ch# 1054

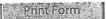
Date of Notification (1)	Name of Building C	1 11 -	•	
n< 11412013	Street Address	h Homes	1	1 = /,,,
Agency Notified Type Notification	225	Woodbridge	. Hve.	
EPA C initial	City, State, Zip Co	le I P L	111. 18	904
D DEP DATE Amendment #	Highle	and lark,	/ V. J. 00	101
instification)		inar		
D DCA D Cancellation	FACILITY INFOR	MATION		
Name of Facility Where Abatement is Taking I		Type of Fa	city (4)	
Name of Facility White Facility		C) School (O Million from Kall	
Street Address		SECOther (L	e, privaté & commercial l	nuldings,
210 Golf Edge D	<u>r </u>	homes, Square Fe		Bldg. Age
City (5)	•	3,000	/ /	65
West Held, 14.5.	County Code (7) (5	J	e (Prior if being demolish	ned)
County (6)	ONLY)	<u> Nes</u>	idential.	
Name of Monitoring Firm Hired by Building Ov	vner ASCM No.	lame of Abatement Contrac	Inc.	
(8)	1 1	Street Address	7.70	
Street Address :			-14	
City, State, Zip Code		City, State, Zip Code	NIT O	8857
•	Telephone No.	Telephone No.	- Al-	
Project Manager for Monitoring Firm-		132-238-7500	0080	(o ·
Start Dale (10) / Scheduled	Combination rate (11)	Name of OSHA Monitor	he.	
A 111 11113 \ 061	16/2013	Street Address		
Occupancy Status During Abatement (Check	only one)	P.O. BOX 81	9	
M Facility Closed/Vacated During Entire Pend Cl Abatement Performed Outside of Normal F	ad of Absterners acidly Hours	City, State Zip Code	NJ 0	18857
Other - Describe:		Old Bridg	, .	
Scope of Work (Check all that apply)	Renovation	IT Mini-Fnciosure	it with Negative Pressur	
□≥3sfor≥3f	. Demolition		dure (*) and Non-Friable Proc	Abatement
20 ≥ 160 sf or ≥ 260 lf	Is Location			Туре
	Normally	Description of	Amount	
Location of Asbestos-Containing Material (ACM)		os Containing Material (ACI thermal systems insulation,	(6)	Removal
TO BE ABATED IN Facility	Custodial (I.E., Staff?	surfacing, VAT, or other miscellaneous)	SFORLE	enclosure ncapaulate Repair
(13)	(12)	Olites Hassesser		.
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	+++		Desirband I and Sil	
Name of Registered Waste Hauter	MUDEL MOSO LIGHT	Cubic Yards of Name of Waste	Registered Landfill	_
Name of Kerinseles Andrews	18501	20 0.	K.U.W. S	00
Novatech IK.		Disposal Date City. Str		H.
COV. BY RYLLES NJ.	08857	Signature //	rrisville,	Date
Completed by A Title	11	CONTAC	s:	05/14/13
Carlos Hineida Ore	o not use this form for asbestos lice	ensure exempted activities.		
ASB-41) IRM USG BILS TOTAL TO	* 2		

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Date of Notification (1)	47 /	42					Owner/Operator (2						
	/	13	_					<u> 2510 janua</u>					
Agencies Notified ☑ EPA	Type Notificat Initial	tion				Address S. Black	Horse Pike						
☑ DEP	☐ Amended			ŀ	City, S	tate, Zip C	ode						
DCA (NJAC 5:16)	Amendment Emergence		udina		Blac	kwood,	NJ 08102						
☐ DCA	justification	n)	aumg	Ì	Name	of Contact			Telephone N.				
(NJAC 5:23-8)	☐ Cancellation	on			Mr.	Pete Bell	lantoni						9
					FAC	ILITY IN	FORMATION				Benede	9	
Name of Facility Where	Abatement is Ta	aking F	Place	(3)				Type of Facility	(4)				
Residential Shed								☐ School (K-12					
Street Address						*****		Subchapter 8	(Other than K-12) rivate & commercial	build	inas		
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Blackwood								500	1		50+		
County (6)		8			Coun	ty Code (7))(STATE USE ONLY)		or if being demolish	ed)			
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Name of Monitoring Firm	Hired by Build	ing Ow	vner (8	3)	ASCM I	No.	Name of Abateme	and the same of th	uction Corporati	on			
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Stieet Address					500 East Luz	erne Street							
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Oity, Otato, Zip Oodo							Philadelphia,						
Project Manager for Mor	nitoring Firm	-		Tele	phone I	No.	Telephone No.		License No.				
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☐ Facility Closed/Vacat	ed During Entire	e Perio	od of A	Abate			-						
Abatement Performe Time of Abatement:					s - Des	cribe	City, State, Zip Co	ode	***				
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Scope of Work (Officer a	iii triat appiy)	_						tainment with Neg	gative Pressure				
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△ ≥100 SI 0I ≥200 II						,			n-Friable Procedure	-			
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Philadelphia, Pa							6/28/13	Control Control Control	rg, OH 44688				
Completed By (Print or	Type)	Title					Signature")	111	Dat	e /	,	,	<u> </u>
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DCA	Cancellation				INFORMAT	ION								_
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15 S Bay Ave				†			etc.) Square Fe			Floors	00-04-04	Age		
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ame of Monitoring Firm	Hired by Building O	wner (8)	1	ASCM No	o. •	Per	naco Inc.	en con				•		_
treet Address						PO	t Address Box 329				•			_
City, State, Zip Code						City, We	State, Zip C st Berlin N	ode VJ 0809	91					
Project Manager for Mor	nitoring Firm		Te	lephone	No.		phone No. 3-753-980	0		License No.				
Start Date (10)	Т	Scheduled	Comp	letion Da	ate (11)	Nam Sai	ne of OSHA	Monitor						
6/3/13	1 (2)	6/7/13					et Address		*/					
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Street Address PO Box 329 City, State, Zip Code West Berlin NJ 0809 Telephone No. Telephone No. 856-753-9800 Mame of OSHA Monitor Same One) of Abatement lility Hours City, State, Zip Code West Address City, State, Zip Code West Berlin NJ 0809 Telephone No. Street Address City, State, Zip Code West Berlin NJ 0809 Telephone No. Street Address City, State, Zip Code West Berlin NJ 0809 Telephone No. Street Address City, State, Zip Code West Berlin NJ 0809 Telephone No. Street Address City, State, Zip Code Renovation Demolition Full Containme Mini-Enclosure Glovebag Prov Non-Exempter Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NJDEP Waste Hauler ID No. 22459 Disposal Date 6/7/13 Name of G.R.O. 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(12) Bis No N/A Exterior Siding 1200 SF Name of Registered Landfill (Specify SF or LF) Disposal Date (6/7/13) Name of Registered Landfill (Signgture) Description of County Code County Code County Code (Non-Exempted (*) and Non-Friable (Specify SF or LF) Name of Registered Landfill (SF or LF) Name of Registered Landfill (SF or LF) Name of Registered Landfill (SF or LF) Signgture	Street Address 63 Murial City, State, Zip Code Manahawkin NJ 08050 Name of Contact John FACILITY INFORMATION (3) School (K-12)	Street Address 63 Murial City, State, Zip Code Manahawkin NJ 08050 Name of Contact John FACILITY INFORMATION (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Sub	Street Address 63 Murial City, State, Zip Code Manahawkin NJ 08050 Name of Contact John FACILITY INFORMATION (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (1e, private & commercial buildings, homes etc.) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) Permaco Inc. 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80 OLD NEW BRUNSWICK	RD					etc.) Square F		# of Floors	Bldg.	Age		
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Project Manager for Monitoring Firm	n		Telephone	No.	Tele	phone No. 2-668-907	78	License No 1200).			
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Abatement Performed Outsid Other – Describe:	e of Norman ac	of Abate		2	City			nt with Negative I	Pressure	e		
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf	ply)	of Abate ility Hou Reno	vation		City	Full Mini	Containme Enclosure	odure				
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap	e of Norman ac	of Abate ility Hou Reno			City	Full Mini	Containme Enclosure		ble Proc	edure	ement	_
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap	ply)	Reno Demo	vation			Full Mini Glov	Containme Enclosure	odure	ble Proc	edure Abate	ement pe	
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility	ply)	Reno Demo Is Loc Norm Used S Mainte Custodi	vation olition		Descrip Containir mal syst	Full Mini-Glov Non	Containme -Enclosure rebag Proc -Exempted	odure	ble Proc	edure Abate	mem	
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED	ply)	Reno Demo Is Loc Norm Used S Maintee Custodi (1	eation nally olely by nance/ nal Staff?	(i.e. ther s oth	Descrip Containir Containir urfacing urfacing eer misco	Full Mini-Glov Non tion of ng Material tems insula , VAT, or ellaneous)	Containme -Enclosure rebag Proc -Exempted (ACM) tion,	edure (*) and Non-Frial Amount (Specify SF or LF)	ble Proc	Abate Ty	pe	
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility	ply)	Reno Demo Is Loo Norr Used S Mainte Custodi (1	eation nally olely by mance/ al Staff?	(i.e. ther s oth	Descrip Containir Containir urfacing urfacing eer misco	Full Mining Glow Non Non tion of ag Material tems insula VAT. or	Containme -Enclosure rebag Proc -Exempted (ACM) tion,	edure (*) and Non-Fria Amount (Specify	Removal	Abate Ty	pe	
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility	ply)	Reno Demo Is Loo Norr Used S Mainte Custodi (1	eation nally olely by mance/ al Staff?	(i.e. ther s oth	Descrip Containir Containir urfacing urfacing eer misco	Full Mini-Glov Non tion of ng Material tems insula , VAT, or ellaneous)	Containme -Enclosure rebag Proc -Exempted (ACM) tion,	edure (*) and Non-Frial Amount (Specify SF or LF)	Removal	Abate Ty	pe	
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility	ply)	Reno Demo Is Loo Norr Used S Mainte Custodi (1	eation nally olely by mance/ al Staff?	(i.e. ther s oth	Descrip Containir mal syst urfacing ner misco	Full Mini-Glov Non tion of ng Material tems insula VAT, or ellaneous)	Containme Enclosure rebag Proc Exempted (ACM) tion,	Amount (Specify SF or LF)	Removal X	Abate Ty	pe	
Abatement Performed Outside Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Reno Demo Is Loo Norr Used S Mainte Custodi (1	vation olition cation mally olely by mance/ all Staff? (2)	(i.e. ther s ott	Descrip Containir mal syst urfacing her misco	Full Mini-Glov Non tion of ng Material tems insula VAT, or ellaneous)	Containme Enclosure ebag Proc Exempted (ACM) tion,	edure (*) and Non-Frial Amount (Specify SF or LF)	Removal X	Abate Ty	pe	
Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility	(ACM)	Reno Demo Is Loo Norr Used S Mainte Custodi (1	vation olition cation mally olely by enance/ all Staff?	ROC Waste O No. 1	Descrip Containir mal syst urfacing her misco	Full Mini-Glov Non tion of ng Material tems insula VAT, or ellaneous)	Containme Enclosure rebag Proc Exempted (ACM) tion, Name of IESI City, Sta	Amount (Specify SF or LF) 300 SF	Removal X	Abate Ty	pe	
Abatement Performed Outside Other - Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED In Facility (13) Name of Registered Waste Haul	(ACM)	Reno Demo Is Loo Norr Used S Mainte Custodi (1	vation olition cation mally olely by enance/ all Staff? (2) No N/A	ROC Waste O No. 1	Descrip Containir mal syst urfacing her miso FING Cubic Ya f Waste	Full Mini-Glov Non tion of ng Material tems insula VAT, or ellaneous)	Containme Enclosure rebag Proc Exempted (ACM) tion, Name of IESI City, Sta	Amount (Specify SF or LF) 300 SF	Removal X	Abate Ty	pe	



Date of Notification (1)	2 1	Name o	Building Owner/O		, ,	- 1/2			-	
5-21-1	-	24	Franch	i Den	noliti	01				
Agencies Notified Type Notification		Street A	P.O.		734	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		. [2. 1. 2. 1. 5. 1.	
DEP Amended Amendment #	And the second second	City, Sta	ite, Zip Code	7 /	V. J	0810	fas.	2.7° /4	4	
DOH justification DCA Cancellation	icidding 1		RK FRAN	chi		Telephone N	lumber .	_		•
			LITY INFORMATI			h				,
Name of Facility Where Abatement is Taking				Туре	of Facility	(4)	t			
Single family Street Address	Dwell	129			School (K- Subchante	12) r 8 (Other than K	.12\			
2006 Pasad	ena Al	الإ		×	Other (i.e. etc.)	private & comme	rcial buil	dings,	home	es,
City (5) Dept ford 1	ノ丁	08	096	Squa	are Feet	# of Floors	E	Sldg. A	∖ge ∕	_
County (6)		County (Code (7) USE ONLY)	- Curr	ent Use (Pr	or if being demol	ished)	ili:		
Name of Monitoring Firm Hired by Building Ov		ASCN	No.	Name of Ab	atement Co	ntractor (9)				
Street Address	7_		~/A	Street Addre	SS	ehnole	916:	<u>a</u> ,	Ln	16,
P.O. BOX 35		00	633	City, State, 2	50X Zip Code	337	> A	0 4		
Project Manager for Modifying Firm	N2	Telepho	333 ne No.	Telephone N	Egy	License	No	8	15	3
Steve Schenken		909	7.58-3365	609 758 Name of OS	3-334	5 0	0.	39	4	
5-31-13	5-3					hnologie	s I	nc	•	
Occupancy Status During Abatement (Check	Only One)			Street Addre	ess				-	
Facility Closed/Vacated During Entire Pe		ent		City, State, 2	BOK Zip Code	100				-
□ Other – Describe:						TU	083	53	3	
Scope of Work (Check All That Apply)									2000	
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat Demolition			□ Mi	ni-Enclosur ovebag Pro					
	Is Location	n .			an Exempte	a () una mon m	1000		ement	
Location of	Normall	y	Des	scription of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely Maintenan	ce/	Asbestos Cont	aining Materia systems insul		Amount (Specify	Z)		En	ū
In Facility	Custodial S (12)	taff?	surfac	cing, VAT, or niscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	N/A	othern	iiscellarieous,			val	=	ulate	ure
Exterior Walls		X	Siding :	Shing	les	230 51	c X			
Latotto			J	J						
		9)								
Name of Registered Waste Hauler	l Ha	JDEP Wauler ID	No. of Was			Registered Land		,	_	Λ.Λ
EPC Technologies City. State		170		al Date	City, Sta	te Manago	170-100	to	FY	1/4
New Egypt /	V5			31-13	Morn	isville.	PA			
Steve Schenker	Presich	int	S	Steere	Sch	h	Date_5	31	1:	3



Date of Notification (1) 5-17-2013			Na To	me of Buil	lding Own etiawan.	er/Ope	erator (2)		25		11/1/23	100			
Agencies Notified	Type Notification			eet Addre 3 Spaldii						e L		., <	: 40	1	
EPA DEP DOL	Initial Amended Amendment #_		Cit	y, State, z vingstor	Zip Code n NJ. 07	039					*****//	70 ¹	7		1
DOH DCA	Emergency (indigent justification) Cancellation	cluding		하일날, 전에 가장 관계 등이 있다.	etiawan					Tele∣	phone Num	her			
Name of Facility Where Residential. Street Address	Abatement is Taking F	Place (3)		FACILIT	Y INFORM	IATIO		Scho	acility (4) ool (K-12) chapter 8	(Othe	er than K-12 commercia) Il buildin	gs, ho	omes,	
13 Spalding Dr.							1100000	etc.) quare F			Floors		g. Age		\dashv
Livingston NJ. County (6)			C	ounty Coo	de (7)				Jse (Prior	100	ng demolish	ed)			
Essex. Name of Monitoring Fire	m Hired by Building O	wner (8)	1,	ASCM N			Name of Green	Abatem	ent Contr	actor I Se	(9) rvices.				
Street Address							Street Ad 235 Vir	dress							
City, State, Zip Code							City, Stat Jersey	te, Zip C	ode NJ. 0730)4					
Project Manager for M	onitoring Firm		7	Telephone	No.		Telephor 201-33	33-885			License N 01174	lo.			
Start Date (10) 5-17-2013		Scheduled 5-17-201		pletion Da	ate (11)			Envir	Monitor onmenta	al Se	ervices.		5		
Occupancy Status Dui K Facility Closed/V Abatement Perfo Other – Describe	acated During Entire F rmed Outside of Norm	Period of Ab	atem	nent		-	Street A 235 Vi City, Sta Jersey	irginia ate, Zip		04					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260			enova				×	Mini-	Enclosure	edure	th Negative e nd Non-Fria			9	417
			Local								N _{eg En}		Abate	ement	
Asbestos-Contair TO BE In F	ation of hing Material (ACM) ABATED acility 13)	Used	ntena	ely by ance/ Staff?	Asbest (i.e.	os Co therma surf	escription ntaining M al systems facing, VA r miscellan	aterial (insulat T, or	ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Trai	nsite Par	nels.		_	90SF	х	\vdash		
Utility	Room.		X	+		114	Tione i a								
												_	+		-
Name of Registered		ţi.		NJDEP V Hauler ID 2A456		100000	oic Yards Vaste		Miner	/a Er	istered Land				
City, State Bronx New York							posal Date 7-2013		City, Sta Wynes	ate sburg	g-Ohio.	Date			
Completed by Tiffany Nunez		Title Office	e M	anager.			Signatur	e				5-17-2	2013		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 20, 2013		Name of Buildin		erator (2) reengrass	Cho. 2	16	97	1	
Agencies Notified Type of Notificat [X] EPA [] Initial [] DEP [] Amen	Notification ded Notification	Street Address City, State, Zip		ale Drive	Aij	2.6	<i>?</i>	<u></u>	
[x] DOL Amen [x] DOH [x] DOA [x] Emerging	dment # gency (including cation)	Name of Conta	Short	A .	elephone Number	· · ·			_
[] 0		ACILITY INFOR							
Name of Facility Where Abatement is Taking Residence		ACILITY INFO	CVIATION	Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k12)		1:
Street Address 1716 Perch Hole P	oint Place			[x]	Other (i.e., privat homes, etc.)	e & con	nmercia	ai build	ings,
City Discount	County (6) Ocean	County Code (7 (STATE USE O		Square feet 1200 sf Current Use (Prior if		Bldg.	Age 60)	
Point Pleasant Name of Monitoring Firm Hired by Building		ASCM No.	Name o	Residen f Abatement Contractor		Inc			
N/A Street Address		 	Street A	Address	oute 9, Unit 61	mo.			
City, State, Zip Code				ate, Zip Code Toms R	Liver, New Jerse		55-12	71	
Project Manager for Monitoring Firm	Telephone Num		732-3	one Number 49-9932 of OSHA Monitor	License N 00624	umber			_
Scheduled Start Date (10) 5/21/13	5/22/13	pletion Date (11)			L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate	ed During Entire Period of Outside of Normal Facili	f Abatement ity Hours	City, S	tate, Zip Code	telton Road way, New Jerse	ey 088	54		
Scope of Work (Check all that apply) Scope of Work (Check all that apply) 3 sf or ≥3 lf	[] Re	novation	[[[Mini-Enclosure Glovebag Proced					
[x] ≥160 sf or ≥260 lf	[x] De	emolition	[x] Non-Exempted (*	*) and Non-Friable	Procedu	ire		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO N	dial	Descript Asbestos-C Material (i.e., therma insulation, s VAT other misce	ontaining (ACM) al systems surfacing, , or	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
Exterior	X	Asbestos	siding		1150 sf	X			
					-	-	-	-	-
Name of Registered Waste Hauler Guardian Contracting, Inc	NJDEP Waste F	23	oic Yards of W	T.R.R.F.	tered Landfill				
City, State Toms River, New Jersey	I	Disposal Date 5/23/13 Signature	Tull	State ytown, Pennsylvani	ia /	Date			
Completed by (Print or Type) Nicholas Fernicola	Project Manager	s form for asbestos	licensure ex	empted activities.	1	5/2	0/13		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1), May 20, 2013					Name of Building	Owner/Ope Miller		mes .	POBJANDE	21	1.9	6	
Agencies Notified [X] EPA	L	ion Notificati			Street Address		iffo	rdtown Lane	रेंग	20 9 2			
[] DEP [x] DOL	Amen	dment #_ ency (inc		1	City, State, Zip Co	ode Tucke	rton	ı, NJ 08087	140		ψ.C		
[x] DOH [] DCA	justific	cation)	· · · · · · · · · · · · · · · · · · ·	1	Name of Contact Jim M	liller		Te	elephone Number		-		
				FACII	LITY INFORM	IATION	II m	AD 31: (A)					
Name of Facility Where Al	batement is Taking idence	Place (3)	5				13	ype of Facility (4)	School (k-12)				
Street Address	West Colorado	Drive						[x]	Other (i.e., privat homes, etc.)			ial build	dings,
City		County	(6)		County Code (7) STATE USE ONL	V)	So	quare feet 2000 sf	# of Floors 2	Bldg	, Age	0	
Long Beach	Twp.	Ocean		(STATE USE ONL	.1)	Cı	urrent Use (Prior if Residen	being demolished			0	
Name of Monitoring Firm		Owner (8)	A	SCM No.	Name of	f Aba	tement Contractor	(9) in Contracting,	Inc			
N/A Street Address						Street A	ddres	SS	500	me.			
Street Address City, State, Zip Code						City, Sta	ate 7		oute 9, Unit 61				
							20	Toms R	iver, New Jerse			271	
Project Manager for Monit	toring Firm		Telephone N	umber		Telephor			License N 00624	umber			
Scheduled Start Date (10) 5/21/13		5	Scheduled Co 5/22/13	ompletio	n Date (11)				Analytical				
Occupancy Status During	Abatement (Check ility Closed/Vacate	only one)) Entire Period	of Abat	ement	Street A	.ddre		elton Road				9
	itement Performed					City, Sta	ate, Z						
[] Oth	er – Describe	32,733		<u> </u>				Piscatav	way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)]		with Negative Pre	ssure	910		-
[] 53	sfor≥3 lf		f 1 i	Renovati	on	[]]]	Mini-Enclosure Glovebag Procedo	ure				
L 3	0 sf or ≥260 lf			Demoliti		[x]	<u>i</u>) and Non-Friable	Procedi	ure		
										Abat	tement	Туре	
72 085	121		Is Location	,	Α.	Descriptionsbestos-Co			Amount	R	R	Е	E
Location Asbestos-Containing N			ormally use Solely by			Material (A	ACN	(I)	(Specify SF	E M	E P	N C	N C
TO BE ABA	TED	Maint	enance/Cus Staff	todial		e., thermal sulation, su			or LF)	0	A I	A P	L
in facilit (13)	у		(12)			VAT,	or			V	R	S U	S U
		YES	NO	N/A	ot	her miscell	lane	ous)		A L		L	R
		YES		IN/A					1800 sf	X	-	Е	Е
Exterior-house			X		Asbestos sidi				400 sf	X	-		
Exterior-garage	- V		X		Aspestos siu	iig			400 31	1.			
			-										
	Name of Registered Waste Hauler NJDEP Waste Guardian Contracting, Inc. 202					ards of Was		Name of Registe T.R.R.F.	red Landfill				
City, State				Disposa 5/23/1		City, S	tate	n, Pennsylvania	1				
Completed by (Print or Ty Nicholas Fer		Title Projec	et Manager		Signature	(ho)	1	Je	1	Date 5/20	0/13		_
T VIOLOGIAS I CI		1.000			1 16	700	<u> </u>	d nativition		_			

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of B	uilding O	wner/Oper			<8/3	Man.	ia.	1.		
35	May 20, 2013						Ciel Po	owei	[Ch	1/2/1	079			
Agencies Notified [x] EPA		Notificati			Street Add	ress	1280 V	Vall	Street West,	Suite 30)9	W ₂			
[] DEP [x] DOL	Amend	led Notifi Iment #_ ency (inc			City, State	, Zip Code	Lyndh	urst,	NJ 07071	\$ 14	Žičky	177	-∓ ८ ३ -		
[x] DOH	justific	cation)		1	Name of C					Telephon	e Number `				
[] ben	[] Cancel	llation				Steven	Little								
				FACII	ITY IN	FORM	ATION					38.,			
Name of Facility Where A	batement is Taking	Place (3)						Ty	pe of Facility (4					20	
	sidence								l J		l (k-12) apter 8 (oth	er than	k12)		
Street Address	8 Cleveland Ave	nue							[x]		(i.e., private	e & cor	nmerci	al build	ings,
City		County	(6)	0	County Coo	de (7)		Sq	uare feet	# of	Floors	Bldg.		2	
Highland Pa	ark	Middle	esex	(0)	STATE US	SE ONLY	()	Cu	2000 sf arrent Use (Prior Resid		2 lemolshed)		6	<u>, </u>	
Name of Monitoring Firm	Hired by Building	Owner (8)	1	SCM No.		Name of	Aba	tement Contrac	tor (9)					
Gu	Guardian Contracting, Inc.									dian Con	tracting,	Inc.			
Street Address	treet Address						Street Ac	ddres		Route 9,	Unit 61				
	1889 Rte. 9, Unit 61						City, Sta	te. Z		Route 2,	, Omit of		-14-1-1-20		
City, State, Zip Code	City, State, Zip Code Toms River, NJ 08755						50-00-00-00-00		Toms	River, 1	New Jerse		55-12	71	
Project Manager for Mon			Γelephone	Number			Telephor				License N	umber			
Nicholas Fer	nicola		732-349		D : (11		732-34		932 HA Monitor	Ass. Seed.	00624				
Scheduled Start Date (10)			Scheduled 5/21/	Completio	n Date (11	,	Name of	USI		S.L. Ana	lytical				
5/20/13 Occupancy Status During		only one		15			Street A	ddres	SS	300 V 00 1 70					
[x] Fac	cility Closed/Vacate	d During	Entire Per	riod of Aba	tement	. 1			1056	Stelton	Road				
[] Ab	atement Performed	Outside o	f Normal	Faility Hou	ırs	1	City, Sta	ate, Z	ip Code						
[] Oth	her - Describe		-						Pisca	itaway, N	lew Jerse	y 088	54		
O CW - I- (Charle of	II that apply)						[]	1	Full Containm	ent with N	egative Pre	ssure	9/=1		
Scope of Work (Check al	п шаг арргу)						[]	j	Mini-Enclosur	e					
[x] >3	sf or ≥3 lf		[x]	Renovat	ion		[x]]	Glovebag Prod			±-10-11-00000 - 000			
	60 sf or ≥260 lf		[]	Demoliti	on		[]		Non-Exempted	d (*) and N	lon-Friable l	Procedu	ire		
												Abat	ement	Туре	
			Is Locati	on			Description	on of	f			R	R	Е	Е
Location	of		ormally			Ast	estos-Co	ntair	ning		mount	E	Е	N	N
Asbestos-Containing			Solely b	у			Material (A				ecify SF or LF)	M	P A	C A	C L
TO BE ABA	ATED	Maint	enance/C	Custodial			., thermal ulation, su			1 '	or Lr)	0	I	P	ő
in facili	ity		Staff (12)			mse	VAT,		····b,			V	R	S	S
(13)			(12)			oth	er miscel		ous)			Α		U	U R
		YES	NO	N/A								L		E	Е
1st floor & basement			X	1	Asbest	tos duct	wrap			40	sf	X			
1 Hoor & basement			11	+			•								
				-	 										
				-											
Name of Registered Was	te Hauler Contracting, Inc.	N		aste Hauler 20223	ID No.	Cubic Y	ards of Wa		Name of Reg		ndfill				
City, State	ommanding, and,			Dispos	al Date		City, S		n. 1	mic					
Toms River, New Jersey					13 -		Tully	tow	n, Pennsylva	mia /		Date			
Completed by (Print or T	Type)	Title	ct Mana	ger	Signatu	\wedge	cho.	1	101	1		70.00	0/201	3	
Nicholas Fe	ernicola				· Con anto	nton lice	CAP	mnte	ed activities.	1000					

or sales

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	F.14			Name of Bui	lding Owne	er/Operator (2)		-01	11/2			
	5/1	5/2013			Borough				142	7/5	1 AR	246
Agencies Notified		Notification	Туре		Street Addre				A	restor	-11,	26/1
		X Initial			650 Poole	Avenue			14	air i	b	, 0
X DEP			ed #		City, State, 2	Zip Code					177	1827
X DOL		Emerge	ncy (inclu	uding	Union Bea		7735				* (y	
▼ DOH		☐ justifica	tion)		Name of Cor		7700	LTall	Number			
DCA		Cancella	ation		Ms. Jennif		on Maier	1 1101	MI III III III			
Name of Facility Where Aba	atement is	Taking Place /3		FACILITY	INFORMATION	E6 735				_		
Private Dwelling		· daning i radio (c	2		Type of Facil	iity (4)						
Street Address					School	(K-12)						
710 Fourth Street-Rea	ar House				Subcha	pter 8 (Oth	er than K-12)					
City (5)	County (6)		County	Code (7)	Other (i.e., private	& commercial	building	S,			
	Monmout	h		Jse Only)	homes,							
Name of Monitoring Firm Hi	70.74(104) 0000 000 0000 0000 0000 0000 0000 0	70.7	ASCM	No.	 							
Environmental Health			00104	- Committee Comm	Name of Cont							
Street Address	gc		00104		MTM Metro		ation					
655 West Shore Trail	55 West Shore Trail						ve					
City, State, Zip Code							vc					
Sparta, NJ 07871					City State, Zi		6					
Project Manager for Monitori	ing Firm	Telephone N	lumber		Paterson, I							
Jean-Paul von Doehre		973-729-56			Telephone No				se Num	ber		
Scheduled Start Date (10) .		Scheduled C		- D-4- (44)	973 742 50			0080	19			
5/28/13		5/31/2013	ompletioi	Date (11)	Name of OSH		-4:				A-11970	
Occupancy Status During Ab	atement (MTM Metro		ation					
Occupancy Cialas Burning AL	batement (C	Theck only one)		Street Addres	_						
X Facility Closed/Vacated	During En	tire Period of A	batemen:	t	135-137 M City, State, Zi		V					
Abatement Performed (Oity, State, Zi	p Code						
Other-Describe:					Paterson, N	J 07501	2.					
Source of Work (Check all the	at apply)											
> 3 sf or > 3 If		Renovation		☐ Ful	l Containment wi	th Negative	Pressura	ПМі	ni-Enclo	Sure		
> 160 sf or > 260 lf	Ī∑.	Demolition										
Location of Asbestos-					n-Exempted(*) &				ovebag	Procedu	re	
Containing Material (ACM) in		tion Normally to by Maint./Custo		Description of thermal system	ACM (i.e.	Amount	(Specify SF or	LF)	Abate	ment Ty	ре	
Facility (13)	Staff? ((12)		surfacing, VAT	r, or other	i						
Exterior Siding	YES	NO	N/A X	miscell.)					Rem.	Rep.	Encap	Enclose
		1.	. ^ -	Transite shingles		1200SF			X		X	
												-
Name of Reg. Waste Hauler		NJDEP Waste	Hauler I	D#	Cubic Yards of	Masta		None	-70	100		
MTM Metro Corporation	- 1	26552		<u> </u>	20	vvasie		Tullytow	of Reg.	Landfill		
City, State							Disp. Date			ity Ctol		
Paterson, NJ 07501	aterson, NJ 07501						5/31/2013		1 -	City, Statullytown,	-	
Completed by (Print or Type).	T	Title			Signature			Date		,		
Elizabeth Maslarkov	E	Business Admin	istrator		Elizabeth	Masla	rkov		10			
SD 41							(0,0	5/15/20	13			

Date of Notification (1) 5 - 22 - 13				g Owner/Operator Properti		,	⁶⁷ 2:	,	20				
Agency Notified	Type Notifical	tion		Stree	t Address	g Street		* 4/4/5/35.		**	.		
CKEPA CKDEP CTDOL	☐ Initial ☐ Amended Amendme			City,	State, Zip	Code ter City,	NJ 0803	30	(;· · · ·	(
CIXDOH CIXDCA	☐ Emergency justification ☐ Cancellation	n)		2,752,753	of Contact		3	Telephone Num	ber				
				FAC	ILITY INF	ORMATION		11111111	III - #6-7 138			Oliver.	11-22
Name of Facility Where	Abatement is Ta	aking Place	(3)		3/1-3-3-WX		Type of Facility	/ (4)					
vacant bldg	North	and S	outh	n Bl	da.		☐ School (K-1)	2)					
Street Address							☐ Subchapter	8 (Other than K-12					
North King	St. and E	ssex S	Stre	et		9	homes, etc.	rivate & commercia	a buildin	ıgs,			
City (5)							Square Feet	# of Floors	Bldg.	Age			
Gloucester	City						8,000	1	+	/-	50		
County (6)				Coun	ty Code (7) (STATE USE	Current Use (F	rior if being demoli	shed)	-			
9.23	Camden Name of Monitoring Firm Hired by Building Owner						vacant	fs 18#			30		
	ASC	M No.		Name of Abater	nent Contractor ((9)	90.55						
(8) Pennoni As				Pepper E	nvironme	ntal Serv	rices	3,	II	ıc	•		
Street Address						Street Address							_
515 Grove S	t., Suit	e 1B				2251 Fr	caley Str	reet					
City, State, Zip Code						City, State, Zip					320050		7.000
Haddon Heig	ghts, NJ	08035				Philade.	lphia, PA	A 19137					
Project Manager for Mo	nitoring Firm			none No		Telephone No.	-1	License No.					
R. Alan Lloye					-0505	215-533		01166					
Start Date (10) 5-20-13	Sche	eduled Comp 6 - 2 0		Date (11		Name of OSHA Pennoni	Monitor Associa	tes					
Occupancy Status Durin	ng Abatement (C	check only o	ne)			Street Address	20						
☐¥Facility Closed/Vacat				ent				Suite 1B			_		
☐ Abatement Performed ☐ Other – Describe:						1	Heights,	NJ 08035					
Scope of Work (Check a	all that apply) * ;	abatem	ent	pri	or to	demo M Full	Containment with	h Negative Pressur	e				
□ ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf		ж		U K	novation molition	☐ Mini	-Enclosure rebag Procedure						
		T	1-1		1	2211011	-Exempled () ai	I TOTAL NADICATION	,oudi o	A	oate		nt
			Is Loc	nally						-	Ту	oe T	
Locati Asbestos-Containii				olely by	Asho	Description stos Containing M		Amount			- 1	m	
TO BE A	BATED	vi)	Cust	nance/ odial		., thermal systems	s insulation,	(Specify		Rer	20	nca	Enc
IN Fa	cility		Sta	iff?		surfacing, VA other miscellan		SF or LF)		Vou	pai	usq	losu
(1:	3)		(1)	2)		Outer mascenari	icous)	8		₽.	Repair	ate	ře
10		Ye	s N					000-5			_	_	_
North Bldg-entry ha				×	sheet	flooring and a	ssoc. mastic	900sf		x	-	_	
North Bldg-b	oiler ro	om	_	х	tra	nsite		900sf		X_	-		
			-	-						-	-	\dashv	-
- (B : 1 1)M	-1-11-1-		NIDE	214/2-242	Havias	Cubic Yards of	Nome of Pog	istered Landfill				_	
Name of Registered Wa			ID No.	P Waste	naulei	Waste							
Service Tra	nsport				***************************************	1/3	A & L S	Salvage					
City, State						Disposal Date	City, State	011		-303 AT			
Morrisville							Libson	, OH	Det				
Completed by Jennifer Ni	ven Di:	r. of	Ope	rati	ons (Signature	\rightarrow		Date 5 - 2	2-	13		
ASB-41		* Do not us	e this f	orm for a	sbestos li	cerisure exempted	activities.			-0.00			

Nonal

Date of Notification (1) 04/10/13		Name of Building Owner/Operator (2) US Army Installation Management Command Picatinny Arsenal Street Address Picatinny Arsenal															
Agencies Notified	Type Notification		100	Street A		lialio	ni iviana	28/3	MAY 22	lallu r	lcauring	Alsei	iai				
EPA	Initial our fe	'SY			nny Arse	nal			141 23	AH	2:40				G.		
DEP DOL	Amended Amendment				ate, Zip Co nny Arse		NJ 0780	6	1 11-1-1-		1701						
▼ DOH	Emergency (justification)		100		f Contact		*		-	Tel	lephone Nu	mber					
☐ DCA	Cancellation				Barkocy												
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INFO	ORMA	TION	Type	of Facility	(4)			-				
Picatinny Arsenal -		g i lace (5)							School (K-								
Street Address					15.7			in s	Subchapte	r 8 (Oth	er than K-1	2)					
Various locations o	n Picatinny Arse	enal (see	atta	ched to	able)				Other (i.e. etc.)	private	& commerc	ial buil	dings,				
City (5) Picatinny Arsenal								Squar 130,	re Feet 000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f Floors o 4		oldg. A				
County (6)	×	-	T	County	Code (7)			Curre	nt Use (Pri	or if be	ing demolis	hed)					
Morris			1	(STATE	USE ONLY)	_		Vaca	ant		0						
Name of Monitoring Firm Landmark Environr		Owner (8)		ASCN	/ No.				tement Co r Constru		(9) Compar	ıy					
Street Address				Street Address 3350 Green Pointe Parkway, Sui													
250 Bryant Street										Park	way, Suit	e 200	e 200 				
City, State, Zip Code Denver, CO 80219									ip Code GA 3009	92							
Project Manager for Mor Matt Roberts	nitoring Firm			Telepho 720-28	ne No. 83-8974		200000000000000000000000000000000000000	hone No 965-2			License N/A	No.					
Start Date (10) 05/01/13		Scheduled 08/30/13		pletion	Date (11)				HA Monitor		Compar	ıy					
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addres	ss								
	ated During Entire F			ent			3350) Gree	n Pointe	Park	way, Suit	e 200					
Abatement Perform Other – Describe:	ned Outside of Norm								ip Code GA 3009	92					9		
Scope of Work (Check A	All That Apply)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		2 1000	nova moliti				5	Mir	l Containm ni-Enclosur ovebag Pro	е	h Negative	Pressu	re	e			
www.							2	100			nd Non-Fria	ble Pro	cedu	e			
		ls L	ocati	on										ement			
Location	n of	555500000000000000000000000000000000000	rmall	The second second			Description		OK .			-	Τ.	/pe			
Asbestos-Containing TO BE AB		Used Main	tenar				ontaining I nal system			372	Amount Specify	l z	_	En	щ		
In Faci		Custo	dial S (12)	Staff?	(1.6.	sur	rfacing, VA	AT, or	20011,		F or LF)	Remova	Repair	aps	Enclosure		
(13)			(12)	Т		othe	r miscella	neous)				val	1	Encapsulate	ure		
		Yes	No	N/A								-	_				
see attache		X		see	attached	table	·	see	attached	X	-						
										_	_						
Name of Designation (1997)	Name of Registered Waste Hauler						oic Yards	rds Name of Registered La									
Service Transport G	Н	JDEP W auler ID		of V	Vaste		1		/ Landfill		PA	Beht	lehe				
	21	117 /		400			City, Sta			0			O				
City, State 58 Pyles Lane, New	Castle DE 1972	20 / 200	Smit	th St.,	Keasbe:	191000	osal Date 03-08/30				, OH / Be	ethleh	em,	PA			
Completed by		Title					Signatur	e (-		1.00	ate					
Tim Egan	resid	dent				IN	nEgo		<u></u>	-/-	7-	13					

for of

Date of Notification (1)			Name	of Building	Owner/Operator (2)		20	_			-	
5 / 22 /	2013	_				r National	20.5		4.	1	<u>ې ر</u>		
Agencies Notified	cation				Address Water	Stroot		* 4/3/				()	
■ DOLWD ■ Amende	d				State, Zip C			~ (4)					
■ DHSS Amenda						e, FL 32202					4		
☐ DCA ☐ Emerge		cluding		The second second				1= : :					
(NJAC 5:23-8) justificat				3365	of Contac	t nert, Facilitie:	s Proi Mar	Telephone N	lumber				
			_			FORMATION	3 i ioj. ivigi.			_			_
Name of Facility Where Abatement is	Taking	Place	(3)	ГА	CILITIN	PORIVIATION	Type of Facility	(4)			-		
CSX Intermodel - Schneid				s Mod	dular Bu	uildina	School (K-1						
Street Address				0 11100	adiai De	and mig	☐ Subchapter	8 (Other than K					
25 Pennsylvania Avenue							Other (i.e., p		mercial	bu	ilding	s,	
City (5)							Square Feet	# of Floors		Blo	lg. A	ge	
Kearny							8000	1		25	+		
County (6)				Cour	nty Code (7	(STATE USE ONLY)	Current Use (Pr	rior if being den	nolished	1)			
Hudson							Industrial						
Name of Monitoring Firm Hired by Bui Shaw Environmental, Inc.		wner (8)	ASCM	No.	Name of Abateme)					
Street Address						Prism Resp	onse, inc.						
128 S. Tryon Street - Inte	rstate	e To	wer	0		102 Techno	logy Lane						
City, State, Zip Code						City, State, Zip Co							_
Charlotta, NC 28202						Export, PA							
Project Manager for Monitoring Firm				ephone		Telephone No.		License No).				-
Roy Stancil					1-6334	724-325-33	Name of the Control o	01121					
Start Date (10) 5 / 20 / 2013	Schedi 5		omple 24	etion Da	te (11) 2013	Name of OSHA M Shaw Envi		. Inc.					
Occupancy Status During Abatement	(Check	only o	ne)			Street Address		•		-			
Facility Closed/Vacated During Ent						128 South T	ryon Street	, Interstate	e Tov	ve	r		
Abatement Performed Outside of N Time of Abatement:AM					cribe AM	City, State, Zip Co Charlotte, N							
Scope of Work (Check all that apply)									<u> </u>			-	
≥3 sf or ≥3 lf		■ Re	nova	tion *		Full Cont ☐ Mini-Enc	ainment with Neglosure	gative Pressure	9				
■ ≥160 sf or ≥260 lf *Abatemen		☐ De	moliti	on			g Procedure mpted (*) and No	n Friable Broo	oduro				
Addition	T		Loca		1	□ Non-Exe	impled () and No	III-FIIADIE FIOG		Δh	tem	ent T	vne
Location of		1	Norma	ally		Description o			-	-		-	·
Asbestos-Containing Material (ACI	d)	Use	a Soi inten	ely by ance/		stos Containing Ma ., thermal systems		Amount (Specify		Remova	Repair	nca	nclo
TO BE ABATED IN Facility			odial	Staff?	(i.e	surfacing, VAT,		SF or LF)		bval	₹.	Encapsulate	Enclosure
(13)	}		(12		1	other miscellane	ous)	*				ate	Ф
Roof		Yes	No	N/A		Roofing		800 SF	.	×	П	П	П
Exterior of Structure				E	Glazino	Compound fro	m Windows	9 SF	_	×	H		
Throughout				×	Olazing	Pipe Insulati		80 LF	_	×	$\frac{\Box}{\Box}$		П
				<u> </u>		VAT		12 SF	_	x	\Box	$\overline{\Box}$	$\overline{\Box}$
Throughout Name of Registered Waste Hauler				NJDEP I	Vaste	Cubic Yards of	Name of Regis						
Waste Management			1	Hauler II		Waste	The state of the s	entral Sa	nitar	y l	_ar	dfi	II
City, State				Disposal Date	City, State					0.9			
Camden, New Jersey				5/24/2973	Penn Arg	yl, PA					200		
Completed By (Print or Type)	Title				2625012	Signature	. 1)	Date					
Jessica Busch	Ad	min	istr	ative	Supp	ort less	ica Bi	wen.	5/22	2/2	201	3	

			(Purs	suant to N.	JAC 8:60 and 5:	16)		MAY				7.
Date of Notification (1)	0010		N	lame of Build	ing Owner/Operato	r (2)		MAY		7 /	· .	_
2 / 25	/ 2013	_	18	Schneid	ler Nationa	I, Inc.	Q [*]	77		11/	12	. 6
	lotification			treet Address				12.7				£.
□ EPA □ Initia				00 Water				14		%.;	4	z ,,
	endment # 1			ity, State, Zip						Q		
	ergency (inc	luding	1		lle, FL 32202							
	fication) cellation		1,0000	ame of Conta	nnert, Facilitie	o Droi Ma	Telephor	ne Numb	ег			
					NFORMATION	S Proj. Mg	gr			-		
Name of Facility Where Abatemer	nt is Taking I	Place (3	3)	TAGILITTI	NI OKWATION	Type of Facil	lity (4)		-		3007.4	
CSX Intermodel - Schn	eider Na	ationa	al's M	lodular B	uildina	School (K						
Street Address						☐ Subchapt	er 8 (Other tha	an K-12)	i e			
26 Pennsylvania Avenu	ie					homes, e	., private and c	commerc	ial	buildi	ngs,	
City (5)			0.5-15-2			Square Feet		ors	Ti	Bldg.	Age	
Kearny						8000	1			25+	3-	
County (6)			C	ounty Code (7)(STATE USE ONLY)	Current Use ((Prior if being o	demolish	ed)	1	-	
Hudson						Industrial						
Name of Monitoring Firm Hired by		ner (8)	ASC	CM No.	Name of Abatem		*.o.*c					
Shaw Environmental, In	ic.				Prism Resp	onse, Inc.						
Street Address	taratata	Τ			Street Address							-13%
128 S. Tryon Street - Int	terstate	IOW	er		102 Techno							
Charlotta, NC 28202					City, State, Zip Co							
Project Manager for Monitoring Firm	,	IT	elephor	no No	Export, PA	15032						
Roy Stancil				31-6334	Telephone No. 724-325-333	20	License N					
Start Date (10)	Schedule				Name of OSHA M		01121					
3 / 18 / 2013	3	/ 20		2013	Shaw Envi	The state of the s	l lno					
Occupancy Status During Abatemer	nt (Check on	ly one)			Street Address	Onnenia	ii, iiic.					
Facility Closed/Vacated During E					128 South T	ryon Stree	t Intereta	to To				
Abatement Performed Outside of	Normal Fac	ility Ho	urs - De	escribe	City, State, Zip Co		i, intersta	10	WE	;1		
Time of Abatement:AM	PM/	P	ν	_AM	Charlotte, No							
cope of Work (Check all that apply)	_											
] >3 sf or >3 lf		Renova	#			inment with Ne	gative Pressur	re				
■ ≥160 sf or ≥260 If	П	Demoli	ion		☐ Mini-Enclo	sure Procedure						
Abateme	ent prior to dem			<u></u>		pted () and No	on-Friable Prod	cedure				
Location of		Is Loca Norm			D				Aba	ateme	nt T	ype
Asbestos-Containing Material (AC		sed So	lely by	Asbest	Description of tos Containing Mate	erial (ACM)	Amount		Re	Re	En	Enclosure
TO BE ABATED IN Facility	7.1	/lainten ustodial			thermal systems in	sulation,	(Specify	,	Removal	Repair	Encapsulate	clos
(13)		(12			surfacing, VAT, o other miscellaneou		SF or LF) !	2		sula	ure
42 69	Ye	s No	N/A								ē	
Roof			x		Roofing		800 SF	: [×			
Exterior of Structure			×	Glazing	Compound from	n Windows	9 SF	[-			
									1	計		$\overline{\Box}$
									1		7	一
me of Registered Waste Hauler		1.00	JDEP I		Cubic Yards of	Name of Regis	tered Landfill		-1	-1	_1	
aste Management			lauler II W1724	O No. V	Monto	Grand Če		nitar	/ L	.and	dfil	ı
y, State	- (U:			D	the same of the sa	City, State						
amden, New Jersey				100		Penn Arg	vl. PA					
mpleted By (Print or Type)	Title	100			Signature	, /\	1	Date				
ssica Busch	Admir	nistra	ative	Suppor		on Ki	inh	2/25	121	113		Ì
				11	MARGE	what	-V-1		-,	0	4.	

ASB-41 MAY 11

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

Date of Notification (1)			1	Vame of Build	ding Owner/Operato	r (2)		- 5	<u> </u>	,		
2 / 15 /	2013	_			der Nationa	0. (4004)	87	,)()		2.	
Agencies Notified Type Notified EPA Initial DOLWD Amende			5	Street Addres 500 Wate	r Street			4			1.	۷,
DHSS Amendm				ity, State, Zip				A-2) MSS.			٠,	
☐ DCA ☐ Emerger		uding			ille, FL 32202							
(NJAC 5:23-8) justificat			71	lame of Conta	7777			one Nu	mhei	r -		
Cancella	ion				nnert, Faciliti	es Proj. M	gr.			-		
				FACILITY	INFORMATION				200			
Name of Facility Where Abatement is CSX Intermodel - Schneid	aking Per Na	lace (3 tiona) al's N	/lodular E	Building	Type of Fac	K-12)					
Street Address 26 Pennsylvania Avenue						Subchap Other (i.e. homes, e	ter 8 (Other t e., private and etc.)	han K-1 d comm	2) ercia	l build	dings	į
City (5)						Square Feet	# of FI	oors		Bldg	. Age	
Kearny						8000	1			25-	+	
County (6)		W	C	County Code ((7)(STATE USE ONLY)		(Prior if being	demol	ished	1)		
Hudson						Industria	I					
Name of Monitoring Firm Hired by Build	ng Own	er (8)	ASC	CM No.	Name of Abatem				1070		_	
Shaw Environmental, Inc.					Prism Resp	onse, Inc.						
Street Address		2			Street Address							
128 S. Tryon Street - Inters	tate 7	owe	r		102 Techno							
City, State, Zip Code		3277	3//		City, State, Zip C							
Charlotta, NC 28202					Export, PA	15632						
Project Manager for Monitoring Firm		1 4	lephor		Telephone No.		License					
Roy Stancil				31-6334			0112	1				
				Date (11)	Name of OSHA M						-155	
		/ 27	′	2013	Shaw Envi	ronmenta	al, Inc.					
Occupancy Status During Abatement (Ch					Street Address							
 Facility Closed/Vacated During Entire Abatement Performed Outside of Norr 	Period o	f Abate	ement	a a arib a	128 South T		et, Interst	ate T	OW	er		
Time of Abatement:AM	PM/_	PN		_AM	City, State, Zip Co Charlotte, No							
cope of Work (Check all that apply)			20 V (1 T)		•							
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf *Abatement pric	Пρ	enovat emoliti lition by	on		☐ Mini-Enclo							
	1	s Loca	tion				T		T-	atem	ent T	vne
Location of		Norma			Description of				_	_	1	
Asbestos-Containing Material (ACM) TO BE ABATED		aintena			tos Containing Mate thermal systems in		Amou (Speci		Removal	Repair	пса	ndo
IN Facility	Cus	todial	Staff?	(1.0.,	surfacing, VAT, o	or	SF or L		oval	=	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A	-	other miscellaneou	ıs)					ate	Ф
Deat	-	No										
Roof	10	Ш	×		Roofing		800 S	F	×			
Exterior of Structure			×	Glazing (Compound from	n Windows	9 SF		x			
										П	П	П
		П									F	一
ne of Registered Waste Hauler		I N.	IDEP \	Naste I C	ubic Yards of	Name of Regis	tered I andfill			_	<u></u>	Ш
aste Management		Ha	uler IE 1724	O No. W	Vaste	Grand Ce			ry Landfill			I
, State				1.02		City, State		3.54	80			
amden, New Jersey				2	/27/20/13	Penn Arg	yl, PA					
npleted By (Print or Type) Title					Signature	1)	٨	Date		1625		
ssica Busch Ad	ımıni	stra	tive	Suppor	t Lessec	a Bu	ich.	2/15	5/2	013	3	

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

		٨		(Pursi	ON OF A	New Jersey SBESTOS AB JAC 8:60 and 5	:16)		2013	MA	į,	8	٧,		
Date of Notification (1) 5 / 2	,	2013				ling Owner/Operato		4		8.	5	7	N E		
		1	-			der Nationa	ai, inc.		0	1		(. €)	7 2		
Agencies Notified	Type Notif			50		r Street			4/	CE	45	0			
DOLWD DHSS	Amend Amend	ment # 7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y, State, Zip		•				3	186	0		
DCA	☐ Emerge		ding	100000000000000000000000000000000000000		ille, FL 32202	2								
(NJAC 5:23-8)	justifica				me of Conta	V-20 8500 300000	D : 14		ne Numl	her					
	☐ Cancel	lation				nnert, Faciliti	es Proj. Mg	Jr							
Name of Facility Where A	hatement is	Taking P	are (3	ACCOUNT DOCUMENT	ACILITY	INFORMATION	Type of Facil	ity (A)					_		
CSX Intermodel -					odular E	Building	School (K		an K-12)						
25 Pennsylvania	Avenue						Other (i.e. homes, e	, private and (tc.)	commer	cial	build	ings,			
City (5)		51					Square Feet 8000	# of Flo	ors		3ldg.	_			
Kearny							1		- 1	25+					
County (6)				Co	unty Code	(7) <i>(STATE USE ONLY)</i>			r if being demolished)						
Hudson Name of Monitoring Firm I	lies d by Dui	idiaa Owa	(0)	1000	ANI	This at the star	Industrial	and the same of th							
Shaw Environmer			er (8)	ASCI	M No.	Prism Resp		(9)							
Street Address	itai, irio.					Street Address				-			- 440		
128 S. Tryon Stre	et - Inter	rstate 7	Towe	r		102 Techno	ology Lane								
City, State, Zip Code					**************************************	City, State, Zip C									
Charlotta, NC 282	202					Export, PA	15632								
Project Manager for Monito	oring Firm			lephone		Telephone No.		License							
Roy Stancil					31-6334			01121	l						
Start Date (10) 5 / 20 / 2	2013	Scheduled 5	/ 22			Name of OSHA I Shaw Env		I, Inc.	nc.						
Occupancy Status During A			50 (15			Street Address						100			
Facility Closed/Vacated	-					128 South		t, Intersta	ate To	WE	er				
☐ Abatement Performed C Time of Abatement:					scribe _AM	City, State, Zip C									
Scope of Work (Check all the	nat annly)					Charlotte, N	C 20202								
	ial apply)	42.300					tainment with Ne	gative Pressu	ıre						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit			☐ Mini-End									
<u> </u>	*Abatement						mpted (*) and N	on-Friable Pro	cedure						
			ls Loca Norma							Ab	atem	ent T	уре		
Location of Asbestos-Containing Ma			ed Sol	ely by	Asbes	Description o stos Containing Ma		Amoun	nt	Ren	Repair	Enc	Enc		
TO BE ABATE IN Facility		N	lainten: stodial		(i.e.	, thermal systems i surfacing, VAT,		(Specif	y	Remova	air	Encapsulate	Enclosure		
(13)			(12)]	other miscellane		01 01 21	'	-		late	ē		
		Yes	No	N/A											
Roof				×		Roofing		800 SI		×					
Exterior of Stru	cture	\Box		I	Glazing	Compound fro		9 SF		x	П		Ш		
Throughou			ᄪ	Z	Pipe Insulation 80 LF						Щ		믜		
Throughou				✓ VAT 12 SF 🗵						×			Ш		
ame of Registered Waste			0.00	JDEP V auler ID		Cubic Yards of Waste	Name of Regis			. , 1		식타	,		
Vaste Managem	EII			V1724			Grand Ce	onual Sc	ai iilai	y L	.aii	uiil	_		
ity, State Camden, New Jei	rsev					Disposal Date 5/22/2013	City, State Penn Arg	vl. PA							
ompleted By (Print or Type)		Title				Signature		h	Date				-		
essica Busch	The state of the s		istra	tive	Suppo	rt Janne	catu	sch	5/2/2	20	13				
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ASB-41 MAY 11

Date of Notification (1) 4 / 19 / 2013					Schneider National, Inc.									
4 / 1	9 /	2013		Sc	hneid	er Nationa	I, Inc.	- 40 S: (0					
Agencies Notified	Type Notific	ation		10000000	et Address	04	2 1	US CUNTER						
□ EPA	☐ Initial ☐ Amended	d		100000000000000000000000000000000000000) Water		** []	CFWS IN ME	<u>. </u>			-		
☐ DOLWD ☐ DHSS	Amendm	ent#5			State, Zip									
DCA	☐ Emergen		ng			le, FL 32202		Telephone Num	her			-		
(NJAC 5:23-8)	justificati				e of Conta	ռ inert, Facilitie	s Proi. Mar		Dei	-				
						NFORMATION			_	-				
Name of Facility Where A	batement is 1	Taking Plac	ce (3)				Type of Facility	y (4)						
CSX Intermodel -	Schneid	er Natio	ona	l's Mo	dular B	uilding	School (K-1	2) 8 (Other than K-12	Ν.					
Street Address		************					Other (i.e.,	private and comme	rcial l	ouildi	ngs,			
26 Pennsylvania	Avenue						homes, etc	.)			533-530			
City (5)							Square Feet 8000	# of Floors	0.000	3ldg. 25+	Age			
Kearny				- 10	. 0.1.6	TO COLATE LICE ON IN		rior if being demolis		100000				
County (6)				Cor	inty Code (7)(STATE USE ONLY)	Industrial	nor it being demois	sileu)					
Hudson Name of Monitoring Firm I	Jirod by Duile	ting Owner	/81	IASCM	1 No	Name of Abatem)						
Shaw Environmen		ing Owner	(0)	ASCIV	i NO.	Prism Resp		,						
Street Address	itai, iiio.		-			Street Address				_	-			
128 S. Tryon Stre	et - Inters	state To	we	r		102 Techno	logy Lane							
City, State, Zip Code		to the Adalescent Section		W.		City, State, Zip Co								
Charlotta, NC 282						Export, PA	15632							
Project Manager for Monito	oring Firm			elephone		Telephone No. 724-325-33	20	License No. 01121						
Roy Stancil	- 16				1-6334	Name of OSHA M		01121						
Start Date (10) 5 / 6 / 3		cheduled (5 /		Shaw Envi		. Inc.						
Occupancy Status During			1000			Street Address	Tommorna	,						
Facility Closed/Vacated				ement			ryon Street	, Interstate T	owe	er				
☐ Abatement Performed (Outside of No	rmal Facilit	y Ho	urs - Des	scribe	City, State, Zip Co				-8				
Time of Abatement:	AM	PM/	—PN	/	Charlotte, NC 28202									
Scope of Work (Check all t	hat apply)		-1107			■ Full Cont	ainment with Neg	ative Pressure						
☐ >3 sf or >3 lf		■ Re				☐ Mini-Encl	osure							
≥160 sf or ≥260 lf	*Abatement p	☐ De	molit	tion others.		☐ Glovebag	Procedure npted (*) and No	n-Friable Procedure	Э					
	, ,		Loca		1				Ab	atem		уре		
Location of	f	1100	Norm	ally		Description of		Amount	Re	Repair	E.	Ē		
Asbestos-Containing M				lely by ance/	Asbes	stos Containing Mat , thermal systems i	nsulation.	Amount (Specify	Remova	pair	cap	Enclosure		
TO BE ABAT IN Facility		Cus		Staff?	(1.0.	surfacing, VAT,	or	SF or LF)	a		Encapsulate	ure		
(13)		Yes	(12 No	7	1	other miscellaned	ous)				ē			
Roof				×		Roofing		800 SF	x					
Exterior of Stru	icture	15			Glazing	Compound fro	m Windows	9 SF	×					
Throughou		᠆=			J. Grazzing	Pipe Insulation		80 LF	×					
						VAT		12 SF	×					
Throughou Name of Registered Waste		JU	1000		Vaste T	Cubic Yards of	Name of Regis							
Name of Registered Waste Waste Managem			1	Hauler ID No. Waste Grand Central Sanitary La					Lar	ndfil	11			
	iont			Disposal Date City, State							\neg			
city, State Camden, New Je	ersev					5/1/201/3	Penn Arg	yl, PA						
Completed By (Print or Type		Title			E	Signature	. 1	Date			-216			
Jessica Busch	" I	D0107079	str	ative	Suppo		CA BUI	11/1 4/1	9/2	201	3			
Jossica Dasoii					11	- June	- maria	ever -						

ASB-41 MAY 11

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

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Date of Notification (1)					Mana - CD			/	11/11/20	٠,			
4 / 11	_ / .	2013	_			ilding Owner/Opera			3 MA)	20	A	1 2	
□ EPA □ In					Street Addre		,	6	Lic	15	·UA	() = 1 () = 2	
	nended	i ent#4	Į.	h	City, State, 2	Zip Code				SAY	11/1	7/6	
		cy (incl		, ,	Jackson	ville, FL 3220	2					ě	
(NJAC 5:23-8) jus	stification	on)			Name of Cor			Telep	hone N	umbe	er		
L] Ca	incellat	ion			Ryan Gr	onnert, Facili	ies Proj. M	lgr.					
					FACILITY	INFORMATION							
Name of Facility Where Abateme	ent is T	aking F	Place	(3)		Suesi preparati	Type of Fa	cility (4)		-			
CSX Intermodel - Sch Street Address	neide	er Na	itior	nal's l	Modular	Building	School ((K-12)					
26 Pennsylvania Aven	ue						Other (i.	oter 8 (Other e., private an	than K- id comn	-12) nercia	al buil	dings,	
City (5)			_				homes,						
Kearny							Square Fee 8000	t # of F	loors			. Age	
County (6)				- 10	County Code	(7)(STATE USE ONL	112031397	1 2	- 4		25	<u> </u>	
Hudson				1	_ Juny Coul	CANTAL USE ONL	Ourrent Use Industria	(Frior it bein	ig aemo	olishe	a)		
Name of Monitoring Firm Hired by	Buildin	ng Owr	ner (8) AS	CM No.	Name of Abate	The state of the s						
Shaw Environmental, I	nc.		•		Name of Abatement Contractor (9) Prism Response, Inc.								
Street Address						Street Address	77.00, 1110						
28 S. Tryon Street - Ir	nterst	tate T	Γow	er er		102 Techn	ology Lane	9					
ity, State, Zip Code						City, State, Zip (
Charlotta, NC 28202						Export, PA							
roject Manager for Monitoring Fire	m			Telepho		Telephone No.		Licens	e No.				
Roy Stancil					31-6334	Control of the Contro		0112	21				
tart Date (10) 4 / 22 / 2013	Sch	eduled	Con	pletion	Date (11) / 2013	Name of OSHA							
	_		-		2013	Shaw Env	ironmenta	al, Inc.					
ccupancy Status During Abateme						Street Address							
Facility Closed/Vacated During I Abatement Performed Outside of	=nure r	enod o	of Aba lify H	atement	ocoribo	128 South	ryon Stree	et, Interst	tate T	Tow	er		
Time of Abatement:AM-		PM/	P	M	_AM	City, State, Zip C							
ope of Work (Check all that apply	<u>, , , , , , , , , , , , , , , , , , , </u>					Charlotte, N	C 28202						
53.5	,			w		Full Cont	ainment with No	egative Press	sure				
≥3 sf or ≥3 if ≥160 sf or ≥260 if				ation		☐ Mini-Enc ☐ Glovebag	osure	7 10					
Abatem	ent prior	to demo	lition b	y others.		☐ Non-Exe	npted () and N	on-Friable Pr	rocedur	e			
		1		ation						_	atem	ent Ty	
Location of Asbestos-Containing Material (A)	CMC		Norn ed So	olely by	Acho	Description of			77.	-	_	T	
TO BE ABATED	J,			nance/		stos Containing Mat , thermal systems i		Amou (Spec		Remova	Repair	Encapsula	
IN Facility (13)		Cus	(12	l Staff?		surfacing, VAT,		SF or L		Va.	~	Encapsulate	
()		Yes	No			other miscellaned	us)					at e	
				×		Roofing		800 S	SF.	×			
Roof			-							×			
Roof Exterior of Structure				×	Glazing	Compound from	II VVIIIUUVVS I						
	,			×	Glazing					×	П	ПП	
Exterior of Structure					Glazing	Pipe Insulation		80 LF		×			
Exterior of Structure Throughout Throughout				I I	Naste	Pipe Insulation VAT Cubic Yards of		80 LF	=	x			
Exterior of Structure Throughout Throughout e of Registered Waste Hauler				×	Naste	Pipe Insulation	n	80 LF 12 SF tered Landfill	=	×	 .an	dfill	
Exterior of Structure Throughout Throughout e of Registered Waste Hauler aste Management State				NJDEP V	Waste O No.	Pipe Insulation VAT Cubic Yards of	n Name of Regis	80 LF 12 SF tered Landfill	=	×	□ □ an	O I	
Exterior of Structure Throughout Throughout e of Registered Waste Hauler aste Management State				NJDEP V	Waste O No.	Pipe Insulation VAT Cubic Yards of Waste Disposal Date	Name of Regis Grand Ce City, State	80 LF 12 SF tered Landfill entral Sa	=	×	□ □ an	□ [I	
Exterior of Structure Throughout	Title			NJDEP Nauler III	Waste O No.	Pipe Insulation VAT Cubic Yards of Waste Disposal Date 1/25/20:13 Signature	n Name of Regis Grand Ce	80 LF 12 SF tered Landfill entral Sa yl, PA	=	ry L	□ □ an		

Date of Notification (1)			N	ame of Build	ding Owner/Operato	or (2)		-							
3 / 28 / 2	013	-	12000		der Nationa	3.7									
Agencies Notified Type Notificat	ion		110000	reet Addres					:5						
☐ EPA ☐ Initial ☐ DOLWD ☐ Amended	8		1000		er Street										
DHSS Amendmen	nt#3			ty, State, Zi								12			
☐ DCA ☐ Emergency	(inclu	ding	Ja	acksonv	ille, FL 32202	2									
(NJAC 5:23-8) justification		11000	Na	me of Cont	act		Telephor	ne Num	ber	_					
Cancellatio	n ———				nnert, Faciliti	es Proj. Mo	gr.			J	_	- 18			
Name of Facility Where Abatement is Ta	ine Di	"		FACILITY	INFORMATION				90	1	2				
CSX Intermodel - Schneide	r Nat	ace (3 tion:	al's M	odular F	Ruildina	Type of Faci					1				
Street Address					Janung	─ Subchapt	er 8 (Other tha	n K-12	2)		5	2			
26 Pennsylvania Avenue						Other (i.e homes, e	, private and o	comme	rcial	build	ings,				
City (5)		A THE				Square Feet	# of Floo	200	-	Dide	A ===	7			
Kearny						8000	1	JIS	- 1	Bldg 25+					
County (6)		-	Co	ounty Code	(7)(STATE USE ONLY)	A STATE OF THE PARTY OF THE PAR	Prior if being o	tomolic			4				
Hudson				,	(1)(0111/2 002 01121)	Industrial		JCI HORS	ineu	,	Test				
Name of Monitoring Firm Hired by Building	Own	er (8)	IASC	M No.	Name of Abatem							Κ.			
Shaw Environmental, Inc.		. ,			Prism Resp		(0)								
Street Address	· Aller				Street Address	701100, 11101									
128 S. Tryon Street - Intersta	ate T	owe	er		102 Techno	ology Lane									
City, State, Zip Code					City, State, Zip C										
Charlotta, NC 28202					Export, PA										
Project Manager for Monitoring Firm		T	elephon	e No.	Telephone No.		License 1	No.							
Roy Stancil		7	04-33	31-6334	724-325-33	30	01121								
Start Date (10) Sche				ate (11)	Name of OSHA N	Monitor									
4 / 15 / 2013 4		/ 17	/	2013	Shaw Envi	ironmenta	I, Inc.								
Occupancy Status During Abatement (Che				100	Street Address							-			
Facility Closed/Vacated During Entire P	eriod o	f Aba	tement		128 South T	ryon Stree	t, Intersta	te To	owe	er					
Abatement Performed Outside of Norma Time of Abatement:AMF	I Facil	ity Ho	urs - De	scribe	City, State, Zip Co										
			VI	_AIVI	Charlotte, N	C 28202		55							
Scope of Work (Check all that apply)															
≥3 sf or ≥3 lf	■ R	enova	ation *		Full Cont ☐ Mini-Encl	ainment with Ne	gative Pressu	re							
■ ≥160 sf or ≥260 lf ***hatement = feet = 1.0 miles 1.0 mi	Пр	emoli	tion		☐ Glovebag	Procedure									
Abatement prior	_	10000			☐ Non-Exer	mpted () and N	on-Friable Pro	cedure							
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TO BE ABATED IN Facility			ance/ Staff?		, thermal systems in	nsulation,	(Specify	,	Remova	pair	ape	Enclosure			
(13)		(12			surfacing, VAT, other miscellaneo		SF or LF)	<u>n</u>		Encapsulate	E			
10. 2	Yes	No	N/A			,					ē				
Roof			×		Roofing		800 SF		×						
Exterior of Structure			×	Glazing	Compound from	m Windows	9 SF		x						
Throughout			×		Pipe Insulation	n	80 LF		×						
Throughout			×	□ VAT 12 SF 🗵 🗆 🖸							П				
lame of Registered Waste Hauler		I	JDEP Waste Cubic Yards of Name of Registered Landfill								=				
Vaste Management			lauler ID W1724	No.	Waste	Grand Co	entral Sa	nitar	νI	_an	dfil	ıl			
ity, State					Disposal Date	City, State			, -			-			
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ompleted By (Print or Type) Title					Signafure		/ /	Date				\neg			
	mini	stra	ative	Suppo	rt Less	ica Bi	wal	3/28	3/2	013	3				
3-41 Y 11 * <i>D</i>	o not i	ise th	is form f	or asbestos	licensure exempte	d activities.									

Date of Notification (1)				IN	Name of Bu	ilding Owner/Opera	tor (2)		24		50	,h-	,	
3 / 15		2013		5	Schne	ider Nation		47			3/9	2		
Agencies Notified Type N ☐ EPA ☐ Initi ☐ DOLWD ☐ Am		tion		5		er Street				54	5/4	18/7) B	Te	
■ DHSS Am	endme	nt # 2			ity, State, 2								-	
	ergenc	y (incl	uding			ville, FL 3220	2							
(NJAC 5:23-8) just				10000	ame of Cor			Telepl	hone Nu	mbei		-	20-20	
					CONTRACTOR OF THE PARTY OF THE	onnert, Facilit	ies Proj. M	gr.				-		
Name of Facility Where Abatemen	nt is Ta	king F	lace (3	()			Type of Fac	lity (A)						
CSX Intermodel - Schn	neide	r Ña	tiona	al's M	1odular	Building	School (F							
Street Address	150/10-0/00	-				- unung	── □ Subchap	ter 8 (Other	than K-1	2)				
26 Pennsylvania Avenι	ıe						Other (i.e homes, e	., private an	d comme	ercia	l build	dings		
City (5)	-						Square Feet	The state of the s	loors		Plda	. Age		
Kearny							8000	1	10013		25+	-		
County (6)				TC	ounty Code	(7)(STATE USE ONL)		1.	a demol	ichor				
Hudson					eriebbei r beroog tot	g derilon	131160	•)						
Name of Monitoring Firm Hired by	Buildin	g Own	er (8)	ASC	CM No.	Name of Abate	(9)				-			
Shaw Environmental, In	ic.						ponse, Inc.							
Street Address		25	1000			Street Address	F					-	-	
128 S. Tryon Street - In	tersta	ate 7	Towe	er		102 Techn	ology Lane							
City, State, Zip Code				-		City, State, Zip							-	
Charlotta, NC 28202						Export, PA			2					
Project Manager for Monitoring Firm	n		Te	elephor	ne No.	Telephone No.		Licens	e No.			-		
Roy Stancil					31-6334	1 724-325-33	330	0112	21					
tart Date (10) 4 / 1 / 2013	4		/ 3		Date (11) 2013	Name of OSHA Shaw Env		al. Inc.						
ccupancy Status During Abatemer						Street Address		,						
Facility Closed/Vacated During E	ntire P	eriod (of Abat	ement		128 South	Tryon Stree	et. Inters	tate T	ow	er			
Abatement Performed Outside of Time of Abatement:AM	Norma	al Faci	lity Hou	ırs - De	escribe	City, State, Zip C	ode					700 VOCA 1.0	221	
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cope of Work (Check all that apply)												_		
≥3 sf or ≥3 if ≥160 sf or ≥260 if *Abateme	ent prior 1		enova emoliti lition by	on		☐ Mini-End ☐ Gloveba	tainment with Ne losure g Procedure mpted (*) and N						Æ	
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Location of Asbestos-Containing Material (AC	·kav	110	Norma ed Sol			Description of	f			_	_	_		
TO BE ABATED	avi)	M	aintena	ince/		stos Containing Ma ., thermal systems		Amou (Spec	10.00	Removal	Repair	Encapsulate	Enclosure	
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(10)		Yes	No	N/A	1	other miscellane	ous)					ate	1	
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ne of Registered Waste Hauler			10000	DEP Waste										
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						Disposal Date City, State								
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	Title					4/3/2013 Signature	Penn Arg	yl, PA	Date		- 8860	-		
mden, New Jersey		mini	stra	tive	Suppo	Signature	0.	yl, PA	Date 3/15	5/2	013			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

GBESTOS ABATEMENT CHECK#2
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2) Date of Notification (1) JANE MACDONALD 5/20/2013 Street Address Type Notification Agencies Notified Initial #3 SECOND STREET Amended Amendment #_ City, State, Zip Code □ DEP DOL. CEDAR BONNET ISLAND, NJ Telephone Number Name of Contact □ DOH justification) ☐ Cancellation DAVID J. D'ANDREA DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PRIVATE RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings) #3 SECOND STREET Square Feet # of Floors Bldg. Age City (5) CEDAR BONNET ISLAND, NJ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County **OCEAN** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code HAMILTON, NJ 08691 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 609-890-7110 00676 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 5/21/2013 N/A 5/21/2013 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure \searrow \geq 3 sf or \geq 3 lf Renovation Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 lf Non-Exempted (*) & Non-Friable Procedure Abatement Type Is Location Description of Asbestos Containing Normally Used Location of Asbestos-Containing Material (ACM) (i.e. thermal systems Amount (Specify SF or Remova Solely by capsulate Material (ACM) TO BE ABATED In Maintenance/Custo insulation, surfacing, VAT, or other LF) Facility (13) dial Staff? (12) miscellaneous) N/A Yes No TRANSITE SIDING 1000 S.F. **EXTERIOR** Cubic Yards of Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. GROWS TIMSTER TRUCKING 21079 5 YD. Disposal Date City, State City, State MORRISVILLE, PA 5/22/2013 WEST CREEK, NJ Signatur 27-Ma Date Completed By 5/20/2013 DAVID D'ANDREA PRESIDENT

ASB-41

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

ck 20165

Date of Notification (1)					Name	of Building	Own	ner/Operator (2	2)	19/12.			٠,					
	20 / _	13			Sus	sex Cou	nty C	Community	College	JAMP &	g .							
	Type Notifica	ation			Street	Address				2000	1//	1.						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Initial				One	College	Hill	Road		18 Z/2 = 1		<,	: ¿,)				
	Amended				City, S	tate, Zip C	ode			- 1 · 4:			Ċ					
☑ DHSS ☑ DCA	Amendme	-	udina		Nev	vton, NJ	0786	0			100		7					
(NJAC 5:23-8)	justification		duling		Name	of Contact	t			Telephone No	umber							
	☐ Cancellat	ion			Ker	Evans					-							
					FAC	CILITY IN	FOR	MATION										
Name of Facility Where Al				0.000					Type of Facility									
Sussex County Com	nmunity Co	llege -	- Buil	ding	ΙE				☐ School (K-12 ☐ Subchapter 8		-12)							
Street Address											ommercial buildings,							
One College Hill Roa	ad								homes, etc.)									
City (5)									Square Feet	# of Floors			g. Ag	ge				
Newton									40,000	4		- 23	3					
County (6)					County Code (7)(STATE USE ONLY) Current Use (Prior if being demo						olished	I)						
Sussex					College													
Name of Monitoring Firm I	Hired by Build	ding Ow	vner (8	3)	ASCM No. Name of Abatement Contractor (9)													
Whitman					00110 Superior Abatement Inc													
Street Address							Stre	et Address										
7 Pleasant Hill Road					2 Henderson Drive													
City, State, Zip Code						POS PERMINERIO DE LOS		, State, Zip Co										
Cranbury, NJ 08512							W	lest Caldwe	II, NJ 07006									
Project Manager for Monit	oring Firm		.0	Tele	phone	No.	Tele	ephone No.		License No.	•							
Kevin Lovely				25.0		0-5858		73) 808-161		00411								
Start Date (10)				7	tion Da	20 829) V	ne of OSHA M										
					_ / _	13		uperior Aba	tement inc				SECTION S					
Occupancy Status During								et Address	Daire									
☐ Facility Closed/Vacated ☐ Abatement Performed						cribe	5700-11	Henderson	Supraga autorities			_						
Time of Abatement:							50	, State, Zip Co	II, NJ 07006									
Scope of Work (Check all	that apply)	-													_			
☐ >3 sf or >3 if		Г	⊠ Rer	ovati	on				tainment with Neg	gative Pressure								
\(\sum \geq \) ≥3 \$1 or ≥3 11 \(\sum \geq \) ≥160 \$f or ≥260 If			Der						g Procedure									
								☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure		-					
			1150-	Locat	500000000							Aba	atem	ent T	ype			
Location of Asbestos-Containing N		,			ely by	Ashe	etne (Description of Containing Ma		Amount		Re	Re	Ш	Ш			
TO BE ABAT		"			ince/		., ther	rmal systems	insulation,	(Specify		Removal	Repair	် ဆို	clos			
IN Facility	У		Custo	(12)	Staff?	10000		urfacing, VAT ner miscellane		SF or LF)		/al		Encapsulate	Enclosure			
(13)		,	Yes	No	N/A		Our	iei illiscellarie	ous)					e				
Boiler Room			\boxtimes			Boiler F	Pack,	, Boiler,Tan	k⋒ Insul.	330 SF	0	X						
Boiler Room	X							0	X									
Boiler Room	***************************************		X		☐ Fire Brick 100 SF 🗵													
Boiler Room			×		☐ Caulking & Rope Gasket 160 LF ☐													
Name of Registered Waste	e Hauler			NJDEP Waste						-								
Service Transport G	Hauler ID No. Waste Minerva Landfill 30																	
City, State							Disp	osal Date	City, State									
New Castle, DE							6/	14/13	Waynesbu	rgh, OH	8_53355							
Completed By (Print or Type					Signature Date													
Nick Petrovski	nt				1//	Weller	Drun	5	-	20	1-1	3						

Date of Notification (1)	13				of Building sex Cour	7	0	99 L							
Agencies Notified Type Notifica	ition		-	Street	Address					77. 7		+3	<i>f.</i>		
⊠ EPA ☐ Initial					College	нш	Road						10		
☑ DOLWD ☑ Amended			H		tate, Zip C						1				
☑ DHSSAmendme			- 1		rton, NJ (0				w.	4			
□ DCA □ Emergence (NJAC 5:23-8)		ding	ŀ		of Contact	15.00000		Telephone Number							
(NSAC 5.25-8) Justilication	ed.		- 1		Evans				recononer	idi il Doi					
							24271021		.1.		_				
Name of Facility Where Abatement is T	okina Di	12		FAC	ILITY IN	FUR	MATION	T	- (4)						
Sussex County Community Co	-			_				Type of Facility (4)							
Street Address	iieāa -	bulla	ıng					Subchapte	12) r 8 (Other than K	(-12)					
One College Hill Road								Other (i.e.,	private and com	mercial l	uildi	igs,			
		-	_					homes, etc							
City (5)								Square Feet	# of Floors	1		ig. Age			
				-		/A=4		40,000	4		43				
County (6)				Coun	ty Code (7)	(STA	TE USE ONLY)		Prior If being den	nolished)					
Sussex		(=)						College							
Name of Monitoring Firm Hired by Build	ling Own	er (8)	- ['	ASCM	2.70	1.000		ent Contractor (9)						
Whitman				0011	0	100	uperior Aba	tement inc							
Street Address							et Address	Carron and Residence							
7 Pleasant Hill Road							Henderson								
City, State, Zip Code							, State, Zip Co								
Cranbury, NJ 08512								II, NJ 07006							
Project Manager for Monitoring Firm		1		phone I	330,100		ephone No.	License No							
Kevin Lovely			-		0-5858	,	73) 808-161		00411						
	chedule		4			2000	ne of OSHA M								
				_ / _	13 Superior Abatement Inc Street Address										
Occupancy Status During Abatement (1000												
☐ Facility Closed/Vacated During Entir					1002000	2	Henderson								
□ Abatement Performed Outside of No □ Time of Abatement:AM															
			IVI-		West Caldwell, NJ 07006										
Scope of Work (Check all that apply)	•						D- "			25					
□ >3 sf or >3 lf	×	Reno	vatio	on			egative Pressure	•							
⊠ ≥160 sf or ≥260 lf		Demo													
							☐ Non-Exe	mpted (*) and N	lon-Friable Proc						
Location of		Is Lo	mal				D			A	bate	nent T	ype		
Asbestos-Containing Material (ACM	n 1	Used S	Sole	ly by	Asbes	stos (Description of Containing Ma		Amount	2	7 7	9	5		
TO BE ABATED	´ ,	Maint Custod	CONTRACTOR OF			., the	mal systems	insulation,	(Specify		Repair	8	Enclosure		
IN Facility (13)			12)	Julii:			urfacing, VAT er miscellane		SF or LF) 2	-	Encapsulate	Le C		
(,	Y	es	No	N/A		-		000)				6			
Boller Room	×	a r]		Boiler P	ack	Boiler.Tan	k⋒ Insul.	330 SF	2	1 0				
Boiler Room	⊠	-			-		s Elbows		50 EA	E	-	-			
Boiler Room	×	3 []		Fire Br	lck			100 SF	×					
Boiler Room	×	alc	7		Caulkin	g &	Rope Gaske	et	160 LF	Z	ile				
Name of Registered Waste Hauler			N.	JDEP V			ic Yards of		istered Landfill			1=	1 -		
Service Transport Group, Inc				auler ID		Was	2000	Minerva							
City, State		1-	JIII		30 Disposal Date City, State										
New Castle, DE					14/13		ourgh, OH								
Completed By (Print or Type)		-	Signature	11.		Date									
Nick Petrovski	Title Pres	ideni	ŀ				2.5		6.	100000000000000000000000000000000000000	. "	-20	12		
	ck Petrovski President								min.	1		-20-	15		

of Roy

Date of Notification (1)				Namo	of Building	Ouror	Operator	(2)			271		_		der jost ir bita		
5-20-0	2012			D		When	Cperator	(2)			10/	Pica.					
	e Notification		-+	Street A	Address	- (J				-	4/3	<u>, </u>	,			
				24	111		K/A	N/	EY	Po	41		-0	A.	,		
EPA DEP	Initial Amended			City St	ate, Zip Co	de	/ \//		_/_	10:	70			1/2		,	
X DOL	Amendment	#			DUTH	×	0/01	MIE	:611)	N.	7			1	8	
ĭ DOH	Emergency (i justification)	including	-		of Contact		-141	,,,,	02~	1 Tal	anhana A	lumbe	ar .			-	
DCA D	Cancellation			mi	Dia	A)	1A	Bo	c							-	
				FAC	ILITY INFO	ORMAT		20		_							
Name of Facility Where Abate	ement is Taking	Place (3	3)					Туре	of Facility (4)							
PSE+G								П	School (K-1	2)							
Street Address			//						Subchapter	8 (Othe			112370		2		
2004 US A	Ywy 2	26	AS.	7					Other (i.e. p etc.)	rivate &	k comme	rcial b	uildi	ings,	home	es,	
City (5)	/	·							re Feet	# of	Floors		Ble	dg. A	ge		
BOUND B	ROOK							de	00		1		AD	Du	42	yrs	
County (6)					Code (7)			Curre	ent Use (Prid	or if bei	ng demo	lished)	_ A_	,,	7/19	
SOMERSET	<i></i>			(STATE	USE ONLY)				CON	TRI	21.	H	511	15/	=		
Name of Monitoring Firm Hire	d by Building C	wner (8)		ASCI	M No.		Name	of Aba	tement Con			140	74	<u> </u>	_		
ENVIRONMENTAL TA	CTICS			0045	5		UNIC	QUE S	SYSTEMS	SOF	AMERI	CA II	NC				
Street Address				1			Street	Addres	SS	*****							
64 BROAD STREET							396 \	WHIT	EHEAD A	WE.							
City, State, Zip Code	1000		1				City, S	state, Z	ip Code		-						
MATAWAN, NJ 07747							SOU	TH R	IVER, NJ	0888)8882						
Project Manager for Monitorin	g Firm		T	Telepho	ne No.		Teleph	none N	0.		License	No.					
TOM GEIGER									2-432-8350 01111								
Start Date (10)	T	Schedule	ed Com						ne of OSHA Monitor								
5/30/13		51	30,	0/13 UNIC					IQUE SYSTEMS OF AMERICA								
Occupancy Status During Aba	tement (Check	Only Or	ne)				Street Address										
Facility Closed/Vacated I	During Entire P	eriod of	Abatem	ent			396 \	WHIT	EHEAD A	VE.							
Abatement Performed O	utside of Norma	al Facility	Hours				City, S	tate, Z	ip Code					0111507			
Other – Describe:						-	SOU	THR	IVER, NJ	0888	2						
Scope of Work (Check All Tha	it Apply)																
≥3 sf or ≥3 lf		F	Renova	tion				Ful	I Containme	ent with	Negative	e Pres	sure	Э		1	
≥160 sf or ≥260 if)emoliti	ion			-	Mini-Enclosure					,00010				
								Glovebag Procedure Non-Exempted (*) and Non-Fria					iable Procedure				
	-	le le	Location	00					T	() and Non-Friabi			Abatement				
Location of			Normall			De	o orintian	-6	1					Ту	pe		
Asbestos-Containing Mate	rial (ACM)		d Solel		Asbest		scription taining M		(ACM)	Ar	nount				m		
TO BE ABATED			intenar todial S			therma	l systems	s insula			pecify	1 8	D D	고	Encapsulate	Enclosure	
In Facility (13)			(12)				icing, VA miscellar		1	SF	or LF)	1	Remova	Repair	psu	losu	
		Yes	No	NUA	1			10.000	- 1			1 5	<u> </u>	7	late	Te	
0		res	INO	N/A								- -	_			\perp	
CONTROL ROD	M		X		TRAN	SITE	Floo	e t	ANE/S	50	0 SF	^ >					
													1				
			145							*			1				
												-	+	-	-	\rightarrow	
Name of Registered Waste Ha	uler	Ll	N:	JDEP W	/noto	Cubi-	Varda		Nome of) o m' - 4 -	rod I	- L					
			100000	auler ID	107117/8/200	of Wa	Yards ste		Name of F			11111				1	
WASTE MANAGEMENT	125		APPX	3		GROWS	NOF	KIH									
City, State			Dispo	sal Date		City, State				2,07. 30			\neg				
ELIZABETH, NJ						5/	31/1	3	MORRIS	SVILE	, PA						
Completed by	**************************************	Title OFFI		152200010		15	Signature		1	•		Date	1		,		
CAROL RAIMO			Ca	Kal	2 La	me	D	5,	12	0/	15	3					

Date of Nolification (1)		Na	sme of B	BRTOWN	Operator	(2) MARTI	MENTS	, 260		9/20	-			
Agencies Notified Type Notification		Si	reet Add	lress 2 ALC	woo1	Ro	Al		5	3				
DEP Initial Amended Amendment #		C	ity, State	, Zip Code	u T	07	011	, i	91	3/				
Emergency (ii		- N		Contact				Telephone Numb	er.		0	\dashv		
DOH justification) Cancellation			RICI					•				7		
	Diego (2)		FACILI	TY INFORMAT	TION	Type of	f Facility (4)		- ? ;	17				
Name of Facility Where Abatement is Taking STYELTOUNE ARACI MEUT	Place (3)					-	chool (K-12)				ar M	į.		
Street Address						Su	ubchapter 8	(Other than K-12) vate & commercial	huildi	nne l	nomes			
582 ALLVOOR RO	40					et	C.)			Bldg. Age				
CLIFTON						1 1	000	# of Floors		60		_		
County (6) PASS A (C			ounty Co	ode (7) SE ONLY)		1	APT		u)					
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			ment Cont ntracting		Marian Salah					
Street Address						Address Lowell								
City, State, Zip Code						State, Zip n Rock,	Code , N.J. 074	152						
Project Manager for Monitoring Firm		T	elephon	e No.		Telephone No. License No. 201-262-5841 00156								
Start Date (#0)	Schedule	d Com	pletion D	ate (11)		Name of OSHA Monitor Omega Environmental Services Inc.								
G/4//3 Occupancy Status During Abatement (Chec	C//					treet Address								
Facility Closed/Vacated During Entire F			ent			80 Huyler Street								
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours				State, Zip ckensac	Code ck, NJ 07	'606						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti	97025-1		ľ	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Т.		1			Non-Exempted (*) and Non-Friad					ble Procedure Abatement			
Location of	l N	Location Lormalia	y		Descriptio	n of	1			Ту	pe			
Asbestos-Containing Material (ACM)		d Solei ntenan		Asbestos Co		Material	(ACM)	Amount (Specify	Z)	_	En	Щ		
TO BE ABATED In Facility	Cust	odial S (12)	taff?	su	rfacing, V	AT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)	Yes	No	N/A	otne	er miscella	aneous)			2	=	ilate	Te		
2	100			Bei	Lan			288 50	X	\vdash				
Brien Room	+		X		ikchiu	C		420 Sal	×	Г				
11 11	+-		7	Pir				300 LF	X					
Name of Registered Waste Hauler			JDEP W		bic Yards		1	Registered Landfill			200			
Rovic Transport			auler ID 0785		Waste G			A Bethlehem La	indtil	i Co	rp.			
City, State Riverdale, New Jersey 07457			Dis	ppsal Dat	0	City, Stat Bethlet	e em, PA 18015	5						
Completed by R. McDonald	ident			Signatu	12. X	4-8-	Da 5	$\frac{te}{\sqrt{2}}$	0/1	3				

e of Notification (1) 5/20/13		Name of	of Build	ling Owner/O	perator (2) H AUI	ENDR	IKA VAN	\$0	K		1	
encies Notified Type Notification		SHEEL	10	33 57	EUI	BEN	AUE			972 T	3	1	
DEP DOL. Amended Amendment # Emergency (inclu	ding	Name	of Cor	tact	FOR	N	7 0	76 H	<u>.</u> (25		17	4	
DOH justification) DCA Cancellation				(INFORMATI	ON			•		jer.	_	4	
me of Facility Where Abatement is Taking Plants of CHRISTWA HENDRIF reet Address	TRA U.			-		Subt	ool (K-12) chapter 8 or (i.e. priv	(Other than K-12) ate & commercial bu	ilding	s, hon	nes,		
1033 STEUBEN A						etc.) Square F	eet	# of Floors	Bldg.	Age			
WEW MILPORA		Count	ty Cod	e (7)		Current L	Jse (Prigr	if being demolished)		2	_		
BERGEN		(STAT	TE USE	ONLY)		of Abatem		DEMO					
ame of Monitoring Firm Hired by Building Own	ner (8)	AS	CM N	0.	A. N	vac Cont	racting	nc.					
treet Address					105	t Address Lowell F							
city, State, Zip Code				*	City, Gle	City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telep	phone	No.	Telephone No. License No. 00156								
Start Date (10)	cheduled 0	Complete	ion Da	ite (11)	Nam	Name of OSHA Monitor Omega Environmental Services Inc.							
G / 3 //3 Occupancy Status During Abatement (Check (/			Stree	et Address							
17 172					28	0 Huyler	Street						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Aba	tement			City	0 Huyler , State, Zip ackensac	Code	7606				_	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Aba	tement			City	, State, Zip ackensac	Code k, NJ 07		essure				
Abatement Performed Outside of Normal Other – Describe:	riod of Aba I Facility H	tement)		City	, State, Zip ackensac	Code k, NJ 07	ent with Negative Pro					
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply)	Priod of Aba I Facility H	novation	<u> </u>		City	, State, Zip ackensac	Code k, NJ 07	ent with Negative Pre	Proc		ment		
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply)	Rer Der	novation	by e/	Asbestos C (i.e. ther	Descript Containin	Full (Mini- Glov Non-	Code k, NJ 07 Containme Enclosure ebag Prod Exempte	ent with Negative Pro	Proc	edure Abatei	ment		
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Rer Der	novation molition ocation mally Solely b tenance dial Staf (12)	Dy H/	Asbestos ((i.e. ther si oth	Descript Containing mal systurfacing, er misce	Full Mini- Glov Non- tion of ng Material ems insulat VAT, or ellaneous)	Code k, NJ 07 Containme Enclosure ebag Prod Exempte (ACM)	ent with Negative Present with Negative Present of (*) and Non-Friable Amount (Specify SF or LF)	Proc	edure Abatei Typ	ment		
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Rer Der	novation molition ocation ormally Solely b tenance dial Stat (12)	by	Asbestos ((i.e. ther si oth	Descript Containing mal systurfacing, er misce	Full Mini- Glov Non- tion of ng Material ems insulat VAT, or	Code k, NJ 07 Containme Enclosure ebag Prod Exempte (ACM)	ent with Negative Pro edure d (*) and Non-Friable Amount (Specify	Proc	edure Abatei Typ	ment		
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Rer Der	novation molition ocation ormally Solely b tenance dial Stat (12)	Dy H/	Asbestos ((i.e. ther si oth	Descript Containing mal systurfacing, er misce	Full Mini- Glov Non- tion of ng Material ems insulat VAT, or ellaneous)	Code k, NJ 07 Containme Enclosure ebag Prod Exempte (ACM)	ent with Negative Present with Negative Present of (*) and Non-Friable Amount (Specify SF or LF)	Proc	edure Abatei Typ	ment		
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) House STRucty 25	Rer Der	novation molition ocation ormally Solely b ttenance dial Stat (12)	oy el/eff?	Asbestos C (i.e. ther si oth	Descriptiontaining mail systurfacing, er misce	Full Mini- Glov Non- tion of ng Material ems insulat VAT, or ellaneous)	Code k, NJ 07 Containme Enclosure bebag Proc Exempte (ACM) tion,	ent with Negative President with Negative President (*) and Non-Friable Amount (Specify SF or LF)	Removal	edure Abatei Typ	ment		
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) House STRucture	Rer Der	novation molition ocation ormally Solely betternance dial Stat (12)	Dy H/	Asbestos C (i.e. ther si ott	Descript Containing mal systurfacing, er misce	Full Mini- Glov Non- tion of ng Material ems insulat VAT, or ellaneous)	Code k, NJ 07 Containme Enclosure ebag Proc Exempte (ACM) tion,	ent with Negative Present with Negative Present with Negative Present	Removal	edure Abatei Tyr Repair	ment pe Encapsulate		
Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) House STRucty 25	Rer Der	novation molition ocation ormally Solely betternance dial Stat (12)	DEP Wuler ID	Asbestos C (i.e. there is not in the continuous continu	Description of the containing and system of t	Full Mini- Glov Non- tion of ng Material ems insulat VAT, or ellaneous)	Code k, NJ 07 Containment Enclosure ebag Prod Exempte (ACM) iion, Name of IEST F	Amount (Specify SF or LF) 3 COCHYL f Registered Landfill PA Bethlehem Late ehem, PA 18015	Removal	edure Abatei Tyr Repair	ment pe Encapsulate	_	

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

(FURSUA	NI IO NJA	AC 8:60-7 A	ND 12:120-	1 (20	MI	and	10	/ /		
Date of Notification (1)	Name of Building Owner / Operator (2)									
$\frac{05}{10} / \frac{10}{13}$	Street Ac		SITY			- 2	May			
Agencies Notified Type of Notification		iG 4086 - LIV	VINGSTON	CAMPUS 2	7 ROAD 1	1	JAMir	, _		
☑ EPA ☐ Initial	City, Stat	te, Zip Code	le			7.0	-	रंते	Λ.	
 DEP	-	AWAY, NJ C)8854		Te tabo		54		11/1 3	
✓ DON Amendment #_1_ ✓ DOL Emergency w/ justification	MIKE SM	Contact			Telepho	ne Numb	er		10.700	
☐ Cancellation							100	. 17.	178	
F	ACILITY IN	NFORMATIO	ON					187) · · (
Name of Facility Where Abatement is Taking Place (3)		Type of F	acility (4)						- 80	
WOODBURY HALL		_								
Street Address		-	School (K Subchapt	<-12) ter 8 (Other	than K-1	2)				
49 DUDLEY ROAD			Other (I.e.	., private &	cmmercia					
City (E) County (G) County Code	771	10 F		omes, etc.)		1=				
City (5) County (6) County Code NEW BRUNSWICK MIDDLESEX	(7)	Square Fe	eet 5,000	# Of Floor	rs 4	Buildin	ig Age 40⊀	_		
	1922 - <u>2</u>	Current U	Jse (Prior if	being dem	7	†	7/5/ 5 /	1		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1 : 5 5 1 5 N/	RESIDEN	ICE HOUSIN	NG						
Name of Monitoring Firm Hired by Bldg. Owner (8)	ASCM NO	O Name of A	Abatement	Contractor	(9)	_				
CARDNO ATC		LVI Demo	lition Service	es Inc.	×					
Street Address		Street Add	dress							
3 TERRI LANE City, State, Zip Code		32 William	ns Parkway							
BURLINGTON, NJ 08016		-	e, Zip Code							
Project Mngr. For Monitoring Firm Telephone Nu		1								
BRIAN KEARNEY 609-386-8800 Sched. Completetion Date (1			over, NJ 079	936		· bar				
	11)	Telephone	e Number	68	License	Number				
//_			84-8682			0	00860			
Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of			OSHA Monit lition Service							
Abatement		Street Add	The second second	as inc.						
Abatement Performed Outside of Normal Facility		and the control of th								
Hours - Describe:		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	s Parkway e, Zip Code							
7:00AM-1:00AM			e, Zip Code over, NJ 079							
Scope of Work (Check All That Apply)										
☐ Demolition ☑ Renovation	v	Full Conta	ainment wit	h Negative	Drocelife	ā				
☐ ≥3sf or_>3lf		Mini - Enc	losure	7	FIESGU.					
≥160 sf or ≥260 if			Procedure							
		Non-Exem	npted (*) and	d Non-Friai	ble Proce	dure				
Location of Is	Descripti				Abateme	nt Type		1120		
Asbestos Containing Location As Material (ACM) Normally	sbestos - C			A	R	-	E	E		
	Material (e., thermal.			Amount (Specify	E M	R	N C	N		
in Facility Solely insul	lation, surf	facing, VAT		SF or LF)	0	P	Α	L		
(13) by Main- tenance/	other misc	ellaneous)			V	Ą	P	0		
Custodial					A L	l R	S	S		
Staff (12)							Ĺ	R		
YES NO N/A VOODBURY HALL FLRS 1, 2 &3	ION			1200 LF	[7]		1	1		
VOODBURY HALL FLRS 1, 2 &3				4200 LF	7	ᅡ	┢╫	+	H	
								士		
VOODBURY HALL FLRS 1, 2 &3	O. Fie	Islama of D		37450 SF	V					
lame of Registered Waste Hauler NJDEP Waste VI DEMOLITION SERVICES INC. Hauler ID No.		Name of Ro	Registered L	.andfill						
30534	of Waste									
City, State EAST HANOVER, NJ		City. State								
AST HANOVER, INJ	Date	TULLYTON	VN, PA							
completed by (Print or Type) Title			Signature		1	$\overline{}$	Date			
TEVE STILES PROJECT MAN	IAGER		10	TA (1.5			05	122/13	

ASB-41

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					JAN.				
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					4/	1/2			
MOODBURY HALL SURGE A GAS	-			VOT			40		
VOODBURY HALL FLRS 1, 2 &3		V		VAT	3450 SF	7			
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Date of Notification (1)				Name o	of Building	Owner/	Operato	or (2)					-			
Ma	y 22, 2013			Forest												
Agencies Notified	Type Notification			Street A		11014	7 1110	iiou	оогр.	- 20 1,	3 MAY 23					
M 504	M			53 From	ntage R	oad					1141 S3	611	0			
EPA DEP	Initial Amended				ate, Zip C					- 10		2211	<i>~</i> :	10		
DOL	Amendment			Section 1	on, New		, nee	27.0	000	,3	7/40.					
M pou	Emergency (including			of Contact		y 0002	21-9	000	Te	elephoneNur	nhor	1 0	1		
DOH	justification) Cancellation			2010/2012/2014						1 16	nepriorieriui	libei		**		
J 56/1	Cancenation		See II	Kent Be	ILITY INF	ODMAT	ION			_						
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILIT INF	ORMAT	ION	TT	pe of Facility	(4)						
John Blizard Resear		•	,						1	553 76						
Street Address	on contai				-			$\dashv \vdash$	School (K		ner than K-12	21				
				Other (i.e.	private	& commercia	al bui	ldings	, hom	ies,						
12 Peach Tree Hill F	koad								etc.)	*			390	300	20	
City (5)			So	quare Feet	# 0	of Floors		Bldg.	Age							
Livingston, NJ																
County (6)	(1)		Cı	urrent Use (P	rior if be	ing demolish	ned)									
Essex				(SIAIL)	USE ONLY	<i>'</i>				Res	earch Cer	iter				
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	√ No.		Nam	e of A	Abatement Co	ntracto	r (9)					
Hillman							The I	MAC	CK Group,	LLC.						
Street Address				1					dress				- 2112		310 100	
1605 Vauxhall Road	, Suite 107						1500	Kin	gs HWY N	STF	209					
City, State, Zip Code									e, Zip Code	,						
Union, NJ							220			R/I						
Project Manager for Mor	nitoring Firm			Telepho	ne No.	-		phone No. License No.							- 1	
Project Manager				(908) 688-7800 (973) 759 - 5000							00781					
Start Date (10)		Schedul		mpletion		OSHA Monito	-	00761								
6-6-13		Conoda	00 00	6-30-1			1000000000		K Group, I							
Occupancy Status Durin		k Only O	ne)	0-30-1	3	LLC.			-							
57							Stree	501123		0.7.	000					
Abatement Perform	ated During Entire Fied Outside of Norm	Period of	Abate	ment		1500 Kings HWY N, STE 209 City, State, Zip Code										
Other - Describe:	ied Odiside of North	ai raciiit	y Hou	15												
Scope of Work (Check A	II That Apply						Cheri	ry H	ill, NJ 0803	34						
53	ш тпас Арргу)	5-3														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	Renov				Full Containment with Negative Pressure						re			
2100 \$1 01 2200 11		ш	Demol	ition			Mini-Enclosure Glovebag Procedure									
							Non-Exempted (*) and Non-Friable Procedur						dure			
		le	s Loca	tion									Tables on the	emen	t	
Location	n of		Norma			De							Т	уре		
Asbestos-Containing		2400000		ely by	Asbes		scriptio		rial (ACM)	Δ.	mount					
TO BE AB			ainten:	ance/ Staff?		. thermal				1 22	Specify	Z.		Enc	Ē	
In Facil	3/20/50	J	(12)				cing, V			SI	or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)		-				otner r	niscella	ineou	is)			ova	a i	ua	Sure	
		Yes	No	N/A								_		6		
See atta	ched		X			Sec	attac	had		Soo	attached	V				
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Name of Registered Was	NJ DEP W	/aste	Cubic	Yards		Name of	Registe	red Landfill				Ц				
	Hauler ID		of Was			, tame or	. vogiate	ou culturill								
Freehold / Rovic	39		TBD		G.R.O.V	V.S / 7	R.R.F La	ndfil	1							
City, State		Disposal Date City, State														
Freehold / Riverdale, NJ						6-30-13 Morrisville, PA / Tullytown, PA										
Completed by Title							ignatur	. 17	7/0		Dat		550			
Mike Cooper President								11		/	5/22	2/13				

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