Check No.

No Fee - PA Project

Date of Notification (1)					Name	of Buildi	ng Owner/Operator	(2)						-
May 14, 2014					PA	of NY 8	NJ, Neveark	ibertvolnterna	ational Airpo	rt				
Agency Notified	Type N	otification				Address		W. 195 (1)	14.69.1					-
□ EPA	Initia				Buil	ding 12	25		- Sec. 1					
TOTAL Not required per State Reg. 10 2004	☐ Ame	1				State, Zip		LIC N "						-
☑ DOL		endment # 1			New	ark. N.	J 07114	, Little Die E	ži.					
⊠ DOH	200-000-000 000000000000000000000000000	rgency (includi fication)	ng			of Conta			Telephone Nu	mber				-
□ DCA		cellation			Ralp	h Cam	pione							
				-			ORMATION							-
Name of Facility Where A	Abatemer	nt is Taking Pla	ce (3)		170		OKMATION	Type of Facility	/4\					_
Newark Liberty Int								Type of Facility	(4)					
Street Address	cinatio	nai Airpoit	6 175555					School (K-12		2)				
Terminal B									(Other than K-1 ivate & commerci		ias.			
								homes, etc.)			3-1			
City (5)								Square Feet	# of Floors	Bldg.	Age	2		
Newark								320,000	6	50 +	+			
County (6)							7) (STATE USE	Current Use (Pr	or if being demo	lished)				
Essex					ONLY)		Terminal						
Name of Monitoring Firm	Hired by	Building Owner	er	ASC	M No.		Name of Abatem	ent Contractor (9)				- 1100	
PA of NY & NJ	eet Address						B&N&K Res	toration Co.,	Inc.					
Street Address	eet Address I1 Erie Street, Room 236						Street Address							-
241 Erie Street, Ro	reet Address 41 Erie Street, Room 236 ty, State, Zip Code ersey City, NJ 07310						223 Randolp	h Avenue						
City, State, Zip Code	41 Erie Street, Room 236 ty, State, Zip Code ersey City, NJ 07310 roject Manager for Monitoring Firm						City, State, Zip C							_
							Clifton, NJ 0	7011						
Project Manager for Moni	ersey City, NJ 07310 oject Manager for Monitoring Firm				one No.		Telephone No.		License No.					-
Ralph Campione			9	73-6	24-68	98	973-478-468	1	00120					
Start Date (10)		Scheduled Co	mple	tion D	ate (11)		Name of OSHA	Monitor			-0.00			-
June 01, 2014		Septembe	r 01	, 201	4		McCabe Env	rironmental S	ervices, L.L.	C.				
Occupancy Status During	Abatem	ent (Check onl	y one))			Street Address	5	,					-
☐ Facility Closed/Vacate	d During	Entire Deriod a	f Aba	tomon			464 Valley B	rook Avenue	E)					
☑ Abatement Performed	Outside	of Normal Facil	ity Ho	urs	ı		City, State, Zip C					-		-
☐ Other - Describe:							Lyndhurst, I	NJ 07071-199	8					
Scope of Work (Check all	that app	ly)						2 7 3		272 - II 34				-
≥ 3 sf or ≥ 3 If					⊠ Ren	ovation		Containment with Enclosure	Negative Pressu	re				
≥ 160 sf or ≥ 260 lf					☐ Dem	nolition	☐ Glove	ebag Procedure						
						Т	□ Non-	Exempted (*) and	Non-Friable Pro	cedure				
				Loca							A	oate Typ	ment oe	
Locatio				Norma ed Sole			Description of	of					T	_
Asbestos-Containing		I (ACM)	Ma	intena	ance/		stos Containing Ma		Amount		_		m .	п
TO BE AB			(Custod		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)		en	Re	cap	1
(13)				Staff (12)			other miscellane		SF OF LF)		Removal	Repair	Encapsulate	
		l		1	1	-		***			<u>a</u>	7	ate e	i
0 - 1 - 5 1 - 3			Yes	No	N/A									_
Connector B-1 Exit	Loppy	, Level G	X			Firep	roofing		97	5 sq ft	X			_
							-						ci.	
								150						
												T		
Name of Registered Wast	te Hauler		1555.53		Waste H	lauler	Cubic Yards of	Name of Regist	ered Landfill			-		
Two Brothers Cont	ractino	, Inc.	5000	No. 8743			Waste 40 / 0		_andfill / Grand			fill		
City, State							(Fri) / (Non-Fri)	(Friable)	(Nor	-Friable)		-	_
	ulove -	1 Cliff 1	1.07	044	4240		Disposal Date	City, State	D4 / D					
250 Rutherford Bot Completed by	levaro	i, Cliπon, N	J U/	014-	1312		06/05/14 - 09/15/14	Morrisville,	PA / Penn A		Α			_
G. Roger Woodman	,	II		~=			Signature	11		Date	204			
o. Noger agoodings		Project Ma	ınag	er			/////			5/14/2	207	4		

NO (K

953	۸		1000	EV 192
\wedge	lor	AL	120	\sim
	W	171	100) (

Date of Notification (1)	-14				of Building		Operator	(2)	_ UN	CH)		_lc	10	1		
Agencies Notified Type	Notification			Street A	Address coles Av	enue										
DEP DOL	nitial Amended Amendment :			City, Sta	ate, Zip C ensack,	ode -	601									- }
≥ DOH j	Emergency (ustification) Cancellation	including		Name o	of Contact Labosc					Tel	ephone	Num	ber	-		
				FAC	ILITY INF	ORMAT	ION							1, 1		
Name of Facility Where Abatem house	ent is Taking	Place (3)						of Facility (4	50 000						
Street Address 104 Coles Avenue									School (K-12 Subchapter (Other (i.e. pr	(Oth	er than & comn	K-12 nercia) I buil			es,
City (5). Hackensack									etc.) re Feet	# o	f Floors	i	11 11 11 11 11	ldg. /	\ge	
County (6) Bergen					Code (7) USE ONLY	,		Curre	nt Use (Prior	r if bei	ng dem	nolish	ed)			
Name of Monitering Firm Hired !	y Building C	Owner (8)		ASC	и No.				tement Cont onmental			LLC			-	
Street Address							Street	Addres								
City, State, Zip Code		-					City, St	tate, Zi	p Code NJ 07418							
Project Manager for Monitoring I	irm		T	Telépho	ne No.		Telepho 973-5	one No).		Licen:	se No				
Start Date (10)		Schedule		npletion					IA Monitor		100				<u>- 177 -</u> 19	<u>.</u>
Occupancy Status During Abate	ment (Check	Only One	<u>(a</u>	111	7	-	Street A	Addres	s	******					-3	
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire P ide of Norm	eriod of A al Facility	baten Hours	nent			City, St	ate, Zij	p Code			-				
Scope of Work (Check All That A	apply)									-					-	
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova				×	Mini Glov	Containmer i-Enclosure vebag Proce i-Exempted	dure	-				•	
Location of			ocati						Exempted	/ din	11011-1	Habit		Abate Ty	men	l
Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Used	Sole tenar	ly by nce/	Asbes (i.e.	tos Con thermal surfa	scription of taining Manager I systems icing, VAT miscelland	aterial insulat r, or	(ACM) tion,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				*					<u>80</u>	,	ate	le l
basement				Х		pipe	insulati	ion		6	0 LF		x			
														-		
Name of Registered Waste Haule Freehold Cartage	er		Н	JDEP W auler ID 5959		Cubic of Wa	Yards ste		Name of Re	10701 000	red Lar	ndfill			•	
City, State Freehold NJ			,,,			200	sal Date		City, State Morrisvill	e. N	1					
Completed by Andrew Scott Higgins		Title Presid	ent				Signature	2				Date		14	_/(4/
							-			10.50			- '	-		

NO CHECK

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

Date of Notification (1) 4/28/14		Name of Buildin	g Owner / Opera	tor (2)					
Agencies Notified Type Notifica	ation	Street Address	d of Education	<u> </u>	T i y				
☐ EPA	idon	1490 Prospec	t Stroot						÷. ;
☐ DEP ☐ Initial		City, State & Zip							
□ DOL	ded R#1-5/14/14	Trenton, NJ 0		**					
☑ DOH ☐ Emer	gency	Name of Contac				Telenh	one A	lumb	
☐ DCA ☐ Cance	ellation	Mr. Everett O.				Teletin	ille i	iumb	er
Name of the second		FACILITY IN	FORMATION						
Name of Facility Where Abateme	nt is Taking Place	(3)	Type of Fac						11000
Trenton Central HS West Street Address				(K-12) NON S		₹ 8			
1001 West State Street				pter 8 (Other t					
1001 West State Street			Other (.e. private & co	ommercial buil	ldings, hor	nes, e	etc.)	
City (5)	County (C)		Square Fee		loors	Bldg. A	ge		
		ounty Code (7)	70,00		3		60+		
Trenton	Mercer			(Prior if being	demolished)				
Name of Monitoring Firm Hired by	Building Owner (8) ASCM N	School	otomout Cout	(0)				
Environmental Connection	Januari g Owner (O) ASCIVITION		atement Contra vironmental,	actor (9)				
Street Address			Street Addre	ess	IIIC.			-	
120 North Warren Street	1000 - 1000		1123 Beav						
City, State & Zip Code		A 200 C - 4 Ballo - A	City, State 8					-	_
Trenton, NJ 08010			Bristol, PA						
Project Manager for Monitoring Fin Dominick Dercole		phone Number -392-4200	Telephone N			e Number			
	cheduled Completi		(215)788-6		00509	1			
5/8/14	***	5/16/14	Name of OS	HA Monitor /ironmental	inc				
Occupancy Status During Abatem	ent (Check only on	e)	Street Addre		iiic.				-
	uring Entire Period	of Abatement	1123 Beav						
Abatement Performed Out	side of Normal Ho	urs - 7am to 3pm	City, State &	Zip Code					
Describe: 4 PM to 1:30 Facility Occupied During A	AM		Bristol, PA	19007					
Scope of Work (Check all that app	abatement								
contain that app	·· y)			□ Full Co	ntainment with	5 Namethia	D		
≥3 sf or ≥3 If		Renovation			ntainment with	i Negative	Pres	sure	
≥160 sf ≥260 If	i ii	Demolition			Bag Procedure	20			
	_				empted and N		e Proc	edur	re
Location of		Location	Descriptio	n of	Amount		ateme		
Asbestos-Containing Material (ACM)		nally Used	Asbestos-Cor	taining	(Specify	,			-
TO BE ABATED		olely by tenance or	Material (A (i.e., thermal s	CM)	SF or LF) 20		m	ш
in Facility		odial Staff?	insulation, surface	cing VAT		Remova	Repair	cap	ncls
(13)		(12)	or other miscell			ova	a-	Encapsulate	Enclsoure
	Yes	No N/A						6	W
Auditorium			VAT & Ma	stic	1,300 SI	F 🛛			
		 							
		뭐!뭐					밎	니니	
Name of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Peg	istered Landfil		Ш	Ш	
		Hauler ID No.	of Waste	Ivaille of Neg	istereu Landin	4			
Bristol Environmental Inc		18706	8 cu yd	GROWS La	ndfill				
City, State Bristol, PA			Disposal Date	City, State					
Completed By (Print or Type)		Tale	5/15/14	Morrisville,	PA			Mary and	
Gino Pizzigoni		Title Project	Signature	0	. 1 0	Date			
or izzigoiii		Manager	Dino 1	Pizzigon	1/	4/28	114		Н
T 14002 +++ NOTE DE	0	imanager		000	///				

GI 14093 *** NOTE: PROJECT OFF SITE 5/14/14

NO (HEIK

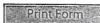
Date of Notification (1) 4/28/14		Na St	me c	of Buildin	ng Owner / Opera Jersey Departi	tor (2)	an Sar	vices				
Agencies Notified Type Notified EPA	ation	Str	reet A	Address	, 222 South Wa	300	an oei	VICES				
□ DOH □ Eme	ended R#1-5/14/1	4 Tre	y, Sta ento	ate & Zi n, NJ (of Conta	p Code 08625	men Street		1	[elenh	one	Nium	ber
☐ DCA ☐ Can	cellation	Pa	m H	arlan							- 1)
		F	FAC	ILITY II	NFORMATION							
Name of Facility Where Abatem Trenton Psychiatric Hospit	ent is Taking Plac	ce (3)			Type of Fac							
Street Address 100 Sullivan Way PO Box 7		ig			☐ Subcha	apter 8 (Other to i.e. private & co	nan K-1	l2) sial building	ıs, hor	nes.	etc.)	
City (5)	To ((0)	1.			Square Fee				ldg. Ag		,	
City (5) West Trenton	County (6)	Count	ty Co	de (7)	7500		3			40	+	
West Helitoli	Mercer				Various S	(Prior if being	demoli	shed)				
Name of Monitoring Firm Hired I	y Building Owner	r (8)		ASCM N		atement Contra	actor (9	,				
Environmental Collection						vironmental,		,				
Street Address 120 North Warren Street					Street Addre	ess						
City, State & Zip Code					1123 Beav					-	2	
Trenton, New Jersey 08608					City, State 8 Bristol, PA							
Project Manager for Monitoring I		elepho	ne N	umber	Telephone N			License N	ımher	-		
Ryan Broadwater	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM	09-392			(215)788-6			00509	arribor.			
Scheduled Start Date (10) 5/12/14	Scheduled Comp Of	letion [N HOL		(11)	Name of OS Bristol En	SHA Monitor vironmental I	nc					
Facility Occupied During	During Entire Peri utside of Normal VM – 12:30 AM Abatement	iod of A	Abate – 7a	ement m to 3p	Street Addres 1123 Beav City, State & Bristol, PA	er Street Zip Code						
Scope of Work (Check all that ap	iply)								1730	120		
≥3 sf or ≥3 lf ≥160 sf ≥260 lf			enov	ation lition		☐ Mini-Er ☐ Glove E	closure Bag Pro	ent with Ne e ocedures d and Non-				
Location of		Is Loc	ation		Descriptio	n of	A	mount			ent T	
Asbestos-Containin Material (ACM) <u>TO BE ABATED</u> in Facility (13)	M	Solel Solel laintena ustodia (12 es No	y by ance al Sta 2)	or	Asbestos-Cor Material (A (i.e., thermal s insulation, surfa or other miscel	CM) systems cing, VAT		Specify F or LF)	Removal	Repair	Encapsulate	Encisoure
Throughout				Pi	pe Insulation (wrap & cut)		7 LF		П	П	
Throughout					Pipe Insula			5 LF				
Throughout					Pipe Insula	ation		50 LF		\boxtimes		
		┽┝	<u> </u>	4								
, e		┽┼╞	╁┼╞	┽-					+	H	님	님
Name of Registered Waste Haule	er L				e Cubic Yards	Name of Reg	istered	Landfill			لل	Ш
Bristol Environmental Inc		100	12ule	r ID No. 6	of Waste 1 Cu yd	GROWS La	ndfill					
City, State Bristol, PA					Disposal Date	City, State						
Completed By (Print or Type)		T	itle		5/14/14 Signature	Morrisville,	PA	-	<u> </u>			
Gino Pizzigoni		P	me Proje Mana		Signature	Pazzige	mi/	X	Date 4/28	/14		
TI 13217 A				70		00 11		#		-		

Chart 10577

Date of Notification (1)				Name	of Buildin	a Owner/	Operator	/28° - 5° - 5° - 5° - 5° - 5° - 5° - 5° -	116	CH		10	<u>0</u>	
5-12-14				1				S, LLC						
Agencies Notified	Type Notification	1		Street	Address			reet 9	PM 6:5	57				
区 EPA DEP 込 DOL	☐ Initial ☑ Amended Amendmen	2		City, S	State, Zip	Code						-		
	☐ Emergency	(includir	ng				PA 19	121						
☑ DOH □ DCA ·	justification □ Cancellatio)		Name	of Contac	t			. Te	lephone N	umber			100
Name of Facility Where A	hatamant is Taki	na Diana	(2)	FA	CILITY IN	FORMAT	ION							
15 Washington S		ng Place	(3)					Type of Facili	ty (4)					
Street Address	702000							☐ School (☐ Subchar		ner than K-	12\			
15 Washington S	Street							Other (i. etc.)	e. private	& commerc	cial bu	ilding	s, hon	nes,
City (5) Newark								Square Feet		of Floors		Bldg.		
County (6)				Count	/ Code (7)			150,000		16	a marine like	50y	rs.	
Essex				(STATE	USE ONL	Y)		Current Use (vacant	Prior if be	ing demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		Name o	f Abatement (Contractor	- (0)				
EHS Environment					3111313777		1	nouth Env		55 55	Co	Tno		
Street Address	are Illes						Street A	ddress	· LL OIL	CITCUI	w.,	TIL	•	
411 Southgate C	Court, Suit	e E					923	Haws Ave	enue					
City, State, Zip Code Mickleton, NJ	08056							ate, Zip Code Cistown,	PA 19	401				
Project Manager for Monit	oring Firm			Teleph	one No.		Telepho			License N	No.			
Jack Carney				856-2	224-00	80	610-	239-9920)	003	98			
Start Date (10) 4-15-14	17		led Co		Date (11))	100000000000000000000000000000000000000	f OSHA Monit Environm		Tna				
Occupancy Status During	Abatement (Chec	k Only C	ne)				Street A		entar	, LIIC.	-			
□ Facility Closed/Vacat	ed During Entire I	Period of	Abater	nent			411	Southgat	e Cour	ct, Sui	te :	Ε		
☐ Abatement Performed ☐ Other – Describe:	d Outside of Norn	nal Facili	ty Hour	s		-		te, Zip Code leton, N	J 080)56				
Scope of Work (Check All	That Apply)									-			-	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renova Demoli				X3 X3	Full Contain Mini-Enclose Glovebag Pr	ure ocedure					
		Т.			Γ		- X	Non-Exempt	ted (*) and	Non-Friat		Cedur Abate		
Location of	\f		s Locat Normal	357 N		-000							emen pe	
Asbestos-Containing M	laterial (ACM)	Us	ed Sole	ly by	Asbes		scription or aining Mat	terial (ACM)	A	mount			m	
TO BE ABAT		2.23	stodial S		(i.e		systems in			pecify	Re	R	Encapsulate	Enc
(13)			(12)				niscellane		SF	or LF)	Removal	Repair	psu	Enclosure
5th Floor		Yes	X _{No}	N/A	floor	mast	ic		7,600	SF	x		late	lre
throughout build	_		x		windo	w gla	zing		980	each	х			8
throughout build	-		x		VAT				2,000	SF	x			
throughout build		1	х		pipe	insul	ation		600 I	F	x			
throughout build 3rd floor annex	ding	1	X	-		mast			1,000	SF	X		-	
Name of Registered Waste	Hauler		X	JDEP W		Cubic Y		Name o	f Register	SF ed Landfill	X			-
Newark Carting			H	auler ID 1509	No.	of Wast			3373	hlehem				
City, State Newark, NJ						Disposa		City, Sta	te hlehe	т. РД				
Completed by James Kelly		Title Pres	siden	—— it		Sk	gnature D/MiV	V(n/X)	/	Dai	te -12-	.14		
							ALLIA	July	4-		-12-	14		
ASB-41 (R-06-08)				A.W.		(.	Do not u	se this form fo) asbesto	s licensure	exem	pted a	activit	ies.

CK# 47.021345196

Date of Notification (1) 05/13/2014					Name	of Building	g Owner/0	Operator	r (2)			71	-	_			
Agencies Notified	Type N	otification			100	's Flowe	r Shop		29	14 HAY 1	9 P	M 7:	29				
	-				100000000000000000000000000000000000000	Address Greenbro	ook Roa	ad			S		» "				
DEP DOL	□ A	itial mended mendment	#		City, S	tate, Zip C	ode			1.11	N		10.				
DOH DCA	ju	mergency (stification) ancellation		g	Name	of Contact	i					enhor	a 81	nber			
	_			1	151	CILITY INF		ION	-								
Name of Facility Where A Nelly's Flower Shop	Abateme)	nt is Takin	g Place	(3)						of Facility (
Street Address									П	School (K-1 Subchapter	8 (Oth	er thar	K-12	()			
195 Greenbrook Ro	oad								×	Other (i.e. petc.)	orivate d	& com	merci	al bui	dings	, hon	nes,
City (5) North Plainfield			0 2							re Feet	# 0	f Floor:	S	E	Bldg.	Age	
County (6) Somerset						Code (7)	n		Curre	ent Use (Pri	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Sky Environmental	Hired by	y Building (Owner (8)	ASC	M No.		Name BE C	of Aba	tement Cor	ntractor	(9)			A		
Street Address 140 Boulevard								Street	Addre								
City, State, Zip Code				-					ip Code	\VL	_			-4-			
	in Lakes, NJ 07046							WES	T OF	ANGE N	J 070	52					
Project Manager for Moni Leonid Shereshevsk	et Manager for Monitoring Firm							Teleph 973-6				Licen 0123	se No).			
Start Date (10) 05/15/2014			Schedul 05/21/		mpletion	Date (11)		Name	of OSI	HA Monitor			280				
Occupancy Status During	Abatem	ent (Check	Only O	ne)				Street	Addres	SS		\rightarrow					_
Facility Closed/Vaca Abatement Performe Other – Describe: W	ed Outsic	le of Norm	al Facilit	v Hours	2	ECTION		City, St	tate, Zi	p Code							
Scope of Work (Check All		Carlotte and															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		,		Renova Demolit					Min Glo	Containme i-Enclosure vebag Proc -Exempted	edure						
			ls	Locati	ion				1401	1-Exempled	() and	NOII-	TIADIO	PIO	Abate		ı
Location			1	Normal ed Sole	ly		Des	cription	of						Ту	ре	
Asbestos-Containing Machine TO BE ABA In Facility (13)	TED	(АСМ)	Ma Cus	intena todial S (12)	nce/ Staff?	Asbes (i.e.	tos Conta thermal : surfac other m	aining M systems ing, VAT iiscelland	insula T. or	(ACM) tion,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
BOILER RO	2014		Yes	No	N/A											te	u l
BOILER RO	S. N. S.		X				ILER IN			Section 1	24	0SF		X			
			X		-		ILER IN			Casteria .	24	0SF		X			
BOILER RO	BOILER ROOM X						PIPE IN	ISULA	TION		50	DLF		Х			
Name of Registered Waste	e Hauler			I NI	JDEP W	lacto	Cubin	/ord-									
CIRCLE RUBBISH	- , .aaici				auler ID		Oubic Y of Wast			Name of R				CE	FAC	ILIT	Υ
City, State LINDEN, NJ							Disposa	al Date		City, State TULLYT		PA					
Completed by BARBARA REED			Title PRES	SIDEN	NT			anature		Reput			Date	13/2	014		

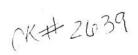


Energo.	Λα	1			CATION	N OF ASE	ESTOS	ABATE		т = С	K 4	-100	2/	3 4			
Date of Notification (1) 5/14/15						of Building een Soh				1 1		10-	<u> </u>	0.			
Agencies Notified	Туре	Notification				Address th Burge	ee Driv	ve		2814 HAY	19	PH .	/: i	I	-		
EPA DEP DOL	×	Amended Amendment # Emergency (ii				ate, Zip C Egg Har		J 08097	,	** .; :	123 (- 111	, K.	1.			
DOH DCA		justification) Cancellation	ricidaling	1	Name of Maure	of Contact een			,,,,			ephon		nber			
Nome of Facility VAL		1			FAC	ILITY INF	ORMA	TION							5.00.0		
Name of Facility Where A Maureen Sohmer P	rivet	nent is Taking	Place (3)					Тур	e of Facility	(4)		(4-91)				
Street Address	iivat	3 HOME								School (K-							
8 South Burgee Driv	ve								×	Other (i.e. petc.)	8 (Othe orivate 8	er than comn	K-12 nercia) al buil	dings	, hom	es,
City (5) Little Egg Harbor N.	J 080	97					tere in the second			are Feet	# of	Floors	3	173,563	Bldg. /	Age	
County (6) Ocean						Code (7) USE ONLY)		Curr	rent Use (Pri	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm	Hired	by Building O	wner (8)	ASCI	M No.			of Ab	atement Cor	ntractor	(9)					
Street Address						•		Pern				+-			,		
011 011								PO E	Box 3	329							
City, State, Zip Code										Zip Code 'lin NJ 080	91						
Project Manager for Moni	itoring	Firm			Telepho	ne No.		Teleph 856-		No. 9800		Licen 0072).			
Start Date (10) 5/15/14	,		Schedul 5/16/1		npletion	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During	Abat	ement (Check	Only O	ne)				Street		ess		-					
Facility Closed/Vaca Abatement Performe Other – Describe:	ited D ed Ou	uring Entire Petside of Norma	eriod of	Abatem y Hours	nent			City, S	tate, 2	Zip Code							
Scope of Work (Check Al	I That	Apply															
pone	i iiiat	Apply)			200			-	7								
≥3 sf or ≥3 if ≥160 sf or ≥260 if				Renova Demoliti				×	M G	ull Containm ini-Enclosure lovebag Pro on-Exempte	e cedure	_				Α.	
	4		ls	Locati	on										100	ement	1
Location				Normall			De	escription	of						T)	pe	
Asbestos-Containing TO BE ABA In Facilit (13)	TED	al (ACM)	Ma	ed Solel aintenar todial S (12)	nce/	Asbes (i.e.	therma surfa	ntaining M Il systems acing, VA miscellan	s insu T, or	lation,	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A											te	O
Exterior S	iding				х		Exte	erior Sic	ding		100	00 SF	:	x			
Name of Registered Wast	e Hau	ler		N.	JDEP W	/aste	Cubic	Yards		Name of	Register	ed Lar	ndfill				
United Containers			engineran ess		auler ID 2459	No.	of Wa			G.R.O.	W. 1990						
City, State Elm NJ							Dispo 5/16/	sal Date 14		City, State Morrisv		1906	57				
Completed by Anthony T Perna			Title Presi	ident			,	Signature	1				Date 5/1	e 4/14			

Date of Notification (1) 5/14/14				Name of City O	f Building f Atlanti	Owner/C	Operator Dept.	(2)	. & Inspe		7. 1.					
	oe Notification			Street A		5.V 253.F1		7011	11417 1 -) DE	2	<u>)</u>				
DEP DOL	Initial Amended Amendmen				te, Zip Co)1	ed .	T. LIC	160		1.				
DOH DCA	Emergency justification Cancellation)			Contact ndersor						ephone i	Nimbe	г			224
Name of Facility Where Abat Vacant Building Street Address	ement is Takir	ng Place (3	3)	FACI	LITY INF	ORMATI	ON	F	of Facility (School (K-1 Subchapter	2) 8 (Othe	er than K	(-12)				
1519 Pacific Ave								Squa	Other (i.e. petc.) etc.) re Feet		comme Floors	ercial b	Ble	dg. A		es,
Atlantic City NJ 08401 County (6) Ocean	× ×			County (Code (7)	n [.]	, ,		ent Use (Pri	3 or if bei	ng demo	olished)	35	5+		
Name of Monitoring Firm Hire	ed by Building	Owner (8)		ASCM		/			rtments stement Cor	tractor	(9)					
Street Address						-	Street	Addre Box 3	SS							
City, State, Zip Code							City, S	State, Z	ip Code in NJ 080	91						
Project Manager for Monitorin	ng Firm			Telepho	ne No.		100 No. 20 PM 25	hone N 753-9			License 00727	(1) 10 E (5) 18 E				
Start Date (10) 5/26/14		5/30/14	4	npletion I	Date (11)		Name Sam		HA Monitor				17			
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire	Period of	Abaten	nent s				Addre	ip Code							
Scope of Work (Check All Th	at Apply)					3500					-		-			_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor.	Renova Demolit				>	Min	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					9	
Location of		1	Locat	lly		De	scription	A6010M		17			100	Waster and The	ment	t
Asbestos-Containing Mate TO BE ABATE(In Facility (13)		Ma	d Sole intena todial ((12)	nce/		tos Cont thermal surfa	aining N	Materia s insula T, or		(S	mount pecify or LF)	Kellloval		Repair	Encapsulate	Enclosure
2nd floor	-	Yes	No	N/A x		FI	oor Til	Δ.		120	00 SF	x	1		Ф	
							001 111			120		1	1	_		
													1			
Name of Registered Waste H Earth Tech	auler		H	JDEP W lauler ID 6429	00000000	Cubic of Was			Name of I	Registe	red Land	Jfill				
City, State Greenfield NJ						Dispos 5/30/	al Date		City, State 6700 De		RD E. I	H. T.	NJ	082	234	
Completed by Anthony T Perna		Title Presi	dent			S	ignature	7				Date 5/14/	1/1			



Date of Notification (1) 5/14/14	100			Nan	ne of Build	ding Owne	er/Operato	or (2)		404	7			
Agencies Notified			CONTRACTOR	Cit	y Of Atla	antic Cit	y/ Dept	of LIC, & In	spection					ANTON TO
X EPA	Type Notificati							#.A.T 19 1 d Suite 306	15.1	Ly.			-	
DEP DOL	Amended Amendment	ent#		City,	State, Zi		11	à LICEN.	ING	11.				
DOH DCA	justification Cancellat	n)	ng		e of Cont Ander				Te	enha	'' eh	Υ		
Name of Facility Where	hatament is T			F	ACILITY I	NFORMA	TION			=				
Vacant Building	noaternent is 1a	King Place	(3)					Type of Facil	ity (4)					
Street Address 127 South Texus	Av.							School (Subchare Other (i.	K-12) oter 8 (Oth e. private 8	er than K	(-12)	11 - 11		
City (5)				-				CIC.)			rciai b		_	
Atlantic City NJ 084	01							Square Feet 1000+	3	Floors			. Age	i i
County (6) Ocean		2		Coun (STAT	ty Code (7) ILY)		Current Use (Prior if bei	ng demol	lished)	35+		
Name of Monitoring Firm N/A	Hired by Buildin	g Owner (8)	AS	CM No.		Name	of Abatement (101			S 5)	
Street Address							Pern	aco Inc.	ontractor	(9)				
City, State, Zip Code								Address Box 329	70					
							City, S West	tate, Zip Code Berlin NJ 08	2001					
Project Manager for Monit	oring Firm			Telepi	none No.		Teleph	one No.	1 600	License	No.			
Start Date (10)		Schedu	lled Co	moletio	n Date (1	1)	A contract of the contract of	753-9800		00727	5050			
Occupancy Status During	Al- 1	5/30/1	4		ii Date (1	''	Same	of OSHA Monito	or					
Occupancy Status During							Street A	Address			-	_		
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Nor	Period of mal Facilit	Abate y Hou	ment rs			City, St	ate, Zip Code		_				
Scope of Work (Check All	That Apply						,,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	так друу)		Renov Demoli				×	Full Containr Mini-Enclosu Glovebag Pro	re ocedure					
	20	Is	Locat	ion				Non-Exempte	and () and (Non-Fria	ble Pro		emen	
Location of Asbestos-Containing Ma	etorial (ACM)	Use	Norma ed Sole	lly dy by		Des	cription o	of					ре /ре	ı
TO BE ABATI In Facility (13)	ED (ACM)	Ma	intena todial ((12)	nce/	Asbe (i.e	thermal: surfac	aining Ma systems i ing, VAT, iscellane	terial (ACM) nsulation, or	100-20	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			ocaaaa	ous			oval	air	sulate	sure
Roof		-	al range.	х		Roofin	g top la	yer	1125	SF	x			
		+-												
L										-	-			
lame of Registered Waste H arth Tech	Hauler		H	JDEP Wauler ID 3429		Cubic Y of Wast		Name of ACUA	Registered	l Landfill				
ity, State reenfield NJ						Disposa		City, State		-			_	_
ompleted by		Title	-			5/30/14		6700 D	elilah RD			082	34	
nthony T Perna		Presid	lent			Jag	nature	C		5/1	e 4/14			



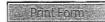
			NOTI	Pursuan	it to NJAC	8:60 an	ABATE d 12:12	MEN 0)	T 🚞	^ (II)) I	. Pi				
Date of Notification (1) 05/13/14					of Building AN JON		Operator	r (2)	2514 HA	V 10	₽₩	7: 1	1.			
Agencies Notified	Type Notification	1			Address				CETA DH	117	111	1.	**	-		V
EPA DEP	× Initial				ELLECL		'L					e ()	4			
× DOL	Amended Amendmer	t #			tate, Zip C ONA NJ				d. I	TOE	(31)	:3				
ĭ DOH	Emergency justification	(includin)	g	Name o	of Contact	1					phone		ber			
DCA	Cancellatio	n		2727200500550	AN JONI							4	5			
Name of Facility Where A	batement is Taki	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Tyn	e of Facility (4)						
								П	School (K-1							
Street Address 10 BELLECLAIRE P	L							×	Subchapter Other (i.e. p	8 (Othe	r than comn	K-12) nercia	l buil	dings	, hom	ies,
City (5) VERONA								Squ 200	are Feet	# of 2	Floors	\$	E	Bldg. /	Age	
County (6) ESSEX					Code (7)			Cur	rent Use (Prid	or if bein	g dem	nolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.				atement Con			 }				
Street Address							Street				_					
City, State, Zip Code									DOVE CO	DURT						
							LAKE	tate, EWC	Zip Code OOD, NJ 08	3701						
Project Manager for Monit	oring Firm			Telepho	one No.		Teleph 732-6				Licen:	se No.				
Start Date (10) 05/25/14		Schedu 05/26		mpletion	Date (11)				SHA Monitor D PROFE	98101	IALS					
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street			33101	MALO					
Facility Closed/Vacat Abatement Performed	ed During Entire	Period of	Abater	ment			6 WH	IITE	DOVE CO	URT						
Abatement Performer Other – Describe:	Outside of Nor	nal Facilit	y Hour	s					Zip Code OOD, NJ 08	3701						
Scope of Work (Check All	That Apply)								, NO 00	7701			(0.0)	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		premone.	Renova Demoli				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					Δ.	
			s Locat											Abate	ment	
Location of Asbestos-Containing M		Use	Normal ed Sole	ly by	Ashes	Des	cription		I (ACM)	۸۰۰	ount	-		Ту		Γ
TO BE ABAT In Facility (13)	ED		aintena stodial ((12)			thermal surfac		insul r, or	lation,	(Sp	ecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				•					a	7	late	ıre
BASEMEN	NT		Х			PIPE IN	ISULA	TIO	N	60	LF	2	2			
		-		-								_		_		
		1								-		+	-			
Name of Registered Waste	Hauler		11/200	JDEP W	110000000000000000000000000000000000000	Cubic			Name of R	egistere	d Lan	dfill				
NEWARK CARTING				lauler ID 4509	NO.	of Was	te		IESI							1
City, State NEWARK, NJ						Disposa 05/26/			City, State BETHLE		PA				V	
Completed by JOSEPH PERLSTEIN		Title OWN	IER			Si	gnature					Date 05/1	3/1	4		

* Sordy *

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

CNEX# 2325

Date of Notification (1)			Nama	of Duilding	Owner/Operato	- (2)			10	ン		
5/12/14			1 No	men		DCZSK	MAY 15	Dea.				
Agencies Notified Type No	otification		4	Address	~ ^			117	1: [7		
	tial		5		三 . (公)	siera (1+1					Japan - 12 202
	nended nendment#		City, St	tate, Zip Co	ode	, (*)	LIGHW		1.27			
	nergency (includi	ng		99	Oxte	New JI	20ey	165	٠,.			
	stification)	-		of Contact			Telé	phone Nu	ımber			5000
DCA Ca	ncellation											
Name of Facility Where Abatemer	nt is Taking Place	(3)	FAC	ILITY INF	ORMATION	Type of Facility	. /41					
1 6 1	si dence	. (0)				Lead .						
Street Address						School (K	-12)	rthan K 1	2)			
521 F RIV	iers Ct	ľ				Other (i.e.	private &	commerc	ial bui	Idings	, hom	ies.
City (5)	1014.67					etc.)						
Ocaca Gota						Square Feet	# Of	Floors		Bldg.		
County (6)		-	County	Code (7)		Current Use (P	rior if boin	/ domelia	bad\	6	1	
(2000	5048		(STATE	USE ONLY)	TEST	(D)	ig demons	neuj			
Name of Monitoring Firm Hired by	Building Owner	(8)	ASC	M No.	Name	of Abatement C				-		
						Insulation Co		(0)				
Street Address	·					Address						
					95 N	fontrose Roa	id					
City, State, Zip Gode			-		City, S	State, Zip Code						
					Colt	s Neck, N.J. C	7722					
Project Manager for Monitoring Fin	m		Telepho	ne No.	Telepi	none No.		License N	lo.			
					732-	294-1757		00029				
Start Date (10)	Sched	luled C	ompletion	Date (11)	Name	of OSHA Monito	г					
Occupancy Status During Abateme	ent (Check Only	000)	19		Ptront	Address						
	5 55	70			Street	Address						
Facility Closed/Vacated Durin Abatement Performed Outside	e of Normal Faci	of Abate lity Hou	ement irs		City S	tate, Zip Code						
Other - Describe:	JAM-	700	٢		— City, S	tate, Zip Gode						
Scope of Work (Check All That App	ply)											
23 sf or ≥3 lf		Renov	ration		F	1 - "						1
2160 sf or ≥260 lf		Demo				Full Containn Mini-Enclosur		Negative F	ressu	re		
	7					Glovebag Pro	cedure					
				Γ	¥	Non-Exempte	ed (*) and	Non-Friab	le Pro			_
Location of		Is Loca Norm			_	020			1	100000000000000000000000000000000000000	ement /pe	1
Asbestos-Containing Material (sed So	lely by	Asbest	Description os Containing N		Δm	ount		T	Γ	
TO BE ABATED In Facility		/lainten ustodial			thermal systems	s insulation,		ecify	20		Enc	m
(13)		(12)		surfacing, VA other miscellan	T, or	SF o	or LF)	Removal	Repair	apsı	Enclosure
	Yes	No	N/A			,	-		à	=	Encapsulate	ure
2 1 1	100	+	3 /						١.,			
Outdoor		-	V	511	YIN		1500	00	X			
					0							
						4000	1		1			\dashv
Name of Registered Waste Hauler		1	NJDEP W	aste	Cubic Yards	Name of	Registere	d Landfill	L			_
Ace Insulation Co., Inc.			Hauler ID	No.	of Waste	G.R.O.						
City, State			12086		Dinaction							
Colts Neck, New Jersey					Disposal Date	City, Sta						
Completed by	Title				Signature		wn, PA	- 16				
Bree McGuire		retary	Treasu	rer	Me	M.		Dat	5/1	10	11 2	
					1000	1			011	-1	<u> </u>	



Fre	1	
Class	Vit	0629
Chec	NH	000

Date of Notification (1) 5/13/14			1000 - 11 - 11 <u>0</u> 0		Name of Mahmo	Building Coud Abu	wner/C	Operator	(2)	PM 7:	19					
Agencies Notified	Type No	otification			Street Ac	aress									(7)	
EPA DEP DOL	_ An	nended nendment #			City, Stat	3 Main te, Zip Coo on, NJ 0	de		105	(California)	g is and he	,				
DOH DCA	jus	nergency (i stification) ancellation	ncluding		Name of Mahm	Contact oud Abu	roumi				Tele	ephone N	lumber 			
Emm)					FACIL	ITY INFO	RMAT	ION								
Name of Facility Where A Residential Propert Street Address		nt is Taking	Place (3)						of Facility (school (K-1 subchapter	2)	er than K	-12)			
863 Main St							98		×	other (i.e. p tc.)	orivate 8	comme	rcial bui			es,
City (5) Paterson									2,000	-	2	Floors		3ldg. 50+	Age	
County (6) Passaic		188			County (Code (7) ISE ONLY)			100000000000000000000000000000000000000	nt Use (Pri dential	or if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by	/ Building (Owner (8)		ASCM n/a	No.		1		ement Cor anagem						W 2
Street Address						9		100000	Addres	5						-
City, State, Zip Code								City, S	state, Zi	p Code rk, NJ 0	7035					
Project Manager for Mor	itoring Fi	irm			Telephor	ne No.		42	none No			License	No.	-		
n/a		····			n/a			973-	706-7	950		01193				
Start Date (10) 5/23/14			5/24/14	4	npletion i	Date (11)		Lozr	nica M	A Monitor anagem		огр	5, ⁶		1	
Occupancy Status Durin	g Abatem	nent (Chec	k Only On	ne)					Addres							
Facility Closed/Vac Abatement Perform	ed Outsi								roy Lr state, Zi							-
Other – Describe:							_	Linc	oln Pa	rk, NJ 0	7035					
Scope of Work (Check A	II That A	pply)	- Control					_	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit					Min Glo	Containm i-Enclosure vebag Pro i-Exempte	e cedure			200	re .	
			T	1					1401	- LACITIPIE	u () air	u 13011-1 1	lable i i	1000	emen	t
Location	n of			Locat Normal			De	escription	of		*			T	ype	
Asbestos-Containing TO BE AB In Faci (13)	Material ATED lity	(ACM)	Ma	d Sole intena todial S (12)	nce/		os Con therma surfa	taining N I system acing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A		9					× -			6	
Basem	ent		-		х		Pipe	Insula	tion			5 LF	х	_	_	
														╀	_	-
			1	-	-								-	+-	-	-
None of Devistant Ma	ata Uaula		1.		JDEP W	looto	Cubic	Yards		Name of	Pegiste	red Lan	1611			
Name of Registered War Loznica Manageme	H	lauler ID 033137	No.	of Wa	aste		GROW									
City, State	-							sal Date		City, Stat]				
Lincoln Park, NJ 07	035						TBD			Morris	/ille, P	A	5.4			
Completed by Elizabeth Cirovic			Title	etarv			1	Signature	e viou	· .			Date 5/13/1	4		
				· *				U	JUTU	u		1				

(K# 275

Date of Notification (1)				Name	of Build	ling Owner	/Operator	(2)	***				
04/18/2014				NJ. I	DEP								
Free -	Type Notification Initial				t Addres West.	s Grand A	lve.	E14 MAY I	9 FM 7:	₹3			
DEP DOL	Amended Amendment Emergency			City, S Rah	State, Zip way N	Code .J.	- 1	2.55 TH	. Caran	JL			
DOH DCA	justification) Cancellation		ng		of Cont	act E. M. DU	JRAN	in all		ne Numb	er		
Name of Facility Mr.				_		NFORMA							
Name of Facility Where Ab PRIVATE	atement is Takin	g Place	(3)		146-24-2			Type of Facility	y (4)				
Street Address								School (K	(-12)				
182 West. Grand Ave	э.							Subchapt Other (i.e.	er 8 (Other that private & cor	an K-12)	wildi	an ha	
City (5)								etc.) Square Feet					
Rahway N.J.								2,200	# of Floo	ors		g. Age 111	
County (6)		e e e		County	Code (7)		Current Use (P		molished			
Name of Monitoring Firm Hi	rod by Duilding				USE ON	ILY)		YES `		, , , o ii o ii o i	,		
N/A	rea by Building (Owner (8	8)	ASC	M No.		Name of	Abatement Co	ontractor (9)				
Street Address			*					ON QUALIT	Y CONSTI	RUCTIC	N L	LC	
				5			Street A	aaress NORDEN F	OI .				
City, State, Zip Code								te, Zip Code					
Project Manager & Manager							HACK	ENSACK N.	J. 07601				
Project Manager for Monitor	ing Firm			Telepho	one No.		Telephor	ne No. 08-4270	10.000	nse Ño.		_	
Start Date (10)		Schedu	iled Co	mpletion	Date (1	1)		OSHA Monitor	011	35			
04/28/2014		05/01/	2014		γ.	.,		IR TECHNO		AB			
Occupancy Status During At			60				Street Ac	idress			-		
Facility Closed/Vacated Abatement Performed (During Entire Po	eriod of	Abate	ment			1551 C	AKBRIDGE	DR. SUIT	EΒ			
Other - Describe:	outside of North	ai racilii	y Hour	rs				e, Zip Code					
Scope of Work (Check All Th	iat Apply)						POWH	ATAN VIRG	SINIA 2313	9			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro	e	tive Press	ure		
								Non-Exempte	d (*) and Non-	Friable P	oced	ure	
Location of			Locat Norma								Ab	temer	nt
Asbestos-Containing Mat	erial (ACM)	Use	ed Sole	ely by	Asbe	Des	scription of	erial (ACM)		-	1	Гуре	
TO BE ABATEI In Facility	5		intena todial ((i.e	e. thermal:	systems in	sulation.	Amount (Specify	20	_	Enc	9
(13)			(12)	450		other m	ing, VAT, discellaneou	or us)	SF or LF	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						<u>a</u>	=	late	ure
Basement			х			Pipe	insulation	n	65 Lf.	x	+	+	\vdash
2nd. Floor Hallway & Re			x			Wal	Plaster		320 Sqf	x	+	+-	+
2nd. floor. Main Be			Х			Floor	Linoleun	n	200 Sqf	_	+	+	H
First Floor Living I		- 4	х			Wall	Plaster		280 Sqf.	x	+	\vdash	\vdash
Name of Registered Waste Ha			1000	JDEP Wa		Cubic Y		Name of F	Registered Lar	0.0000000		1	\vdash
SHARON QUALITY CO	NSTRUCTION	A		33967	NO.	of Wast	e	MINER	VA ENTERI	PRISE I	NC		
City, State HACKENSACK N,J,						Disposa	al Date	City, State					
Completed by						TBD			SBURG O	HIO			
CARLOS ESQUIVEL		Title SAFE	TY N	MANAG	ER	'Sig	nature	annifin	ufly	Date 04/18/	2012		\dashv
ASB-41 (R-06-08)						7	-	7,	///	5 17 107.			
1 (N-00-00)						/ *	Do not us	e this form for a	asbestos licen	sure exer	npted	activit	ies.

Date of Notification (1)			-	Name	of Buildi	ina Ouman	/Operator	(0)	1 7	w.				
04/18/2014				CIT	YOFJ	ERSEY	CITY, H	(2) IUDSON CO	DUNTY	N.I.	(22.22)	Acceptance		
Agencies Notified EPA	Type Notification	n		Stree	t Address	:	n	14 HIV 15 8101. Lot	3 111	7:74				
DEP × DOL	Amended Amendmer	ч ш		City, S	State, Zip	Code		2 3 7 7		111121	-			
☑ DOH	× Emergency	(includi	ng		SEY CI		07002	<u> </u>	EHET	413				
DCA	justification Cancellatio					ICT DE JESL	JS		1 7.	lanhana	Ni mbe	r		35
Name of Eagility Whose				_		NFORMAT								
Name of Facility Where A PRIVATE	Abatement is Taki	ng Place	(3)		3,-10-34			Type of Facilit	ty (4)					
Street Address								School (H	(-12)	41	o.			
624 NEWARK AVE	. BIOCK 8101	. Lot 3	37					Subchap Other (i.e	private	& comm	(-12) ercial b	uilding	s, ho	mes,
City (5) JERSEY CITY NJ,	07002							etc.) Square Feet		of Floors			Age	
County (6)	07002			T 0				11,200		4	1	107		
Hudson				(STATE	y Code (7 E USE ON!) 		Current Use (F YES	Prior if be	ing demo	lished)			
Name of Monitoring Firm A. SEINE LIGHTHO	Hired by Building	Owner (8)	ASC	M No.		Name o	f Abatement C	ontractor	(9)				
Street Address	03E 30L0110	JN LL	j. ——				SHAR	ON QUALI	TY CO	NSTRU	CTIO	N LL	C.	
PO.BOX 354							Street A	ddress N ORDEN I	DI					
City, State, Zip Code SOUTH ORANGE.	NI 07070							ate, Zip Code	L.					
Project Manager for Monit							HACK	ENSACK N	.J. 076	01				
SHARA	oning riim				one No. 49-266	6	Telepho	ne No. 08-4270		License				
Start Date (10) 04/ 25 /2014		Schedu	iled Co	mpletion	Date (11			OSHA Monito	r J	01135				
Occupancy Status During	Abotoment (O)	04/ 29	/20	14	0582		SAN -	AIR TECHN	NOLOG	IES LA	В			
Facility Closed/Vacati							Street A							
Abatement Performed Other – Describe:	d Outside of Norm	reriod of nal Facilit	Abate y Hou	ment s				DAKBRIDGE te, Zip Code	E DR. S	SUITE	3 			
Scope of Work (Check All								IATAN VIR	GINIA 2	3139				
	nat Apply)	1											_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containm Mini-Enclosur	nent with	Negative	Pressu	ıre		
							×	·Glovebag Pro	cedure					
		Is	Locat	ion		777		Non-Exempte	d (*) and	Non-Fria	able Pro		re emen	
Location of Asbestos-Containing Management	f sterial (ACM)		Norma ed Sole			Des	cription of						/pe	
TO BE ABAT	ED (ACIVI)	Ma	intena todial	nce/	Asbes (i.e.	stos Conta	aining Mate systems in	erial (ACM)		nount	_		ū	_
In Facility (13)		Jus	(12)	olan r		surfaci	ing, VAT, iscellaneo	or		pecify or LF)	Removal	Repair	cape	Enclosure
5		Yes	No	N/A		outer m	iscellal leo	us)			val	air	Encapsulate	sure
ROOF			X			Roofin	g mater	ial	2 10	00 sf.	+	_		
4th. Floor North E			х				oleum			0 Sf.	X	_		
irst & 2nd. Floor Hally	vays & Stairs		х		R		n Vinyl I	Floor		0 Sf.	x			
Second Floor Ba			х				old Linol			0 Sf.	x		-	
Name of Registered Waste				JDEP W	aste	Cubic Y		Name of I			X			
RI- STATE - ASSOC.	INC.			auler ID I 9551	No.	of Waste 30. C		MINER				IC.		
city, State 199 RANDALL AVE. E	DON'Y NIV					Disposa		City, State						
completed by	SKONA. N.Y.	THIS				TBD		WAYNE		G OHIC)			
ARLOS ESQUIVEL		Title SAFE	TEY	MANA	GER	Sig	nature	Someth	nff	10/11	ate 1/18/2	014		
SB-41 (R-06-08)							//	+	11				-5.00	
						,	Do not/us	e this form for	asbestos	licensur	e exem	pted a	ctiviti	es.

MO#21901435367

Pro-1 - 2 11 (22										0.000	100	-500000000		
Date of Notification (1)				Na:	ne of Build	ing Owner	r/Operator	(2)	7 -	P*		_		
	_ /	14		I	day Taylo		281	(2) 4 KAY 19	PH 1: 4	3				
Agencies Notified Type	Notificatio	ก	300		et Address									
□ EPA ☑ Ir	nitial					7.	2 2	ELICE!	COM III	ji.				
	mended				Closter D		id + -	511053	ING					
	mendment			UILY	, State, Zip	Code		(4 LIVI-	it was seen		1000			
	mergency		ing		ster, NJ 07									
	stification)			Nar	ne of Conta	act			Teleph	one Nu	rher			
[C	ancellation	1		Line	lay Taylor	r			-		1			
					ACILITY		ATION							
Name of Facility Where Abatem	ent is Tak	ing Pla	ce (3)			THI OITH	AHON	Tuna of Facili	(L. 11)					
Private home		-	(0)					Type of Facil	\$1. \$100000					
Street Address								School (K	-12)		٥.			
300 Claster D. 1 D.								Other (i.e.	er 8 (Other t	nan K-1 d comme	Z) arcial	huildin.		
388 Closter Dock Road Oity (5)								homes, et	tc.)	a comme	sicial	nanani	ys,	
and the control of							-005-3223-4VX	Square Feet	# of F	loors	-	Bidg. A	176	
Closter, NJ 07624												0.09.7	·go	
County (6)				Cou	unty Code (7) (STATE (JSE ONLY)	Current Use (Prior if hair	a domei	- in 11			
Bergen					**************************************		.,	January 230 (, nor n ben	g demon	isned)			
Name of Monitoring Firm Hired I	y Building	Owne	r (8)	ASC	A No	Mome	of Abeter							
			*	7.00	n 140.			ent Contractor	(9)					
Street Address							h LLC							
						Street	Address							
City State 7:5 Code						576 Va	alley Rd#	283						
City, State, Zip Code				0.5			tate, Zip Co							
						Wayne	, NJ 0747	0						
Project Manager for Monitoring F	irm		Tel	ephone	No.	Telepho	one No	0	Licens	na Ala				
						0.000000			199					
Start Date (10)	Sche	eduled	Comple	etion D	ate (11)	973-63			01127					
			/ _2			Ivame	of OSHA M	Onitor						
						Enviro	vision Cor	nsultants,Inc						
Occupancy Status During Abater	nent (Che	ck only	one)			Street A				1				
Facility Closed/Vacated Durin	g Entire P	eriod o	f Abate	ment		20-21 V	Vagaraw 1	Road, Bldg .#	4 2 1 A					
Abatement Performed Outside Time of Abatement:Al	e of Norma VI-	al Facili	ty Hou	rs - De	scribe	City, Sta	ate, Zip Co	de	7 34A	-				
		IAN.			_AM	1000 755	wn, NJ 07							
Scope of Work (Check all that ap	oly)		-			T an La	Clean un	and decenter	141					
		-				H	Full Conta	and decontam ainment with Ne	enativa Pro	negative	pres	sure	Site; vi	
≥ 3 sf or >3 lf ≥ 160 sf or ≥260 lf		X R	enovati emolitic	on			Mini-Fucio	osure						
		; 0	emonto	on		×	Glovebag	Procedure [Tent with	Negative	Pres	sure		
		1	s Locat	ion			Non-Exen	npted (*) and N	ion-Friable	Procedur	re	1		
Location of		100	Norma				2 100				Ab	ateme	nt Ty	pe
Asbestos-Containing Material	(ACM)	Us	ed Sole	ely by	Ashe	Des stos Contr	scription of	erial (ACM)			D	Ta T	П	TT.
TO BE ABATED IN Facility			aintena stodial		(i.e	., thermal	systems in	sulation	Amo (Spe		em	Repair	nce	nc
(13)		Cus	(12)	Stan?		surfac	cing, VAT,	or	SIF		Removal	a:	pso	Enclosure
1.57		-	T	T	+	other m	niscellaneo	us)		- 6	<u>a</u>		Encapsulate	œ
		Yes	No	N/A									0	
asement				X	Pipe insu	lation			200 LF		X			\equiv
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		In	П	П								الا		늬
Name of Registered Waste Hauler		! —	1 —	ED Most-	Hauler ID No.	0.11								
			1100	-r ryasie	mauler ID No.	Cubic Yan	ds of Waste	Name of Regis	stered Land	fill				-
r Tech LLC			0	03378	5	TBD		T.R.R.F. Inc						
Dity, State	170-57 CT (CO.) 010					Disposal		City, State			-			-
ayne, NJ 07470									220					
ompleted By (Print or Type)	Title	-				TBD		Tullytown, P.	Α					
74 88 88 CONCERN WASHINGTON						Sign	nature /	. 1	1	Dat	e			
Jevtic B-41	Owr	ner					Herry	c Werra	· ort	05/1	3/20	14		
· · · · · · · · · · · · · · · · · · ·	ф	Fire mar	Tipo d	in f-			11			03/1	3/20	14		\Box
EN505		DO HOL	use in	is form	for asbesto	s licensus	& exemple	l activities.						

Date of Notification (1)			1	Namo	of Building Own	101	(0)		1.1				
05/10/2014		1/2		BLA	IR DEMOLIT	enOperato ION	or (2)						10:
Agencies Notified	Type Notification	n	\dashv	Street	Address		2017 ::	AY 19 P	7.0	6		_	
☐ EPA	Initial			48 B	RAINARD AV	Έ.				676			
X DEP X DOL	Amended			City, S	tate, Zip Code			JIDI C		1.			
	Amendmer Emergency		[MOUTH BEA	ACH N.J.	č	LICEMS	HG				
DOH DCA	justification Cancellatio)	1		of Contact N BLAIR			Te	lephone I	Vumbe	202		
					CILITY INFORMA	ATION							
Name of Facility Where A	batement is Taki	ng Place (3)	IAC	JILITI INFORMI	ATION	Type of F	acility (4)					
PRIVATE							(Consult of Consult of	ool (K-12)					G.
Street Address 48 BRAINARD AVE							Subo	chapter 8 (Oth	er than K	(-12)			
City (5)	•						Othe etc.)	r (i.e. private	& comme	rcial bu	uilding	s, hor	nes,
MONMOUTH BEAC	H N.J. 07750						Square Fe	1 27 5	f Floors		Bldg.	Age	
County (6)			- 1	County	Code (7)		1,600	2			65		
			1	(STATE	USE ONLY)		Current U	se (Prior if be	ing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.	Name	· ·	ent Contractor	(9)				
N/A						SHA	RON QU	ALITY CO	NSTRU	СТЮ	N LL	О.	
Street Address						Street	Address						
City, State, Zip Code						22 V	AN ORDI	EN PL.					
City, State, Zip Code							State, Zip Co						
Project Manager for Monit	orina Firm			Teleph	one No.			K N.J. 076					
N/A	,			releprit	one No.		none No. 708.4270		License 01135				
Start Date (10)		Scheduled	d Corr	pletion	Date (11)		of OSHA M		01100				
05/19/2014		05/19/20	014					CHNOLOG	IES LA	B.			
Occupancy Status During	2 1	172	*	00.000			Address					-	
Facility Closed/Vacat Abatement Performe	ed During Entire	Period of Al	batem	ent		1551	OAKBRI	DGE DR.	SUITE	В			
Other - Describe:	d Odiside of Norr	nai Facility I	Hours				tate, Zip Co						
Scope of Work (Check All	That Apply)					POW	MATAN	/A. 32139					
23 sf or ≥3 lf		□ Re	enovat	ion			1	#85 #11 P10 11 P10 P10					
≥160 sf or ≥260 lf	19	particular .	emolitic				Hull Con Mini-End	tainment with	Negative	Press	ure		
						×	Gloveba	g Procedure	. K)				
		Ist	ocatio	nn.			1 NOTI-EXE	empted (*) and	NON-FILE	able Pri	10 10 10 100	re emen	
Location of	of	No	ormally	,		escription	of				100000	/pe	•
Asbestos-Containing M TO BE ABAT	laterial (ACM)	Used Main	tenan		Asbestos Co	ntaining M	aterial (ACN	A) Ar	nount			m	
In Facility		Custo	dial St (12)	aff?		al systems acing, VA	insulation, Lor		pecify or LF)	Ren	Re	nca	End
(13)		-	(12)			miscellan			,	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						1-		ite	O
EXTERIOR S	IDING		X		TRAN	ISITE SI	DING	1,1	10 SF	x			
				idelita della						1	\vdash		
2000-00-00-00-00-00-00-00-00-00-00-00-00										+	\vdash		\vdash
			_							+-	-		
Name of Registered Waste			NJ	DEP W	aste Cubi	c Yards	Nam	ne of Register	ed Landfi	11	L		
SHARON QUALITY C	ONSTRUCTIO	ON LLC.	C 10 200 0 600 0	uler ID 33967	No. of W	aste	1	NERVA EN			VC.		
City, State			1000	1066		sal Date			10 10		10.		
HACKENSACK N.J.						sai Date 3D		State YNESBUR	G OH	0			
Completed by		Title				Signature		-		ate			_
CARLOS ESQUIVEL		SAFET	Y M	ANAG	ER	(Eynn	mfmfl	11 40	5/10/2	2014		
			-				/						

CK# 1730

6State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		8:60	and 12:	120)		Suarit (O	THE C	11.11	- 15				
Date of Notification (5/15/14			Name	e of Buildir wnship	ng Owner of Sou	/Operato th Ora	r (2)	100		n			
Agencies Notified Type Notification	1		Stree	t Address			nge Village Avenue	19 PI	۱۰ -				
XEPA Initial			Tem	p -76 S	outh O	range	Avenue		wit V	31.			
X DOL X Amended			City,	State, Zip	Code		r : - 2	172-1	-1515				-
X DOL Amendment X DOH Emergency	#1 (including	10	Sou	uth Orai	nge ,N	.J. 070	79 🗀 👼		1				
y DCA justification)	.3	ivame (or Contact				Tol	onhe N	'e	r		
Cancellatio	n 			atore Re				i					
name of Facility Where Abatement is Takir	n Place	(3)	FA	CILITY IN	FORMA"	TION							
South Orange Village Hall	9 1 1000	(3)					Type of Facilit						
Street Address 101 South Orange Avenue	-						School (k × Subchap Other (i.e		er than K	-12) rcial bi	uilding	s, hon	nes,
City (5) South Orange							etc.) Square Feet 40,000	# of	Floors		Bldg.	Age	
County (6) Essex			Count	y Code (7)			A 50 000 00	3 Prior if beir	a demol	ished)	100+		
	Owner /		(STATE	E USE ONL	Ŋ		Current Use (F Town Hall			ioricu)			
Name of Monitoring Firm Hired by Building Hatch Mott MacDonald	Owner (8)	0014	CM No. 10		Name Tricc	of Abatement Con Enterprise	ontractor on the second of the	(9)				
Street Address 27 Bleeker St.							Address Beers St						
City, State, Zip Code Milburn, N.J. 07041						City, S Keyp	tate, Zip Code ort N.J. 077	735					
Project Manager for Monitoring Firm Kevin Herrighty			Teleph 973 91	one No. 2 - 2480		Teleph	one No. 739-1200		License 01095				
Start Date (10) 3 /24/14	Schedu 6/	led Co /30/1	mpletior 4	Date (11))	Name of Trico	of OSHA Monito n Enterprise	r es Inc					
Occupancy Status During Abatement (Chec	k Only O	ne)					Address 322 Be		- 20				
X Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	baten	nent s				ate, Zip Code K		I.J. 0773	5			
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if x ≥160 sf or ≥260 if		Renov Demoli					X Containment Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure			cedure	ì	
		Locat									Abat	emen	t
Location of Asbestos-Containing Material (ACM)		mally Solely				scription				\perp	- 1	уре	_
TO BE ABATED	110000	intena todial					aterial (ACM) insulation,	100000000000000000000000000000000000000	ount ecify	b	720	Ē	т
In Facility (13)	Cus	(12)	otan?		surfac	cing, VAT niscellane	, or	SF	or LF)	Remova	Repair	caps	Enclosure
	Yes	No	N/A		other ii	nscenarie	eous)			wal	ar.	Encapsulate	sure
asement , First ,& Second ,Floors		х		Wall &	Ceiling	plaster	18	34,80	0 sf	x		· O	31500
T office		Х				noleum		260 sf		x			-
ttic Staircase		Х	1		te pane			150 s		x	-		
rawlspace		X			nsulation			300 sf		x			
ame of Registered Waste Hauler tlantic Carting Inc		N	IJDEP W lauler ID 6085	/aste	Cubic \ of Was	rards .		Registere North Lar	d Landfil			2:	v-
ity, State 141 Rt 23 Wayne N.J. 07470				20	Dispos 6/30/14		City, Stat	e M	orrisville	P.A.	- 1		
ompleted by ames Mahoney	Title Project	mana	ger		Si	glature	a Milal	70.0	/ Da	ate 5/	15/14		

ASB-41 (R-06-08)

Do not use this form for aspestos licensure exempted activities.



5/15/14					Name Adele	of Buildir Purks	ng Owner Private				7. 50					
Agencies Notified	Тур	e Notificatio	n			Address S Forec	astle D	2814 M	AY	9 PM -						
EPA DEP DOL		Amended Amendmen	nt #		City, S	tate, Zip	Code	+	ر ۱ ا	CENSIN	G					
DOH DCA	×	Emergency justification Cancellation	1)	3		of Contac		(;				lephone	Ni mbe	r		
N					FAC	ILITY IN	FORMAT	TION	-			_				
Name of Facility Where Adele Purks Privat	Abate te Hor	ment is Tak ne	ing Place (3)					Тур	e of Facility School (K-						
Street Address 125 S Forecastle [Or									Subchapte Other (i.e.	r 8 (Oth	er than I	K-12) ercial b	uilding	s, hon	nes,
City (5) Little Egg Harbor N	NJ 080	097			-				Squ 100	etc.) are Feet 00+	# 0	f Floors		Bldg.	Age	112
County (6) Ocean						Code (7)				ent Use (Pr		ing demo	olished)			
Name of Monitoring Firm	n Hired	by Building	Owner (8)	ASC	M No.				atement Co	ntractor	(9)				
Street Address			-					Pern	200			-				
City, State, Zip Code								PO E		329 Zip Code						
Project Manager for Mor										lin NJ 080	091					
	nitoring	Firm			Telepho	one No.		Teleph 856-7				License 00727				
Start Date (10) 5/16/15			Schedul 5/17/1	ed Cor 4	mpletion	Date (11)	Name		HA Monitor						
Occupancy Status Durin	g Abat	ement (Che	ck Only O	ne)				Street		929						
Facility Closed/Vac Abatement Perform Other – Describe:	ated D	uring Entire	Period of	Δhater	ment s				4004800	Zip Code						
Scope of Work (Check A		Apply)						L								
≥3 sf or ≥3 If ≥160 sf or ≥260 If		3000	Property .	Renova Demoli				×	Mi Gl	ill Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				ro.	
			Is	Locat	ion			A: 500 Williams			- () and	14011-111	able 11	2000	temen	t
Location				Normal d Sole			De	scription	of	280				Т	уре	
Asbestos-Containing TO BE AB, In Facil (13)	ATED	al (ACM)	Ma	intenal lodial 8 (12)	nce/	Asbe (i.e	stos Cont thermal surfa	taining M	ateria insul r, or	i (ACM) ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior s	Exterior siding							rior sidi	ing		140	00 SF	×	+		-
					-		107				-	 	-	-		
Name of Registered Was	te Hau	ler		N	JDEP W	/aste	Cubic	Yards		Name of F	Register	ed Land	fill .			
United Containers	- 74.510		.0	Н	auler ID 2459		of Was			G.R.O.V		ou Lanu	nul .			
City, State Elm NJ							Dispos 5/19/1	al Date		City, State Morrisvi		19067		280		
Completed by Anthony T Perna			Title Presid	dent				ignature	1			1	Date 5/15/1	4	-	-



Emergency

Date of Notification (1)									(2)	* (1)	- Ju - 14			-			
5/15/14			Name of Building Owner/Operator (2) Cherry Hill public Schools ification Street Address 2014 FAY 19 PM 7: 34														
Agencies Notified	Туре	Notification Initial				ddress noldo T	errace	201	FFA	7 19 PF	17:	34		-004-1125			
EPA DEP DOL		Amended Amendment		_ [ate, Zip C / Hill Nu		i,	3	10000 10000	E F	J.					
⋈ DOH		Emergency justification)				f Contact				11.575		ephon	e Nur	nher			
DCA DCA		Cancellation				Charter										۵	
Name of Facility Where	Abatei	ment is Takin	n Place (3	8)	FACI	LITY INF	ORMATI	ON	T	- F - 101 - 11		1					
Barclay Early Child	hood	Center	g riace (c	"						of Facility (4	753						
Street Address										School (K-12 Subchapter 8		or thai	n K-1) \			
1220 Winston Way										Other (i.e. pr	ivate	& com	merci	al buil	dings	, hom	es,
City (5)								-		etc.) re Feet	1#0	f Floor	2	T =	Bldg. A	\ne	
Cherry Hill NJ 0803	34								1000		1	1 1001	3		55+	-ye	
County (6) camden						Code (7) USE ONLY)		Curre	nt Use (Prio	r if bei	ng de	molish	ned)			
Name of Monitoring Firm	Hired	by Building	Owner (8)		ASCN	/ No.		Name	of Abat	tement Cont	ractor	(9)					
TTI Environmental									aco Ir			1-7			14		
Street Address 1253 North Church	Stree	et							Addres								
City, State, Zip Code	0.0							City, S	tate, Zi	p Code	Health.	+			-		
Cherry Hill NJ 0800										n NJ 0809	91						
Project Manager for Mon James Guilardi	itoring	Firm			Telepho	ne No.			one No 753-98			Licer 007	nse N 27	0.			
Start Date (10) 5/16/15			Schedule 5/17/14		npletion	Date (11)		Name Same		A Monitor		-					
Occupancy Status During	a Abat	ement (Chec			W. O. T. C				Addres								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated D	uring Entire F	Period of A	Abatem	nent												
	nights /	weekend	iai Facility	Hours				City, S	tate, Zi _l	p Code							
Scope of Work (Check A	II That	Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Parameter .	enova emoliti				×	Mini Glo	Containmer i-Enclosure vebag Proce	edure						
			T .					-	l Non	-Exempted	(*) and	Non-	Friab	e Pro			
Location				Locati Iormall			10									ement pe	t
Asbestos-Containing	Mater	ial (ACM)	Use	d Solel	ly by	Asbes	Des tos Cont	scription aining M		(ACM)	Δ	mount					
TO BE ABA In Facili				ntenar odial S	000000000000000000000000000000000000000		thermal	systems	insulat		(S	pecify		Re	מֶ	nca	E
(13)	.,			(12)				cing, VA niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A				8					<u>a</u>	7	late	ıre
Boiler ro	om		1				Boile	er Gasi	ket			20	-	x		-	
			+ +	-									-	^			
	****		+									-					
Name of Posistered 141	to 11-	des.															
Name of Registered Was United Containers	ie Hai	пег		3333	JDEP W auler ID	7070777	Cubic of Was	300 CO 100 CO 10		Name of R		red La	ndfill				
					2459		1			G.R.O.W	.S.						
City, State Elm NJ							2000 60	al Date		City, State		400					
Completed by			Title				5/19/1			Morrisvill	e PA	190					
Anthony T Perna			ride				I Si	ignature					Dat	e			

Check#1897

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

2111	ICHION	Ur	HODESING ARAIE	-
	(Pursuant	to	NIAC 8:60 and 5:16)	

				1.		,	10 0.00 and	. 0.10	and and the t	11/57					
Date of Notification (1)					Nam	e of Buildin	g Owner/Oper	ator (2)						
	15	14			Mike	Bocina					- [-				
Agencies Notified	Type Not	ification				t Address			2614 KAY 1	9 PM 1:	33				
□ EPA	Initial				12 W	yndmoor	Drive								
☑ DOLWD ☑ DHSS	Amen					State, Zip			7 - 5- 11 & LI	5 C N A	- }				-
DCA	☐ Emerg	dment #		-	1 250	istown, N			211	ENSING					
(NJAC 5:23-8)		gency (in cation)	iciuain	9		e of Contac				Telephone					
	Cance	ellation			Mike	Bocina				- stephione	Nullibe	31			
					-	20.1-12.00%, 0.000-10.00%	NFORMATIO			· · — =					_
Name of Facility Where A	batement	is Taking	r Place	= (3)	17	CILITI	NFURIVIATIO	N .	T 5 F 101						
Private home		io ranni	9 1 150	5 (3)					Type of Facility	5 500					
Street Address				-					School (K-1	8 (Other than	K-1 21				
12 Wyndmoor Drive									Other (i.e.,	private and co	mmerci	al bu	uildin	gs,	
City (5)									homes, etc					7000	
Morristown, NJ 07960									Square Feet	# of Floor	3	В	ldg. A	ge	
County (6)				_	Cou	nty Code (7)	CTATE HOE OF	MILVO							
Morris					Cou	ny code (1)	(STATE USE U	IVLY)	Current Use (F	rior if being de	molish	ed)			
Name of Monitoring Firm	Hired by 8	Buildina ()wner	(8)	ASCM	No	I Name of N								
	W. 3.	-maning (J WITCH	(0)	ASCIVI	NO.			ent Contractor (9	9)					
Street Address							Gr Tech LL								
							Street Addre								
City, State, Zip Code							576 Valley								
, , , , , , , , , , , , , , , , , , ,							City, State, 2								
Project Manager for Monit	oring Firm			T-11			Wayne, NJ		0						İ
, and an agent for two the	Ornig i iii.			1 616	phone	No.	Telephone N			License N	ο.				
Start Date (10)		Cobas	lula d C	\\			973-638-17			01127					
05/25/	14					ate (11)	Name of OS	HA M	onitor						
				100000000000000000000000000000000000000	5_/		Envirovision	n Co	nsultants,Inc						1
Occupancy Status During Facility Closed/Vacate					0.000 (0.000 \$0.000		Street Addre	ss							
Abatement Performed	Outside of	Normal	Facilit	Abate	ment	arile e	20-21 Waga	araw i	Road, Bldg .#	34A					
Time of Abatement:	AM-	PI	n aciii. M	PM_	s - Des	AM	City, State, Z	Zip Co	de						
Scope of Work (Check all							Fair Lawn, 1								
	шат арріу)						H Cle	an up	and decontami	nation with neg	ative p	ress	ure		$\neg \neg$
>3 sf or >3 lf > 160 sf or >260 lf			⊠ Re	enovati	on		IXI Mini	i-Encl	ainment with Ne osure						
≥ 160 sf or ≥260 lf			☐ De	molitic	n		☐ Glov	vebag	Procedure	Tent with Neg	ative P	ress	ure		
			1.0			T	Non	1-Exer	npted (*) and No	on-Friable Prod	edure		1		
Location of	of			Locat Norma								Ab	atem	ent Ty	уре
Asbestos-Containing M	aterial (A	CM)	Use	d Sole	ly by	Asbes	Descript stos Containing			Amount		R	ZJ.	Щ	Ш
TO BE ABAT				intena todial		(i.e	., thermal syste	ems in	sulation.	(Specify	- 1	Remova	Repair	icap	clo
(13)			045	(12)	Jian :		surfacing, other miscel			SIF or LF)	val	T	Encapsulate	Enclosure
PC 10			Yes	No	N/A	1	outer misce	Harret	iusj					ate	
Garage					X	Dunt:	1.41					L&J			
o un ugo			=		-	Duct inst	ulation			60 SF		X	Ц	Ш	
			Ц	Ш	ᆫ										
												П	П		
			П		П									7	
Name of Registered Waste	Hauler	1		NJI	EP Wasts	Hauler ID No.	Cubic Yards of	Wasta	Name of Regis	stored Landell				الا	Ш
Gr Tech LLC	un (17 mai 17 mai 18 ma							*********	500000000000000000000000000000000000000	sieren Faudilii					
City, State	-			0	03378	15	TBD		T.R.R.F. Inc						
							Disposal Date	е	City, State						
Wayne, NJ 07470							TBD		Tullytown, P.	A					
Completed By (Print or Type	e)	Title					Signatur	e /) , ,	1	Date				
N.Jevtic		Own	er					40/	for iles	rao	05/15	/20	14		
ASB-41 MAY 11	78558	19.	Dana	uso de	is fam.	for ashes	os licensure es	Hec	J		10,0,10				
MONE A.S.		200	JU1101	14.76 18	is jorn	JUI USDEST	us ucensure ex	*mple	a activities.						

CK# 21860613077

State of New Jersey

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

										er and a same	113	f time y			
Date of No 05/14/201	otification (1): 4				ilding Ov lic Schoo	wner/Operator (2)				A 81		7. !	r.		
Agencies Notified	Type Notifica	tion	100000000000000000000000000000000000000	t Addre	0.000000		8820080		2814	MAY 19	P)	4 7.	22		
⊠ÉPA	□ Initial				Zip Code										
□ DEP	☐ Amended Amendment#:			rk, NJ		•			$L_{1,2}$	Number	1.0	4.1			
₽DEP DOL	☐ Emergency	100		of Co				1	Telephone	Number	R: 1	Hon	101		,
	(including		100/2013/2017		in Olagao	devo		1	retophone	THE PERSON NAMED IN	14 11	1			
□ DOH □ DCA	justification ☐ Cancellation				J	•			¥.						
						FACILITY INFO	RMA	TION			T				
Name of F	acility McKin	nley El	ementa	ry Scho	ool		Турс	of Facility (4):		-;				
1 Colonna	de Place			55-50-00-56				hool (K-12) behanter 8 (Other than K-	12)					
City/ (5)		Coun	ty (6):		Count	y Code (7):			ate & comme		ngs, ho	mes, e	tc.)		
Newark		Essex	0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		07104		Can	are Feet: 60	0.000		# -	f Floo	2		
		45				ø	Squ	are reet. of	0,000		# 0	1 F100	ors: 5		
	2							g. Age 45 rent Use : S	chool						
Name of N	Monitoring Fir	m Hire	d by Bu	ilding	Owner:	ASCM No.:			ment Contra	ctor (9):					
WHITMA	AN			-		00110	100								
Ct						4			oment, Inc						
Street Add	iress: it Hill Road						Stre	et Address:				74.			
/ Fleasaii	п пш Коац						659	8 Rutger	e Dlago						
City State	, Zip Code:	-						, State, Zip							
50.50	E							120 120							
	, NJ 08512		- Tr.			m. 1 1 31	_	amus, NJ							
Kevin T I	anager for Mo	nitorin	g Firm:			Telephone No.: 732-390-5858	Tele	phone No.:		License 1	No.:				
							(973	3) 350-0101		01215					
Start Date 05/23/14	(10):		Schedul 05/26/1		npletion l	Date (11):	100000000000000000000000000000000000000	ne of OSHA ro Analytic	Monitor: al Laborator	ries					
Occupancy	Status During A	bateme	nt (Chec	ck only	one)		Stre	et Address:	*****		-				
☐ Facility C	Closed/vacated D	Ouring E	ntire Pe	riod of A	Abatement	t	255	West 36th S	Street, Suite	203					
	nt Performed Ou						City	, State, Zip	Code:		_				
Describe:									w York, 100	018					
□ Other															
Describe:															
Scope of W	ork (Check all t	hat appl	y):								2000000		120		
$\square \ge 3$ sf or	> 3 lf				∃ Kenov	vation			□ Full Co □ Mini-E	ntainment	with	Negat	ive Pr	essure	9
□≥ 160 sf	$or \ge 260 \text{ lf}$				□ Demo	lition			□ Gloveb	ag Procedi	ure				
			T.	T	1				D'Non-Exc	empted (*)	and N	on-Fr			
T	ocation of			Locat		De	scripti	ion of						ement pe	
	Containing Ma	terial		d Sole		Asbestos Conta	aining	Material ((ACM)				1	T	
110000000	(ACM)	.corrui		intena		(i.e., therma	syste	ems insula	tion,			R		E	Œ
TOI	BE ABATED		C	ustodi				VAT, or llaneous)		Amou		em	Rep	caj	ıcl
I	N Facility			Staff	'	outer 1	mscci	uancous)		(Speci SF or I		Removal	Repair	Encapsulat	Enclosure
	(13)		Yes	(12) No	N/A					SF OI I	JF)	al		lat	le l
Corridor	leading	to	103		10/11							i i	S VIVO TO		
cafeteria				X		Pipe Insulation				25 LF		*			
		9		-	-						-	-	-	-	
					-	NW	Ŧ	1 6							
	legistered Was			IC.	NJDE	P Waste Hauler ID N	10.:	Cubic Ya	100000000	Name of		tered			orea
IKI-SIAI	E TRANSFE	K ASS	UC., IN	iC.				or waste.	30	MINERY ASSOC,			ENT	ERPRI	SES
City, State				Dien	sal Date			City, Stat	e·	ASSUC,	IIVC.				
Bronx, NY				Lispi	Jan Dale				c. urg, OH 446	588					
Completed		-0181 -			Title:		Signa		- O. V.A. 1 10	Date	e:	2.50	-	****	
	Oraegbunam				Preside	ent	-			100000000000000000000000000000000000000	4/201	4			

CK # 24515

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

Date of Notification (1)	5/15/14	1			Name of Building Owner/Operator (22114 1/AY 19 Ph 7: 59										
Agencies Notified	Type	Notificatio	n		Stree	et Address			32 Lendin	Iţ.					
☑ DEP	A	mended mendment mergency			City,	State, Zip		Brick, NJ 08	7 12 12 14 1						
M DOH □ DCA	_ j	ustification ancellation)	19	Nam	e of Conta			Telephone Nur	nber		海			
		-			FA	CILITY IN	FORMATION		<u> </u>		-	=	_		
Name of Facility Where	e Abaten		ing Plac	0.500			98	Type of Facility							
Street Address		34 Ma	dison	Ave				Subchapter	8 (Other than K- private & commer	12) cial bu	ilding	s,			
City (5)			enel,					Square Feet 1100	# of Floors	T	Bldg.	Age 60			
County (6)	lidlese					inty Code E ONLY)	(7) (STATE		rior if being demo						
Name of Monitoring Fire	m Hired	by Building	Owner	-	ASCN	l No.	Name of Abaten	nent Contractor (9					_		
(8)	N/A	<u> </u>					Stev	vens Environ	mental Servi	ces, I	nc.	2227			
Street Address						1	Street Address	PO I	3ox 322						
City, State, Zip Code							City, State, Zip C		n, NJ 08501						
Project Manager for Mo	onitoring	Firm		Tel	ephone	No.	Telephone No. (609) 25	59-9688	License No.	0049	3				
Start Date (10) 5/16/14		Sch		Comple 5/20/		ate (11)	Name of OSHA		ECS						
Occupancy Status Duri	ing Abat	ement (Ch	eck only	one)			Street Address								
☐ Abatement Performe	ed Outsid	de of Norm	al Facili	f Abate ty Hou	ement irs		City, State, Zip C	ode	Box 341						
Other - Describe:			/1					Crosswick	ks, NJ 08515	Lines.					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that a	рріу)		enovat emolitic			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
			Is	Location	on	Γ	X Non-Exe	empted (*) and No	n-Fпable Procedu		\ bata				
Location Asbestos-Containing		(ACM)	Used	ormally Solel	y y by	Ashes	Description of tos Containing Mate	erial (ACM)	Amount		Abate Ty _l				
TO BE ABA IN Facilit (13)	TED	()		ustodia Staff? (12)	al		thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
			Yes	No	N/A					-		ılate	Гe		
Exterior F	Iouse				X	tra	nsite siding cl	lean up	800 sf	×					
Exterior G	arage				×		Transite Sidi	ing	400 sf	X					
Name of Registered Waste Hauler Stevens Environmental NJDEP Waste Hauler ID No. 18292						No.	Cubic Yards of Waste	Name of Regis	tered Landfill GROWS Lat	dfill					
City, State	Legisland.	ntown,	NI	_ _	102	.02	6 CU Disposal Date 5/20/14	City, State				_	-		
Completed By		Title	3			1	Signature/		Morrisville, Date				=		
Mahlon E. Ste	evens		Pr	oject	Man	ager	-1411			5/15	/14				
MAR 00		* 0	s licensure exemp	oted activities.											

MAR 00

OEPO1 4647)

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) May 14, 2014				Name of Building Owner/Operator (2) Drew University									
Agencies Notified Notification Type Initial Notification X EPA Notification Type Agencies Notification Type					Street Addre		2616	- 1 1 × 27 7: 50					
		⊠Ame	nded Cert	ification #3	City, State, 2	Zip Code							
x DCA x DOL		□ Eme	rgency (including	Madison	, NJ							
X DEP		just	fication)		Name of Co	ntact	TI	elephora Number					
x DOH		☐ Can	celled		James Hall			547.					
X DOIT	-			FACILITY IN	FORMATION								
Name of Facility Where Abate	ement is	Taking Place	3)		Type of Facil	lity (4)							
Drew University- Hal	l of Sc	iences			School (K	(-12)							
		1			⊠ Subchapt	er 8 (other than K-1)	2)						
Street Address					Other (i.e	e. private & commerce	cial building	s, homes, etc.)					
36 Madison Avenue					Sq. Feet:	Unknown #	of Floors:	Bldg. Age: 70 years					
City (5)	County	· (C)	Count	. Codo (7)									
Madison	Morri			y Code (7) Use Only)	Current Use	(prior if being dem	nolished):						
Name of Monitoring Firm Hire	d by Blde	g. Owner (8)	ASCM	No.	Name of Con	tractor (9)	-						
Briggs Associates, l	-XX.1-1-C			one in the second second									
					GREENW	OOD ABATEM	ENT CON	ISULTANTS, INC.					
Street Address					Street Addres	<u>ss</u>							
3 Crosswicks Street					268 MAIN	STREET							
City, State, Zip Code					City State, Zi								
Bordentown, NJ						Butler, NJ 07405							
					Telephone N	umber	Ē	icense Number					
Michael Hoodak 609.298.5520					973-492-0477 00840								
Scheduled Start Date (10)	Scheduled Start Date (10) Scheduled Completion Date (11)				Name of OSI			10040					
May 27, 2014		77.5	t 30, 201										
			× 1000000 V- 1000000 V- 100000	100.5.	EMSL inc								
Occupancy Status During A			TO THE RESERVE OF THE PARTY OF		Street Addres	SS .							
Facility Closed/Vacate					4056 64-1	lan Dood							
Abatement Performed		e of Normal F	acility Hou	rs -	City, State, Z	Iton Road							
Describe - Occupi			. 22/26/26	Name:	City, State, Z	ip Code							
Other - Describe: Ph	ase # 4-	05.272014	08.30.20	14	Piscataw	ay, NJ 08854							
_													
Source of Work (Check all that	at apply)				-			1					
99						x Fu	ull Containn	nent with Negative Pressure					
≥ 3 sf or ≥ 3 l	f			□ Renova	tion		Mini-Enclo						
	260			Demolition		Glo	vebag Prod	cedure					
3 0.0 10 120 120 120								d (*) and Non-Friable Procedure					
Location of Asbestos-Contain Material (ACM) in Facility (13)		Location Nor		Description of As			Amount	Abatement Type					
Material (ACM) III Facility (13)	0.000	olely by Maint taff? (12)	Custodiai	(ACM) (i.e. them VAT, or other mis		ulation, surfacing,	(Specify S or LF)	Remove Repair Encap Enclose					
		ES NO	NA	V/11, or outer mic	, , , , , , , , , , , , , , , , , , ,		01 21)						
HS -3		X	T	Spray On Fi	reproofing		1,100 s	f 🗵					
Hallway & Bathrooms	s	X		Spray On Fi			1,000 s						
Rms # S105&S106	_	X		VAT & Mast			2,300 s						
1 st Fl. Area Adj		X		TSI		12	140 lf	. X					
i i i Arou Auj				101									
Name of Reg. Waste Hauler NJDEP Waste Hauler ID #				r ID#	Cubic Yards	of Waste:	N	ame of Registered Landfill					
See Hauler Below # 1 & 2 See Below					80	leadowfill Landfill							
The second secon					G.R.O.W.S								
				Minerva Ent. Ohio									
Hauler #1) Greenwood Abatement Consultants, Inc Butler, N.													
NJ DEP # 12			gagarage, was seen	and the second second	August 30, Route 2, Box 68								
Hauler #2) Newark Carti	ing, Inc.	- Newark,	NJ 04509,	NJ DEP # 19551	EP # 19551 2014 Bridgeport, WVA 304-842-2784 9000 Minerva Road								
					Waynesburg, OH								

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure	Date May 14, 2014	
--	------------------------------	---------------------------	----------------------	--

GAC # 2013-414 Amendments- New start date and completion date for phase 4

Dell Ha statistics

(K # 2727

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) May 13 2	014						Building Owner		2				
Agencies Notified		IN	otification	Type		Street A		ui .		()- (=)			
⊠ EPA					ification				5 F &	8: 17			
DCA		1 4	<u> </u>	al NOL	meation		orth Van Die	n Avenue)				
Appendix Total Control of the Contro						City, Sta	te, Zip Code						
x DOL			Emerg	ency (including	Ridge	wood, NJ	07450-27	36				
⊠ DEP			justific		J		Contact	07.100 27		nhan- M			
x DOH		L	jaoune			Willian	n Stasiak		I Alia		🛱		
N / / / / / / / / / / / / / / / / / / /					3FACILITY IN	VFORMATIC	ON						
Name of Facility Where Abate	ment is	aking	Place (3)			Type of F	acility (4)						
The Valley Hospital						☐ School	ol (K-12)						
1st Floor- Locker Roo	m						apter 8 (other tha	n K 12\					
Street Address				- /48						no in traditio Activity in Literature	000000000000000000000000000000000000000		
223 North Van Dien A	venue)				Sq. Fee	ther (i.e. private & t: Unknown	commercia # of Flo	building ors: 4	s, homes, Bldg. Ac	etc.) <u>1e:</u> 50)+ yea	ars
City (5)	County	(6)		Count	y Code (7)	+							
Ridgewood	Berge				Use Only)	Current l	Use (prior if bein	g demolishe	d): Ho	spital			
Nome of Maritada El III	1.7												
Name of Monitoring Firm Hired		. Owr	ner (8)	ASCM	No.		Contractor (9)						
Colden Corporation	1					GREEN	IWOOD ABA	TEMENT	CONS	ULTANI	S, INC	: .	
Street Address						Street Ad			-				
28 Washington Street	<u> </u>					268 MA	IN STREET						
City, State, Zip Code						City State	, ZipCode						
Ballston Spa, NY 120	20						NJ 07405						
	pject Manager for Monitoring Firm Telephone Number					Telephon	e Number		Licer	nse Numbe	er		_
Jim Miades	m Miades 347.435.3561					973-492	2-0477		008				
Scheduled Start Date (10)		S	cheduled C	ompletio	on Date (11)		OSHA Monitor		1000				
May 29,2014		N	lay 30, 2	2014		EMSLi							
Occupancy Status During Ab	atemen	(Che	eck only or	ne)		Street Add	dress						
Facility Closed/Vacate Abatement Performed	d During	Enti	re Period o	of Abate	ment rs -	1056 S	telton Road						
Describe						City, State	e, Zip Code						
Other - Describe:						Piscata	way, NJ 088	54					
													9
Source of Work (Check all that	apply)	-											
	CPP.11							FII 0					
≥ 3 sf or > 3 lf								Full Conta		with Nega	ative Pre	essure	
					Renovation			Mini-Enc	osure				
$\square \ge 160 \text{ sf or } \ge 26$	50				Demolition			Glovebag	Proced	lure			
Language of Antonia							leanne e comment	Non-Exen			-Friable	Proce	dure
Location of Asbestos-Containin	(CT)		on Normall		Description of Asl	bestos Conta	aining Material	Amou	int	Abatem			
Material (ACM) in Facility (13)			/ Maint./Cu	stodial	() (nal systems i	insulation, surfaci		ify SF	200	W23 - VoVVS	5). 2). (60 000
		ff? (1 S		NIA	VAT, or other mis	cell.)		or LF)	Remove	Repair I	Encap	Enclose
	''		NO	NA									
1st Floor - Locker Room										-	_		
			1 1	X	VAT & Mastic			16 sf		X			
					Tree made			10 51		IDI	1		
									_		+	-	-
Name of Reg. Waste Hauler		T N.	DEP Wast	e Hauler	ID#	Cubia Var	rds of Waste:		LN		L	1511	
See Hauler Below # 1 & 2			ee Below	o riddioi		Cubic fai	us or waste:			of Regist		<u>idtill</u>	
Hauler #1) Greenwood A	batem	ent C	onsultar	nts. Inc	- Butler N.I.O	7405		Disposal D			ity, State	2	
NJ DEP # 125	61			,	. Dudici, No o	7400		May 30,			oute 2, I		
		NT.	manle NIT	0.4500	ALL DED # 40==:			.way oo,	-014		ridgepor		
Hauler #2) Newark Cartin	ig, inc.		wark, NJ	04509,	NJ DEP # 19551						04-842-2		2.0
Completed by (Print or Type)		Title				Signature			Date				
Marin Graure		SEN	NIOR PR	ROJEC	T	man	a Canana			/ 13. 20	14		
	1		NAGER			Marin Graure May 13, 2014							
GAC # 2014-447													

State of New Jersey - Notification of Asbestos Abatement Check # 27 28 (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 12, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type **DEPA** Initial Notification **ENVIRONMENTAL HEALTH & SAFETY DEPT...** DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code X DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 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) CAMPBELL RESIDENCE HALL, BLDG# 3121 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COLLEGE AVENUE CAMPUS** Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) **NEW BRUNSWICK MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. 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 05/23/14 06/09/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ■Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 6:00 AM - 6:00 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) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Floors 1 -6 (Corridors & X VAT 12,000SF X Lounges Only) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 15 CY 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 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 06/09/14 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 12, 2014 MANAGER

Print Form

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Date of Notification (1)			Name of Building Owner/Operator (2)								M. / - C-						
05/14/14			Archdiocese of Newark Street Address										. 1				
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	-			FACI	LITY INFO	RMAT	ON			J			_				
Name of Facility Where A		g Place (3)	ÿ.					Type	of Facility (4)						100		
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Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	No.		Name	of Aba	tement Contr	actor (9)						
N/A							Lesc	o Sei	rvices Inc.								
Street Address	¥						Street 156 I		ss e Ave.								
City, State, Zip Code			6 - 15 Miles				1		ip Code		-						
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Project Manager for Monit	oring Firm			Telephone No. Telep								se No.					
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Start Date (10)		Scheduled		pletion [Date (11)		170		HA Monitor								
05/28/14		06/10/1	-						alodka								
Occupancy Status During	Abatement (Chec	k Only One	e)	Street					33								
Facility Closed/Vacat Abatement Performe									e Ave.								
Abatement Performe Other – Describe:	d Outside of Norm	ial Facility I	Hours	7.7					ip Code	_							
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		Yes	No	N/A											te		
window	S			*			caulk			87	Olf.		*				
crawl spa	ce			*		pipe	insulat	tion		20	Olf.		k				
hallway			*				olaster			20	0sf.		k				
Name of Registered Waste						Cubic Yards Name of Registered Landfill											
Newark Carting Inc.			Hauler ID No. of V 05409 10				of Waste			.S							
City, State		100000		100		20	sal Date		City, State						500,200		
Newark, NJ						06/11			Morrisvill	e, PA	PA						
Completed by		Title				S	ignature				Date						
Leslaw Nalodka		Presid	ent				L Nal				05/14/14						

Print Form

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Date of Notification (1) 05/14/14			100	of Building Owner/ diocese of New		, S 1 						
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Agencies Notified EPA	Type Notification Initial			Address Clifton Ave.						0	*** ***	
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DOH DCA	justification) Cancellation			Joe Ferrara			· DIPINION	e Numbe			1	
П рох	Caricellation		100000000	ILITY INFORMAT	ION		4				- 8	
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILIT INFORMAT	ION	Type of Facility (4	1)					
Holy Family Church		3					1050			.>		
Street Address						School (K-1)	²⁾ 8 (Other thar	K-12)				
28 Brookline Ave.						Other (i.e. p	rivate & com		uilding	s, hom	es,	
City (5)			*************			etc.) Square Feet	# of Floor		Bldg.	Λσο		
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County (6)			County	Code (7)		Current Use (Price	1.000	nolichod)	100	13.		
Essex				USE ONLY)		Church	in being der	nonsneu)				
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.	Name	of Abatement Con	tractor (9)					
N/A					Lesc	o Services Inc.	100					
Street Address						Address		1		9		
						Maple Ave.						
City, State, Zip Code						tate, Zip Code inton, NJ 0705	7					
Project Manager for Mor	nitoring Firm		Telepho	one No.		one No.	1	ise No.				
						406-7341	011	07				
Start Date (10) 05/26/14		Scheduled 05/28/14	Completion	Date (11)	1 13000000	of OSHA Monitor aw Nalodka						
Occupancy Status Durin	g Abatement (Chec	k Only One)			Street	Address						
Facility Closed/Vac	ated During Entire	Period of Aba	tement		156 I	Maple Ave.						
Abatement Perform	ed Outside of Norm				City, S	tate, Zip Code						
Other – Describe:					walli	ngton, NJ 0705						
Scope of Work (Check A	II That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation nolition		×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure			re.		
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TO BE AB			enance/ ial Staff?	(i.e. therma	systems	insulation,	(Specify	2	Z Z	Encapsulate	Enclosure	
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Name of Registered Was	ste Hauler		NJDEP W		Yards	Name of F	Registered La	ndfill		1		
Newark Carting Inc.			Hauler ID 05409	No. of Wa	ste	G.R.O.V						
City, State		ie:			sal Date	City, State						
Newark, NJ				05/29	9/14	Morrisvi	lle,PA					
Completed by		Title	80		Signature	//		Date				
Leslaw Nalodka		Preside			Signature			05/14/14				

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Date of Notification (1) 5/14/14			Name of Building Owner/Operator (2) Karen Carmean										
Agencies Notified	Type Notification		70000000	Address illside Av	enue						-10.		
EPA DEP DOL	Amended Amendment		1000000	state, Zip C							- 4		
ĭ DOH	Emergency justification)		Name	of Contact				Telephone	. NI 3	r		<u> </u>	
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County (6) Sussex				y Code (7) E USE ONLY)	Ci	urrent Use (Prior	I if being dem	olished)				
Name of Monitoring Fi	rm Hired by Building	Owner (8)	ASC	CM No.		Name of A	Abatement Cont	ractor (9)		_			-
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Street Address						Street Add 4 E Gat	dress e Drive,PO E	3ox 483					
City, State, Zip Code							, Zip Code od, NJ 0741	8	E				
Project Manager for M	onitoring Firm	10-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	Teleph	one No.		Telephone		Licens 703	se No.			57	
Start Date (10) 5/26/14		Scheduled 6/9/14	Completion	n Date (11)		Name of 0	OSHA Monitor					122	
Occupancy Status Dur	ing Abatement (Ched	ck Only One)	-			Street Add	dress			. =>.			
Facility Closed/Va	acated During Entire med Outside of Norn	Period of Aba	atement	tement urs City, State, Zip Code								×	_
Scope of Work (Check	All That Apply)												
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Name of Registered Waste Hauler Freehold Cartage				D No.	of Waste		GROWS	egistered Lar	101111				
City, State Freehold NJ			1	Disposal Date City, State TBD City, State Morrisville, PA			le, PA						
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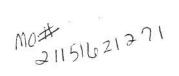
Date of Notification (1)				Name o	f Building	Ownork	Inorato	(2)	Che	ca		1	0	00		
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City (5)			2000						re Feet	# of	Floors	-	В	Ildg. #	ge	_
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County (6) Essex	77	- 12 17 - 12 - 12 - 12 - 12 - 12 - 1		County (Code (7) USE ONLY)		Curre	ent Use (Prio	r if bein	g dem	olishe	ed)			
Name of Monitoring Firm Hired b	y Building C	wner (8)		ASCN	Л No.		Name	of Aba	tement Cont	ractor (9)	-				
		(-)							ronmental			LC				
Street Address								Addre	ss Drive,PO E	Day 10	12					
City, State, Zip Code									ip Code	50X 40						
									, NJ 0741	8						
Project Manager for Monitoring F	irm			Telepho	ne No.			none N 583-8			Licens	se No				
Start Date (10) 5/29/14		Schedule 6/9/14	d Con	npletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abaten	nent (Check	Only On	e)				Street	Addre	ss		-			_		
Facility Closed/Vacated Dur	ng Entire P	eriod of A	batem	ent												
Abatement Performed Outsi Other – Describe:	de of Norma	al Facility	Hours			_	City, S	state, Z	ip Code							
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× ≥160 sf or ≥260 lf		L D	emolit	ion			×		ni-Enclosure ovebag Proce	edure						
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TO BE ABATED	(ACIVI)		ntenar			thermal	system	s insula			ount		R	711	Enc	g
In Facility (13)		Cust	(12)	otali!			cing, VA niscellar			SF	or LF)		Removal	Repair	apsı	Enclosure
V-37		Yes	No	N/A		Other I	mocchai	icous)					val	=	Encapsulate	ure
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Name of Registered Waste Haule					aste	Cubic			Name of R	egister	ed Lan	ndfill				
Freehold Cartage	tage Haul				INO.	of Was	sie		GROWS	3						
City, State Freehold NJ						Disposal Date City, State TBD Morrisville, PA				10						
Completed by		Title	11 47								Date					
Andrew Scott Higgins	President					le					5/1	4/14				

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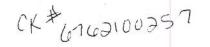
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2)												
05-08-14			Wayne Pohida											
Agencies Notified	Type Notification)		Address	02/64/									
☐ EPA	Initial			S. Broad										
DEP	Amended	1	100000000000000000000000000000000000000	tate, Zip Co										
DOL	Amendmen Emergency		The Street dist	beth NJ (07202									
DOH	justification)		of Contact				Telepho	ne Num	ber				
DCA DCA	Cancellatio	n 		d Pohida										
Name of Facility Where	Ahatement is Taki	na Place (3)	FAC	CILITY INFO	ORMATIC		Type of Facility	(4)	4			7		
Private Residence	r Batement is Taki	ing i lace (c)					-							
Street Address					-		School (K-1	12) r 8 (Other th:	an K-12)					
624 Spring Ave.							Other (i.e. p	orivate & cor			dings,	hom	es,	
City (5)							etc.) Square Feet	# of Floo	ore	Te	ildg. A	100		
Elizabeth						1,	oquare r eet	# 011100	лз	1	ilug. 7	ige		
County (6)		-	County	Code (7)		-	Current Use (Pri	or if being de	emolishe	h)		_		
Union			(STATE	USE ONLY)	_ [o, pog a		, ,				
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		Name of	Abatement Cor	ntractor (9)						
N/A			-				Contracting I							
Street Address						Street A	ddress							
						522 7	th Street							
City, State, Zip Code						City, Sta	te, Zip Code					-3-51 lla0.0	-	
						Union	City NJ 070	87						
Project Manager for Mon	nitoring Firm		Teleph	one No.		Telepho		1000	ense No					
						201 2	16-9603	01	206					
Start Date (10)		Scheduled		Date (11)			OSHA Monitor							
05-08-14		05-10-14					Contracting I	LC_						
Occupancy Status During	g Abatement (Che	ck Only One)				Street A								
Facility Closed/Vac						h Street								
Abatement Perform Other – Describe:		mai Facility H	ours				te, Zip Code	07						
Scope of Work (Check A	Il That Apply)					Union	City NJ 070	0/						
	тистрыу)		vac. 2000 10 20 00 00 00			П								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTOR OF THE PERSON OF TH	ovation nolition			X	Full Containme Mini-Enclosure		ative Pr	essu	re			
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Location Asbestos-Containing		Used S	Solely by	Ashes		cription or	f terial (ACM)	Amour	nt					
TO BE ABA	ATED		enance/ ial Staff?				nsulation,	(Speci	fy	R	70	Enc	E I	
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		Yes 1	No N/A											
Baseme	ent		x		pipe i	insulatio	on	80 L	f	х				
			-						_			-310%		
Name of Registered Was	ite Hauler		NJDEP V	Vaste	Cubic Y	/ards	Name of	Registered L	andfill					
Delfa Contracting LL			Hauler ID	Contract Con	of Wast			wn Resou			an, E	iacili	itv.	
			35240		10				ice ne	CUV	ery r	acill	Ly	
City, State	7				Disposa		City, Stat							
Union City NJ 07087		T:# -			05-15		Tullyto	wn, PA						
Completed by Jaime Delgado		Title Proj. M	anager		Sig	gnature	A		Date		1.4			
Jamie Deigaud		-10j. W	ariayer			_/	05-08-14							

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



Date of Notification (1) 5/07/14			Name of Building Owner/Operator (2) Hal Benz												
Agencies Notified	Type Notification	on		Street A	ddress /slip Av	e		, ,,	-						
EPA DEP DOL	Initial Amended Amendme	ent#		City, Sta	te, Zip C eld, NJ	ode								et et	
Ĭ DOH	Emergeno justificatio	y (including	_		Contact					Tel	ephone N	lumher			
DCA	Cancellati			Hal Be	nz							•			
				FACI	LITY INF	ORMATI	ON			-			(4.1		
Name of Facility Where House	Abatement is Ta	king Place (3)					Туре	of Facility (4	-)		+			
									School (K-12			40)	4.		
Street Address 30 Central Ave									Subchapter 8 Other (i.e. pr				ildina	. hom	es.
						_ 110-270			etc.)						
City (5) Morris Plains								Squa N/A	re Feet	# of	f Floors		Bldg. N/A	Age	
			-	0	D 1 - (7)								IN/A		
County (6) Morris				County (Jode (7) JSE ONL	n		Hou	ent Use (Prio se	r it bei	ng aemo	iisnea)			
Name of Monitoring Firm	n Hired by Buildin	a Owner (8)		ASCM	1 No.		Name	of Aba	tement Cont	ractor	(9)			V-175	
N/A		.g =e. (e)		7.00.					ement, Ind		(0)				
Street Address							Street	Addre	SS						
				vantos ettanos			1200		gren Aven	ue					
City, State, Zip Code									ip Code IJ 07512		×				
Project Manager for Mon	nitoring Firm		34	Telepho	ne No.		100000000000000000000000000000000000000	hone N 345-8			License #0067				
Start Date (10) 5/28/14		Schedule 5/29/14		mpletion I				HA Monitor ement, Inc	 c.						
Occupancy Status Durin	ng Abatement (Ch	neck Only On	ne)				Street	Addre	SS						
Facility Closed/Vac									gren Aven	ue					
Abatement Perform Other – Describe:		ormal Facility	Hour	S					ip Code						0 5
						_	Toto	wa, N	IJ 07512						
Scope of Work (Check A	All That Apply)	-					51								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		==	Renova				Full Containment with Negative Pressure								
			emoli	tion			Mini-Enclosure Glovebag Procedure								
							L	_ No	n-Exempted	(*) an	d Non-Fr	iable P			
		1.5	Locat											temer ype	nt
Locatio			Norma d Sole				scription			2			T	1	Т
Asbestos-Containing TO BE AB		Ma	intena	ince/		stos Con thermal					mount Specify	7	_	Enc	m
In Faci			todial (12)			surfa	cing, VA	AT, or			F or LF)	Kemova	Repair	aps	Enclosure
(13)				_	-	otner	miscella	neous)				\ a	. =	Encapsulate	ure
		Yes	No	N/A											
basem	ent		Х			pipe	insula	ation		1	50 LF	X			
	1000											1			
Name of Registered Wa	ste Hauler			NJDEP W			Cubic Yards Name of Registered Landfill								
D&S Abatement, Inc	C,			Hauler ID 20996	No.	of Wa			Waste N		gement	t of PA	١.		
City, State Totowa, NJ				Disposal Date			7	City, State Tullytow	'n, P						
Completed by Deanna Brkusanin		Title Proje	ect M	t Manager				LAU	wa R.M.	LUPE	iii	Date 5/07/	14		



Date of Notification (1) 5/07/14		Name of Building Owner/Operator (2) James Esposito																		
Agencies Notified Type Notification					Stroot Addrson															
X EPA					131 Roseland Avenue City, State, Zip Code Caldwell, NJ 07006															
EPA DEP DOL	☐ Am														water of a					
		nergency (including	_		Contact				N	Tele	phone Number								
DOH DCA							to													
Name of Facility Where	Abatomor	at is Taking	Diago /2	,	FACII	LITY INFO	RMATI	ON	Type	f Engility (A	,									
House)					Process of	f Facility (4 chool (K-12	e.												
Street Address							er than K-	2)												
6 Hatfield Place										ther (i.e. pr c.)	ivate 8	commerc	ial buil	dings,	home	es,				
City (5)									Square		Floors	0 0								
Caldwell									N/A		N/A		N/A							
County (6) Essex					County Code (7) Current Use (Prior if be House								shed)							
Name of Monitoring Firm	Hired by	Building (Owner (8)		ASCN	No.		1900-1900-1900		ement Cont		(9)								
N/A										ment, Inc										
Street Address									Address losengr	en Aven	ue									
City, State, Zip Code					-				State, Zip	Code 07512										
Project Manager for Monitoring Firm				П	Telepho	ne No.		Telepi	hone No.		cense No.									
								973-345-8685 #00					0675							
Start Date (10) Schedule 5/21/14 5/22/14					mpletion I	Date (11)			A Monitor ment, Inc											
Occupancy Status During Abatement (Check Only One)					Street Addre					ddress sengren Avenue										
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho				Abater	anen															
Other – Describe: Occupied										07512										
Scope of Work (Check A	Il That Ap	oply)																		
					ovation					Negative	gative Pressure									
≥160 sf or ≥260 lf				emoli	ition			É	IVIII II.	Enclosure ebag Proc										
			-								d Non-Fria	Friable Procedure								
		I (ACM)												Abatement Type						
Location Asbestos-Containing					ely by	Asbes		scriptior taining N		of aterial (ACM) Amo				Γ	m					
TO BE AB	ATED		Mainten Custodial				thermal		s insulat	s insulation,		pecify	Remova	Re	nca	Encl				
(13)							niscella			Ş.	SF or LF)		Repair	Encapsulate	Enclosure					
			Yes	No	N/A								=		ate	е				
basem	ent			X			pipe	insula	lation			185 LF								
										£3	£1			0						
Name of Registered Waste Hauler					NJDEP W Hauler ID		Yards ste		Name of F	Registe	red Landf	ill								
D&S Abatement, Inc	D.				#20996	NU.	316		gement	of PA										
City, State			V545*115**1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sal Date	9	City, State					=======					
Totowa, NJ			- marrier		#		TBD	1		Tullytow										
Completed by Deanna Brkusanin			Title Proje	ect M	anager			y gratur		RIMIE		Date 5/07/14								





CK 4093

Date of Notification (1) 5/13/14						Building (ark Priv			(2)		<u>, 1</u>	V 15				-			
Agencies Notified	Тур	e Notification		-	Street Ac		ate i it	7116					-		-				
⊠ EPA		Initial Amended Amendment #			52 Albert Dr										9				
EPA DEP DOL					City, State, Zip Code Manahawkin NJ 08050														
DOH DCA		Emergency (justification) Cancellation									Telep	ephone Mimp3l							
	1-				FACIL	LITY INFO	ORMAT	ION									w		
Name of Facility Where Lori Clark Private I		g Place (3)							of Facility (4 School (K-1)		•			9 4					
Street Address 52 Albert Dr								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Manahawkin NJ 08	City (5) Manahawkin NJ 08050									re Feet	# of F	of Floors			Bldg. Age 35+				
County (6) Ocean		1.00			County Code (7) (STATE USE ONLY)					ent Use (Prid	or if being	demo	lished						
Name of Monitoring Firm	n Hire	d by Building Owner (8)			ASCM	l No.		100000	of Aba	tement Con	tractor (9	9))						
Street Address					1				reet Address O Box 329								7/2		
City, State, Zip Code								City, S	r, State, Zip Code est Berlin NJ 08091										
Project Manager for Monitoring Firm				Telephone No.					Telephone No. 856-753-9800					License No. 00727					
Start Date (10) 5/14/14	Scheduled Completion Date (11) 5/16/14						Name of OSHA Monitor Same												
Occupancy Status During Abatement (Check On			3610 5707011						Addre					89/10					
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility					atement					ip Code									
Other – Describe:								Joney, C	otato, z	p code									
Scope of Work (Check	All Tha	at Apply)						P*	-1				_						
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renovation Demolition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		Т.					INO	in-Exempled	() and	NOII-F	Table	Abatement							
Location			Locat Iorma		D	escription of						Туре							
Location of Asbestos-Containing Material (ACM)			used Solely by Maintenance/ Custodial Staff?				tos Co	ntaining I	Materia	Material (ACM)		nount				ш	_		
TO BE ABATED In Facility		Staff? (i.e. therm				ns insul: AT, or			ecify or LF)		Ren	Re	ncar	ncl					
(13)				(12)				miscella			01	0, 2, ,	-	Remova	Repair	Encapsulate	Enclosure		
			Yes	No	N/A											ē	Ф		
Exterior	Exterior Siding				х		Exterior S				120	×							
Through - out		t			X	Floor T			ile			600 SF							
			-								7.43	11-12-22-2	-				-		
Name of Registered Waste Hauler				11	NJDEP Waste			c Yards		Name of Registered Landfill						L	-		
United Containers				Hauler ID No.			of W	lacta			D.W.S.								
City, State Elm NJ							Disp 5/16	osal Date /14	e City, State Morrisville PA 19067										
Completed by						Signature				Date									
Anthony T Perna		President											5/13/14						



& Emergency *

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

CV 4097

Date of Notification (1) 5/14/14					Name of	of Building o	Owne	r/Operator	r (2)	CN				-					
Agencies Notified	-	Notification			Street Address 205 Elkins Road														
EPA DEP DOL		Initial Amended Amendment		_		ate, Zip Co y Hill NJ		34									-		
DOH DCA	-	Emergency justification) Cancellation	•		of Contact			-		Tel	nh		ار ا						
Name of Facility Where A	Ahater	nent is Takir	n Place /	3/	FAC	ILITY INFO	ORMA	TION	Г						4				
Theresa Crowley Private home				٥)					Type of Facility (4)										
Street Address 205 Elkins Road			8.11		School (K-12) Subchapter 8 (0 Other (i.e. priva								c) 3 (Other than K-12) ivate & commercial buildings, homes,						
City (5) Cherry Hill NJ 08034			0							e Feet	Floor	rs Bldg. Ag			\ge				
Camden	County (6) Camden				County Code (7) Current Use (Price (STATE USE ONLY)							or if being demolished)							
Name of Monitoring Firm N/A	by Building	Owner (8)	ASC	M No.			e of Abatement Contractor (9) naco Inc.												
Street Address									t Address Box 329										
City, State, Zip Code								City, S	State, Zip Code St Berlin NJ 08091								-		
Project Manager for Moni	Firm			Telepho	ne No.		Teleph	elephone No.					icense No. 00727						
Start Date (10) 5/15/14		Scheduled Completion Date (11) Name 5/17/14 Sam						e of OSHA Monitor ne											
Occupancy Status During Abatement (Check Only One)					Street A					Address									
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe: Home owner will be home					rs City, State, 2					, Zip Code									
Scope of Work (Check Al	That.	Apply)		_			-					+							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Property.	Renova Demoli	2030000			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
			Is	Locat	ion				2 11011	-Exempled	() and	NOI1-	rnau	-riable Procedure Abatement					
Location Asbestos-Containing I	Norma			ly by			escription						Туре						
TO BE ABA In Facilit (13)	ai (ACWI)	Ma	Staff? Assestos Containir (i.e. thermal syst surfacing,				ning Material (ACM) restems insulation, g, VAT, or cellaneous)			Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure				
Tv roor	n		1	No	X		Floo	r tile / m	astic		15	0 SF		x					
Laundry Room					X			r tile / m				0 SF		×	-				
												0.		^					
Name of Registered Wast	e Hau	ler		10000	JDEP W	200	Cubi	c Yards		Name of F	Register	ed La	ndfill						
United Containers				(0.540)	lauler ID 2459		of W	aste											
City, State Elm NJ								osal Date /14		City, State Morrisvil		1906	67				\dashv		
Completed by Anthony T Perna			Title Presid			2017/07/20	Signature						4						



Date of Notification (1) 5-15-14					f Building n Univer		Operator	(2)								
Agencies Notified	Type Notification	0	4 6	Street A	ddress ullica Hi	ll Rd					-					
DEP DOL	Initial Amended Amendment	#			ate, Zip Co		3				7					
DOH	Emergency (justification)	including	3		f Contact		indire			Tele	ephone	Numb	oŗ.			
DCA	Cancellation			Tony k	a supplied to							1			9.	
Name of Facility Where	Abatament is Taking	Place (2)		FACI	LITY INFO	DRMATI	ON	Tuna	of Facility /4	11						
Robinson Hall	Abatement is Taking	riace (3)						F100F1	of Facility (4	55.0						
Street Address									School (K-12		er than	V 40\				
201 Mullica Hill RD									Subchapter of Other (i.e. pr				build	linas.	home	es.
					-20000000000000000000000000000000000000			Eini I	etc.)							
City (5)									re Feet	100	Floors		1	ldg. A	ge	
Glassboro , NJ								150	0	1			6	5		1
County (6) Gloucester					Code (7) USE ONLY)		Curre	ent Use (Prio	r if bei	ng dem	olishe	(t)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	I No.			of Aba	atement Cont	tractor	(9)					
Ohra di Adda							1000									
Street Address							Street 1212		ss ington Ave	•						
City, State, Zip Code									Zip Code NJ . 08075	 5						
Project Manager for Mor	nitoring Firm		1	elepho	ne No.		Teleph	none N	lo.		Licens					
Start Date (10)		Scheduled	Com	nletion	Date (11)			824-0)971 HA Monitor		0107	0				
5 -29-14		6-30-14		picaoiri	Date (11)	1/2	self	0,00	I IA WOITEO							
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street	Addre	ss							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F led Outside of Norm			ent			City, S	State, Z	ip Code		C-W					
Scope of Work (Check A	II That Apply)											72 L. C.				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	и тистеру <i>)</i>		novati				×	Mi	II Containme ni-Enclosure ovebag Proce	edure						
		T	-				<u> </u>	1 No	n-Exempted	(*) and	Non-F	riable				
		100000000	ocatio	5070										Abate Ty	ement pe	
Location		Used	rmally Solely				scription					-		- ,		Г
Asbestos-Containing TO BE AB		Maint	enan	ce/	Asbes (i.e.	thermal	aining iv	natena s insul	I (ACM)		nount pecify	.	Z)	_	Enc	ūπ
In Facil	ity	Custod	iial Si 12)	aff?	(surfac	cing, VA	T, or			or LF)		Remova	Repair	aps	ıclo
(13)		,	12)	20.00		other n	niscellar	neous)					oval	air.	Encapsulate	Enclosure
		Yes	No	N/A											fe	
Rm 20	01			х	transi	te wall:	s and	count	er tops	225	50sqft	2	2			
		-										\neg				
Name of Registered Was	ste Hauler		0.2375	IDEP W		Cubic of Was			Name of R	7,500	red Lan	dfill				
Ani & Joe LLc				386		40cy	-10		Wm Of F	Pa						
City, State Delanco NJ				*		Dispos	sal Date		City, State Tullytow				Total Control			
Completed by		Title	~	12			ignature		1 2			Date				
Joseph T Hill		VP					-g. rature	5 0				10-1	0-1	3		

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



Date of Notification (1) 10 -10-13					f Building n Unive		Operator	r (2)								
Agencies Notified	Type Notification			Street A		rsity										
□ EPA	Initial	2 0.	100		lullica H	lill Rd								S.		
DEP DOL	Amended Amendmen				ate, Zip C boro N		 B									
DOH DCA	Emergency justification Cancellatio)	34 36	Name o	f Contact					Tel	enha-		ber			
	Caricellatio	· · · · · · · · · · · · · · · · · · ·			LITY INF	ORMAT	ION									
Name of Facility Where Willson Hall	e Abatement is Taki	ng Place (3)		1 Au	LITT HAT	ORMAI	ION	17537	of Facility (4	50						
Street Address 201 Mullica Hill RI	D							X	School (K-1; Subchapter Other (i.e. pretc.)	8 (Oth				dings	, hom	es,
City (5) Glassboro , NJ									re Feet	# of	Floors		1000	Bldg. A	Age	
County (6) Gloucester					Code (7) USE ONLY	o		Curre	ent Use (Prio	or if bei	ng dem	olish	ed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCN	/ No.	0		of Aba	tement Con	tractor	(9)					
Street Address		7.00						Addre	ss ington Ave							
City, State, Zip Code		***					City, S	state, Z	ip Code NJ . 08075					8.3	7715-5	
Project Manager for Mo	onitoring Firm		Т	elepho	ne No.		Teleph	none N 824-0	0.		Licens	3/5-3/37				
Start Date (10) 5 -29-14		Scheduled	Comp	pletion I	Date (11)		Name		HA Monitor		0107	<u> </u>				
Occupancy Status Duri	na Abatamani (Oba	6-30-14					self									
The state of the s							Street	Addres	SS							
Abatement Perform Other – Describe:	cated During Entire med Outside of Non	Period of Abanal Facility H	ateme lours	ent			City, S	tate, Z	ip Code							
Scope of Work (Check	All That Apply)		-	-											127	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Secretary .	novati molitio				×	Mir	I Containme ni-Enclosure ovebag Proce n-Exempted	edure					0	
		Is Lo	ocatio	n					Lacinpied	() und	140111	nabit		Abate	ment	
Location			mally				scription							Ту	pe	
Asbestos-Containin <u>TO BE AF</u> In Fac (13	BATED	Maint Custod (enand	ce/		tos Cont thermal surfac other n		s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
concer	t hall		-	x		(ACN	A) floor	tile		225	50sqft		x			
													-			
Name of Registered Wa	aste Hauler		NJI	DEP W	aste	Cubic	Yards		Name of R	egister	ed Lan	dfill				
Ani & Joe LLc			Hai	uler ID I 386		of Was 40cy	1		Wm Of F		2 mail					
City, State Delanco NJ						Dispos TBD	al Date		City, State Tullytown							
Completed by Joseph T Hill		Title VP		700		S	ignature					Date 10-	10-1	3		

Check# 10580

Date of Notification (1) 5–14–14					of Building O	and the same of th		2000		YC-	+	+		
Agencies Notified	Type Notification		7	Street	Address US Hwy									
登 EPA ロ DEP 数 DOL	☒ Initial☐ AmendedAmendment	+#	+	City, St	tate, Zip Cod	de				-				
DOH	☐ Emergency justification)	(including	-	Name o	th Plair of Contact ald O'Br		a, N	J 07060	18 6	ephone M	liimhar	9		(12.2 <u>1</u>
	☐ Cancellation				ILITY INFO		N							
Name of Facility Where A Blue Star Shop Street Address	ping Center	Space						Type of Facility ☐ School (K ☐ Subchapte	-12) er 8 (Oth					-
Route 22 & Bonz	nie Burn Ro	ad ————						Other (i.e. etc.) Square Feet		& comme f Floors	rcial bu	Bldg.	11	es,
Watchung								3,120	(2005)66	1			yrs	
County (6) Somerset					Code (7) USE ONLY)			Current Use (P retail st	rior if bei core	ng demo	ished)			
Name of Monitoring Firm EHS Environment		Owner (8)		ASCI	M No.	89.55		of Abatement Co mouth Envi		ACTUAL DES	Co.,	Inc		
Street Address 411 Southgate (Court, Suit	e E				3	Street	Address Haws Aver						
City, State, Zip Code Mickleton, NJ	08056		40 4999					tate, Zip Code ristown, P	PA 194	101		**************************************		
Project Manager for Moni Jack Carney	toring Firm			Telepho	ne No.	1	Teleph	one No. -239-9920		License 003				
Start Date (10) 5-28-14	-	Scheduled	Con			1	Vame	of OSHA Monitor						
Occupancy Status During	Abatement (Chec	k Only One)					Environme Address	ntal,	Inc.	-			
☐ Facility Closed/Vaca☐ Abatement Performe	ted During Entire F d Outside of Norm	Period of Ab	atem Hours	ent				Southgate	Cour	t, Su	ite	E		
Other - Describe: _						- :	Mic	kleton, NJ	080	56				
Scope of Work (Check All ≥3 sf or ≥3 lf	That Apply)	XI Re	2010	lion			×	Full Container		N	5			
≥3 \$1 of ≥3 11 ≥160 \$f or ≥260 If			novat moliti				省 □ □	Mini-Enclosur Glovebag Pro	e cedure	-			**	
		ls L	ocatio	on				TVOIPEXEMPLE	u () aric	111011-1116	DICTIO	Abat	ement	t
Location Asbestos-Containing N		No Used	rmall Solel		Achastas	Descr				2020-004	-	13	rpe	
TO BE ABAI In Facility (13)	TED)	Custo	tenan dial S (12)		(i.e. th		stems g, VA1		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Hormon		Yes	No	N/A					1 10	0 07	-		Ф	
Former main gym			X		black	mast:	ic		1,10	0 SF	X			
											+			
Name of Registered Waste Robinson Waste I			Ha	IDEP Wauler ID 7304	200 (CO)	Cubic Yar of Waste 5	0.036209	Name of GROV	8	ed Landfi	II -			
City, State Voorhees, NJ					100	Disposal 6 5-4-14		City, Stat		lle, I	PA			
Completed by David Rowley		Title Proje	ect	Mana	iger	Sign	ature	Quen	Q		ate 5-14-	14		



Date of Notification (1)			Na	me of Building	Owner/Op	erator (2)						
05/13/2014			20	02 Route 13	30 LLC								
Agencies Notified	Type Notification			reet Address 02 Route 13	30 N								-
EPA DEP DOL	Initial Amended Amendmen	t #		y, State, Zip C innaminson		77		10.000 100				**	
DOH DOH	Emergency			me of Contact				Tel	ephone Ni	ımbar			
DCA	justification Cancellation			lichael Men				10	CDITOTIE: 10.				
				FACILITY INF	ORMATIO	N					10.		
Name of Facility Where	Abatement is Takir	ng Place (3)		and the same of th		21.22	Type of Facility (4	1)		No.	- 2		
Dollar Emporium							School (K-1:	2)					
Street Address 202 Rt 130 N			-				Subchapter Other (i.e. p	8 (Oth			ldings	, hom	es,
City (5)							etc.) Square Feet	# 0	f Floors	-	Bldg.	Age	
Cinnaminson							50,000	1			45+	.5-	
County (6) Burlington				unty Code (7) ATE USE ONL	n		Current Use (Pric	or if bei	ng demolis	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	17	ASCM No.	I N		f Abatement Con	tractor	(9)				
Indoor Environmen	ital Concepts				1 2		N Environme						
Street Address 286 Sunset Road						Street A	ddress Blenwood Drive	e					
City, State, Zip Code	-		-				ate, Zip Code						
Barrington, NJ 080					1. 0		ington Crossir	ng, P	A 18977				
Project Manager for Mor Michael Menz	nitoring Firm		62334	ephone No. 66-628-6020		Telepho 267-2	ne No. 40-6356		License I	No.	990		
Start Date (10) 05/28/2014	1	Scheduled 06/06/20		etion Date (11)	80	Name of	f OSHA Monitor						
Occupancy Status Durin	g Abatement (Chec					Street A							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of Aba	atement ours	t			ate, Zip Code				-		
Scope of Work (Check A	II That Apply)							-0.30					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,77	personal control of the control of t	ovation nolition	r.		×	Full Containme Mini-Enclosure Glovebag Proce	edure					
		T		T			Non-Exempted	(*) and	Non-Fria	ble Pro	Sec. 10. 10. 10. 10.	Laure de la Carlo	
Location			cation mally									ement pe	
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Used S Mainte Custodi	Solely benance	Asbes		stems i g, VAT,	terial (ACM) nsulation, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes N	10 1	N/A			7.			_		ate	Θ.
Entire store	e area	1 1		x	Floor til	le/mas	stic	24	00 SF	Х			
Name of Registered Was	te Hauler		NIDE	P Waste	Cubic Ya	irds	Name of R	egists	red Lander				
Service Transport G			100000000000000000000000000000000000000	er ID No.	of Waste		Minerva						
City, State			GVVZ	.117	Disposal	Date	City, State		•				_
New Castle, DE 197	20				TBD	Juli	Waynes	bura	ОН			55	
Completed by		Title			N. S.	nature	11/1/			ate			-
Elizabeth Gosek	¥	Preside	nt			7. 7	M		110000	5/13/2	2014		

CK # 18990

Date of Notification (1) 5/12/2014			Name of B		vner/Operator ONE	001		0.30	7: 64				
Agencies Notified	Type Notification		Street Add	LLINS A		431	1 1	J TT	ا ا الله				
EPA DEP DOL	Amended Amendment	#		OUCK F	HEIGHTS, N	J 0760	4. [1]						
DOH DCA	Emergency justification) Cancellation		Name of 0	LFARO				Telep	hone Nun	nber 4			
Name of Facility Where RESIDENCE	Abatement is Takin	g Place (3)	FACIL	ITY INFOR	RMATION	□ s	Facility (4	2)					
Street Address 450 COLLINS AVE	ENUE					⊠ o et	bchapter ther (i.e. p ¢.)	rivate &	commerci	al build			s,
City (5) HASBROUCK HE	IGHTS					Square			Floors		dg. A	ge 	
County (6) BERGEN			County C (STATE U	ode (7) SE ONLY)			Use (Prid			ned)			
Name of Monitoring Fire	m Hired by Building	Owner (8)	ASCM	No.			ment Con			G, IN	С.		
Street Address					250	District Control of the	ERFOR	D BLV	D.				
City, State, Zip Code						State, Zip FTON,	Code NJ 0701	14					
Project Manager for Mo	onitoring Firm		Telephon	e No.	10 2	hone No -956-8	Li .		License N 00494	lo.			
Start Date (10) 5/17/2014		Scheduled 5/22/2014	Completion D	Date (11)			A Monitor (9) ABO	VE					
Occupancy Status Duri					Street	t Addres	5						
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire med Outside of Nor VACANT	mal Facility H	ours		City, S	State, Zi	Code						
Scope of Work (Check	All That Apply)				Г	7	Containm	ant with	Negativa	Droceiii	70		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition			× Min	-Enclosur vebag Pro -Exempte	e cedure				e	
		Is Lo	ocation								Abat	emen	t
Locati Asbestos-Containir TO BE A In Fa	ng Material (ACM) . <u>BATED</u> cility	Used : Maint Custoo	mally Solely by enance/ dial Staff? 12) No N/A	Asbest (i.e.	Descriptio os Containing thermal systen surfacing, V other miscella	Material ns insula AT, or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASE	MENT		X	F	PIPE INSUL	ATION	ı	11	IO LF	Х			
										+	-		-
									-	+	\vdash	1	
Name of Registered W			NJDEP W Hauler ID		Cubic Yards of Waste				red Landf		3 P) \//	S
TWO BROTHERS	CONTRACTIN	IG ————	18743		2 Disposal Da	te	City, Sta		MAGEIVII		J. IX.	J. V V.	
City, State CLIFTON, NJ					5/22/2014				LE, PA	Date			
Completed by VIVECA RAMOS		PROJE	ECT COO	RDINAT	OR Signatu	ne Lvy	cake	line		5/12/2	014		

(KH 15400

Date of Notification (1 5/12/2014)			Name	of Building Ow	ner/Operato	r (2)	·				
Agencies Notified	Type Notificat			-	EN RAGO				*1			
EPA	Initial	ion		454	Address COLLINS AV	/ENUE	201: 1:	19 Py	7: 65	;		
DEP DOL	Amended Amendm		_		State, Zip Code BROUCK HE	EIGHTS, I	NJ 07604		0.00			
DOH DCA	justification Cancellat	on)		Name	of Contact ALFARO		To L	1 1 4				
Name of Facility When	e Abatement is Ta	king Place (3	2)	FA	CILITY INFORM	ATION						
RESIDENCE		ming r lace (5	"		#2		Type of Facility	3.36				
Street Address 454 COLLINS AV	'ENUE		-				Other (i.e.	12) r 8 (Other than private & comn	K-12) nercial b	uildin	as, ho	mes.
City (5) HASBROUCK HE	EIGHTS						etc.) Square Feet	# of Floors			. Age	
County (6) BERGEN				County (STATE	Code (7)		Current Use (Pr	ior if being dem	olished)	-	
Name of Monitoring Fir N/A	m Hired by Buildin	g Owner (8)		ASC	M No.	Name of	of Abatement Co BROTHERS	ntractor (9)	TINIC	INIO		
Street Address							Address	CONTRAC	ilivG,	INC.		
City, State, Zip Code							RUTHERFOR	D BLVD.				
- Ty, - Tato, Zip Gode							ate, Zip Code					
Project Manager for Mo	onitoring Firm		T	Telepho	one No.	Telepho	TON, NJ 070					
Start Date (10)		-					956-8700	Licens 0049				
5/17/2014		5/22/20		npletion	Date (11)		f OSHA Monitor					
Occupancy Status Durin	ng Abatement (Che					SAMI Street A	EAS (9) ABO	VE				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire	Poriod of Al		nent			ate, Zip Code					
Scope of Work (Check A	All That Apply)		- North									
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			nova moliti			×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				
ř		100000000000000000000000000000000000000	ocatio					() and Hon-11	able 11	Abat	emen	t
Location Asbestos-Containing	Material (ACM)	Used	rmall Solel	y by	Asbestos Co	escription o	f		_	T	уре	_
<u>TO BE AB/</u> In Facili (13)		Maint Custoo (tenan dial S (12)	ce/ taff?	(i.e. therm sur	al systems in facing, VAT, miscellaned	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					<u>a</u>]	late	Тe
BASEME	ENT		X		PIPE	INSULAT	ION	12 LF	X			-
lame of Registered Wast	te Hauler		I NI I	DEP Wa	note la :							
WO BROTHERS C		}	Ha	uler ID N 743		c Yards aste		egistered Landf MANAGEM		S.R.C	.W.S	S.
ity, State LIFTON, NJ						osal Date. /2014 /	City, State	VILLE, PA				
ompleted by IVECA RAMOS		Title PROJE	CT (COOR		Signature	veca K) [ate	11.6		
			-		10,000		Len M	arras	/12/20	114		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	14	Name of Buildi	ng Owner/Ope	erator (2)	CAL#	24		X	
May 13, 20 Agencies Notified Type of Noti			Semin	ole Construction	1				
[X] EPA [] In [] A	fication itial Notification mended Notification mendment #	Street Address City, State, Zipi	Code	arrient/Avende F					
[x] DOH [x] En	nergency (including stification)	N		Creek, NJ 08092	11 (1)				
	ancellation	Name of Contact Joye	et ce Corliss	2 A 12 W	Telephone Numb	oer			
Name of Engility Whom Abota : T.	FA	ACILITY INFOR	MATION						
Name of Facility Where Abatement is Talk Residence	ring Place (3)			Type of Facility (4	18				
Street Address 39 West Raritan	Drive			[] [x]	School (k-12) Subchapter 8 Other (i.e., pri				uilding
City	County (6)	County Code (7)		Square feet	homes, etc.) # of Floors	B	ldg. Ag	re .	
Little Egg Harbor	Ocean	(STATE USE ON	ILY)	750 sf Current Use (Prior	1 1	- 1	146. 718	45	
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASCM No.	Nome of A	Reside	ence	eu)			
N/A Street Address		ASCIVI NO.	Name of A	batement Contracto Guard	or (9) ian Contracting	g. Inc			
			Street Add	iress	Route 9, Unit 6				
City, State, Zip Code			City, State	, Zip Code					
Project Manager for Monitoring Firm	Telephone Number	er	Telephone	Number	River, New Jer License	sey 0	8755-	1271	
Scheduled Start Date (10)	Scheduled Compl	etion Date (11)	732-349-		00624				
05/14/2014 Occupancy Status During Abatement (Chec	05/15/2014			E.M.S.	L. Analytical				
[X] Facility Closed/Vaca	ted During Entire Period of A d Outside of Normal Facility	Abatement Hours	Street Addi	1056 S	telton Road				
					way, New Jers	ey 08	854		
Scope of Work (Check all that apply) $ \begin{bmatrix} $	[] Renov		[] [] [x]	Mini-Enclosure Glovebag Proced	t with Negative Pr ure () and Non-Friable				
					T	_	itement	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Asi N (i.e inst	Description (bestos-Contai Material (ACM , thermal sysulation, surfac VAT, or er miscellane	ining M) items cing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior	X	Asbestos sidin	g		1000 sf	X	-	Е	E
					1000 31	Λ			
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cubic Ya	rds of Waste	Name of D	ad I and Gu				
Guardian Contracting, Inc.	20223	al Date	City, State	Name of Register T.R.R.F.	ca Landfill				
Toms River, New Jersey		/2014		i, Pennsylvania					
Nicholas Fernicola	Project Manager	Signature	11	2		Date\ 5/13	/2014		
	*Do not use this form	Jor asbestos licens	ure exempted	d activities.					

Date of Notification (1)		-		Non- CD "	" -		327 Th (大世	2	+)-	7/-
May 13,	2014			Name of Build		perator (2) inole Construct				12.	11/
[X] EPA []	Notification Initial Not Amended		ion	Street Address	128	2014 MAY 19 Bartlett Avenue	PM 7:17	-			
[x] DOL [x]	Amendmen Emergency justification	nt # (includ		City, State, Zi	West	t Creek, NJ 080	92				
[] DCA []	Cancellatio	12.50		Name of Conta	ce Corliss		Telephone Num	her			
Name of Facility Where Abatement is	Tolsing Di-	(2)	FA	CILITY INFO	RMATION						
Residence	raking Piac	c (3)				Type of Facilit	2000				
Street Address		V.				ļ	School (k-12)				
117 W. Corm	orant Way	y				[x		other to ivate &	than k	l2) iercial b	ouildin
City	Cou	nty (6)		County Code (7)		Square feet	nomes, etc.)				
Toms River	000			(STATE USE O	NLY)	500 sf	# of Floors	В	ldg. A))
	Oce					Current Use (Pr	ior if being demolsh	ed)		58	
Name of Monitoring Firm Hired by Bu	ilding Owne	r (8)		ASCM No.	Name of	Res Abatement Contra	idence				
N/A Street Address		11-				Gua	actor (9) ardian Contractin	a Inc			
		11			Street A	ddress					
City, State, Zip Code					City Sta	te, Zip Code	9 Route 9, Unit 6	51			
Project Manager for Monitoring Firm		77.1.1				Tom	ıs River, New Je	rsev N	2755	1271	
		relepr	one Number	r	Telephor	ie Number	License	Numb	er	12/1	
Scheduled Start Date (10)		Schedu	iled Comple	tion Date (11)	732-349	9-9932 OSHA Monitor	00624		2000-		
05/13/2014 Occupancy Status During Abatement (C	200	05/1	4/2014		I value of		S.L. Analytical				
[X] Facility Closed/Va	neck only or	ne) a Entiro	Dominat - C 4 1	rosperson v	Street Ad	dress				-	
Abatement Perform	ned Outside	of Norm	Period of Al	batement Journ		1056	Stelton Road				
Other - Describe			an rucinty 1	10415	City, Stat	e, Zip Code					
Scope of Work (Check all that apply)						Pisca	itaway, New Jers	ey 08	854		
(Check an diat apply)		1			[]	Full Containm	ent with Negative Pr	ressure			
[] >3 sf or ≥3 lf		[]	Renova	ntion	[]	Mini-Enclosure	e				
[x] ≥160 sf or ≥260 lf		[x]	Demoli		[x]	Glovebag Proc					
	\top	+		T	[^]	Non-Exempted	(*) and Non-Friable	Proced	lure		
		Is Loca	tion					Aba	tement	Туре	
Location of	l N	ormally		As	Description bestos-Conta	of		R	R	E	Tr.
Asbestos-Containing Material (ACM <u>TO BE ABATED</u>		Solely	by	1	Material (AC	aming CM)	Amount (Specify SF	E	Е	N	E N
in facility	Maint	enance/ Staff	Custodial	(i.e	., thermal sy	stems	or LF)	М	P A	CA	C L
(13)		(12)		ins	ulation, surfa VAT, or	acing,		0	I	P	0
	VEC		1520-3400-577	oth	er miscellan	eous)		V A	R	S	S
	YES	NO	N/A			5-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		L		L	R
xterior		X		Asbestos sidin	g		700 sf	37		E	E
		P					700 81	X			
								\vdash			
0.00							+				
me of Registered Waste Hauler	NJ		ste Hauler II	D No. Cubic Ya	rds of Waste	Name of Regist	torad Londell				
Guardian Contracting, Inc.			20223	2		T.R.R.F.	cied Landiil				
Toms River, New Jersey		Ĭ.	Disposal 05/15/2		City, State						
mpleted by (Print or Type)	Title			Signature	Lullytow	n, Pennsylvani	a				
Nicholas Fernicola	Project			M -	dist	10 1		Date\	/2014		
	*Do	not use	this form f	or asbestos licens	ure exempte	d anti-tite		5/13/	2014		00-100

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) May 15, 2014 Marie Brex Agencies Notified Type of Notification Street Address 214 Walsh Drive [X] EPA Initial Notification DEP 1 Amended Notification City, State, Zip Code [X] DOL Amendment # [x]Mahwah, NJ 07430 Emergency (including justification) [x] DOH Name of Contact Telephone Number] Cancellation] DCA Marie Brex FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Street Address 1 Subchapter 8 (other than k12) 68 Vanard Drive. [x]Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 950 sf Brick 74 Ocean Current Use (Prior ifbeing demolished) Name of Monitoring Firm Hired by Building Owner (8) Residence ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Cod Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 Scheduled Start Date (10) 00624 Scheduled Completion Date (11) Name of OSHA Monitor 05/16/2014 05/19/2014 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address [x] Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure] I] Mini-Enclosure >3 sf or ≥3 lf Renovation 1 Glovebag Procedure ≥160 sf or ≥260 lf [x]Demolition Non-Exempted (*) and Non-Friable Procedure [x]Abatement Type Is Location Description of Location of Normally used Asbestos-Containing R R E Asbestos-Containing Material (ACM) Amount Solely by E Ε N N Material (ACM) (Specify SF TO BE ABATED Maintenance/Custodial P C C M (i.e., thermal systems or LF) in facility A A L Staff insulation, surfacing, 0 P (13)0 (12)VAT, or ٧ R S S other miscellaneous) U U A YES NO N/A L R L E Exterior X Asbestos siding 1000 sf Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 05/20/2014 Tullytown, Pennsylvania

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

Date

5/15/2014

Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 15, 2014	4		Name of Building	and the state of t	rator (2) Demolition		7 4	13	カーフ	
Agencies Notified Type of Notific [X] EPA [] Initi			Street Address	2156	2814 MAY ,	9 PM 7: 32			<i>C</i> ,	
[x] DOH [x] Eme	endment #ergency (including ification)		City, State, Zip Co	de Hillsb	orough, NJ 08844			(% Block		
11 1000	cellation			io Dimuz		Telephone Number		Á		
Name of Facility Williams Alexander	D1 (2)	FAC	LILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence Street Address	g Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (or	thar that	- L-12)		
17 3 rd Avenue					[x]	Other (i.e., priva		51		dings,
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 2000 sf	# of Floors		g. Age	65	
Piscataway Name of Monitoring Firm Hired by Building	Middlesex		100011		Current Use (Prior i Reside	nce)			
Guardian Contract			ASCM No.	Name or	Abatement Contractor Guardi	(9) an Contracting	Inc			
Street Address 1889 Route 9, Un	nit 61			Street Ad	ldress	oute 9, Unit 61				
City, State, Zip Code Toms River, NJ 0	18755			City, Stat	te, Zip Code				221	
Project Manager for Monitoring Firm Nicholas Fernicola		e Number 9-9932		Telephon 732-34	e Number	License No. 00624			271	
Scheduled Start Date (10) 5/15/14	Scheduled 5/16/	d Completic	on Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed	ed During Entire Per			Street Ad	ldress 1056 S	telton Road				
Other - Describe				City, Stat	te, Zip Code Piscata	way, New Jerse	ey 088	54		
Scope of Work (Check all that apply)				[]	Full Containment Mini-Enclosure	with Negative Pres	ssure			
[X] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf	[x] []	Renovat Demolit		[x]	Glovebag Procedo Non-Exempted (*	ure ') and Non-Friable	Procedu	are		
							Abat	tement	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Locati Normally Solely b Maintenance/C Staff (12) YES NO	used by Custodial	Ast N (i.e. inst	Descriptio pestos-Con Aaterial (A ., thermal s ulation, sur VAT, o er miscella	ntaining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement	X		Asbestos pipe	insulation	n	160 lf	Х			
	<u> </u>									
										
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Wa	ste Hauler I 20223	ID No. Cubic Ya	rds of Wast	Name of Registe	red Landfill				
City, State Toms River, New Jersey		Disposa 5/19/1		City, Sta						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manag	p)n	Signature	chel	- Lennsylvania	1	Date 5/15	5/2014	ļ	

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

Date of Notification (1)			Name	of Building	OwnorlOr	orotor	(2)				1500		
May 14, 2014			Saint	t Gregory	the Gre	at Scl	nool	Check	# 114	2			
	e Notification		Street	Address Nottingh			2014 Mary	2 M 8"	11 15				
EPA DEP	Initial Amended		City, S	tate, Zip C	ode								
X DOL	Amendment #_ Emergency (incl	uding		ilton Squ		08690							
DOH DCA	justification) Cancellation		Maur	of Contact een				Te	lephone	Numbe	102	b	
Name of Facility Where Abate	mont in Talling Di		FAC	CILITY INF	ORMATIO	N						_	
Saint Gregory's School	ment is raking Pi	ace (3)					Type of Facility	y (4)		-53%-2-37			
Street Address 4620 Nottingham Way							School (k Subchapt Other (i.e	er 8 (Oth	er than & comm	K-12) ercial bi	ıildina	s. hon	nes
City (5) Hamilton Square, NJ 08	690						etc.) Square Feet 10,000		f Floors		Bldg.	77.	
County (6) Mercer			County (STATE	Code (7)	7	\neg	Current Use (P	- 1	ing demo	olished)	100		
Name of Monitoring Firm Hired Pars Environmental	by Building Own	er (8)	ASC	M No.	TI	Name o	f Abatement C	ontractor	(9)				
Street Address						Shade	Environme	ntal, Li	-C	- 12-12-			
500 Horizon Drive, Suite	540						ddress utler Ave.						
City, State, Zip Code Robbinsville, NJ 08691							te, Zip Code Shade, NJ	08052					
Project Manager for Monitoring Firoz Jan	Firm		Telepho 609-8	one No. 90- 7 277	7	Telepho			Licens 00842				
Start Date (10) June 14, 2014	Jur	eduled Co ne 16, 20	mpletion)14	Date (11)		Name of	OSHA Monito	r					
Occupancy Status During Abat		100000000000000000000000000000000000000				Street A							
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire Period tside of Normal Fa	d of Abater acility Hour	ment s		C	ity, Sta	addon Ave te, Zip Code			-		-	
Scope of Work (Check All That	Apply)				\	Westn	nont, New J	ersey	08108	1			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	X C	Renova Demoli				×	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				re	
		Is Locat									Abat	emen	t
Location of Asbestos-Containing Materi	al (ACM)	Norma Used Sole	ely by	Asbesto	Descri	ption of	erial (ACM)	١ .		-	T - 13	уре Т	
TO BE ABATED In Facility (13)		Maintena Custodial (12)	nce/ Staff?	(i.e. t	thermal sys surfacing other misc	stems in g, VAT,	nsulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
D (A 4D		es No	N/A							=		ate	æ
Rooms 1A, 1B and H	allway	X		Ab	estos W	indow	Sills	45	SF	XXX			
	1									+			
Name of Registered Waste Hau									-	-			
Freehold	lei	Н	JDEP Waller ID I 2253	No.	Cubic Yar of Waste	ds	Name of Grows			fill			
City, State Mount Holly, New Jersey	08060				Disposal E 6/16/201		City, Stat	e	-	· · · · · · · · · · · · · · · · · · ·			
Completed by Christina Lynch	Tit	le perations	s Mana		Sign			wii, FA	T	Date May 14	1 20	14	-
					1011	101	* NUN	3		vidy 14	r, 2U	17	- 1

Line will								1)OL -	10	DA	Y	
11211 株分		No	TIPICA'	io minië a 40 MOlT LLH or Just	Maw Jon SBESTO AC 8:80	B alman	EMENT		MAY.	RAA	201	4/	F Line
Date of Notification (1) May 15, 2014 Agenties Natified Type applies			Nan	ne of Build	e)ta Owers	10 months			WV	gill	_	_	1
EPA Initial			50	Barnek :	Street			AMA	WER	APP	, RC	WE	
M DOL America	ment w	idina	Tre	Sisto, Zip intori, NJ	08625								£
DOA DOA Cancul	tion) Itun		G _G	of Conta	undi			1,	Glophone	Numbi	Dr B	_	
Name of Facility Where Absternant is Taxation Building	aking Pla	CE (3)		acility in	FORMAT	IDM	Typu of Facilit		-				
Sirect Address 50 Barrack Street City (5)			•••••				School (I Subchep Cliner (i.e eic.)	ar A //	her then K	(-12) Hall b	ulidin	ga, ha	mes,
Trenton County (8)			Coun	ly Code (7)			Square Feet 10,000	3	of Floors	1,	Bldg 100	: Age	
Mans of Monitoring Firm Hired by Build Environmental Connections, Inc.	ng Owner	(8)	(STAT	CM No.	M	Name	Office Abstoned C			inhed)			
Birest Address 120 N. Warren Street						Shad	B Environme	ntal, L	LC LC	:			
City, State, Zip Code Trenton, NJ 08529						City, 81	Cutler Ave.						
Project Menager for Monitoring Firm Jim Frishee			Telapi 609-	nena No. 392-4200		Telepho	Shade, NJ ne No. '55-0089	08052	License	No.			
Start Date (16) May 16, 2013	May/	17 20	m)pie(la	7 Data (11)			OSHA MONID	·	00842				_
Occupancy Status During Absternant (C) Facility Chand/Vacaned During Enth Absternant Performed Outside of No	n Daule 4		James of				Bddon Ave					_	
Diher - Describe: Shope of Wark (Check All That Apply)	and a de	m(y rion)	-		-1	Westn	te, Zip Code Tont, New J	BLEBÀ	08108				
23 sf or 2.3 kf 160 sf or 2000 if		Renovi Demoli				11. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	Full Containm Mini-Englocus Glovebag Plo Non-Examples	B BANU M					
Lecator of Assessor Containing Material (ACM)	U	is Local Normal and Sole	lv		Desc	ripțian o		211800	nagu-rug	Ne Pig	Abat	Abs EWeW	1
In Facility (Y3)	3 R	istodia) S (82)	"GM/	(0,0,	Institute B	o VAT.	mp	(6	tount sesty or LF)	Renova	Repair	ENCAP	Encionary
Sexetion Bldg. 4th Fl. Mech. Room	Yes n	Nu	N/A		estos P				1.5		SF .	-dizbrase	arms .
	-			- 100		45	NEWOLL .		LF	X	_		
arms of Registered Wests Haulor			7										\dashv
reshold by, Slate	1	142	DEP W uler ID I 253	No.	Cubic Ye of Weste 1	rds	Name of R		d Landfill				
ount Holly, New Jersey 08080 empleted by					Disposal 5/17/20	14	City, State Tuffytown	n, PA					\dashv
hristins Lynch	Title Offic	o Misma	Set		4	The A	TA -		Dut	В			\dashv

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20,14,5914 1	(:36									NO,57	78 8	902	١		17
H 1110			NOT	nficati (Pumu	Siste of Ma ION OF ASB Int to NJAC	ROTOS	ARATE	MENSON (سست	DOL	100	A			rul Marik
Unio of Notification (1)					e of Building			. 1.	1		У	-		1	
May 14, 2014			_	Cho	my Hill Pu	blic S	chools	121		necking	40/	1	J'	_	
	Type Notifical	וזכ			L Address			1		1	WIND A	4	50	VIE	
EPA DEP	Initial Amended				Blaig. Zip Co			-		- Care	Ago	99	KI	JAG	
E DOL	Amenomia Emergenc	lini di			Ty Hill, N.		34		1	WAIN		_			14.24
DOH DCA	Justificatio	n)	ing.		of Cumad				1		ona Num		_		.00
	Cancellet				Curter										- :
Name at Facility Where Al	atement is Tal	ing Place	(3)	FA	CILITY INFO	DRMAT	ON	Type of	a cilib	(4)	III I				
Cooper Elementary Sirect Address 1980 Greentree Ros	d							S ch	chupi		mmercia) bu			TABE:
Cherry Hill, NJ 08034	1							29,000	-61	1	l. Dig :		Bldg. 50	Age	2.8
County (8) Camdan		417		Count	Y Code (7)			Current L	100 (P	der if being d	emdishe				5.63
ions of Moritaing Firm I- TTI Environmental, Ir	lired by Building	Dwner ((8)		CVI No.		Name	School of Abelem la Enviro	an C	onifación (8)	ii .			_	
treal Address 1253 N. Church St.							Broot	Address Outler Av	+	911941, C.L.L.	1	_	_		\dashv
illy. State, Zip Code Moorestown, NJ 0806		2					City, Si Maple	ule, Zip C e Shade	-ibe	08052					
rojed Manager for Menito im Guillerdi	ring firm			856-6	1919 No. 140-8800		Taleph	one No. 755-009	+		ansa Ma.	_			_
leri Nein (10) May 17, 2014		May '	19, 20	mpletion 14	1 Date (11)			A AMEO IS			-				\dashv
ocupancy Status During A						-		ddress	+				-		
racitity Cloud/Vacata Abatement Performed Other - Describe: Wes	CILIE OF MAN	Period o mel Fanili	Abmin Ty Hou	nieni P		+	City, SI	laddon A	da			_			_
Opo al Wark (Check All T	hal Apply)						YYOSU	mont, Ne	W JE	17 PO VEST	8				
100 m of 1286 m		in ■	Renovi					Glovaba	o Pro	ent with Negs n cedurg g (") and Non					
			b Lucai				-	1,481,1,9574		A J A HO PAGE	- F THE LAND				
Location of Asbestos-Commining Ma	mds (ACM)	Un	Nonna ed Sald			Desc	noitain a	n#			1	_	Ту	PB	
IO DE ABATE IN Facility (13)	D	Cu	nodial (12)	Staff?	(ra' sp	audaci	hing Ma ystems rg. VAT scaling		(I)	Amount (Species SF or LF		(MCCS-42)	Rzpan	Euspedeo	armotug
Boller Room		Yee	No	NA								=	10	R	a
polity Know	1	×	<u> </u>	ļ., .	Boiler D	oor Re	efracto	ry Melor	eM	20 SF	- 1	K			
															\exists
me of Registered Waste H	aniot			JOEP W	anie I?	Cuble V	740	LAG	Ц	1.1.					
ehold Carlage			/ H	auler ID 1939		Woste				Registered La N.S. North		11			
r, akie uni Kolly, New Jaraer	9 08060					016 pose 019/14		City, Mon	State	lle, PA			_	_	\dashv
mploted by risting Lynch		Oper Oper	etions	Mans	ger	灣	natura Track)	ma	,		Date	70.			\dashv

[.] Do not use this sure for sabsetes itemsure exempled activities.



Date of Notification (1)	Name of Build	ding Owner/Operator	r (2)	-		-	-	
5/15/14		CARSFOR		INT FR. P	215	6		
Agencies Notified Type Notification	Street Addres	Street Address			-	-		
E BPA De Initial	601	601 W. CLORKE LAW			202			
DBP Amended Amendment #	City, State, Zip Code			The same and the s	-		-	-
Emergency (including	_ E	EGG HORBUR, NJ			٥			
DOH justification)	Name of Contact			Telephone Number				
☐ DCA ☐ Cancellation	Cancellation Borsans			·				
FACILITY INFORMATION								=
Name of Facility Where Abatement is Taking Place (3			Type of Facility (41				
0			School (K-12)					
Street Address			Subchapter 8	(Other than K-1	2)			
221 N, WYOMINA die.				vate & commerc	ial bui	lding:	5,	
City (5)			homes, etc.) Square Feet	# of Floors	ТБ	ldg. /	i no	
VENTROR			1500	# OI Floors	1	ا مح		
Cotsnty (6)	(7) (STATE	Current Use (Pric	or if being demoli	shed)		94	=	
County (6) A TLANTIC . County (CANT	0.100,			
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatem	ent Contractor (9)					
(8)N/A			5 M co In	· .				
Street Address		Street Address						-
3			95,5 p	RUCE AL	-			
City, State, Zip Code City, S			ode					
			LE SINA	DE ALT	08	1	7	
Project Manager for Monitoring Firm Telephone No.		Telephone No.		License No.				=
N/A		856-7	79-0472		14			
Start Date (10) Scheduled Completion Date (11) Name								
5/25/14 6/1/1	1 h	111						
Occupancy Status During Abatement (Check only one)		Street Address			-			
☐ Facility Closed/Vacated During Entire Period of Abatement			1					
Abatement Performed Outside of Normal Facility Hours		City, State, Zip Co	xde					_
Other - Describe:		1						
Scope of Work (Check all that apply)								
□>3 sf or >3 lf Renova	tainment with Nega	tive Pressure						
≥3 sf or ≥3 lf		Mini-Enclosure Glovebag Procedure						
01		Non-Exe	mpted (*) and Non-	Friable Procedu	re			
	Is Location Normaliv				A	bater	100000	
17/	I Unad Calabi bi					Тур	œ	
Asbestos-Containing Material (ACM) Maintena	Material (ACM) Maintenance/ Asbes		erial (ACM)	Amount (Specify SF or LF)			m	_
TO BE ABATED Custod	(i.e.,	e., thermal systems insulation, surfacing, VAT, or				Z)	2	-DC
IN Facility Starts (12)		other miscellaneous)				Repair	Encapsulate	Enclosure
` 	Twa				Removal	7	ate	8.11
SIDING Yes No	N/A							
SIDING		RANSME		20000	2			
					1			
					\vdash	-	-	
Name of Registèred Waste Hauler	UDEP Waste	Cubic Yards	Name of Pegista	rod Landfill				
	tauler ID No.	of Waste						
15 CEMCO INC 17904 15 450 M						_		
City, State Disposal Date City, State								
MINE SHOOF, N.T. DYOFT ALEASANTOICE SO. N.J.								
JosEPHILLERAN Title Signature Signature S/15/14								
JOSEPHILLERAN UNIFA		- Joseph	7 /Ciche	3/1	11	7_		_