State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

			(Pi	ursuant to NJ	AC 8:60-7 and 1.	2:-120-/	' III),-	15 W 15	<u>U 15</u>	느느	
Date of Notification (1) 05/22/12 Month/Day/Year	.110070				uilding Owner/C University	perator	(2)	WAY 2	Б. Э.	17/	
	Notificat			Street Add			and the same of th				
	xInit			P.O. box 2				ASBESTUS	CONTRO	Lü	4
DEP		tificati	оп	Princeton	e, Zip Code		1		VSING		
DCA DOM		ended otificati	on	Name of C				Telephone Nu	mber		
DOH		icellatio	100000	Robert Ot				a cicpitotte , io			
					TY INFORMAT	ION					
Name of Facility Where Abatement Nassau Hall - Basement	is Taking	Place (3)					(K12) oter 8 (Other			
Street Address								i. e. Private &		rcial	
Nassau Street								igs, homes, etc # of Floors	Bldg.	Ago	
(C) (C)	Con	tr. 16			County Code	7)	Square Feet 50000	# 01 F100FS	200		
City (5) Princeton	Col	inty (6	,		(STATE USE ONLY)	Current Use (Pri- University	or if being den			
Name of Monitoring Firm Hired by Pennoni Associates Inc	Building	Owner	(8)		ASCM No.		of Abatement Cont ated Specialty Cont				
Street Address 515 Grove Street Suite 1B							Address Crue Avenue				
City, State, Zip Code Haddon Heights NJ						Glen M	State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Fir Alan Lloyd	m			Telephone 856-547-05			ione Number 54-9622		Liceno 1103	e Numl	oer
Scheduled Start Date (10) 06/07/12 Month/Day/Year		Sche		mpletion Date 06/23/12 1onth/Day/Ye		1	of OSHA Monitor ion Labs				
Occupancy Status During Abatement Facility Closed/Vacated Dur			e)		N		Address Progresive Drive				
X Abatement Performed Outs Hours - Describe: 7:00 Other - Describe:	ide of Nor	mal Fa				5000	State, Zip Code Iem PA 19020				
Scope of work (Check all that apply)					x	Full Containment	with Negative	Pressu	re	
Demolition			x	Renovatio	n		Mini - Enclosure				
>3 sf or >3 if							Glovebag Proced	ure			
x >160 sf or >260 lf							Non-Friable Proc				
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	N t t	Is ocation ormall Used Solely ov Main enance/ ustodia taff (12	v - 1	Asbeste Mate (ie. Th insulation or other	cription of os-Containing crial (ACM) termal systems to surfacing, VAT miscellaneous)		Amount (Specify SF or LF)	R	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement Outside mens-women's re		x	1.0.1	floor tile			400	x	1		
Basement Outside mens-women's ro	oom	x	1	mastic			400	x			
Basement mens-womens room		x	+	pipe fitting	gs		30 (ea.)	x		1	
	-	+-	-	9					1		1
Name of Registered Waste Hauler Horizon Disposal		_	100000000000000000000000000000000000000	EP Waste ler ID No.	Cubic Yards of Waste		Name of Register	ed Landfill			
City, State Trenton NJ			.55	,	Disposal Date As needed		City, State Morrisville PA				
Completed By (Print or Type) Mark Goshow			Title Proj	e ject Manager	•	Signat	ure Usho	u		Date	22-13

Date of Notification (1) May 17,2012					Building C				NE	(C	FI	W	= 		A STATE OF THE PERSON NAMED IN	
Agencies Notified	Type Notification			Street Ad	ldress					•••						
EPA DEP DOL	Initial Amended Amendment		_	City, Stat	te, Zip Coon n Twp.		ersey	0810		5 1 6 V	25	1.27		<u> </u>		15
DOHDCA	Emergency (justification) Cancellation	including	Ī	Name of Richard	Contact d Eckha	rt	•			Tele	phone Nu	umber		D .		
				FACIL	ITY INFO	RMATI	ON						-07-	_		
Name of Facility Where Residence	Abatement is Taking	g Place (3)						of Facility (4 School (K-12)		46)				27
Street Address 202 King Ave.								×	Subchapter 8 Other (i.e. pr etc.)	ivate 8	commer	12) cial bu	ildir	ngs,	nome	s,
City (5) Haddon Twp.						ja j	=	Squa 320	are Feet Osq	# of 3 F	Floors I./			lg. Aq yrs.	ge	
County (6) Camden				County C	ode (7) ISE ONLY)				ent Use (Prio sident	r if bei	ng demoli	shed)				
Name of Monitoring Fir Environmental Ma				ASCM	No.				atement Cont Tech Envir			rvices	s L	LC		
Street Address 204 E. Germantov	vn Pike						-	Addre								
City, State, Zip Code Norritown, P.A. 19	401						1		Zip Code e, N.J. 080	81						
Project Manager for Me Raymond J. Glord	onitoring Firm			Telephor	ne No. 29-5369	<u> </u>	Telep	hone N			License 01158	No.				
Start Date (10)	ano			mpletion [Name	of OS	HA Monitor Tech Envir	onmo		nvicos	. 1 1			
May 26, 2012 Occupancy Status Dur	ing Abatement (Cher	May 30		12		*		Addre		OHITIC		VICES	, L			
	cated During Entire			ment					Drive							
	med Outside of Norn								Zip Code le, N.J. 080	081						
Scope of Work (Check	All That Apply)	 					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ACCUPATION AND ADDRESS OF THE PARTY OF THE P	Renov Demol	7757 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C				× M	ull Containme ini-Enclosure lovebag Proc	edure						
		Т.			F			No	on-Exempted	(*) an	a Non-Fri	able P	200		ement	
Locati	on of	1	Loca Norma	ally		De	scriptio	n of				_		Ту	ре	
Asbestos-Containin TO BE A In Fa (1:	ng Material (ACM) BATED cility	Ma	aintena	Staff?		tos Con therma surfa	taining	Materia ns insu AT, or		(mount Specify or LF)	Zalioval	Domonio	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-			
Baser	ment		Х	-	50	LF of	Duct	nsula	ation			x	-			
			*													
Name of David	lasta Havile			NJDEP W	lasta	1 0	Yards		Name of I	Donial	arad Land	1611			L	
Name of Registered W American Disposa				Hauler ID SW2069	No.	of Wa			JP Mas	E 31 E 31 E 51			ssii	ng		
City, State P.O. Box 348, Lum	berton			***************************************			sal Dat		City, State 727n Re		ne Rd.	Birds	bo	ro		
Completed by Willis Graham		Title Own	er				Signatu	re /	18			Date	5/	17	/1	2

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

(2316)

Date of Notification (1)	123/12		Name	of Buildin	g Owner/Operator	CONTRICT	IN 6- MAI	45%	012	
Agencies Notified	Type Notification	1	Street	Address			Özer et			=
DD EPA	(X) Initial		-	155	R. T. 50		ASEECTO	a quing	ÜL &.	<u>.</u>
Ø DOF Ø DED Ø EDA	Amended		City, S	tate, Zip C	ode	7	-		No. of Concession,	
Ø por	Amendment :			6-1	LEENFIE	FLD, ND				
DOH	justification)		Name	of Contac			Telephone Numbe	1		
□ 0CA	Cancellation			BRI	VE BREV	INIG				
			FAC	ILITY INF	ORMATION					
Name of Facility Where	Abatement is Takir	y Place (3)				Type of Facility	(4)			
	DENCE			10		School (K-12)			
Street Address	WIRCHE	stea	lve.			Subchapter (i.e., pr homes, etc.)		building	s .	
City (5)						Square Feet	# of Floors	Bldg.	Age	
	NEPORT		T Coun	ty Code (7) (STATE	Current Use (Pr	ior if being demolish	ned)		\neg
	NTIL		USE	ÓNLY)		nent Contractor (9)	CANT			==
Name of Monitoring Firm		Owner	ASCM	No.		EMCO IA				
(δ)	//A		L		Charl Address		1			
Street Address					369	S,S PRUC	= 10t.			<u></u>
City: State: Zip Code					City, State, Zip C	ode PLE SHA-	DE, N.J.	2080	7.	
	Town Front	TT	elephone	No .	Telephone No.		License No.			
Project Manager for Mo	nitoring Fiffi	1.8	периоте			9-0472	004	74 ·		
	Cob	eduled Comp	detron Da	ie (11)	Name of OSHA	Monitor				
Stan Date (10)	2	6/11	112		3,	SEPN. KL	EMM		<u>`</u>	=
Occupancy Status Duri	ng Abatement (Ch	eck only one	e)		Street Address	S, Spi	10c= 200.			
Facility Closed/Vaca	ted During Entire P	al Facility Ho	ours		2 2 7 7	2-4-				
Other - Describe:					M:	APLE SI	LODE, Ni	7.0	00.	2.5
Scope of Work (Check	all that apply)				☐ Full Co	ontainment with No	gative Pressure			
☐>3 sl or ≥3 ll		Renov	ation		Mini-Er	nclosure				
≥160 sl or ≥260 H	£	Demol	iton		Glove	pag Procedure empted (*) and N	on-Friable Procedu	10		
		19 Loca	ation	Γ				Au:	ieme	u.
l.		Norm	ally	l	Description	-1		1	יאקעו	
Location	of	Used So Mainten		Asbo	stos Containing Ma	aterial (ACM)	Amount		1 3	F m
Asbestos-Containing TO BE ABA	Material (ACM)	Custo	dial ·	(i.e	., thermal systems	insulation,	(Specify SF or LF)	1 2	Repu	i wik
IN Facili	ry	Stat (12			surfacing, VAT other miscelland	eous)	0. 0. 2. /	Remova	1	Ernskasure:
(13)	• • • • • • • • • • • • • • • • • • • •		7	1		10				ā l
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Name of Registered W	aste Hauler	-1	NUDEP		Cubic Yards		gistered Landfill			15
KLOMO	~		Hauler I	0 No.	of Waste		C, U, A,			===
City State	SHODE,	N,J			Disposal Date	City, State	ACAUTVIL	L F 1	V	<u>5.</u>
Completed By		и́е	10		Signature	1/ 1	· Daya	123/	12	
JOSEPH		V	P	110000000000000000000000000000000000000	Joen	res Keli	m /	-5/	_	
2 2 2 1. 14	- 1 -						7.			

Date of Notification (1)					Namo	of Buildin	a Ow	ner/Operator	(2)						111
May / 22	2 / :	2012			R	oroug	y ow h n	of Savre	ville Che	ck# 46	675	201	2		3
Agencies Notified	Type Notific	ation		-		Address	11 0	or Odyrc	VIIIC OHC	CINT TO	<u> </u>			ì	-
■ EPA	Initial	ation				Main S	Stre	et		L. ASBESTO	5 CANT	001	7	-1	0.0
■ DEP	Amended	d		- 1		State, Zip C		2707.1			JEWSTWI		ů.		
DCA (NJAC 5:16)	Amendm		At					08872	lare because		LINE DE MESON	**************************************	terroria Amerika	WIND ALL DESIGNATION OF THE PERSON OF THE PE	
DCA DCA	☐ Emergen justificati		ing	- }		of Contac		00072		Tolophone N	lumb or	¢ [+	Magazine.	(P)	4.
(NJAC 5:23-8)	Cancella					Estock	200			Telephone N	number			Ž	, , , rev. 3 %
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					FA	CILITY IN	IFOR	RMATION			B 14				LUS
Name of Facility Where A		Taking Pla	ace (3	3)					Type of Facility	(4)				-V1	
Sayreville Senior	Center								School (K-1:						
Street Address									Subchapter Other (i.e., p			ildir	nae		
423 Main Street									homes, etc.		ercial be	illuli	iys,		
City (5)				n i					Square Feet	# of Floors		Bld	g. Ag	е	
Sayreville									25,000	3	.	75	5		
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being der	nolished)		-	
Middlesex									Senior Cer	nter					
Name of Monitoring Firm			er (8)	1	ASCM	No.	Na	me of Abatem	ent Contractor (9)	1					
Environmental Ta	actics, Inc	o					0000 NO		ronmental, i						
Street Address			25.77				-	eet Address							
64 Broad Street							1	S. Lippin	cott Ave.						
City, State, Zip Code							A U.S. C. C. C. C.	y, State, Zip C							11.V130
Matawan, NJ 07	747						55000000		le, NJ 0805	52					
Project Manager for Moni				Tolo	ohone	No		lephone No.	10, 140 0000	License No					
Thomas Geiger	itoring i iiiii		- 1)-2217		6-755-00	00	00842).				
Start Date (10)		Schedule						me of OSHA N		00042					2.0000
June / 04 /		June						MSL	MOTITO						
Occupancy Status During	Abatement (Check on	ly one	e)			Stre	eet Address							
☐ Facility Closed/Vacate							10	7 Haddor	Ave						
Abatement Performed	Outside of No	ormal Fac	cility F	Hours	s - Des	cribe	City	y, State, Zip Co	ode						
Time of Abatement: _	AM	PM/_		PM-		AM	11 92		New Jersey	08108					
Scope of Work (Check all	that apply)										-		-		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		_	Rend					☐ Mini-End	tainment with Neg dosure g Procedure mpted (*) and No						
		48 T	Is L	ocati	on							hat	eme	nt Tv	vne
Location	of			rmal				Description of	of .						
Asbestos-Containing I			Jsed Maint					Containing Ma	iterial (ACM)	Amount	Kelliova	0	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit			usto			(i.e., the	rmal	systems insula VAT, or	ation, surfacing,	(Specify SF or LF)			air	aps	losu
(13)	.9		((12)	-		otl	her miscellane	ous)	Or Or Ery	, 5	-		ulat	Гe
		Ye	es	No	N/A				3847					æ	1
Boiler Ro	om	xx	1 [P	Pipe Insulati	ion	150 LF	[×			
Boiler Ro	om	xx]			В	oiler Insulat	tion	200 SF	0	×3			
				1]			
	8										Г	7	пİ	П	П
Name of Registered Wast	te Hauler		-1-		JDEP V	Vaste	Cuh	oic Yards of	Name of Regis	stered Landfill			_1		
Freehold Carta				Ha	auler ID 253		Was		Grows La						
City, State							Disp	posal Date	City, State						
Mount Holly, NJ	08060							20 - CONT. CONT. (CONT.)	Tullytowr	ı. PA					
Completed By (Print or Ty		Title						Signature	1 2.1.7 (0 1/1)	.,	Date				
William Lynch		Own	or					/ / /	: Och			2	2 -	004	12
VVIIIIGITI LYTICIT		OVVIII	ات					relec	in oly	25/	May	4	4, 4	U I	1

Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Su	Date of Notification (1) 05/21/2012					Building (Gandara		erator (2)		16-15-	1 1	12	3		PITT CANDERSON
Name of Facility Where Abatement is Taking Place (3) Residential Suchaples (1) Suchapl	3-3-3			111			Street				NA 2 :	10	2	3		CERTIFICATION AND A STATE OF THE STATE OF TH
DOH	DEP X DOL	Amended Amendment	0.00					07002	2	I.		2012				The state of the state of
Name of Facility Where Abatement Is Taking Place (3) Residential Street Address 27 West First Street School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter		justification)		100			3				Telephone N	lumber	-		ansile.	-
Residential Street Address 27 West First Street Subchapter (Cherk man K-12) Subchapter (Ch	Name of Facility Mhass	Ab atom and in Tabia	- Diana (2)		FACII	LITY INFO	RMATION		Tunn of Food	EL. (4)			-	//=		
Size Address 27 West First Street Subchapter's 62 (Other than K-12)		Abatement is Takin	g Place (3)						_							
Square Feet A of Floors Blog Age Blog Age Blog None Bl		et -				3 135			Subcha Other (i	pter 8 (C			ildii	ngs,	home	s,
Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Sky Contracting, LLC Street Address Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Project Manager for Monitoring Firm Telephone No. (973) 928-5040 Cocupancy Status During Abstement (Check Only One) Folioty Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Encity Hours Other - Describe: entire floor vacant where cleanup is taking place Wayne, New Jersey 07470 Start Date (10) Occupancy Status During Abstement (Check Only One) Facility Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Encity Hours Other - Describe: entire floor vacant where cleanup is taking place Wayne, New Jersey 07470 Scope of Work (Check All That Apply) 2 ≥3 sf or ≥3 ff Project Manager for Monitoring Firm Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Normally 10 BE ABATED Outsided Staff? (12) Yes No N/A Basement X No Boiler Insulation debris (cleanup) Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Minerva Enterprises, LLC Disposal Date Waynesburg, Ohio Completed by Title					4	77	4		Square Feet						ge	
Street Address City, State, Zip Code City, State, Zip Code Wayne, New Jersey 07470 Project Manager for Monitoring Firm Telephone No. [G73] 928-5040 [O874] Name of Registered Waste Hauler Project Manager for Monitoring Firm Telephone No. [O73] 928-5040 [O874] Street Address Street Address Street Address Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Scope of Work (Check All That Apply) Abstender Performed Outside of Normal Facility Hours Other – Description of Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								_			being demol	ished)				
City, State, Zip Code City, State, Zip Code Wayne, New Jersey 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. (973) 928-5040 00874 Start Date (10) 06/01/2012 Scheduled Completion Date (11) 06/05/2012 Sky Contracting, LLC Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: entire floor vacant where cleanup is taking place Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement X Boiler Insulation debris (cleanup) Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Specify Surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler Name of Registered Waste Hauler Service Transport Group, Inc. Page of Waynes (Cleanup) Name of Registered Landfill Minerva Enterprises, LLC City, State Waynesburg, Ohio Date	-	n Hired by Building	Owner (8)		ASCM	1 No.					tor (9)			(1	1	
Project Manager for Monitoring Firm	Street Address	*								ad, Sui	te K	= 52				
Start Date (10)	City, State, Zip Code										7470					
O6/01/2012 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: entire floor vacant where cleanup is taking place Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) In Facility (13) Scope of Work (Check All That Apply)	Project Manager for Mo	nitoring Firm			Telepho	ne No.				35%						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: entire floor vacant where cleanup is taking place Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 180 sf or ≥ 260 lf Second If 7. St. 10 10 10 10 10 10 10 10 10 10 10 10 10	-			npletion l	Date (11)	1 '			75,000 51 3	- 16' =	-					
Abatement Performed Outside of Normal Facility Hours Other – Describe: entire floor vacant where cleanup is taking place Scope of Work (Check All That Apply)	Occupancy Status Durin	ng Abatement (Che	k Only One	e)								9485				
Cope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf ≥ 260							4				te K					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition State Power Procedure	X Other – Describe:	entire floor vacant w				ce		50.00	101		7470			-	-	
Demolition State Demolition Demoliti	-	All That Apply)							1							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement X Boiler Insulation debris (cleanup) Name of Registered Waste Hauler Service Transport Group, Inc. City, State New Castle, Delaware Stocation Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			SOUTH THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRES					×	Mini-Enclo Glovebag	sure Procedu	ıre					
Location of Asbestos-Containing Material (ACM) IO BE ABATED (Itality (13)) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Basement X Boiler Insulation debris (cleanup) Name of Registered Waste Hauler Service Transport Group, Inc. Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Boiler Insulation debris (cleanup) Name of Registered Landfill Minerva Enterprises, LLC Disposal Date TBD City, State New Castle, Delaware Title Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Registered (ACM) (Specify SF or LF) Registered Landfill Minerva Enterprises, LLC Disposal Date TBD City, State Waynesburg, Ohio			T le	Locat	ion			-	I NOTI-EXEL	ipied ()	and Non-Fi	Table F		Marine Service		
Maintenance/ Custodial Staff? (12) Yes No N/A Basement X Boiler Insulation debris (cleanup) Name of Registered Waste Hauler Service Transport Group, Inc. City, State New Castle, Delaware Maintenance/ Custodial Staff? (12) Yes No N/A Boiler Insulation debris (cleanup) Assessos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Page 17 Republic Specify SF or LF) NAME of Registered Landfill Minerva Enterprises, LLC Disposal Date TBD City, State Waynesburg, Ohio Completed by Title	Locatio	n of	l N	orma	lly		Desc	ription	of			-		Ту	pe	l
Basement X Boiler Insulation debris (cleanup) 3 SF Name of Registered Waste Hauler Service Transport Group, Inc. Name of Registered Landfill Hauler ID No. 20990 Disposal Date TBD Waynesburg, Ohio Completed by Title Signature Date			Mai	ntena	nce/)		پ ا	,		Enc	щ
Basement X Boiler Insulation debris (cleanup) 3 SF Name of Registered Waste Hauler Service Transport Group, Inc. Name of Registered Landfill Hauler ID No. 20990 Disposal Date TBD Waynesburg, Ohio Completed by Title Signature Date	In Fac	ility	Custo		Staff?	(surfacir	ng, VA	T, or			emo		₹epa	apsu	closu
Name of Registered Waste Hauler Service Transport Group, Inc. City, State New Castle, Delaware NJDEP Waste Hauler ID No. 20990 Name of Registered Landfill Minerva Enterprises, LLC City, State Waynesburg, Ohio Completed by Title NJDEP Waste Hauler ID No. 20990 Cubic Yards of Waste 1 Minerva Enterprises, LLC City, State Waynesburg, Ohio Date	(13,).	Yes	No	N/A		outet iiii	Scellari	eous)	7		/2	-	=	ilate	лге
Name of Registered Waste Hauler Service Transport Group, Inc. City, State New Castle, Delaware NJDEP Waste Hauler ID No. 20990 Disposal Date TBD Waynesburg, Ohio Completed by Title Name of Registered Landfill Minerva Enterprises, LLC City, State Waynesburg, Ohio Date	Basen	nent	x			Boiler I	nsulatio	n deb	ris (cleanu	p)	3 SF					
Name of Registered Waste Hauler Service Transport Group, Inc. City, State New Castle, Delaware NJDEP Waste Hauler ID No. 20990 Disposal Date TBD Waynesburg, Ohio Completed by Title Name of Registered Landfill Minerva Enterprises, LLC City, State Waynesburg, Ohio Date																
Service Transport Group, Inc. Hauler ID No. 20990 of Waste 1 Minerva Enterprises, LLC City, State New Castle, Delaware Disposal Date TBD Waynesburg, Ohio Completed by Title Date				13"												
Service Transport Group, Inc. Hauler ID No. 20990 of Waste 1 Minerva Enterprises, LLC City, State New Castle, Delaware Disposal Date TBD Waynesburg, Ohio Completed by Title Date						<u> </u>						1511				
New Castle, Delaware TBD Waynesburg, Ohio Completed by Title Date	The same of the sa			H	Hauler ID		100000000000000000000000000000000000000									
		are						al Date			ırg, Ohio					
	Completed by Predrag Sarcev		Service Contracts	Pres	ident		Sig	nature			m		/2	012		

	N		ATION		STOS ABA 60 and 12		NT -)EGF		// [
Date of Notification (1) 05/21/2012				Building O	wner/Oper	ator (2)	1 1 2 2			3.10		
Agencies Notified Type Notification EPA Initial	- 11	1 2	Street Ad 27 Wes	dress st First S	treet							
DEP Amended Amendment #				e, Zip Cod ne, New	e Jersey 0	7002		ASBLAND LIC	. CUNTRO ENSINO)L &	-	
X DOH justification) DCA Cancellation	ncluding	1 3	Name of Diane (Contact Gandara				Telephone N	umber			
	TO COLUMN	11.77	FACIL	ITY INFO	RMATION						-	
Name of Facility Where Abatement is Taking Residential	Place (3))			1				12)			
Street Address 27 West First Street			1			×	Other (i.e. pr etc.)	ivate & commer	rcial build	- B 8		s,
City (5) Bayonne	S						quare Feet ,000	# of Floors	80 80	dg. A	je	
County (6) Hudson	1.1		County C	Code (7) ISE ONLY)			urrent Use (Prio Residential	r if being demol	ished)			
Name of Monitoring Firm Hired by Building C TBD	wner (8)		ASCM	No.			Abatement Contracting, LL) 1	
Street Address					1000	treet Ad	ldress /alley Road, \$	Suite K				
City, State, Zip Code							te, Zip Code e, New Jersey	07470				
Project Manager for Monitoring Firm			Telephor	ne No.	1000	elephor 973) 9	ne No. 928-5040	License 00874				
Start Date (10) 06/01/2012	Schedule		pletion I	Date (11)			OSHA Monitor ontracting, LL	С				4
Occupancy Status During Abatement (Check	c Only Or	ne)			(A) (C)	treet Ac	ddress /alley Road, \$	Suite K				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: entire floor vacant wi	al Facility	Hours		ce	С	ity, Sta	te, Zip Code e, New Jerse	-				
Scope of Work (Check All That Apply)									-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Beer Cooks	Renova Demolit				×	Mini-Enclosure Glovebag Prod				e	*
	100	Locati Normal	9555								ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?			stems i	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	D 11 1	1.4:	1 - la -1	:- /-l\	2 6 5	-	-	-	-
Basement	X			Boiler I	nsulation	n debr	is (cleanup)	3 SF				
	-	8	-						+			
Name of Registered Waste Hauler			NDED A		Cubic Ya		Name of	Registered Lan	dfill	-		
Service Transport Group, Inc.		100	Hauler ID 0990	No.	of Waste			a Enterprises	s, LLC			_
City, State New Castle, Delaware					TBD TBD			e sburg, Ohio				
Completed by Predrag Sarcev	Title Vice	Pres	ident	2000	Sign	nature			Date 05/21/	2012	}	

State of New Jersey

			NO			OF ASBESTOS AB NJAC 8:60-7 and 12:			E 12 T	Ć h	N/7 neck	#6	753
Date of Notification (1)	/23/12	1		f Building antang		ner/Operator (2)			A GARAGE GLAS	/w			7
Agencies Notified [] EPA	Type of Notif	ication	Street A						MAY	2 =	761	7	
[] DEP [X] DOL [X] DOH	Notifica	ed		ate, Zip C Brook,		07058		-	ASBESTOS LIČE	CONT	RÖL	£	
[] DCA	[] Cancella			f Contac Brian S		ev		Telephone Numb	per				
				100000000		LITY INFORMATION			*****	4 E	_		
Name of Facility When Residence Street Address	e Abatement is	Taking P	lace (3)				[] Subch [X] Other	(4) I (K-12) apter 8 (Other th (i.e. private and s, etc.)	an K-12) commercia	l buildi	ings	,	(1
2 Mary Ave.							Square Feet	# of Floors	Blo	dg. Age	е		-
City (5) Pine Brook		Count				County Code (7) (STATE USE ONLY)	2000 Current Use (Presidence	2 rior if being dem	olished)				
Name of Monitoring Fi		uilding Ow	ner A	ASCM No).		ent Contractor (9) Iupiter Enviro		rvices, Ir	ıc.			
Street Address City, State, Zip Code	Andrews of Assert of the Control of					Street Address Gity, State, Zip C	B Lynn Court			NAME 1845 2044			
		- 1-					Lincoln Park,	NJ 07035	License N	lumbo			_
Project Manager for M				Number			973-709-020	0	License		085	52	
Scheduled Start Date 6/2		ched. Con 6/11/12		Date (11)	Name of OSHA	^{Monitor} J & S Enviror	nmental Lab	oratories	s, LLO	С		
	ring Abatement d/Vacated Dur erformed Outsid	ing Entire	Period o	of Abaten			2333 Route 2	22 West					
Desc						City, State, Zip C	Union, NJ 07	083					
Scope of Work (Check	(all that apply)		3/1				[] Ful	Il Containment w	ith Negative	Press	ure	980	
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	260 If			[]	Ren	ovation	[X] Mi	ini – Enclosure ovebag Procedu on – Friable Proc	re				
			Is Local			Desc	ription of				oater rpe	men	t
Locatio Asbestos – C Material (<u>TO BE AB</u> In Faci (13)	containing ACM) BATED ility	Ma	Solely intenan- dial Sta	by ce/Cus		Materi (i.e., then insulation, s	- Containing ial (ACM) mal systems surfacing, VAT, iscellaneous)		Amount (Specify SF or LF)	R E M O V A	R	N C A P S	ENCLOS
Basement				X	VA	T			550 SF	L X	H	U	U
Dasement				*	•	``							- 22
Name of Registered W Jupiter Env. Svo		1000	NJDEP Hauler II 04783	D No.		Cubic Yards Of Waste	Minerva L	istered Landfill andfill					
City, State Lincoln Park, NJ	J					Disposal Date 6/15/12	City, State Waynesbu	urg, OH	7012				
Completed By (Print o Pane Repic		Title		Mana	ger	Signature		2->	Date 5/23/	12			
ASB-41 JUN 95										-			

State of New Jersey

			NC	productive and the first of the		OF ASBE NJAC 8:60		BATEMENT ::120-7)	THE	(C)	FIN	7 F			
Date of Notification (1)		- N	ame o	of Buildin	a Owne	er/Operator	r (2)		 		C	heck	# 6	154	3 J
	5/23/12		MD		3		>						7		1 4
Agencies Notified	Type of Notification	on St	reet A	Address	- 50				7.711	Stat.	2.5 70	0	-1	1	5
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	[] Emergency			ate, Zip (1	ASBEST	US CONTROL	8			Ī
[X] DOL	[] Amended	N	ewa	ırk, NJ	0710	01			are accepted and the second	L.i	CENSING				
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[] DCA	[] Cancellation	-	200	ereno					relephone	Numbe					
					FACIL	ITY INFOR	MATION		T		-			-	_
Name of Facility Where	Abatement is Tak	ing Plac	ce (3)	Section and the second				Type of Fa	acility (4)				-		-
UMDNJ - Medica			, ,					11 5	chool (K-12)	har tha	- V 10\				
Street Address	ar ocionos bio	.9.					*	- H 8	ubchapter 8 (Otle ther (i.e. private	and co	ommercial b	uildin	gs,		
Bergen St/ South	Orange Ave.							ŀ	nomes, etc.)		AND THE REPORT OF THE PROPERTY				
City (5)	1,	Country	(C)		1.6	ounty Code	0 (7)	Square Fe 20000	et # of F	loors	Bldg ~ 70	. Age	9		
Newark		County (Essex				STATE USE			se (Prior if being	demol	torac and the same of the same				
	20,000				,,		eminister somes tox	Power plan	nt	domoi	ionou)				
Name of Monitoring Fir		g Owne		ASCM N	0.	Name		nent Contract							
Whitman Comp	banies		- 1	00110				Jupiter En	vironmental	Serv	rices, inc). 			
Street Address						Street	Address								
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City, State, Zip Code	N I 00016					City, S	State, Zip C		ork NI 070	25					
East Brunswick,		T - 1						and the second s	ark, NJ 070	-					_
Project Manager for Mo Kevin Lovely	onitoring Firm			Number 0-5858		relepi	hone Num	973-709-0	0200		License Nu		085	2	
Scheduled Start Date (10) School	The state of the s		Date (11		Namo	of OSHA		0200			U	Jou)	
6/1/12	10) Scried	6/9		Date (11	'	Name			/ironmental	Labo	ratories.	LLC)		
Occupancy Status Duri	ng Abatement (Ch	eck only	one)	(Street	Address								_
[] Facility Closed	Nacated During E	ntire Pe	riod o	of Abater	nent		2	2333 Rou	te 22 West						
[] Abatement Per Descri	formed Outside of	Normal	Facil	ity Hours	-	City, S	State, Zip C	Code							
	ibe: <u>partially vacat</u>	ed						Union, N.	J 07083						
Scope of Work (Check			-					A 1997						-	_
Demolities					_			[]	Full Containme		n Negative F	ress	ure		
[] Demolition [x] ≥3 sf or ≥3 lf				[]	Renov	vation		[x]	Mini – Enclosu Glovebag Prod	2000					
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Location			olely					- Containing			Amount	R	R	Е	E
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In Facili			Ĭ					niscellaneous				V	i	P	0
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First floor corridor			х		VAT					141	0 SF	X		U	U
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additor Flightonini	Ciliai Selvices) ()4782			10)	willerv	a Lanuilli						
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Lincoln Park, NJ						6/15/12		Wayne	sburg, OH						
Completed By (Print or	Type)	Title				Sign	nature /	,			Date				-
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ASR-411							P			241	1		-		

Date of Notification (1 5/23/12)	9141		Name of Mark L	Building igikis	Owner/Op	perator	(2)	AR DES			1		
Agencies Notified EPA DEP	Type Notification Initial Amended		-	City, Sta	exel Ave	ode				X	6	1		
☑ DOL ☑	Amendment # Emergency (ir justification)				ottom N	J 0800	8	- GENERAL SALES ALLES	Te	lephone Nu		-		
DCA	Cancellation		100	Mark		DELATIC	NA .			iophicine in	7			at i
Name of Facility When Mark Ligikis Street Address 2801 Long Beach	re Abatement is Taking	Place (3)	dana .	PACII	LITY INFO	JRIVIATIO)N		K-12) iter 8 (Oth	ner than K-1 & commerci		dinas	home	PS
City (5) Spray Beach NJ (etc.) Square Feet 1000+		of Floors	В	Bldg. <i>A</i>		
County (6) Ocean			(County C	Code (7) ISE ONLY)		_	Current Use (Store	Prior if be	ing demolis	hed)			
Name of Monitoring Fi N/A	irm Hired by Building O	wner (8)		ASCM	No.			of Abatement (Contracto	r (9)				
Street Address				1				Address 3ox 329						
City, State, Zip Code				00			City, S	tate, Zip Code t Berlin NJ 0	8091					-
Project Manager for M	onitoring Firm		T	Telephor	ne No.	,	Teleph	none No. 753-9800		License 1	No.			
Start Date (10) 6/5/12		Scheduled	Com	pletion [Date (11)			of OSHA Moni	tor	1				
Facility Closed/V Abatement Perfo Other – Describe	20.	eriod of Ab	atem	ent			PO E	Address Box 329 State, Zip Code t Berlin NJ 0	8091					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l			novat moliti				×	Full Contain Mini-Enclose Glovebag F Non-Exemp	sure Procedure				e	
1			ocation									Abat	ement	t
Asbestos-Containi TO BE A	ing Material (ACM) ABATED acility	Used Main Custo	Sole! tenar	y by nce/	Asbes (i.e.	tos Conta	system ing, VA	Material (ACM) s insulation, AT, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
ro	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					FI	at roo	ıf	1:	200 SF	x			
			7											
Name of Registered V	Vaste Hauler		I N	JDEP W	/aste	Cubic	Yards	Name	of Regist	ered Landfi				
Potts Excavating			Н	auler ID 3744		of Was		0.000	iel Hill L					
City, State Westcreek NJ						Dispos	/			on OH 4	3764			
Completed by Anthony T Perna		Title Presid	ent				gnature			CM USLEY	ate 5/23/1:	2		

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Date of Notification (1) 5/23/12				lame of E Rick Gib		wner/Opera	ator (2	2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 9 F	-)/N	2	1		
Agencies Notified	Type Notification			treet Add												
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DOH DCA	Emergency (justification) Cancellation	including	1.753	lame of 0	Contact					Tele	phone Ni	ımher	*		2	
	1=			FACIL	ITY INFO	RMATION										
Name of Facility Where Rick Giberson	e Abatement is Taking	g Place (3)							of Facility (4 School (K-12							
Street Address 12 Creek Rd		7 /	= 1000 50	17				×	Subchapter of the contract of				ding	s, h	ome	5,
City (5) Delran NJ 08075							- 1		e Feet	# of 2	Floors	10.00	ldg. 5+	Ag	е	
County (6)		70		County C			+	Curre	nt Use (Pric	or if beir	ng demolis	shed)				
Burlington			(SE ONLY)		-		dence							
Name of Monitoring Fir N/A	rm Hired by Building (Owner (8)		ASCM	No.	1000		of Abat aco Ir	tement Con	tractor	(9)					
Street Address				-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Address ox 32		i.						
City, State, Zip Code						1100000			ip Code n NJ 080	91						
Project Manager for M	lonitoring Firm	 - 2 7 - - - - - -		Telephon	e No.	200		one No			License 00727	No.				
Start Date (10) 6/5/12		Scheduled 6/11/12	d Com	pletion D)ate (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		of OSH	HA Monitor							
Occupancy Status Dur	ring Abatement (Chec	k Only One	!)			1000		Addres								
Facility Closed/Va Abatement Performance Other – Describe	acated During Entire rmed Outside of Norr	Period of Alnal Facility	batem Hours	ent		Ci	ity, S	tate, Z	ip Code in NJ 080	01					_	
Scope of Work (Check							11051	Den	11110000	101			_	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 li		Protection of the last of the	enova emoliti				×	Mir	II Containmoni-Enclosure ovebag Production	e cedure				dure	í.	
		Is	Locati	on									Ab	ate	ment	
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Name of Registered V Unided Containers			۲	IJDEP W lauler ID 2459		Cubic Ya of Waste 20			G.R.O.		ered Land	ifill				
City, State Elm NJ						Disposal 6/11/12			City, Sta Morris		A 19067	7				
Completed by Anthony T Perna		Title Presi	dent			Sign	natur	e		1100000		Date 5/23/	12			

Conceptoject 1060-12 Client Project # Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ May 3, 2012 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X EPA □Amended Notification XDCA City, State, Zip Code ■ Emergency (including PISCATAWAY, NJ 08854 X DOL iustification) Telephone Number DEP- No Longer REQUIRED Name of Contact □ Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) NICHOLAS HALL, BLDG# 8330 Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) **DOUGLASS CAMPUS** # of Floors: 3 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEW BRUNSWICK** MIDDLESEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 06/21/12 05/17/12 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe MOther - Describe: 3PM - 5AM FAIRLAWN, NJ Scope of Work (Check all that apply) X Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ IX Glovebag Procedure / Wrap & Cut ☐ Demolition X ≥ 160 sf or ≥ 260 ■ Non-Exempted (*) and Non-Friable Procedure Amount Abatement Type Is Location Normally Used Description of Asbestos Containing Material Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) NO NA YES 200 LF TSI - PIPE INSULATION RESTROOMS X Name of Registered Landfill 25 CY NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 06/21/2012 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Signature Completed by (Print or Type) May 3, 2012 RAYMOND C. PEDALINO SENIOR PROJECT MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

GAC Project # 060-12 Client Project # Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ May 10, 2012 Notification Type Agencies Notified Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. □Initial Notification X EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS MAmended Notification - #1 -X DCA City, State, Zip Code new start & completion dates PISCATAWAY, NJ 08854 X DOL ■ Emergency (including) Telephone Number ☑ DEP- No Longer REQUIRED Name of Contact justification) MICHAEL SMITH, ENV. X DOH □Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) NICHOLAS HALL, BLDG# 8330 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **DOUGLASS CAMPUS** # of Floors: 3 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) (State Use Only) Current Use (prior if being demolished): ACADEMIC **MIDDLESEX NEW BRUNSWICK** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code NJ 08016 BUTLER, NJ 07405 BURLINGTON, License Number Project Manager for Monitoring Firm Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/21/12 05/29/12 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XX Other - Describe: 3PM (Mon 5/21) - 5AM (Tues 5/29) 24 Hrs. As Necessary FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ■ Mini-Enclosure ☑ Renovation $\square \ge 3$ sf or ≥ 3 If ☑ Glovebag Procedure / Wrap & Cut \boxtimes \geq 160 sf or \geq 260 □ Demolition ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA RESTROOMS X TSI - PIPE INSULATION 200 LF X Name of Registered Landfill NJDEP Waster Hauler ID # Name of Reg. Waste Hauler 25 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 05/29/2012 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Signature Completed by (Print or Type) SENIOR PROJECT May 10, 2012 RAYMOND C. PEDALINO MANAGER

Check # 96 33

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

GAC Project # 060-12

Client Project #							1111	H.	1: - 1	115	-
Date of Notification (1)					Name of Building Owne	r/Operator	(2)	1 -		7	20 - 1 L
May 22, 2	2012				RUTGERS, THE S	STATE U	NIVER:	SITY C	F NJ		7.77
Agencies Notified EPA		Notificatio □Initial ☑Amen	Notifica	ation tification #2	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	L HEALT	H & SA	FETY	DEPT	ī. ·	11
図 DOL		additiona	al mater	ial, change of v completion	City, State, Zip Code PISCATAWAY, NJ	į		rå.	-uliti.i		
☑ DEP- No Longer REQUIRE ☑ DOH	D	date □ Emer	gency ication)	(including	Name of Contact MICHAEL SMITH, HEALTH & SAFET	ENV.	Tele	inhone !			-
				FACILITY IN	FORMATION					110-1-	
Name of Facility Where Abateme	nt is Takir	ng Place (3)		Type of Facility (4)						
NICHOLAS HALL, BLD	G# 833	0			☐ School (K-12)						
Street Address DOUGLASS CAMPUS					Subchapter 8 (other the Subchapter 8 to Subcha	ommercial b	ouildings, h	nomes, e	tc.)		
City (5) NEW BRUNSWICK	ounty (6)	ESEX		ty Code (7) Use Only)	Current Use (prior if being	# of Floor		ACCORDED TO STATE OF THE		years	
Name of Monitoring Firm Ured by	Dida Ou	······································	ASCN	4 N.	111 (0.1 (0.1)						
ATC ASSOCIATES	blug, Ov	wher (o)	009	CONTRACTOR	Name of Contractor (9) GREENWOOD ABA	TEMENT	CONS	ΙΙΙ ΤΔΝ	וו פדו	NC.	
Street Address					Street Address		00.10	OL IAI	,		
3 TERRI LANE	Address RRI LANE tate, Zip Code LINGTON, NJ 08016 Manager for Monitoring Firm N KEARNY Telephol				268 MAIN STREET						
					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fi BRIAN KEARNY	m	Telephone 609-386			Telephone Number			nse Num	ber		
Scheduled Start Date (10)		Schodulad	Campleti	on Date (11)	973-492-0477		008	40			
05/21/12		06/04/12		on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	C					
Occupancy Status During Abate Facility Closed/Vacated During	ment (Cl	heck only of	one) Abateme	ent	Street Address						
□ Abatement Performed Outsid Describe □ Other – Describe:	e of Norr	mal Facility	Hours -		20-21 WARGARAW City, State, Zip Code	ROAD				***************************************	-
Schedule: 3PM - 5AM (24 H	OURS /	AS NEED	ED)		FAIRLAWN, NJ						
Scope of Work (Check all that app	ly)										-
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				⊠Renovation		Full Cont Mini-Enclo		with Neg	ative P	ressure	
$ \Sigma \ge 160 \text{ sf or } \ge 260$)			Demolition		Glovebag	Procedu	re / Wra	p & Cu	t	
1	T					Non-Exen	npted (*) a	and Non	-Friable	Proced	dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Norma by Maint./C (12) NO			pestos Containing Material lal systems insulation, surfac cell.)	cing, (Sp or I	ount ecify SF _F)		ment Ty re Repa	-	Enclose
RESTROOMS		X	T	TSI - PIPE IN	MOITA III2	20	0 LF	X			
RESTROOMS		X					A 100 CO A 100 CO		-	-	+
ACCORDING TO A TOTAL TOTAL TO A TOTAL TOTAL TOTAL TO A TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO		LØ1		FLOURING/	/APOR BARRIER	42	00 SF	X			
Name of Reg. Woods Haviles	L	VIDED III	1	15.4							
Name of Reg. Waste Hauler See Hauler Below #1 & 2	5	NJDEP Was See Belov	v		Cubic Yards of Waste:	25 CY		e of Reg .O.W.S			lfill
Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509			- Butler,	NJ 07405		Disposal 06/04/2			Rd. Md 19067	tate w Ford orrisville 6-1700	
Completed by (Print or Type) RAYMOND C. PEDALING	1	e ENIOR P ANAGER		CT .	Signature	r.h	Date	May 2	2, 201	2	
	1 1017	OLI	•		7	-/-					

MO# 1980/84584			ruis	uant	to NJA	C 8:60 and 12	:120)			N E	11	
Date of Notification (1)			Nam	e of Build	ling Owner/Operat	or (2)	LIANTA E PANO		14	1	8
05/23/2012				Luzv	imino F	uazo	1 1,1			14.		1
Agency Notified	Type Notification	1		Stree	et Addres	S				-	-	1
□ EPA	Initial				rinceton			ASPENIOS CONTROL 8				15
DEP SOL	☐ Amended				State, Zi		and an artist de-	LKEROWG	-			
& DOL	Amendment #	luding				NJ 07040		100 TO 10	D.Beller			
⊠ DOH	justification)			100000000000000000000000000000000000000	e of Cont			Telephone Number	-		***	
□ DCA	☐ Cancellation			Luzv	imino P	uazo						
	and the second of	To the same		FA	CILITY IN	IFORMATION			management to			-
Name of Facility When	e Abatement is Taking	Place (3)		-		Type of Faci	ility (4)				
Private home							☐ School (K	-1 2)				
Street Address							☐ Subchapt	er 8 (Other than K-1 2)				
42 Princeton Street							M Other (i.e homes, e	. private & commercial build	dings	3,		
City (5)							Square Feet		dg. A	ne.		
Maplewood, NJ 07	040			Cour	tu Codo /	7) (STATE USE				90		
Essex				ONLY		7) (STATE USE	Current Use	(Prior if being demolished)				
Name of Monitoring Fir	m Hired by Building O	wner(8)	ASCI	M No.		Name of Abate	ment Contracto	r (9)				
Street Address					T.	Gr Tech LLC						
Street Address						Street Address						
City, State, Zip Code						576 Valley R						
City, State, Zip Code						City, State. Zip	Code			-		
Project Manager for Me						Wayne, NJ 07	7470					
r roject Manager for Wi	onitoring Firm	T	elepho	ne No.		Telephone No.		License No.				
Start Date (10)	Scheduled	Comple	D			973-638-1777		01127				
06/02/2012	06/03/201		tion Da	ate (11))	Name of OSHA						
Occupancy Status Duri						Envirovision	Consultants, I	nc		-		
		e -america				1	D I DII	" 2 4 4				
★ Facility Closed/Vaca Abatement Performs Output Description Abatement Performs Output Description ited During Entire Perio	od of Aba	temen	t		20-21 Wagara City, State, Zip		g .# 34A					
Other - Describe:	o a total of Holling (acinty 110	uis			A		6				
Scope of Work (Check	all that apply)		-			Fair Lawn, NJ	0/410	- 1				
⊠ >3 sf or >3 lf □ ≥160 sf or >260 lf					novation molition	Mini-	-Enclosure ebag Procedure	th Negative Pressure a nd Non-Friable Procedure				
		ls	Locat	ion	T		Exempleo () a	I Non-Friable Procedure	17	Abat	eme	ent
Longi	ion of		Vorma								уре	
Asbestos-Containi		38050	d Sole intena		Ashe	Description stos Containing Ma	of					
	ABATED		Custod		(i.e	., thermal systems	insulation.	Amount (Specify	R	70	Encapsulate	5
IN Fa			Staff?			surfacing, VAT other miscellane		SF or LF)	Removal	Repair	aps	Enciosure
			(12)			other miscenarie	eous)		laval	air	Jiate	ure
		Yes	No	N/A						1	(b)	
asement			la seguina	X	Pipe in	sulation		75 LF	X	+	<u> </u>	-
			1						1	ļ-	-	-
									-	<u> </u>	1	-
	-								-	+-	-	
lame of Registered Wa	ste Hauler	NJI		Vaste H	lauler	Cubic Yards of Waste	Name of Reg	stered Landfill		!		i
r Tech LLC		1	3785			2 81	TDDEI					
ity, State		003	2107		10	Disposal Date	T.R.R.F. Inc					
ayne, NJ 07470						100000000000000000000000000000000000000	Tullytown, I	ΡΔ.				
ompleted by	Title					Signature /	l - and cowni, i	Date				
.Jevtic	Owner					Hende	a Men		201	2		
SB-41		of tien thi	e form	100000		//		05/23/	ZUI.	4		

2420

Date of Notification (1)	`		Name	of Building Owner	Operato	r (2)	, ACT	orth A	C VAA	KOOL	6
2/0/2/11/0	Ŋ		8	Xelis -	Inc.	. (-)	A	SEST (2 LIG	s vor ENSIA		. ¢
Agencies Notified Type Notification	n		Street	Address	-0		and the second of the second				
□ EPA □ Initial			/	1 NIVE	(4	540		-			No.
☐ DEP ☐ Amended Amendmer	nt #		City, St	ate Zip Code	γ	5	Sel (-	17	W	
☐ Emergency	(includin	g	<u>U1</u>	7-1-501.	لعا	لانعد لف	A		01	T	
DOH justification			Pame o	of Contact	: 4	-1.	Telephone N	lumbe		e Va	ve la
D Box B Cancellatio	"		EAC	MATY INFORMAT	100	ente					
Name of Facility Where Abatement is Taki	ng Place	(3)	FAU	INT INTORVAL	ION	Type of Facility	(4)				
Txelis Inc.	18			1 25		☐ School (K-	**************************************			. 4	
Street Address	- 1	-				☐ Subchapte	8 (Other than K	-12)			
my Kiven Ko	ACI					Other (i.e. etc.)	orivate & comme	rcial bu	ildings	s, hom	ies,
City (5)	_		- 0	500	1.	Square Feet	# of Floors	7.7	Bldg.	Age	
O'Hen aleu	フグ	5	5K	0,01	٢	2000	1 2		3	2	,
County (6)			County	Code (7)		Current Use (Pri	or if being demol	ished)			-
LASSINC				USE ONLY)	-	**)		9		55
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	/I No.		of Abatement Cor					
Burea Veritas		- :-				liated Envir	onmental Ser	VW	Inc.		
Street Address	1	7.	.)	Dont	Street 450	Address South River	Street				
City, State, Zip Code	H	400	1.40	WINCHT.		tate, Zip Code		th.			
al	883	7	*			ensack, New i	Tarreau 07601		**************************************		
Project Manager for Monitoring Firm	-	, ,	Telepho	ne No.		ione No.	License	-			
Dr. occ Cracitie		-	201	25.6040		31-0313	00500			•8 , 1	4
Start Date (40)	Schedu	ed Cor	ppletion	Date (11)	Name	of OSHA Monitor					
6412	6	10	112		Orrec	a Environmen	tal Inc.	. 4			
Occupancy Status During Abatement (Chec	k Only O	ne)				Address					
☐ Facility Closed/Vacated During Entire	Period of	Abaten	nent			Huyler Stree	t		186		
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hours	3	*	- Consequences	tate, Zip Code	1				
					Sout	h Hackensack	, NU 07601				
Scope of Work (Check All That Apply)	,	٠.					1.				
☑ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renova Demolit			. 🗆	Full Containme Mini-Enclosure	ent with Negative	Pressi	ıre	Sec.	
				-		Glovebag Proc	edure	Z			. 11
 	Т				- 72	- Non-Exempted	(*) and Non-Fria	ble Pro			
		Locati Normal								emeni ype	t
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos Cont	scription aining M		Amount		T	T	Γ.
TO BE ABATED		intenai todial S		(i.e. thermal	systems	Insulation,	(Specify	Re	æ	Encapsulate	E
In Facility (13)		(12)			cing, VA		SF or LF)	Remova	Repair	usde	Enclosure
	Yes	No	N/A					2	15	late	ire
ISLED X. I V. O	+ 103	140	1000	N-1-				+,	-	-	-
15 Fl. Addle Cott			V	Vat			16 Sq	V			_
• .		-	`>								
					Š.		101				
									1.		
Name of Registered Waste Hauler			JDEP W			Name of F	Registered Landfi	11 ,	1		1
Sidel et Tro	Rhi	ESIH	auler ID		ile .	min	erva ?	7	et.	N'S	2~2
City, State			OSO	Dispos	al Date	City, State		31		1810	95.
Jackethtain 03	C	2008	40	2.000			order	, 7	LK	0	
Completed by	Title			KS	ignature	7, 7	Id	ate /		1	
Dallare Bel 100	Off	iœ A	minist	/ / /	Ide	The LI	i con	56	23/	19	_

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

GAC Project # 060-11

Client Project #				<u> </u>		A TOTAL COLUMN	Oka III-a eka karanca	The state of the s
Date of Notification (1) May 10, 20	May 10, 2012					Operator (2) FATE UNIV	ERSITY	OF NJ
Agencies Notified EPA DCA	No IX	tification Initial N Amende	otificat d Notif	ication	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH 8	SAFETY	DEPT.
X DOL		Emerge		ncluding	City, State, Zip Code PISCATAWAY, NJ	08854	The sections	
☑ DEP- No Longer REQUIRED ☑ DOH		Cancell	ed		Name of Contact MICHAEL SMITH, E HEALTH & SAFET		Telephone	Number
				FACILITY INF		<u> </u>		*
Name of Facility Where Abatement OLSON HALL, BLDG# 72		Place (3)			Type of Facility (4) School (K-12)		the second of the	and the same same
Street Address NEWARK CAMPUS		1	*		Subchapter 8 (other the Street: N/A #	mmercial build		etc.) e: 60+ years
City (5) Cou	nty (6)		County	Code (7)	Sq. reet. N/A	01110013.	Diag. Ag	c. ou years
NEWARK	ESSE	X		Jse Only)	Current Use (prior if being	g demolished)	: ACADEN	IIC .
Name of Monitoring Firm Hired by E ATC ASSOCIATES	Bldg. Owne	er (8)	ASCM 0098	(1997-10)	Name of Contractor (9) GREENWOOD ABA	TEMENT C	ONSULTA	NTS, INC.
Street Address 3 TERRI LANE					Street Address 268 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 080	16			***************************************	City State, ZipCode BUTLER, NJ 07405	**************************************		
Project Manager for Monitoring Firm BRIAN KEARNY	n Tel	lephone N 09-386-			<u>Telephone Number</u> <u>License Number</u> 973-492-0477 00840			
Scheduled Start Date (10) 05/23/12		heduled C 5/24/12	ompletio	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC	3	00040	
Occupancy Status During Abater	nent (Che	ck only or	ne)		Street Address			
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside				t -	20-21 WARGARAW	ROAD		
Describe Other – Describe: 5PM - 5AM	VI .				City, State, Zip Code FAIRLAWN, NJ			
Scope of Work (Check all that apply	λ)						***************************************	
				■ Renovation □ Demolition		Mini-Enclosu Glovebag F	re Procedure	egative Pressure
Location of Asbestos-Containing Material (ACM) in Facility (13)		on Normal Maint./Cu 2) NO			bestos Containing Material nal systems insulation, surfac	Amour	nt Aba	tement Type nove Repair Encap Enclose
Room 101		X		TSI - Pipe In	sulation	<9 LI		
Name of Reg. Waste Hauler See Hauler Below #1 & 2	-	DEP Was be Below		ID#	Cubic Yards of Waste:	5 CY		egistered Landfill .S. North Landfill
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509			Butler,	NJ 07405		Disposal Da 05/24/20		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALING		NIOR P		CT .	Signature,		Date May 10,	2012

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

GAC Project # 060-11

Completed by (Print or Type) RAYMOND C. PEDA	LINO	Title SENIOR P MANAGEF		эт Е	Signature	18	Z Da	ate lay 23, 2	2012			
Hauler #1) Greenwood Abat NJDEP # 12561 Hauler #2) Newark Carting, NJ DEP # 4509	Inc., News	L sultants, Inc. – ark, NJ 04509		NJ 07405			sal Date 5/2012		Rd. M 19067	tate ew Ford orrisville 6-1700		
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was		 	D# Cubic Yards of Waste: 5 CY Name of Registered L. G.R.O.W.S. North					Registered Landfill W.S. North Landfill		
		123		101-1 ipe iii								
Room 101	YE	s NO	NA 	TSI - Pipe In:	sulation	<	<9 LF	X				
Location of Asbestos-Contair Material (ACM) in Facility (13	ning Is L) Sole Stat	ocation Normal ely by Maint./Cu ff? (12)	ustodial	Description of Asl	bestos Containing Material nal systems insulation, surfaci	Non-Ex	1.55	*) and Nor Abate	n-Friable ement Ty eve Repa	ре		
 X ≥ 3 sf or ≥ 3 D ≥ 160 sf or ≥ 	lf			☑Renovation ☐ Demolition		Mini-En		nt with Neg	gative Pr	essure		
Describe Scope of Work (Check all that	- 5AM				City, State, Zip Code FAIRLAWN, NJ							
Occupancy Status During A Facility Closed/Vacated I Abatement Performed O	During Enti	re Period of A	batemen	t	Street Address 20-21 WARGARAW	ROAD				1.		
Scheduled Start Date (10) 06/04/12		Scheduled 0 06/05/12		n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC)						
BRIAN KEARNY	is i uili	609-386-	-8800		973-492-0477		VINCEN	0840				
City, State, Zip Code BURLINGTON, NJ Project Manager for Monitorin	08016	Telephone N	lumber		City State, ZipCode BUTLER, NJ 07405 Telephone Number		Lie	cense Num	umber			
Street Address 3 TERRI LANE			11		268 MAIN STREET				1	10 11 11		
Name of Monitoring Firm Hire ATC ASSOCIATES	ed by Bldg.	Owner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABAT	EMEN	IT CON	SULTAN	NTS, IN	c.		
City (5) NEWARK	County (6	SSEX		Code (7) Use Only)	Current Use (prior if being	g demoli	ished): A	ACADEMI	С	10 10 m	9	
Street Address NEWARK CAMPUS					□ Subchapter 8 (other than K-12) □ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years							
Name of Facility Where Abate OLSON HALL, BLDG		king Place (3)			Type of Facility (4) School (K-12)							
				FACILITY INF	HEALTH & SAFETY YINFORMATION							
☑ DOL ☑ DEP- No Longer REQU ☑ DOH	IRED	□ Emerg justific □Cancell	ency (ii ation)		PISCATAWAY, NJ (Name of Contact MICHAEL SMITH, E	Martin American	ASBESTO	OS CONTR	0. S Number			
Agencies Notified EPA DCA		Notification ☐Initial N ☑Amende	otificati ed Notif		Street Address ENVIRONMENTAL I 27 ROAD 1, BLDG 4 City, State, Zip Code	1086, I	LIVING	STON C	AMPL			
	3, 2012				Name of Building Owner/C RUTGERS, THE ST	Operato		RSITY O	F NJ			

Hard Cepy

State of New Jersey NOTIFICATION OF ASSESTEDS ABATEMENT

Ch# 1010

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

Date of Notification (1)(23 12		Ading Owner/Operato	JESUS		7111
Agencies Notified / Type Notification EPA	Street Add	KidgE K	b .	· Z 9 - 2012	land/
☐ DEP ☐ Amended Amendment # ☐ Emergency (including justification)	City, State,	HRINGIC	NO. NO.	C7C31	
DCA Cancellation	Hn	JESUS Y REFORMATION	Mar (con)	=	
Name of Facility Where Abatement is Taking Place Street Address		I DEC PARTICULAR	Type of Facility (School (K-12) Subchapter 8	7-3	helinos.
89-91 CANTER DURY	F70.	- Octob	homes, etc.) Square Feet	# of Floors	Bldg. Age
County (6)		07031	Current Use (Pr	or if being demolished	<u>(oC)</u>
Name of Monitoring Firm Hired by Building Owner	ASCH No.	Name of Abate	ment Contractor (9)		
(8) Street Address		NOVALE Street Address			
City, State, Zip Code		City, State, Zip	- Company of the Comp	08857	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.		License No.	
Start Date (10) Scheduled C	Completion Date (1		A Monitor ~	1 codec	
OG 01 12 OG 30 Occupancy Status During Abatement (Check only	- Lakeland	Street Arbitres	\$ 814 do: 110c		
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other - Describe:	i Abetement	City, State, Zip	Code	0.0885	7-
Scope of Work (Check all that apply) A>3 sf or >3 li	denovation temption	Mrt-I	Containment with Ne Enclosure That Procedure	egative Pressure	e
	Location	1 Assur-			Abatement Type
Location of Use	al Colobe has 1	Description Asbestos Containing I (i.e., thermal system surfacing, V/ other miscellal	Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Encapsulate Repair Removal
Yes	-No N/A				
BASETTENI	X	PP= 1050U	HION:	4150 LIF	X
Name of Registered Weste Haufer NOVALECY INC.	NUDEP Was		6.R.C	istered Landiel .WSOA	
Completed By MEIDA THE W	2857 (Signature	IN MARKET	Date of	23/12
	BIXIT	asbestos ficensure el	tempted activities.		7 1

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR R	ENOVATION V	VORK, AND METHOD(S) TO BE USED	The state of the s
					RANGEN
xi.	DESCRIPTION OF WORK PRACTICES AND ENGI AND RENOVATION SITE:	NEERING CON	TROLS TO BE USED T	O PREVENT EMISSIONS (
100 53	Prior to removal, the work area around the building will be rope removed by non-friable procedures. All waste will be placed in	ed off with caution double 6 mil. Bag	tape and warning signs. Plat , sealed and labeled and plac	stic sheeting will be peed on the g ed in a locked container for dispo	round below and the asbestos will be sal.
xii.	WASTE TRANSPORTER #1 Name: Guardian	n Contracting	, Inc.	Last and the second of the	, y
	Address: 1889 Ro	ute 9, Unit 6	1	Security	te de la companya de
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicholas	Fernicola	1 1 1 1 1 1 E	1 10	
	WASTE TRANSPORTER #2 Name:				
	Address:		3 7	- IMEGA	The state of the s
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.				
	Location: Bordente	own Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732	4	Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT	AGENCY, PLI	EASE IDENTIFY THE A	GENCY BELOW AND AT	FACH COPY OF ORDER
	Name:		Title:		20 27 =
	Authority:				
9	Date of Order (MM/DD/YY):		Date Ordered to Be	gin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				п
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions	or would cause	equipment damage or an	unreasonable financial burd	en
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOW ASBESTOS MATERIAL BECOMES CRUMBLED, P				OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN T THE DEMOLITION OR RENOVATION AND EVIDE AVAILABLE FOR INSPECTION DURING NORMAL	CONCE THAT TH	HE REQUIRED TRAININ	NG HAS BEEN ACCOMPLI	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	,	(Signature of Own	ter/Operator)	May 22, 2012 (Date)
xviii,	I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT.	1 1	1 ,	- 3
-	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Own	er/Operator)	May 22, 2012 (Date)



DEMOLITION / RENOVATION NOTIFICATION

Postmark:	Notificati	on:		
Cancelled): O	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
actor and other operator)		2.		
50. · .				
New Jersey	Zip;	07927	*	
	Tel:			
ntracting, Inc.		NJ License: 0062	24	
, Unit 61				
New Jersey	Zip:	08755		
nicola	Tel:	732-349-9932		
		NJ License:		
	Zip:			
	Tel:			
R - Renovation E - Emergency R	tenovation):	D		
er and floor or room number)				

				7
New Jersey	County:	Morris	3	
				
oors: 2	Age in Ye	ars: 60		
Prior Use:	Residenc	e		***************************************
APPROPRIATE, USED TO DET	ECT THE PRE	SENCE OF ASBESTOS MAT	ΓERIAL:	-
		r	I Nont	riable
			Asbestos	Material .
То Ве		LOCATION		oved
			Cat I	Cat II
Asbestos pipe insulation		Basement		
Asbestos siding		Exterior		
Start: 6/11/12	2	Complete: 6/1	3/12	
	Cancelled): O actor and other operator) New Jersey Intracting, Inc. O, Unit 61 New Jersey Inicola R - Renovation E- Emergency Rer and floor or room number) New Jersey Oors: 2 Prior Use: APPROPRIATE, USED TO DET RACM To Be Removed Asbestos pipe insulation Asbestos siding	Cancelled): O II. actor and other operator) New Jersey Zip: Tel: Intracting, Inc. O, Unit 61 New Jersey Zip: Tel: Zip: Tel: R-Renovation E-Emergency Renovation): er and floor or room number) New Jersey County: Age in Ye Prior Use: Residence APPROPRIATE, USED TO DETECT THE PRE RACM To Be Removed Asbestos pipe insulation Asbestos siding	Cancelled): O II. IS ASBESTOS PRESENT? (actor and other operator) New Jersey Zip: 07927 Tel: Intracting, Inc. NJ License: 0062 O, Unit 61 New Jersey Zip: 08755 Inicola Tel: 732-349-9932 NJ License: Zip: Tel: R- Renovation E- Emergency Renovation): D or and floor or room number) New Jersey County: Morris New Jersey County: Morris Age in Years: 60 Prior Use: Residence APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL STATE ASSESTORY MATERIA	Cancelled): O II. IS ASBESTOS PRESENT? (Yes/No): actor and other operator) New Jersey Zip: 07927 Tel: Intracting, Inc. NJ License: 00624 P. Unit 61 New Jersey Zip: 08755 Inicola Tel: 732-349-9932 NJ License: Zip: Tel: R-Renovation E-Emergency Renovation): D Per and floor or room number) New Jersey County: Morris New Jersey County: Morris New Jersey County: Morris Age in Years: 60 Prior Use: Residence APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: RACM To Be Removed LOCATION Rem Cat 1 Asbestos pipe insulation Basement Asbestos siding Exterior

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

[D] DY C C C				N	0 10	9			Autority Control	- 14F	
Date of Notification (1) 5/22/2012				Name of Building		Thompson	E an Eal	の個	9	87	Į.
	ial Notific			Street Address	9 Old	Farm Road		- 001	n i		
[x] DOL Am	endment ergency (including		City, State, Zip Code Cedar Knolls, NJ 07927						To the second section of	
	ification) cellation			Name of Contact John	Thompson	The state of the s	elephone Numba-	SHEWN	and a series		
			FAC	LILITY INFORM	MATION			91.07 S. 87			-
Name of Facility Where Abatement is Taki Residence	ng Place	(3)				Type of Facility (4)	School (k-12)	1	. 1-12)		
Street Address 21 Orchard Place	21 Orchard Place					[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	dings,
City	Coun	ty (6)		County Code (7) (STATE USE ON	LY)	Square feet 2000 sf	# of Floors 2	Bldg	g. Age	50	
Cedar Knolls	Mor					Current Use (Prior in Resider	ice	i)			
Name of Monitoring Firm Hired by Buildin N/A	ng Owner	(8)		ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.			
Street Address			21		Street A		oute 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip Code Toms F	Liver, New Jers	ey 08'	755-1	271	
Project Manager for Monitoring Firm		Telephon	e Number		Telephor 732-34	ne Number 9-9932	License N 00624	Number			
Scheduled Start Date (10) 6/11/12		Schedule 6/13/	200	tion Date (11)	Name of	OSHA Monitor E.M.S.1	L. Analytical				
Occupancy Statis During Abatement (Chec			riod of A	batement	Street A	ddress	elton Road				
Abatement Performe Other – Describe	d Outside	of Normal	Facility I	Iours	City, Sta	te, Zip Code Piscata	way, New Jerse	ey 088	54		
Scope of Work (Check all that apply)					·[]		with Negative Pre	essure			
$\begin{bmatrix} X \end{bmatrix} >3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} X \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] [x]	Renov		[x] [x]		ure) and Non-Friable	Drocadi	ura	В	
[X] 2100 31 01 2200 11		[\ \]	Demoi		[\ 1	Tvoil-isacilipieu () and reorrinable	110000	in c		
		Is Locati	on	-	Description	on of			ement	1	Γ.
Location of		Normally			sbestos-Cor	ntaining	Amount	R	R E	E N	E N
Asbestos-Containing Material (ACM)		Solely b			Material (A		(Specify SF	M	P	C	C
TO BE ABATED in facility	Mair	ntenance/C Staff	ustodial		e., thermal sulation, su		or LF)	0	A	A P	L
(13)		(12)		***	VAT, o			V	R	S	S
• • •				ot	her miscella	aneous)		Α		U	U R
	YES	NO	N/A					L		L E	E
Exterior	1	X	9	Asbestos sidi	ing		1400 sf	X			
Basement		X		Asbestos pip	e insulatio	n	20 lf				
Name of Registered Waste Hauler	1	MIDED W-	eto IIa	IDNo LOSE	lorde of W	te Name of Registe	rad I andfill	<u></u>		<u> </u>	l
Guardian Contracting, Inc		NJDEP Wa	ste Haule:	TID No. Cubic Y	ards of Was	T.R.R.F.	ica i sulullil				
City, State Toms River, New Jersey				sal Date	City, St Tullyt						
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manag		Signature	Joseph	tol	5	5/22	2/12		

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Х.	DESCRIPTION OF PLANNED DEMOLITION OR REN	OVATION	WORK, AND METHOD	(S) TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINE AND RENOVATION SITE: Prior to removal, the work area around the building will be roped or removed by non-friable procedures. All waste will be placed in d	ff with caution	a tane and warning signs. Pla	ACRES	TOS CENTROL
xii.	WASTE TRANSPORTER #1 Name: Guardian G			The same of the sa	
	Address: 1889 Rout	e 9, Unit 6	51		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicholas F	ernicola			
	WASTE TRANSPORTER #2 Name:		1.40		
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.		***		
	Location: Bordentow	n Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AG	GENCY, PLI	EASE IDENTIFY THE A		ACH COPY OF ORDER
	Name:		Title:	research and the second second	
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Be	gin (MM/DD/YY):	
XV,	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):		V		
	Description of the Sudden, Unexpected Event:		77 = 4	- 1	
	Explanation of how the event caused unsafe conditions or	would cause	equipment damage or ar	unreasonable financial burtler	1
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED ASBESTOS MATERIAL BECOMES CRUMBLED, PUL	IN THEEVE VERIZED, O	ENT THAT UNEXPECTION REDUCED TO POW	ED ASBESTOS IS FOUND OF DER	R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE THE DEMOLITION OR RENOVATION AND EVIDENC AVAILABLE FOR INSPECTION DURING NORMAL BY Nicholas Fernicola / Project Manager	E THAT TH	HE REQUIRED TRAINING OURS. (Required after N	NG HAS BEEN ACCOMPLIS Tovember 20, 1991)	ART M) WILL BEVSITE DURING HED BY THIS PERSON WILL BE May 22, 2012
0351300	(Printed Name/Title)		(Signature of Own	er/Operatór)	(Date)
xviii.	I CERTIFY THAT THE ABOVEINFORMATION IS COR	RECT.	JAS I	11/	2 "
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	Ter/Operator)	May 22, 2012 (Date)

		0. 1 State 7050	ligation and the second	
	TES ENGLE	9 1.7		
		17.	Date Received	300
		3.		
	int to way o			
т		1.0		
N				

DEMOLITION / RENOVATION NOTIFICATION

Opera	tor Project #:	Postmark:	Notificat	ation:			
I,	TYPE OF NOTIFICATION (O- Original R- Revised C-C	Cancelled): O	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y	
III.	FACILITY INFORMATION (identify owner, removal contra	ctor and other operator)		T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
	OWNER NAME: Garden State Modular	Homes, LLC	N ^{Ter}				
	Address: P O Box 96						
	City: Lavallette State:	New Jersey	Zip:	08735			
THE SECOND	Contact:		Tel:			-	
	REMOVAL CONTRACTOR: Guardian Con	tracting, Inc.		NJ License: 006	24		
	Address: 1889 Route 9,	Unit 61					
	City: Toms River State:	New Jersey	Zip:	08755	10		
	Contact: Nicholas Fern	icola	Tel:	732-349-9932			
	OTHER OPERATOR (if different)			NJ License:			
	Address:			1			
	City: State:		Zip:				
	Contact:		Tel:				
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovation E- Emergency I	Renovation):	D			
V.	FACILITY DESCRIPTION (Including building name, number	and floor or room number)			#i		
	Building Name: Residence						
	Address: 210 12 th Avenue				***************************************		
	City: Seaside Park State:	New Jersey	County:	Ocean		2.0	
	Site Location: exterior					6	
	Building Size: 1200 sf # of Flo	ors: 1	Age in Y	ears: 60			
	Present Use: Residence	Prior Use:	Residen	ce	*1		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIATE, USED TO DE	TECT THE PR	ESENCE OF ASBESTOS MA	TERIAL:		
	IS MATERIAL ASSUMED TO BE ASBESTOS?	dis-					
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					friable os Material	
	Regulated ACM to be removed	RACM		LOCATION	Not	То Ве	
	Category I ACM not removed Category II ACM not removed	To Be Removed			2007	noved	
	Pipes (Linear feet):				Cat I	Cat II	
	ripes (Efficial feet).					+	
	Surface Area (Square feet): 1000 sf	Asbestos siding		Exterior			
(775 ====1)	RACM Off Facility Component (Cubic feet):	and a grant of the special of					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 6/04/	12	Complete: 6/	/05/12		
0.777.000				******			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Building	Owner/Op	erator (2)	-		September 1			
May 22, 2012		1			Garde	n State Modular H	lomes, LLC	Un	21	23	47	
	tion l Notificat ided Notif			Street Address	POB	ox 96	ALAY O. E.	·				
[x] DOL Amer	idment #_ gency (inc	1 2		City, State, Zip Code Lavallette, NJ 08735								
	cation)			Name of Contact		Andrew Salata Stranger Control	'elephone Number	***	- 1			
			FAC	CILITY INFORM	IATION	4.21	New Control of the Co					
Name of Facility Where Abatement is Taking Residence	g Place (3)					Type of Facility (4)	School (k-12) Subchapter 8 (or	her tha	ın k12)			
210 12 th Avenue			e de la companya de l		home				35		ldings,	
City	County	(6)		County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors		g. Age	50		
Seaside Park	Ocean		1			Current Use (Prior i		i			3.1	
Name of Monitoring Firm Hired by Building N/A	Owner (8))		ASCM No.	Name of	Resider Abatement Contractor Guardia		Inc		-		
Street Address					Street A	ddress						
City, State, Zip Code					City, Sta	te, Zip Code	oute 9, Unit 61		-	788-C-18-C		
Project Manager for Monitoring Firm	Т	elephone	Number			ne Number	License N			271		
Scheduled Start Date (10)	S			ion Date (11)		9-9932 OSHA Monitor	00624					
6/04/12 Occupancy Status During Abatement (Check [X] Facility Closed/Vacated [] Abatement Performed (l During E	Entire Per	iod of Ab		Street A	ddress 1056 St te, Zip Code	elton Road way, New Jerse	ey 088	354			
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} $		[] [x]	Renova Demoli		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procede	with Negative Pro	essure				
The second secon					3	-		Abat	tement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Noi	Location rmally u Solely by nance/Cu Staff (12)	sed /	Ash N (i.e. inst	Description obestos-Cor Material (A., thermal allation, su VAT, cor 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	
Exterior .		X	9	Asbestos sidin	g		1000 sf	Х				
				-								
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJE		te Hauler 0223	3	rds of Wast	T.R.R.F.	red Landfill	L				
City, State Toms River, New Jersey			Dispos 6/06/1		City, Sta	nte gwn,∕Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola	Title Project	Manag		Signaturo	bol	Jel		Date 5/22	2/2012	2		

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

xi.				1.1	
	DESCRIPTION OF WORK PRACTICES AND E	NGINEERING CON	TROLS TO BE USED TO	PREVENT EMISSIONS O	F ASBESTOS AT THE DEMOLITION
	AND RENOVATION SITE:				
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution sed in double 6 mil, Bag	tape and warning signs. Plastic ss, sealed and labeled and placed	sheeting will be placed on the g im locked container for disposa	round below and the aststos will be
xii.	WASTE TRANSPORTER #1 Name: Guai	dian Contracting	z, Inc.		and the second s
		Route 9, Unit 6		21.2	
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:		-474-5		
	City:	State:	*	Zip:	1 2 88 4
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.:	R.F.			
	Location: Bord	entown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY AGOVERNMI	ENT AGENCY, PLE	ASE IDENTIFY THE AGE	ENCY BELOW AND ATTA	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	n (MM/DD/YY):	
xv.	FOR EMERGENCY RENOVATIONS		W 5		
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condi	tions or would cause	equipment damage or an u	nreasonable financial burde	n .
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE				® PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATIONAND EV AVAILABLE FOR INSPECTION DURING NOR	IDENCE THAT TH	E REOUIRED TRAINING	HAS BEEN ACCOMPLIS	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		Signature of Owner	HLU/(Operator)	May 22, 2012 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	N IS CORRECT	0	1	
	Nicholas Fernicola / Project Manager (Printed Name/Fitle)		(Signature of Owner/	Ten (Operator)	May 22, 2012 (Date)

PR	TE.		Date	Recei	ved	1
	1		1	-1		111
	-					
					1	
1					-	1
1 - 7 - 11 14	- 3	1				

DEMOLITION / RENOVATION NOTIFICATION

Postmark:	Notificati	on:						
Cancelled): R	II.	IS ASBESTOS PRESENT? (Yes/No):						
actor and other operator)		JAN ES E PAR ES SE	- 1/4	Mar () e				
A	Age of the second							
New Jersey	Zip:	08817						
	Tel:							
ntracting, Inc.		NJ License: 00624						
), Unit 61								
New Jersey	Zip:	08755						
nicola	Tel:	732-349-9932						
UN CONTRACTOR OF STREET OF		NJ License;						
	Zip:							
	Tel:	Tel:						
R - Renovation E - Emergency R	enovation):	D						
r and floor or room number)								
New Jersey	County:	Essex		-				
		400		-				
oors: 2	Age in Ye	ears: 70	+					
Prior Use:	Residenc	e						
APPROPRIATE, USED TO DET	ECT THE PRE	ESENCE OF ASBESTOS MATE	ERIAL:					
		10						
T		T	Non	friable				
			Asbesto	s Material				
То Ве		LOCATION	100000000000000000000000000000000000000	Not To Be Removed				
Removed			Cat I	Cat II				
Asbestos siding		Exterior						
Start: 5/22/1:	2	Complete: 5/23	3/12					
	Cancelled): R actor and other operator) New Jersey Intracting, Inc. O, Unit 61 New Jersey Inicola R-Renovation E-Emergency R In and floor or room number) New Jersey Oors: 2 Prior Use: APPROPRIATE, USED TO DET RACM To Be Removed Asbestos siding	Cancelled): R II. actor and other operator) New Jersey Zip: Tel: ntracting, Inc. Q Unit 61 New Jersey Zip: Tel: Tel: Zip: Tel: R-Renovation E-Emergency Renovation): r and floor or room number) New Jersey County: Age in Ye Prior Use: Residence APPROPRIATE, USED TO DETECT THE PRE RACM To Be Removed Asbestos siding	Cancelled): R II. IS ASBESTOS PRESENT? (Y. actor and other operator) New Jersey Zip: 08817 Tel: Intracting, Inc. NJ License: 00624 New Jersey Zip: 08755 Inicola Tel: 732-349-9932 NJ License: Zip: Tel: R-Renovation E-Emergency Renovation): D and floor or room number) New Jersey County: Essex Oors: 2 Age in Years: 70 Prior Use: Residence APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATHER TO Be Removed RACM To Be Removed Asbestos siding Exterior	Cancelled): R II. IS ASBESTOS PRESENT? (Yes/No): actor and other operator) New Jersey Zip: 08817 Tel: ntracting, Inc. NJ License: 00624 P. Unit 61 New Jersey Zip: 08755 nicola Tel: 732-349-9932 NJ License: Zip: Tel: R-Renovation E-Emergency Renovation): D r and floor or room number) New Jersey County: Essex Oors: 2 Age in Years: 70 Prior Use: Residence APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: RACM To Be Removed Racy Cat 1 Asbestos siding Exterior Asbestos siding Exterior				

State of New Jersey

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

		(Pursu	ant to NJAC 8:60	and 12:1	20)	NECE	Ī W	F	The same of the sa	7		
Date of Notification (1) 5/22/12	Name of Building Owner/Operator (2) Tumble Partnership Ch 2-0 246											
Agencies Notified Type of Notifica [X] EPA [] Initia		Street Address 11 Taylor Road										
[x] DOL Amer	nded Notifica ndment # gency (inclu-		City, State, Zip C	ode Ediso	ASBECTUS OF LICENS	ASERSIOS CONTROL & 140 flusting						
[x] DOH justif	ication) ellation			Name of Contact Telephone Number Armando Amorim								
		FA	CILITY INFOR	MATION								
Name of Facility Where Abatement is Taking	g Place (3)	HE. II.			Type of Facility (4			100				
Residence Street Address					[] [x]	School (k-12) Subchapter 8 (oth Other (i.e., prival			ial bulc	dings,		
82 Jackson Street			,			homes, etc.)						
City	County (6))	County Code (7) (STATE USE ON	LY)	Square feet 3000 sf	# of Floors 2						
Newark Essex												
Name of Monitoring Firm Hird by Building N/A		ASCM No.	Name o	f Abatement Contract Guard	or (9) lian Contracting,	Inc.						
Street Address		***************************************	1	Street A	Address	Route 9, Unit 61						
City, State, Zip Code			City, St	ate, Zip Code Toms	River, New Jers	ev 08	dure R E E E N N N P C C C A A L L I P O R S S U L R					
Project Manager for Monitoring Firm	er	Telephone Number 732-349-9932 License Number 00624										
Scheduled Start Date (10) 5/22/12	tion Date (11) Name of OSHA Monitor E.M.S.L. Analytical											
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	ed During En			Street A		Stelton Road						
Abatement Performed Other – Describe	Outside of N	lormal Facility	Hours	City, St	ate, Zip Code Piscat	away, New Jerse	y 088	54				
Scope of Work (Check all that apply)				[Full Containme Mini-Enclosure	nt with Negative Pre	essure					
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf]		ovation	[[x] Glovebag Proce	dure (*) and Non-Friable	Procedi	are				
	1						Abat	ement	Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A			al (i.	Descripti sbestos-Co Material (. e., thermal sulation, sr VAT, ther miscel	ontaining ACM) I systems urfacing, or	Amount (Specify SF or LF)	R E M O V	R E P A	E N C A P S U	N C L O S U		
Exterior		X	Asbestos sid	ing		550sf	X					
					. =							
			,						-			
Name of Registered Waste Hauler	NJD	EP Waste Hau	ler ID No. Cubic	Yards of Wa	장면하면 그는 이 아이들이 아이를 하는데 하다면 하는데 하다면 하는데 하다면 하는데	tered Landfill	1		1	1		
Guardian Contracting, Inc. City, State			posal Date	City, S								
Toms River, New Jersey Completed by (Print or Type)	Title	5/2	Signature	Tully	town, Pennsylvan	112	5/22	2/12		-		
Nicholas Fernicola	Project N		orm for asbestos lic	elect	montad potivition	1						
	"1.70 Y	ioi use inis fo	orm for aspesios lic	ensure exe	трива аспушех.							

2565					NJAC 8:				paradaty areas			With the Residence of the Landson Con-		managara Alama			
Date of Notification (1) 5/23/12		Name of Building Owner/Operator (2) Tom J Keller /Residence															
A STATE OF THE STA	Type Notification		1.000	Street Address 26 South 1st Street						l d	AY 9	5 201	2				
EPA DEP DOL	Initial Amended Amendment #			City, State, Zip Code Surf City NJ 08008										1			
DOH DCA	Emergency (in justification) Cancellation	cluding		Name of Contact Tom					Telephone Number								
L DCA	Cancellation				ITY INFO	RMATIO	N						-				
Name of Facility Where A	batement is Taking	Place (3)							f Facility (4 chool (K-12								
Street Address 26 South 1st Street	- X - X - X - X							S O	ubchapter ther (i.e. pi	8 (Othe	r than K-1 commerc	2) ial build	ings,	home	s,		
City (5) Surf City NJ 08008							4	Square 1000-		# of	of Floors Bldg. Age 35+						
County (6) Ocean										or if being demolished)							
Name of Monitoring Firm		ASCM		and the same	Name of Abatement Contractor (9) Pernaco Inc												
Street Address	-				Street Address PO Box 329												
City, State, Zip Code				-	City, S	tate, Zip	Code	04									
Project Manager for Mon	- 1					est Berlin NJ 08091 ephone No. License No.											
1		856			856-	66-753-9800 00727											
Start Date (10) 6/5/12		Schedule 6/11/12		npletion E	Date (11)		Name of OSHA Monitor Pernaco Inc										
Occupancy Status During Facility Closed/Vaca	Abatement (Check ated During Entire P			ont	- M			Address 30x 32									
Abatement Perform Other – Describe:																	
Scope of Work (Check A	II That Apply)				2000										-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Accompanies 1	enova emolit				×	Mini	Containme -Enclosure vebag Prod	edure				a.			
	Locati	Non-Exempted (*) and Non-Friab						Abatement Type									
Location of No			lormal				escription of			Amount (Specify SF or LF)		-	1 1	pe			
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED	Mai	ntena	enance/ lial Staff? (i.e. the			system ing, VA	ining Material (ACM) ystems insulation, ng, VAT, or scellaneous)				Removal	Repair	Encapsulate	Enclosure		
Exterior S	Siding			х		Exterior Sidi			2000 SF		00 SF	х					
		3	ş									+					
								-									
Name of Registered Waste Hauler				NJDEP Waste Cubic Yard Hauler ID No. of Waste			oto			ered Landf	d Landfill						
Unided Containers			110 13333	2459	NO.	20	ic	G.R.O.W.S.									
City, State Elm NJ						Dispos 6/11/1			City, Stat Morrisv		19067				127		
Completed by Anthony T Perna	-/-	Title Presi	dent			S	ignatur	e				ate 5/23/12	2				
L			and contract														