm Hired by n/a	Building Owner (8)	ASCI n/a	M No.	WRS	of Abatement Con Environmenta			•0			
Street Address n/a		8		17 0	Address d Dock Rd.						
City, State, Zip Code n/a				Yaph	ate, Zip Code ank NY 11980						
Project Manager for Monitoring Firm n/a  Start Date (10)	540	Telepho n/a		631-9	one No. 324-8111		License N 01136	lo.			
5/5/15	Scheduled Co 5/5/15	mpletion	Date (11)		of OSHA Monitor as above						
Occupancy Status During Abateme  Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of Abate	ment rs		n/a	Address ate, Zip Code						
Scope of Work (Check All That App	oly)			II/a							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renov Demoi	CONTRACTOR OF THE PARTY OF THE		×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure					
l monthes of	Is Loca Norma		III ARASTA			7 4110	HOII-I Hab		Abat	ement /pe	t
Location of Asbestos-Containing Material (A  TO BE ABATED In Facility (13)	Lland Cal	ely by ance/ Staff?	Asbestos Conta (i.e. thermal surfac		aterial (ACM) insulation, , or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Trench in sub ya	ard	, X	Tran	site Pip	De .	10	) LF	x			
*											
Name of Registered Waste Hauler		JDEP W			Name of Re	gister	ed Landfill				
VEOLIA ES. TECHIN	THE SOLUTION	إauler ID I كـد	No. of Wast		WATE	= 0	SPOSA	٠.			
VEOLIA ES. TECHIA City. State 1 EDEN LANG FLAN	UDEAS N.J. O	786	3 Disposa	al Date	City, State	vill	= /	u:	$\mathcal{I}$		
Completed by Michael J DiMaria	Title Proj Mgr/ S			gnature MCA	tack IDE	Na	Dat				



			(Pi	ursuant	to NJAC 8:60 a	nd 12:12	0)		1.		erri.			
Date of Notification (1) 5/12/15				Name of PSEG	f Building Owner	Operator	(2)							
Agencies Notified Type Notif				Street A 80 Par	<sup>ddress</sup> k Plaza					Falls C	- 27			
	nded ndment #_				ite, Zip Code k, NJ 07101						·(i);			
DOH justific	gency (ind cation) ellation	cluding	- 11		f Contact DiMaggio				Tele	phone Nu	mber			
				FACI	LITY INFORMA	TION			_					
Name of Facility Where Abatement is Great Notch Substation	s Taking F	Place (3)					Тур	e of Facility (4 School (K-12						
Street Address 4 Notch Rd							×	Subchapter I Other (i.e. pr etc.)	(Othe vate &	er than K-1 commerc	2) sial bui	dings	, home	es,
City (5) Little Falls, NJ 07424							Squ n/a	uare Feet	# of n/a	Floors		3ldg. A n/a	∖ge	
County (6) Passaic					Code (7)  JSE ONLY)		Cur n/a	rent Use (Prio	if beir	ng demolis	hed)	~		
Name of Monitoring Firm Hired by Bun/a	uilding Ow	mer (8)		ASCN n/a	1 No.			oatement Cont vironmenta			•			
Street Address n/a						Street 17 C		ress lock Rd						
City, State, Zip Code n/a								Zip Code NY 11980				i j		
Project Manager for Monitoring Firm n/a			- 1	Telephoi n/a	ne No.	Teleph 631-		No. -8111		License N	No.			
Start Date (10) 5/11/15		chedule		pletion I	Date (11)			SHA Monitor above						
Occupancy Status During Abatemen	t (Check (	Only One	e)			Street								
Facility Closed/Vacated During Abatement Performed Outside	Entire Per	iod of A	batem			0.220	state,	Zip Code						
Other – Describe:		7				n/a								
Scope of Work (Check All That Apply ≥3 sf or ≥3 If ≥160 sf or ≥260 If	y)		enova emoliti				N G	full Containmer Mini-Enclosure Blovebag Proce	dure					
			50		11/	×	y N	Ion-Exempted	) and	Non-Fria	DIE Pro		e ement	
l postion of		5.00000	_ocation	500									ре	
Location of Asbestos-Containing Material (A0 TO BE ABATED In Facility (13)	CM)	Used Mair Custo	Solel ntenar	y by nce/	Asbestos Co (i.e. therma surf		Materi s insu T, or	ulation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Cubatation ward		168	INU		Tropoite	Dina/D	ath	onle.			-			
Substation yard				×	Transite	Pipe/L	uci	bank	14	OLF	x			
			π											
Name of Registered Waste Hauler			N	JDEP W	aste Cubi	Yards		Name of R	ajster	ed Landfil	1			
ETGI			H	auler ID 7107				Conetog	175,6					
City, State Flanders NJ					Disp TBD	sal Date		City, State Morgant	wn, l	PA	7-9-8 (0.8-6			
Completed by Michael J DiMaria		Title Proj M	Igr/ S	Site Su		Signature	Cfl	har 1 h	2		ste //	2/1	r	

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

Check \$ 2428

Date of Notification	(1)				Name of	Building O	wner / Ope	rator (2)	1 5-	p	-	97 7 0.0
05 / 15	/ 15				First Ene		or / opo	(2)	11	Car	1120	
	/ —				Street A							
Agencies Notified	Type of N	otificat	ion		76 South			7	75 tree-			
☐ EPA	7	Initial				te, Zip Cod	9		TEMAN	18 6	200	_
DEP		Amen				hio 44308	•			H	M 3: 5	3
☑ DOH	_	Amen	dment		_	Contact		4.5	Felenho	no Num	hor	
☑ DOH ☑ DOL				- w/ justification	Jim Hals							
	ΙĒ		ellation		l'illi i i i i i	-,			0: 1.1	- NO1	ng RO	L
	AND DESCRIPTION OF THE PARTY OF			F	ACILITY II	NFORMATI	ON		_			
						•	· · ·					
Name of Facility Wh	ere Abaten	nent is	Taking	Place (3)		Type of F	acility (4)					
				1.1		1						
							School (K	-12)				
Street Address						1 🗇	The state of the s	er 8 (Other	than K-1	2)		
ABBOTT AVE & OCE	AN AVE					V		, private &				
			and the same of th					mes, etc.)				
City (5)	County (6	)		County Code	(7)	Square F		# Of Floor	;	Buildir	ng Age	
OCEAN GROVE	MONMOU	TH						0000 0000				
						Current U	se (Prior if	being dem	olished)	1		
						Telephone	Pole					
Name of Monitoring	Firm Hired	by Bld	lg. Owr	ner (8)	ASCM NO							
	27 22 257											
Environmental Health	Investigation	ons					lition Service	es Inc.				
Street Address						Street Ad	dress					
655 West Shore Trail						1						
City, State, Zip Code							s Parkway		_		*	
Sparta, NJ 07871				-		City, State	e, Zip Code					
Project Mngr. For Mo	onitoring F	irm		Telephone Nu	mber	_						
Dino Nappi Sheduled Start Date	(40)	10 1 1	-	212-682-9271			ver, NJ 070	36				
05 / 28	1			oletetion Date (1	/	Telephon	e Number		License	Number		
-55 // -26	/15		05/	/ <u></u>	15	072.00	24 9692			20	00000	
Occupancy Status D	uring Abat	ament i	Chock	Only 1)			34-8682 OSHA Moni			(	00860	
☐ Facility CI	osed/Vaca	ted Dur	ring En	tire Period of			ition Service					
Abatemen		iou Dui	mg Lii	are remod or		Street Ad		3 IIIC.				
		d Outs	ide of N	Normal Facility		Street Au	11622					
Hours - De	escribe:	Friday	8:00 a	m to 5;00 pm		32 William	s Parkway					
Other - De	scribe:	,		100 p			, Zip Code					
			-				ver, NJ 070					
Scope of Work (Ched	k All That	Apply)										
, and a												
Demolition	n	[	2	Renovation		Full Conta	inment wit	h Negative	>ressure	à		
≥3sf or ≥3						Mini - End						
≥160 sf or	≥260 If					Glovebag	Procedure					
					$\overline{\checkmark}$	Non-Exem	pted (*) an	d Non-Frial	le Proce	dure		
Location of			s		Descript				bateme	nt Type	******	_
Asbestos Conta	ining		ation	As		ontaining			R		E	E
TO BE ABAT			nally		Material		1	Amount	E	R	N	N
	드		ed		e., therma		. 1	(Specify	M	E	C	c
in Facility (13)	- 1		lely			facing, VAT	,	SF or LF)	0	Р	Α	L
(13)		00000	lain-	oro	ther misc	ellaneous)	- 1		V	A	P	0
	- 1		nce/ odial				- 1		Α	1	S	S
			f (12)				- 1		L	R	U	ū
			IQ N/A								L	R
Exterior Telephone Po	۵		I I	Transite Condui	+			20.15			-	
enterior releptione re		HE		Transite Condu	ıt			30 LF			1 1	
			-									
			11						-		+ +	
Name of Registered V	Vaste Haul	er	-11	NJDEP Waste	Cubic	Name of D	agistavad I	andfill				
NEWARK CARTING	raste Haur			Hauler ID No.		I.E.S.I.	egistered L	.anomii				
					of Waste	1, E, S.1.						1
City, State						City. State						
NEWARK, NJ					Date		EM, PA 1810	05				
												1
Completed by (Print of	or Type)		100	Title			Signature		2	_	Date	
8 9	Waget W						19	-(	12	)		
Steven Stiles				Project Manager	r		Ollu	w )	U	_	05	5/15/15

CK 4056

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

RECEIVED

								3.3	time for time	į V į			
Date of Notification (1) 5/15/15			Na P	ame of Bui rinceton	Iding Owner/O University	Operator , Facili	(2) ties Procurem	MP		Brt.v			
Agencies Notified	Type Notification		St	reet Addre	SS			LUIU	WI 10	Fai I	3= 3	2	
□ EPA	× Initial		E	A McMil	lan Building	g		Reco-	T 03 ***				
DEP	Amended		Ci	ty, State, Z	Zip Code			775	<del>-&gt;+U5-</del>	CON	TRO	1	
X DOL	Amendment				NJ 08544	1		· č	ESTUS : LICEN	311	G	-	
ĭ DOH	Emergency justification)	(including	Na	ame of Cor	ntact				lephone Ni.				
DCA	Cancellation		В	ob Orteg	90			1	_				
	1			FACILITY	INFORMAT	ION				10000			
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Facility	4)					
Residence							School (K-	2)					
Street Address							Subchapte	8 (Oth	er than K-1	2)			
80 Alexander Stree	et							rivate	& commerc	ial bu	ildings	, hom	es,
City (5)					_		etc.) Square Feet	# 0	f Floors		Bldg.	Ane	
Princeton							1,200	2	, , , , , , ,		60+	,90	
County (6)			Co	ounty Code	e (7)		Current Use (Pr		ina demolis	hed)			
Mercer			7 - 55 - 3	TATÉ USE			Residence	51 11 50	ing demons	ilicu)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	$\dashv$	ASCM No		Name	of Abatement Co	itractor	(9)				-
Pennoni Associate	s, Inc.	Maria Negri					services, LLC	itiaotoi	(5)				
Street Address							Address						
515 Grove Street, S	Suite 1B					***************************************	West Lincoln I	liahw	av Suite	500			
City, State, Zip Code							State, Zip Code		aj, cano				
Haddon Heights, N	J 08035						n, PA 19341						
Project Manager for Mor			Te	lephone N	10		none No.		1:	La			
R. Alan Lloyd	morning i min			56-547-0		50	872-8884		License N 01161	٧٥.			
Start Date (10)		Scheduled (					of OSHA Monitor		01101				
5/26/15		6/12/15	Compi	elion Dale	(11)	EMS	g ga gasani amaga maga ka katan manan a						
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Address						
Facility Closed/Vac	ated During Entire	Period of Aba	temer	ıt		200	US Route 130	North					
Abatement Perform	ned Outside of Norn	nal Facility Ho	ours			City, S	state, Zip Code						-
Other - Describe:							aminson, NJ	)8077					
Scope of Work (Check A	All That Apply)	0						-					
≥3 sf or ≥3 lf		X Ren	ovatio	n		×	Full Containm	ame sasiele	Negativa I	D			
≥160 sf or ≥260 lf		100000	nolition				Mini-Enclosur		i Negative i	riessi	ire		
						-	Glovebag Pro	edure			20		
							Non-Exempte	(*) an	d Non-Friat	ole Pro	1000		
		35325	cation mally									ype	ľ.
Location Asbestos-Containing		Used S		ov .		scription					T	, p -	
TO BE AB		Mainte	enance	i P	i.e. thermal		Material (ACM)	45.8	mount Specify	l z	_	E	Ш
In Facil	AND TO 1	Custodi (1	iai Sta 12)	π?	surfa	cing, VA	T, or		or LF)	Remova	Repair	aps	nclo
(13)			-/		other n	niscellar	neous)			oval	ar.	Encapsulate	Enclosure
		Yes N	No	N/A								fe	(b)
Kitche	en		1	X	flooring	and r	mastic	2	25SF	X			
										-	+-	-	
		-											
					31	7772							
Name of Registered Was	ste Hauler		NJD	EP Waste			Name of	Registe	red Landfill		1		
Waste Management	of New Jersev		Hau	er ID No.	of Was	ste	GROW	Submer 6					
City, State					2				-11111				
Trenton, NJ						al Date	City, Stat						
Completed by		T			TBD		Morrisv	iie, N					
Jack Bally		Title Sr Proid	oot N	onogor	S	ignature		( III	1000	ate	_		
- Jon Duny		Sr. Proje	CCL IV	anager		MU	1 Bally	(190	5/	15/1	5		

CK 3801

Date of Notification (1)			N	lame of	Building Own	ner/Opera	tor (2)			2015 MAY	10	274		
5-15-15			0	CHICK	FILA					to 1 M-1	10	AM	3	33
Agencies Notified	Type Notification		S	treet Ac	dress					ACD DO				
X EPA	× Initial		5	5200 E	BUFFING	TON RC	DAD			ASE ST	US (	Ch	TR	$\Omega I$
X DEP	Amended		C	ity, Sta	te, Zip Code					G: LII	-51	514	G	- 14
X DOL	Amendment Emergency		-   A	TLAN	ITA, GA 3	0349								
X DOH	justification)				Contact					elephone Num	ber			
X DCA	Cancellation		П	WIGH	T WIRIC	K			i.					
				FACIL	ITY INFORM	NOITAN								
Name of Facility Where	Abatement is Takin	g Place (3)					T	ype of Facility (	(4)					
CHICKFILA								School (K-1						
Street Address								Subchapter		ther than K-12 e & commercia		inas	homo	
RT 202-31							5	etc.)	JIIVa	e a commercia	ii bullu	iiigs,	TOTTLE	,5,
City (5)							S	quare Feet	1	of Floors	BI	dg. A	ge	
FLEMINGTON							23	3,000			+/	-50		
County (6)					Code (7)		С	urrent Use (Pri	or If	elng demolish	ed)			
HUNTERDON			(:	STATEL	ISE ONLY) _			DUIGE Abatement Co	· /2	14/1				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.	Nai	me of	Abatement Co	ntrac	or (9)				
EHS ENVIRONME	ENTAL					PI	EPPI	ER ENVIRO	INC	IENTAL SE	RVI	CES	INC	s.
Street Address							eet Ad							
9 SOUTH MAIN S	TREET					221	51 FI	RALEY STE	SEE	т				
City, State, Zip Code						City	y, Stat	e, Zip Code	XI.					
MULLICA HILL, N	J 08067					PH	HILA	DELPHIA, I	PΑ	9137				
Project Manager for Mor			T	elephor	ne No.			e No.		License N	٥.			
JACK CARNEY			8	56-22	3-0080	21	5-53	3-5155		01166				
Start Date (10)		Schedule	d Com	pletion l	Date (11)	Na	me of	OSHA Monitor		_1011007				
5-26-15		5-31-15				EH	IS EI	NVIRONME	ENT	AL				
Occupancy Status Durin	g Abatement (Che	k Only One	9)				eet Ad							
Facility Closed/Vac	ated During Entire	Period of A	bateme	ent		9 S	TUO	TH MAIN ST	TRE	ET				
I mantoninonin onioni		nal Facility	Hours			City	y, Stat	e, Zip Code						
Other - Describe:						ML	JLLIC	CA HILL, N.	30 1	067				
Scope of Work (Check A	ull That Apply)						1 1000000							
23 sf or ≥3 lf		X R	enovati	ion			1	Full Containm	ent	/ith Negative F	ressu	e		
× ≥160 sf or ≥260 lf		D	emolitic	on				Mini-Enclosur						
							X	Glovebag Pro Non-Exempte		and Non-Friab	le Pro	cedur	9	
		lo lo	Locatio	. n								Abate		t
Locatio	n of	N	ormally	/		Descrip	tion of					Ту	pe	
Asbestos-Containing			Solely		Asbestos			erial (ACM)		Amount			т	
TO BE AB	ATED		ntenan		(i.e. the	ermal syst	ems ir	sulation,		(Specify	Rei	Z,	nca	Enc
In Faci		-80000000	(12)			surfacing, ther misce				SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>m</u>	7	late	le
		163	INU	INIA					_		-			-
MAIN FLAT ROOF	20			X	BUIL	T UP R	OOF	ING	_	2,916SF	X			
TAR FLASHING				X	ROUN	D ROO	FEX	HAUST	1	76 SF	X			
		1	-											
Name of Registered Wa	ste Hauler		l N.	JDEP W	laste (	Cubic Yard	is.	Name of	Rer	stered Landfill				_
				auter ID		of Waste	20	300000000000000000000000000000000000000						
SERVICE TRANSF	ORT GROUP									LANDFILL				
City, State						Disposal D	ate	City, Sta	te					
NEW CASTLE, DE								WAYN	IES	BURG, OH			- 100	
Completed by		Title				Sigha	ture	9		Da	ite			
JENNIFER NIVEN		IDIR. C	F OF	PERA	TIONS	Ygh				5-	15-15	5		

NO CF

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

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

Date of Notification (1)					Name	of Building	n Owr	ner/Operator (2	2)	- 1 1 1 1 L	-		****	
5 /	5 /	15				lovnania		iei/Operator (2	/ Job # <b>(505-1</b>	76 Chk. #NA				
Agencies Notified	Type Notifica	tion			Street	Address				110 Mi. S.	中心			
⊠ EPA	☐ Initial				400	Route	66		ASAES	7 5 - 2				
□ DOLWD					City. S	tate, Zip C	code		<u> </u>	TOS SOLLTI	7171			
□ DHSS	Amendme					on Falls		07753	GE L	ILLKSING	.02			
DCA	☐ Emergend		ding	-		of Contact		01100		Telephone Nun				_
(NJAC 5:23-8)	☐ Cancellat					n Pagen	B			Telephone Num	ibei			
	Caricellat	1011												
					FAC	ILITY IN	IFOR	MATION						
Name of Facility Where	Abatement is T	aking Pl	ace (	3)					Type of Facility					
Heritage Site									School (K-1;		٥١			
Street Address										(Other than K-1 ivate and comme		ildina	S.	
520 Route 70									homes, etc.					
City (5)									Square Feet	# of Floors	Bi	dg. Ag	ge	
Manchester									NA	1		Varie	s	
County (6)		7.7			Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pi	or if being demol	ished)			
Ocean									Vacant					
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8	) [	ASCM	No.	Nan	ne of Abateme	ent Contractor (9	-				
Tiger Environment			8.8				17258		d Mold Service	s. Corp.				
Street Address	2332							et Address		с, сс.р.				
16 W Elizabeth Ave	# 2							859 Sylon B	oulevard					
City, State, Zip Code	7 11 2						1	, State, Zip Co						
Linden, NJ 07036														
	itorina Circo			Tala		N.		ainesport, N	40 00000	T1: N-				
Project Manager for Mon	illoring Firm				phone		100000000000000000000000000000000000000	ephone No.		License No.				
Kelly Walton					8-862			09-702-0400		00862				
Start Date (10)		Schedule		- E.			1000	ne of OSHA M						
5_ /14 /		6_			_ / -	15	E	MSL Analyt	ical, Inc.					
Occupancy Status During			100 m	00.020		,	Stre	et Address						
☐ Facility Closed/Vacate							2	00 U.S. Rou	te 130 North					
Abatement Performed							City	, State, Zip Co	ode					
Time of Abatement: _	AIVI	PIVI/_		_PIVI-		AIVI	С	innaminson	, NJ 08077					
Scope of Work (Check a	Il that apply)									-				
N . 2 - f 2 If			10						ainment with Ne	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Ren	ovatio nolitio	on n			<ul><li>☐ Mini-Enc</li><li>☐ Glovebag</li></ul>						
				1011110				⊠ Non-Exe	mpted (*) and No	n-Friable Proced	ure			
			ls L	ocati	ion						Ab	atem	ent T	vpe
Location				ormal				Description o	f			_		
Asbestos-Containing		1)		Sole Stena				Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA		(			Staff?	(I.e		rmal systems urfacing, VAT,		(Specify SF or LF)	ova	=	psu	nsc
(13)	*			(12)	_			ner miscellane		0. 0. 2. /	_		ilate	G.
		Y	'es	No	N/A								(D	
Bldgs. 1, 3, 4 & 5					$\boxtimes$	Roof C	omp	osite		2,460 SF				
Bldgs. 1 & 2						Floor T	ile &	Mastic		5,240 SF				
Name of Registered Was	ste Hauler			N.	JDEP \	Vaste	Cub	oic Yards of	Name of Regi	tered Landfill			-	-
Freehold Cartage, I	Inc.			100000	auler II <b>0226</b> 5		Was		GROWS L					
City, State								oosal Date	City, State	×				
Freehold, NJ							6/	1/15	Morrisville	, PA 19067				
Completed By (Print or T	ype)	Title				16		Signature/	1	10	ate			
Kimberly A. Trumb	etti	Offic	ce C	oord	inator				4	1000	5-11	-15	J	

ASB-41 MAY 11

Date of Notification (1)				Name	of Building	g Owner/Operator (2						
5/	8 /	15				ard Home	2015 MAY 1 E	Job # 1505-19 Air 3: 4つ	79 Ch	k. #3	960	
Agencies Notified	Type Notifica	ation		Street	Address	k Drive, Suite 20	ESS1 1					
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended			481	4 Outloo	k Drive, Suite 20	1 00 0100	CUITTRAL				
☑ DHSS	Amendme			City, S	State, Zip C	Code	≈ LICE	4SING "OL				
☐ DCA				vvai	ii Towns	nip, NJ 07753						-0.55
(NJAC 5:23-8)	justification				of Contact of Contact	S ACCESS		Telephone Num	ber			
	L Cancellat	1011										
Name of Facility Where A	Ahatement is T	aking Place	(3)	FAC		IFORMATION	Type of Facility (	7				
Winchester Garden		aking i lace	(5)				School (K-12	7				
Street Address							☐ Subchapter 8	(Other than K-12	2)			
333 Elmwood Aven	ue						Other (i.e., pr homes, etc.)	rate and comme	rcial bu	ilding	S,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Maplewood							473,763	5	-	89		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	r if being demoli	shed)			
Essex							Senior Hous	ng/Assisted L	iving			
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Criterion Laborator	ies					Asbestos an	d Mold Service	, Corp.				
Street Address						Street Address						
3370 Progress Driv	e, Suite J					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					
Bensalem, PA 1902	500					Hainesport, I	NJ 08036					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Mike Panepresso			. July 1000	15-244		609-702-0400	<u> </u>	00862				
Start Date (10)		Scheduled C				Name of OSHA N						
		5 /			15	EMSL Analyt	ical, Inc.	-				
Occupancy Status During	5 1 32		750			Street Address						
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>					ariba	200 U.S. Rou	SAME THE ASSESSMENT OF STREET STREET					
Time of Abatement:						City, State, Zip Co						
Scope of Work (Check al						Cinnaminsor	n, NJ 08077					
•	і шасарріу)					☐ Full Con	tainment with Neg	ıtive Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novat molitic			☐ Mini-End	losure					
□ ≥100 St 01 ≥200 II			HIOHER	חכ			g Procedure mpted (*) and No	-Friable Procedu	ıre			
		Is	Locat	ion				-	1	atem	ent T	vpe
Location		1.1	Norma			Description of				_		
Asbestos-Containing TO BE ABA		17	intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		Cus		Staff?	(,,,	surfacing, VAT	, or	SF or LF)	va	-	lusc	Sure
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	VD.
Mechanical Room			П		Pine In	sulation		16 LF				
			H		i ipe iii	odiation:						
									ᆜ			
			Ш							Ш	Ш	Ш
Name of Registered Was				JDEP V		Cubic Yards of	Name of Regis					
Freehold Cartage, I	nc.			lauler II 02265		Waste 5	GROWS La	ndfill				
City, State						Disposal Date	City, State				1,000	
Freehold, NJ						5/12/15	Morrisville	PA 19067				
Completed By (Print or T		Title				Signature		D	ate		_	
Kimberly A. Trumbe	etti	Office	Coord	dinato	r				5-1	1-1	5	

ASB-41 MAY 11

Date of Notification (1)				1	Name	of Building	g Owr	ner/Operator (	2)					-		
_5 / _13	/ _	2015				Michae				2015 HAY 1	3 Job# 7505	5£960	Chl	k.#	396	1
Agencies Notified Type	Votifica	ition			Street	Address										
□ EPA Ini	ial				369	Washin	gton	Street	d	\$ 565570 & LICI	11112 0	0.				
	nended			(	City, S	tate, Zip C	ode			& LICI	NSINO	UL.				
V	endme					Holly, N		3060			Hamb					
	nergeno	cy (includ	ing	1		of Contact					Tolonhana Ni.	·~h^r				_
	ncellati					e O'She										
					FAC	CILITY IN	FOR	RMATION		-						
Name of Facility Where Abatem	ent is T	aking Pla	ace (3)	)					T	ype of Facility (	)					
Residential Property										School (K-12)						
Street Address										Subchapter 8 Other (i.e., pri			l bui	lding	s,	
369 Washington Street										homes, etc.)						
City (5) Mt. Holly									100	quare Feet 1,536	# of Floors 2.5			lg. Ag 948	3	
County (6)	5-00110				Coun	tv Code (7	VSTA	TE USE ONLY)	C	urrent Use (Pric	· if being dem	olishe	d)			
Burlington						., (.	//	,		Residential	ii boilig boili		76			
Name of Monitoring Firm Hired b	v Build	lina Own	er (8)	TA	SCM	No.	Nar	me of Abateme	_	Contractor (9)			77.77			
Tiger Environmental	,	9 0	o. (o)	1			1000000			Mold Services	Corn					
Street Address							-	eet Address	ui	noid Oct vice.	, оогр.					
16 W Elizabeth Ave # 2							1	859 Sylon B	201	lovard						
City, State, Zip Code							-		-							
Linden, NJ 07036								/, State, Zip Ci lainesport, I								
Project Manager for Monitoring I	irm		17	alan	hanal	Na			NJ.	00036	T.C No.					
Kelly Walton	11111		1		hone I			ephone No.			License No.					
		Sala adi da	1 0			2-4301		09-702-0400			00862					
Start Date (10) /		Scheduled 5				15_	1000	me of OSHA N MSL Analyt								
Occupancy Status During Abate	ment ((							eet Address		-						
☐ Facility Closed/Vacated During				****	ent		100000000000000000000000000000000000000	00 U.S. Rou	ıtο	130 North						
☐ Abatement Performed Outsid						cribe		, State, Zip Co		The second choracter of second						
Time of Abatement:A	M	PM/_	F	PM		AM		innaminsor								
Scope of Work (Check all that a	oply)														7.77	
≥3 sf or ≥3 lf			Renov	vatio	n			☐ Full Con		nment with Neg	tive Pressure					
□ ≥160 sf or ≥260 lf			Demo					Gloveba								
565, 550		77 - 57 - 57 - 57 - 57 - 57 - 57 - 57 -		22,19,1000	20					oted (*) and Nor	Friable Proce	edure				
			Is Lo										Aba	ateme	ent Ty	уре
Location of	1 / A C A A	.   1	Nor Used S	mall		0-1-		Description of		:-1 (4004)			Z.	Re	Щ	Щ
Asbestos-Containing Materia TO BE ABATED	I (ACIVI	'	Mainte	enan	ice/			Containing Ma rmal systems			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility		0	ustod	ial S 12)	taff?	A Section	S	urfacing, VAT	, or	•0	SF or LF)		val		Insc	sure
(13)		Y		Vo	N/A		oth	ner miscellane	ou	s)					ate	
Basement	-			42	N/A	Die	o In	sulation	_		25 LF	-				
Dasement						FIL	)E II	isulation			23 LF					
												1	Ш	Ш	Ш	Ш
				]							0	1				
												1				
Name of Registered Waste Haul	er				DEP V		1000000	oic Yards of	T	Name of Regist	red Landfill					
Freehold Cartage, Inc.					uler ID 02265		Wa:			GROWS La	ıdfill					
City, State					14400			posal Date	+	City, State					77	-
Freehold, NJ								/27/15		Morrisville,	PA 19067					
Completed By (Print or Type)		Title						Signature /	-11	1 3		Date				
Kimberly A. Trumbetti		2018-0800	A CO	ordi	nator			Signature	1				5/1	3/15		
Tanibetti A Trumbetti		Onic	5 000	orul	. ia iUI			T AX		Υ\			OI I	0/ 10	,	

ASB-41 MAY 11

- Cl. #. 28.11

Date of Notification (1)					Name	of Buildin	a Ou	vner/Operator	(2)				2		
5 /	13	1	15			. duPont			(2)	2					
Agencies Notified										7.61	EAY 18	BA G	57		
⊠ EPA	Type No		ion			t Address		les Danel							
☑ DOLWD	☐ Ame					Cheese				AS	BESTOS	CHI	201		
☑ DHSS	Ame	ndmen	nt #			State, Zip (					& LICEN	SING	27017		
☐ DCA	☐ Eme	rgency	(includin	g		rlin, NJ 0		9				367 000 7070			
(NJAC 5:23-8)		ication				of Contac	3	E			Telephone N	lumber			
	☐ Cano	cellatio	n		Nic	hol Rein	holo	d							
					FA	CILITY IN	IFO	RMATION							
Name of Facility Where A				e (3)					Туре	e of Facility	(4)		200		
DuPont Parlin Facil	ity - Bld	g. 32	5							School (K-1					
Street Address										Subchapter	(Other than K	(-12)	المائديما		
250 Cheesequake R	Road									nomes, etc.	ivate and com	merciai	Dullair	gs,	
City (5)										are Feet	# of Floors		Bldg. A	Age	
Parlin													J	9	
County (6)					Cou	nty Code (7	)(ST	ATE USE ONLY)	Curr	ent Use (P	or if being den	nolished	)		
Middlesex						15 000.1	1.5				<b>.</b>				
Name of Monitoring Firm	Hired by I	Buildin	ng Owner	(8)	ASCM	No.	Na	me of Abatem	ent Co	ontractor (9	-			_	
Cardno ATC	•			`				BRISTOL EN			INC				
Street Address							-	eet Address			-, 1110.				
3 Terri Lane								1123 BEAVE	RST	RFFT					
City, State, Zip Code					_	-	-	y, State, Zip C							
Burlington, NJ 0801	6							BRISTOL, PA		0.7					
Project Manager for Monit		m		Tole	phone	No		lephone No.	H 130		Titianana Nia				
John Lutz	toring i iii			1 0000		-8800	J. Carrier	215-788-6040	0		License No				
Start Date (10)		Sol	heduled C								00509				
_6_ / _1_ /	15	30	6 /			(3) (7)		me of OSHA N			INC				
		1 (0)			_ ′ ·	10	_	BRISTOL EN	IVIKU	NIVIENTA	., INC.				
Occupancy Status During		200					1000	eet Address							
☐ Facility Closed/Vacated ☐ Abatement Performed						oribo		123 BEAVE	::::::::::::::::::::::::::::::::::::::	REET					
Time of Abatement: 7:	OOAM-	P	M/3:30P	y Houi M-	S - Des	Clibe		y, State, Zip C							
							E	BRISTOL, PA	4 1900	07					
Scope of Work (Check all	that apply	y)						M Full Con	tainme	ant with Ne	ative Pressure	re.			
≥3 sf or ≥3 If				novati				☐ Mini-End	closure	l	alive Flessule				
≥160 sf or ≥260 lf			☐ De	molitic	n			Gloveba	g Proc	edure		4			
			1	1				⊠ Non-Exe	empted	(*) and No	I-Friable Proce				
Location of	of			Locat Norma				Deservation				A	batem	ent T	ype
Asbestos-Containing N		ACM)	Use	d Sole	ly by	Asbes	stos	Description of Containing Ma		(ACM)	Amount	7.0	Re	E	En
TO BE ABAT	TED		1000000	intena todial			., the	ermal systems	insulat		(Specify	Kemova	Repair	cap	Enclosure
IN Facility (13)	y		Cus	(12)	olali !			surfacing, VAT her miscellane			SF or LF)	a		Encapsulate	ure
(10)			Yes	No	N/A		OL	ner miscenane	ous)					te	
Building 325 - Lunch F	Room		П			Floor til	e ar	nd mastic (n	on-fri	i)	650 SF		1		
Building 325 - Lunch F		7.57.5111112						nd mastic (fr			100 SF				
						1 1001 til	Cai	ia mastic (ii	i - iui	i cont.j					
											-				
Name of Decistered Wests					IDEDI		0 1		1			L			Ш
Name of Registered Waste Bristol Environment				100	JDEP V auler ID	\$2.25 G 100.00	Wa	oic Yards of ste			ered Landfill				
	ai iiic				18706		8			ROWS La	nunn				
City, State							-	oosal Date		, State					
Bristol, PA							6	/3/2015	M	lorrisville	PA 19067				
Completed By (Print or Typ	oe)	T	itle					Signature	0			Date	1		
Gino Pizzigoni			Estimat	tor				Dine 1	Mas	zigon	_	5/1	3/1.	5	

MAY 11 GI 15065

CK# 248/2

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

Date of Notification (1)				Nam	e of Buildin	ng Own	er/Operator	r (2) sor REgional	26	BEAR	10			
	15/15					Ea	st Winds	sor REgional	Schoo	ol Distric	ot <sup>©</sup>	A.	0.	57
Agencies Notified	Type Notifi			Stree	et Address		2	25A Lesshin	A S	BESTO	18 -	· n.	·	.,
DEP DEP	Amende	ed		City,	State, Zip 0	Code				4 - 0	E Re	772		1
☑ DOL		ncy (includin	g				Hi	ghtstown, NJ	08520	)		11/1	.5	
DOH DCA	justifica Cancella			Name	e of Contac		C '41		Telep	hone Numb	per			
							Smith		_					_
A1				FA	CILITY INF	FORMA	TION							
Name of Facility Where		town Hig		hool				Type of Facilit School (K-						
Street Address				1001		-		☐ Subchapter	3 (Othe					
	25	Leshin I	Drive					Other (i.e., homes, etc		commerci	al bui	ldings	i,	
City (5)		•	100000000000000000000000000000000000000					Square Feet		Floors	В	ldg. A	\ge	
	H:	ightstown	, NJ					100000		2	.   _	75	5+/-	_
County (6)	lercer .			USE	inty Code ( EONLY)	7) (ST	ATE	Current Use (F	ior if be	ing demolis	shed)			
Name of Monitoring Firm		ilding Owner		ASCM	No.	Nam	e of Abaten	nent Contractor (	_					_
(8)	MECS							vens Environ		l Service	es. I	nc.		
Street Address		2.00.00000				Stree	et Address							_
	PO Bo	x 341			-				ox 32	22				_
City, State, Zip Code	osswicks,	NI 0851	5			City,	State, Zip C		- NII	00501				
Project Manager for Mor		, 143 0051		phone	No	Teler	hone No.	Allentow		nse No.		_	_	_
BillWei	•		0.0000000000000000000000000000000000000		8-4070	TOICE	(609) 25	59-9688	Lice		049	3		
Start Date (10)		Scheduled (				Name	e of OSHA				0.7			_
5/24/15			5/30/	15				N	ECS					
Occupancy Status Durin				050		Stree	t Address	20.		128				
☐ Facility Closed/Vacate ☐ Abatement Performed									ox 34	1				_
Other - Describe: 5			ty Hou	is		City,	State, Zip C		a NIT	00515				
Scope of Work (Check a								Crosswic	S, NJ	08313				_
		WZ D.					Full Cor	ntainment with Ne	jative P	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				☐ Mini-End Gloveba	closure ag Procedure						
					1		Non-Exe	empted (*) and N	n-Friabl	e Procedur	e			
		2000	Location or compally					ta			A	Abate Typ		
Location of Asbestos-Containing M			d Solel		Achaet		scription of	erial (ACM)	۸	ount		177		
TO BE ABAT	ED ( NOW	, c	ustodia			therma	al systems in	nsulation,	(Sp	ecify	Z	-	Enc	Щ
IN Facility (13)			Staff? (12)				cing, VAT, miscellaneo		SF c	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							/al	7	ılate	ure
Science I	Lab		×		T	herma	al Pipe F	ittings		8	×			_
							11101	Temps .	==		^			-
								-					$\dashv$	-
													-	_
Name of Registered Was	te Hauler			JDEP \			Yards	Name of Regi	tered La	andfill				
Stevens Environm	nental Ser	vices, Inc	<u>.</u>   H	auler ID 182	No. 292	of Wa	cU		GROV	WS Land	dfill			
City, State	. 11		_			Dispo	sal Date	/City, State	-					-
Completed By	Allentow	vn, NJ					1/15	17/	Morr	isville, l	PA			_
Mahlon E. Ster	vens	1000	oiect	Man	ager	S	ignature			Date	5/15	/15		
														_

ASB-41 MAR 00

OK 24807

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

			N		CATIC	ON OF ASE	BESTOS ABATE C 8:60 and 5:16					• ·	
Date of Notification (1)	/15/15				Nam	e of Buildir	ng Owner/Operato Eastern	r (2) Service Wor	ters Assoc.	15 1	AY	18	res .
Agencies Notified	Type No				Stre	et Address		6 West End A		385	ST	79	
DEP DOL	☐ Emerg	dment #_ gency (inc	cludin	g	City,	State, Zip (		Trenton, NJ 0	618	č	Lic	EA	374
M DOH □ DCA		cation) ellation			Nam	e of Contac	t Noelle O'Dell		Telephone Num	ber			
					FA	CILITY INF	ORMATION						
Name of Facility Where	Abatement	Resid						Type of Facility  School (K-1	)				
Street Address	7	West	End	Ave					(Other than K-1 vate & commerc		ilding	s,	
City (5)	Tr	enton,	NJ (	0861	8		72	Square Feet 1500	# of Floors		3idg. / 8(	Age )+/-	
County (6)	/Iercer					inty Code ( E ONLY)	7) (STATE	Current Use (Pi	or if being demoli	ished)	)		
Name of Monitoring Firm		Building O	wner		ASCN	No.	Name of Abaten	nent Contractor (9					_
(8)	MECS			_			Stev	vens Environi	ental Servic	es, I	nc.		
Street Address	РО В	ox 341					Street Address	PO E	ox 322				
City, State, Zip Code	rosswick	s, NJ 0	851	5			City, State, Zip C		, NJ 08501				
Project Manager for Mor	nitoring Firm isgarber	1		1 2000000	ephone	No. 98-4070	Telephone No. (609) 25	50 0688	License No.	049	12		
Start Date (10)	isgaruci	Schedu	ıled (	-			Name of OSHA I			1045	3		_
5/26/15		Conouc		5/29/		alo (11)	realite of ool (A)		CS				
Occupancy Status Durin			only	one)			Street Address						=
☐ Abatement Performed							City, State, Zip C	ode	<u>x 341</u>				
Other - Describe:								Crosswick	, NJ 08515				_
Scope of Work (Check a  3 sf or >3 lf  160 sf or >260 lf	all that apply	·		enovat emolitic			Mini-End Gloveba	ntainment with Nectorial Procedure and Procedure ampted (*) and No		re			
			N	_ocatio	1		<u> </u>	Jungton ( ) ding ( to	1110001100000	_	Abate Typ		$\exists$
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACI		Mair Cu	Solei ntenan ustodia staff? (12)	ice/		Description of os Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					<u>m</u>		ate	l'e
Baseme	nt				×	The	rmal Duct Ins		10 sf	×			
Baseme	nt				×		Flue Insulati	ion	6 sf	X			
		-	-							-			
Name of Registered Was	te Hauler	<u>—</u> L		1000	JDEP V		Cubic Yards	Name of Regis	red Landfill				
Stevens Environm	nental Se	rvices,	Inc.	Н	auler ID 182	No. 292	of Waste 1 CU Disposal Date		ROWS Land	dfill			
	Allento		93				5/29/15	City, State	Morrisville,	PA			
Completed By Mahlon E. Ster	vens	Title	Pr	oject	Man	ager	Signature	118	Date	5/15	5/15		_

MAR 00

CK 24808



Data of Nieliferstine (4)					N.I.	(D )) !!		Cohool School							
Date of Notification (1)	5/15/15				Name	e of Buildir	ng Owner/Operato The	r (2) Lawrencevill	School	iri [	0	A.	3:		
Agencies Notified	Type Notific	ation		-	Stree	t Address	1110	<u> Lawrence vin</u>	455	- < 1	0.5	A. 45.			
<b>⊠</b> EPA	Initial	2011011			0000			2500 Main St	eet å	- 3	ξΞ,		178		
□ DEP	Amende	d			City	State, Zip (									
<b>⊠</b> DOL	Amendn			_	Oity,	otato, zip (		08648							
<b>⊠</b> DOH	☐ Emerger justifica	ncy (in tion)	cluaing	9	Name	e of Contac									
☐ DCA	☐ Cancella				ivaiii	or Corna	Bob Smith	Telephone Num	Inar						
										-					
Name of Facility VAR-	Name of Facility Where Abatement is Taking Place (3)						FORMATION		for the second						
Name of Facility vvnere		0.00				Type of Facility									
Street Address	IVI	emo	rial I	Tall				School (K-1)	(Other than K-1	2)					
Street Address		ú	2				vate & commerc		dinas	i i					
07.75	230	JU IVI	ain S	tree	Ī			homes, etc.							
City (5)			•••		-			Square Feet	# of Floors	B	ldg. A	_			
	Law	renc	evill	e, N.				15000	3	_   _	10	)+/-	_		
County (6)			Cou	nty Code ( ONLY)	7) (STATE	Current Use (Pi	or if being demol	ished)	)						
	Mercer														
Name of Monitoring Fir (8)		ding C	wner		ASCM	No.		ment Contractor (9		000000					
	MECS							vens Environi	ental Service	es, I	nc.				
Street Address	DO 5	0.4-					Street Address	\$2.500000 100							
	PO Box	341							E ox 322						
City, State, Zip Code		3 T T C	0.51	_			City, State, Zip (		NI 00501						
	crosswicks,	NJU	1851:					Allentow	, NJ 08501						
Project Manager for Mo				I	ephone		Telephone No.	Posts to the constant	License No.						
	eisgarber			-		8-4070		59-9688	00493						
Start Date (10)		Sched	luled C	omple	etion Da	ate (11)	Name of OSHA								
6/1/15				5/12/	15			ics				_			
Occupancy Status Dur							Street Address	241							
Facility Closed/Vaca							·	PO E	ox 341						
Abatement Perform			Facilit	y Hou	rs		City, State, Zip 0								
Other - Describe:		m						i, NJ 08515							
Scope of Work (Check	all that apply)								100 En						
<b>≥</b> 3 sf or ≥3 lf			₩ Re	novat	ion		☐ Full Co ☐ Mini-En	ative Pressure							
≥160 sf or ≥260 lf				molitic			Gloveb								
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Asbestos-Containing				ntenan ustodia			tos Containing Ma		Amount			ш			
TO BE ABA IN Facili				Staff?		(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Rer	₽.	nca	Enc		
(13)	•	- 1		(12)			other miscellane		Or Or Er )	Remova	Repair	Encapsulate	Enclosure		
			Yes	No	N/A					<u>n</u>		ate	Ге		
Basem	ent	-			×	Th	ermal Pipe In	culation	6 lf	40			$\dashv$		
		-			X					×			_		
1st floor						In	ermal Pipe In		40 lf	×					
							(Wrap & C	ut)							
Name of Registered Wa				1 1	JDEP \ lauler ID		Cubic Yards of Waste	Name of Regis		F.					
Stevens Environ	mental Serv	vices	, Inc	_   '_		292	1 CU		<b>GROWS</b> Lan	ndfill					
City, State	V225	977	023				Disposal Date	City, State							
	Allentow		J				6/12/15	Morrisville, PA							
Completed By	2 0020 2020 2000	Title					Signature	1/_	Date						
Mahlon E. St	evens		Pr	ojeci	t Mar	ager	_////			5/15	5/15				

OK 00599 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2015-163

ASB-41

Name of Building Owner/Operator (2) Date of Notification (1) 10 |5 |/|1 |2 |/|1 |5 | jonathan ney Agencies Notified Type Notification Street Address Initial ☐ EPA 4 raymond terrace Amended DEP City, State, Zip Code Amendment #: DOL M Emergency MAPLEWOOD, NJ 07040 (including DOH. Name of Contact Telephone Number justification) ☐ DCA ionathan nev Cancellation **FACILITY INFORMATION** Typ : of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) jonathan ney Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 4 raymond terrace Sc are Feet | # of Floors Bldg. Age County (6) County Code (7) (State use only) Ci rent Use (Prior if being demolished) MAPLEWOOD **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, I c. 05/13/15 05/28/15 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full C intainment w/negative pressure >3 sf or >3 If Mini-c nclosure Renovation Mini-← nclosure
Glov∈ ag procedure ≥160 sf or ≥260 lf Demolition Non- xempted (\*) and Non-friable procedure Is location normally used solely E Location of E e by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a abated in facility (13) Yes No N/A V е BASEMENT PIPE INSULATION ) 1 ft  $\boxtimes$ BASEMENT BARE HEATING PIPES 30 1 ft X Registered Waste Hauler Cubic Yards of Waste Name of Registered Lanc II NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RES )URCE RECOVERY 2 yds. Disposal Date City, State City, State PATERSON, NJ 07503 05/14/15 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title **BOGDAN JOLDZIC** PRESIDENT 05/12/2015

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)					
	/15			Ha	ddon To	wnship School D	istrict /	lob #1504-4889 Check #719				0
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	fication)		9	Name	of Contac	t		Telephone Nu	mber	ü	)	
☐ Can	cellation			Adı	ministrat	ion					7	:
				FA	CILITY IN	FORMATION			文文		nds	1
Name of Facility Where Abatemer	it is Taking	Place	e (3)				Type of Facility (		3	,	2	
Jennings ES							School (K-12		-5-90	3 6	3)	
Street Address							Subchapter & Other (i.e., pr			uilding	S.	
100 East Cedar Avenue							homes, etc.)			•		
City (5)							Square Feet	# of Floors	В	ldg. Ag	ge	
Haddon Township												
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	r if being demo	olished)			
Camden							School					
Name of Monitoring Firm Hired by	Building O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-				
Epic Environmental Servic	es					AbateTech, I	nc.					
Street Address						Street Address		-				
1930 Brown Road						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Newfield, NJ 08344						Lumberton, N	J 08048					
Project Manager for Monitoring Fir	m		Tele	phone	No.	Telephone No.	was a second	License No.				
			020	-0 00-	4077	And the second of the second	2000 (ACC)					
Jim Eberts		8	56-205	-10//	609-265-2107		00529					
Jim Eberts Start Date (10)	Schedu	uled C				Name of OSHA M		00529				
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Date of Notification (1)				Name	of Buildin	g Owner/Operator (							
5 /14	/15			Had	ddon To	wnship School D	ob #1504-4889 Check #7192						
Agencies Notified Type No	tification			Street	Address			1					
☑ EPA ☑ Initial				500	Rhoads	Avenue		801	3 3	1.			
☐ DOLWD ☐ Amer				City, S	State, Zip	Code							
	idment#			We	stmont.	NJ 08108	S						
	gency (in cation)	cluding	3		of Contac			Telephone Numb					
Canc				100	ninistrat						1		
				FA	CILITY IN	NFORMATION		0			1.7		
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility (	1	8	2	_		
Van Sciver ES		,	(0)				School (K-12	,	1				
Street Address							☐ Subchapter 8	Other than K-12)					
625 Rhoads Avenue							Other (i.e., pr homes, etc.)	rate and commerciate	cial building	ļS,			
City (5)							Square Feet	# of Floors	Bldg. A	ne en			
Westmont							Oquale i eet	# 011 10013	Diag. A	gc			
County (6)				Cour	atic Codo /	7)(STATE USE ONLY)	Current Has /Dri	if hoing domalial	204/				
Camden				Cour	ity Code (	I)(STATE USE UNLT)	School School	il being demonsi	ieu)				
	Duilding (	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(O) T	ACCIA	Me	Nome of Abstone							
Name of Monitoring Firm Hired by I Cardno- ATC	sullaing (	Jwner	(0)	ASCM		Name of Abateme							
				0009	98	AbateTech, I	nc.	·					
Street Address						Street Address	DO D05						
3 Terri Lane						30 Maple Ave		1 <del>-</del>					
City, State, Zip Code						City, State, Zip Co							
Burlington, NJ 08016			1			Lumberton, N	NJ 08048						
Project Manager for Monitoring Firm	n		100000	phone		Telephone No.		License No.					
John Lutz			700000	09-386		609-265-2107		00529					
Start Date (10)6 / _ 22 / _ 15					te (11) 15	Name of OSHA M							
				_ ' -		EMSL Analyt							
Occupancy Status During Abateme				mont		Street Address	O. N. a wide						
<ul> <li>         □ Facility Closed/Vacated During I     </li> <li>         □ Abatement Performed Outside of the control of the cont</li></ul>					cribe	200 Route 13	10 Contraction of	· <u></u>					
Time of Abatement:AM-						City, State, Zip Co							
		dramatica.				Cinnaminson	i, NJ 08077						
Scope of Work (Check all that apply	()					☐ Full Cont	tainment with Neg	tive Pressure					
≥3 sf or ≥3 lf			novat			☐ Mini-Enc	losure						
≥160 sf or ≥260 lf		∐ De	molitic	on			g Procedure mpted (*) and Nor	Eriable Procedure					
		lo	Locat	ion		□ Non-Exe	Impled ( ) and Nor	- Tiable Flocedule	1	ant T			
Location of		100	Norma			Description o	.f		Abatem		-		
Asbestos-Containing Material (A	(CM)		d Sole		Asbe	estos Containing Ma		Amount	Repair	Enc	Enclosure		
TO BE ABATED	1		intena todial		(i.e	e., thermal systems		(Specify	air	aps	losı		
IN Facility (13)		Ous	(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u>m</u>	Encapsulate	Гe		
(10)		Yes	No	N/A	1	other micochane	(10)			Ö			
Boiler Room				П	Ashest	os Section Pack	ina	150 SF		П	П		
						un	5			] [	] [		
		Ш								Ш	Ш		
=													
Name of Registered Waste Hauler			IN	JDEP \	Vaste	Cubic Yards of	Name of Regist	red Landfill					
AbateTech, Inc.			55.5	auler II	No.	Waste	G.R.O.W.S.						
City, State				18750	)	15 Disposal Date	City, State						
Lumberton, NJ						7/3/15	Tullytown,	Δ					
	T species						i dilytowii,		_ 4				
Completed By (Print or Type)	Title					Signature	M	Dat	2/11/1	I			
Gwendolyn Trumbetti	0	perati	ons (	Coordi	nator		¥ ¥ ¥)		7/17/1	2			
ASB-41 MAY 11	*	Do not	use th	is form	for asbes	tos licensure exemp	ted activities.		/				

MAY 11

Date of Notification (1)				Name	e of Buildin	g Owner/Operator	(2)									
5/14	/1	5		На	ddon To	wnship School	District / Job #1	04-4889 Che	ck #7	191_	0					
Agencies Notified Type No				Stree	t Address		*	***********		-	y-					
☐ EPA ☐ Initial ☐ Amer				500	0 Rhoads	Avenue	SPECTOS	oou.	TOC							
	iaea idment#			City,	State, Zip	Code	SBESTOS CONTROL & LICENSING									
□ DCA □ Emer			a -	Be	Ilmawr, N	J 08031	& C. GUNG RG									
	cation)	. Old Gill	9	Name	e of Contac	ot .		Telephone Number								
☐ Cano	ellation			Bu	ilding & (	Grounds										
				FA	CILITY IN	NFORMATION										
Name of Facility Where Abatement	is Takin	g Place	e (3)				Type of Facility	.)								
Edison ES							School (K-12									
Street Address							Subchapter 8			ildin	20					
205 Melrose Avenue							homes, etc.)	rate and commit	sicial bi	mann	ys,					
City (5)							Square Feet	# of Floors	BI	dg. A	ge					
Westmont																
County (6)			223/	Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	r if being demol	ished)							
Camden							School									
Name of Monitoring Firm Hired by E	Building (	Dwner	(8)	ASCM	No.	Name of Abatem	nent Contractor (9)									
Epic Environmental Service	s					AbateTech,	Inc.									
Street Address						Street Address										
1930 Brown Road						30 Maple Av	e. PO Box 25									
City, State, Zip Code						City, State, Zip C	Code					-				
Newfield, NJ 08344						Lumberton,										
Project Manager for Monitoring Firm	1		Tele	phone	No.	Telephone No.	License No.									
Jim Eberts			8	6-205	-1077	609-265-210	00529									
Start Date (10)	Sched	luled C	omple	tion Da	ite (11)	Name of OSHA I					-					
5 /29 /15		5/	_ 29	/	15_	EMSL Analy	tical									
Occupancy Status During Abatement	nt (Chec	c only	one)			Street Address										
☐ Facility Closed/Vacated During B						200 Route 13										
Abatement Performed Outside o	Normal	Facilit	y Hou	s - Des	cribe	City, State, Zip C					-					
Time of Abatement:AM		VI/ <u>3</u> PIVI		_AIVI		Cinnaminso	n, NJ 08077									
Scope of Work (Check all that apply	)											$\neg$				
≥3 sf or ≥3 If		⊠ Re	novati	on		☐ Full Cor	ntainment with Neg	ive Pressure								
≥160 sf or ≥260 lf		☐ De	molitic	n		☐ Gloveba										
				6000		☐ Non-Exe	empted (*) and Nor	Friable Procedu	ire							
Location of			Locat Norma						Aba	atem	ent T	уре				
Asbestos-Containing Material (A	CM)		d Sole		Asbe	Description of stos Containing Ma		Amount	Re	Re	En	En				
TO BE ABATED		66 6	intena todial			., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure				
IN Facility (13)		Cusi	(12)	oldii!		surfacing, VAT other miscellane	, or	SF or LF)	/al		Encapsulate	ure				
(10)		Yes	No	N/A		other miscellane	ous)				te					
Boiler Room					Boiler II	nsulation		8 SF								
										П	П	П				
		П	П	П				-				$\exists$				
			=					Y <u></u>				믬				
Name of Registered Waste Hauler	,	Ц	L		Nest-	Out in V				Ш	Ш					
AbateTech, Inc.		JDEP V auler ID	500.000 th (C.O.)	Cubic Yards of Waste	Name of Registe											
			1	18750	1120000000000	2	G.R.O.W.S.	.andfill								
City, State						Disposal Date	City, State									
Lumberton, NJ						5/8/15	Tullytown, F	Α								
Completed By (Print or Type)	Title			Signature					Date							
Gwendolyn Trumbetti	0	perati	ons C	oordi	pordinator MAA						5/14/15					

ASB-41 MAY 11

Date of Notification (1)					Name	of Buildir	ng Owner/Operator (	2)	7 <u></u>					
	14/	15	-		Ve	rizon Co	mmunications	4887 Check #	7189	G# 5	19			
⊠ EPA [	Γype Notifiα ⊠ Initial					t Address ) Greenv	vood Avenue	1	SBESTOS (	CH	TRO	M		
☑ DOLWD [	Amende Amendn				City,	State, Zip	Code	- CE C 10 E R.	1/4	-				
	☐ Emerge		dina		Jer	nkintowr	, PA 19046							
(NJAC 5:23-8)	justificat		unig	İ	Name	of Contac	ct		Telephone Number					
	Cancella					x Baylor								
					FA	CILITY II	NFORMATION							
Name of Facility Where Ab			lace (3	3)				Type of Facility	1)					
Verizon Perth Amboy	/ Central	Office						School (K-12						
Street Address					70.00				(Other than K-12) vate and commer		uildin	~~		
183 Jefferson Street								homes, etc.)	vate and commen	Siai Di	uliding	JS,		
City (5)				7				Square Feet	# of Floors	В	ldg. A	ae		
Perth Amboy											3	3 -		
County (6)					Cour	ntv Code (	7)(STATE USE ONLY)	Current Use (Pr	r if being demolis	hed):	-2	-		
Middlesex						,	, (O.11.1 2 002 01121)	Offices	CA					
Name of Monitoring Firm H	ired by Bui	lding Owr	ner (8)		ASCM	No	Name of Abateme							
USA Environmental	nou by bui	iding Owi	101 (0)	-	100111	IVO.	AbateTech, In	500	80 EST & S					
Street Address								16.						
8436 Enterprise Ave.							Street Address	DO D 05	C77 (	0	co		100	
				-			30 Maple Ave		- <del>30</del> 3					
City, State, Zip Code							City, State, Zip Co		77 13					
Philadelphia, PA 1918				- 1			Lumberton, N	IJ 08048	<u></u>	=			* 20 m	
Project Manager for Monito	ring Firm				hone		Telephone No.			2	3			
Mark Jenkins						-5810	609-265-2107		00529	1				
Start Date (10)6 /1 /		Schedule 6		(T)		te (11) 15	Name of OSHA M  EMSL Analyti							
Occupancy Status During A	batement (	Check or	ilv one	2)			Street Address							
☐ Facility Closed/Vacated				5.00	ent		200 Route 13	0 North						
☐ Abatement Performed O						cribe	City, State, Zip Co							
Time of Abatement:							Cinnaminson							
Scope of Work (Check all th	at apply)						Cititianinison	, 143 00077					_	
☐ >3 sf or >3 lf			Reno	vatio	n		☐ Full Cont	ainment with Neg	tive Pressure					
≥160 sf or ≥260 lf			Demo	litior	1		☐ Glovebag	Procedure	Friable Procedure	2				
			Is Lo	catio	nn .		M HOII-EXCI	Tipled ( ) and No	- Hable I Tocedure	1 3333	otono	T		
Location of		97	Nor	mall	y		Description of	f			atem		-	
Asbestos-Containing Ma		(1)	Jsed S Mainte	THE PARTY OF THE P			stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABATE IN Facility	<u>:D</u>	1000	Custod			(i.e	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify	NOV	air.	aps	losu	
(13)			(	12)	25(20(110))		other miscellaned		SF or LF)	1 =		ulat	Гe	
		Y	es 1	Vo	N/A							Ф		
Exterior					$\boxtimes$	Window	v Caulk		840 LF	$\boxtimes$				
Exterior					$\boxtimes$	Roof Ca	aulking		354 LF	$\boxtimes$				
				]										
								2		П	П	П	П	
Name of Registered Waste I	Hauler			NJ	DEP V	Vaste	Cubic Yards of	Name of Regist	red Landfill					
AbateTech, Inc.				0.000000	uler ID 8750		Waste 20	G.R.O.W.S.						
City, State							Disposal Date	City, State				-		
Lumberton, NJ							6/5/15	Tullytown,	'A					
Completed By (Print or Type	)	Title					Signature	1	Date	e i		1		
Gwendolyn Trumbetti		Oper	ation	s Co	oordi	nator	( /	ANI		51	14	11	5	

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

ASB-41 MAY 11

Date of Notification (1)					Name	of Buildin	g Owner/Operator (							
5 /	14/	15	_		Per	mberton	Township School	ols 2557	Job #1505-4	905 Che	ck #71	88		
Agencies Notified	Type Notif	ication			Stree	Address				7 17				
⊠ EPA					On	e Egbert	Street	436	STOS CON LICENSIA	MITON				
□ DOLWD   □   □   □   □   □   □   □   □   □	☐ Amend				City, S	State, Zip (	Code	- â	LICENSIA	1 TUL				
□ DHSS	Amend				1000		NJ 08068		to:					
DCA (NJAC 5:23-8)	☐ Emerge justifica		cluding	3	1/0/655	of Contac			Telephone Number					
(NJAC 5.25-6)	☐ Cancel				The state of the s	n Swans			- lopilotto Ita	IIIDGI				
							FORMATION							
Name of Facility Where A	hatement is	. Takin	n Place	(3)	1.7	OILITT III	er ortinarion	Type of Facility (	ooility ( )					
Newcomb ES	batomont it	s raking	g 1 1000	. (0)				School (K-12						
Street Address				1				Subchapter 8		12)				
processor to the company of the company								Other (i.e., pr	ate and comm	ercial buil	dings,			
300 Fort Dix Rd.								homes, etc.)						
City (5)								Square Feet	# of Floors	Bld	g. Age			
Pemberton														
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	if being demo	lished)				
Burlington				V-0.4. V 2-1				School						
Name of Monitoring Firm	Hired by Bu	uilding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	91 <del>5</del>					
Cardno ATC					0009	98	AbateTech, I	nc.						
Street Address							Street Address	i .						
3 Terri Lane							30 Maple Ave	e. PO Box 25						
City, State, Zip Code							City, State, Zip Co	ode	-					
Burlington, NJ 0801	6						Lumberton, N	NJ 08048						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.					
John Lutz	850			6	09-386	-8800	609-265-2107	00529						
Start Date (10)		Sched	luled C	lamo	etion Da	te (11)	Name of OSHA M							
6 / 19 /	15				9_/		EMSL Analyt	ical						
Occupancy Status During	Abatement	(Chec	c only o	one)			Street Address							
☐ Facility Closed/Vacated				7.5	ement		200 Route 13	0 North						
Abatement Performed						cribe	City, State, Zip Co		98					
Time of Abatement:	AM	PI	м/ <u>3</u> РМ		AM		Cinnaminson							
Scope of Work (Check all	that apply)						□ Eull Conf	tainment with Neg	iiuo Drocouro					
≥3 sf or ≥3 lf			⊠ Re	novat	tion		☐ Mini-Enc		live Flessule					
≥160 sf or ≥260 if			☐ De	moliti	on		☐ Glovebag	g Procedure						
						_		mpted (*) and Nor	Friable Proced	lure	10 5			
	820			Loca			20 2 2			Abat	tement 7	Гуре		
Location of Asbestos-Containing N		(M)			ely by	Ache	Description o stos Containing Ma		Amount	Re	Encaps Repair	En		
TO BE ABAT		·ivi)	0.55570		ance/		., thermal systems i		(Specify	Removal	cap	clos		
IN Facility	/		Cust	todial (12)	Staff?	7/8854	surfacing, VAT,		SF or LF)	<u>a</u>	Encapsulate Repair	Enclosure		
(13)			Yes	No	N/A		other miscellane	ous)			ate			
5450 A Entry Control	Office					Transit	e Panels		35 SF					
				П					-					
			Ш						-		_			
Name of Registered Waste	e Hauler			1	NJDEP \	Vaste	Cubic Yards of	Name of Regist	red Landfill					
AbateTech, Inc.				2.3	dauler II	No.	Waste	G.R.O.W.S.						
City, State					18750		4 Disposal Date	City, State						
Lumberton, NJ							6/19/15		^					
La granda de la Paris de Company		T						Tullytown,						
Completed By (Print or Type		Title					Signature			Date	1)11	_		
Gwendolyn Trumbet	u	0	perati	ons	Coordi	nator	1 Cm	M		2//	7//-	)		

ASB-41 MAY 11

Date of Notification (1)	44	45			Name	of Building	g Owner/Operator (	2)	010-1-17400			- 54	
/ _	14/	15	_		Cit	y of Iren	ton / J	ob #1505-4908	Check #7/193	9 /	18 0	¥ ~	^
	Type Notific	cation			Street	Address					-	. 5	24.
					319	East Sta	ate Street 3 <sup>rd</sup> Flo	or	ASSESTA	5 60	7::-	00	
	☐ Amende				City, S	State, Zip C	Code	ASSESTOS CONTROL & LICENSING					
☐ DCA	Amendn  ☐ Emerger		ludina		Tre	nton, NJ	08608		a F. OF 421NB				
(NJAC 5:23-8)	justificat		lualing		Name	of Contac	t		Telephone Numb	er			
	☐ Cancella				JR	Capasso	ĺ		1000000 1 <b>1 1</b> 10 10 10 10 10 10 10 10 10 10 10 10 10				
					FA	CILITY IN	IFORMATION						
Name of Facility Where Ab	atement is	Taking	Place	(3)				Type of Facility (	)				
Roebling Building 10	)4							☐ School (K-12					
Street Address									Other than K-12)		ildina		
Elmer Street						homes, etc.)	rate and commerc	ciai di	mamé	JS,			
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Trenton											Ğ		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	r if being demolisi	hed)			
Mercer								Basement					
Name of Monitoring Firm H	lired by Bui	ilding Ov	vner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
NA							AbateTech, I	nc.					
Street Address						-1117	Street Address		X <del>1</del>				
							30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
							Lumberton, N	J 08048					
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.				
							609-265-2107	00529					
Start Date (10)		Schedu	led Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					
_6_ / _1_ / _	15	6	/	1	/ _	15	EMSL Analyt	ical					
Occupancy Status During A	Abatement	(Check	only o	ne)			Street Address		-				
☐ Facility Closed/Vacated	During Ent	tire Perio	od of A	bate	ment		200 Route 13	0 North					
☐ Abatement Performed C							City, State, Zip Co	ode	S. <del>4</del>				9
Time of Abatement:	AM	PM/		_PM-		AM	Cinnaminson						
Scope of Work (Check all to	hat apply)												
≥3 sf or >3 If		F	⊠ Rer	ovati	on		☐ Full Cont ☐ Mini-Enc	ainment with Neg	tive Pressure				
\( \geq \geq 160 \text{ sf or \( \geq 260 \text{ lf} \)			Der				☐ Glovebag	Procedure					
									Friable Procedure	Э	100		
20 Mgggaria 150				ocat			50435 FO 164554 4			Ab	atem	ent T	уре
Location of Asbestos-Containing Ma		M)		orma I Sole	ily ely by	A a b =	Description o stos Containing Ma		Amount	Re	Re	En	En
TO BE ABAT		VI)	Mai	ntena	nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	cap	Enclosure
IN Facility			Custo	dial (12)	Staff?	0.28	surfacing, VAT,	or	SF or LF)	val		Encapsulate	sure
(13)			Yes	No No	N/A		other miscellane	ous)				ate	(35)
Basement						Insulati	on Debris clean	up	40 SF			П	
					-	oalati	T. DODING GIGGII						
									S(2		Ш	Ш	
	14												
									_				
Name of Registered Waste	Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regist	red Landfill				
AbateTech, Inc.				Н	auler II		Waste	G.R.O.W.S.					
City, State					18750		2 Disposal Date	City, State					
Lumberton, NJ							6/1/15	Tullytown,	Δ				
	-	Terrial						runytown,					
Completed By (Print or Type		Title	0 W 5 Å 1			noto-	Signature	nut	Dat	e /	. 1	1	r
Gwendolyn Trumbett	ı	Ор	eratio	ms (	Coordi	пасог		VVU		2//	41	/_	2
ASB-41		200					11		APP	1	. 1		

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

MAY 11