NO CK.

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

RI.



Date of Notification (1) 5/23/14	6			Name o	of Building C	Owner/Ope	erator (	(2)		2814	MAY 30	EN	110.	,	
Agencies Notified  EPA	Type Notification			Street A 440 E	Address agle Rocl	k Rd			3	G-Jeg	ESTAS	r no	17-	I I	
DEP X DOL	Amended Amendmen		_		ate, Zip Cod and, NJ 0				60	é	ESTOS LICER	SIA	۱۱۳ آن	12	
DOH DCA	Emergency justification) Cancellation	32 3753	Ī		f Contact Neville	- 11				Те	lephone Nu	mber			
				FACI	ILITY INFO	RMATION					-	-			
Name of Facility Where Saddle Brook Subs		ng Place (3	)		140				of Facility	12)					
Street Address 392 Jefferson St								×	Subchapter Other (i.e. petc.)	8 (Oth orivate	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) Saddle brook NJ 0	7663							Squa n/a	re Feet	# o	f Floors		3ldg. / n/a	Age	
County (6) Bergen County				County (	Code (7) USE ONLY)			Curre n/a	ent Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN n/a	M No.				itement Cor ironmenta						
Street Address n/a	0						treet A								
City, State, Zip Code n/a									ip Code NY 11980	)	-				
Project Manager for Mo	nitoring Firm			Telepho n/a	ne No.	Te	elepho	one N	0.		License N	0.			
Start Date (10) 5/21/14		Schedule 5/21/14		Transcours:	Date (11)	Na	ame o	of OSI	HA Monitor		01100				
Occupancy Status Durin	ng Abatement (Cher						treet A								
▼ Facility Closed/Vac	cated During Entire ned Outside of Norm	Period of A	baten				3/450-5/- <del>5</del> 0450		ip Code			[6			
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The second secon	enova emolit				×	Mir	ni-Enclosure ovebag Prod	e cedure	Negative F			e	
Location	o of	0.000	Locati ormal				r							emen	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mair	d Sole ntenar odial S (12) No	nce/	(i.e. th	Descrip s Containi nermal sys surfacing other miso	ng Ma tems i , VAT,	aterial insula , or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
exterior tre	enching	105	110	X		transit	e pip	е		15	5 LFT	x			
	***************************************														
Name of Registered Was	ste Hauler		I NI	JDEP W	aste	Cubic Yard	de	-	Name of	Paninta	red Landfill			00.000	
Veolia ES Technical			H	auler ID 0071	No.	of Waste 1/2 yard	uə		Wayne						
City, State 1 Eden Lane, Flande	ers NJ 07863			-		Disposal D 5/30/14	Date		City, State Belleville		48111				
Completed by Michael J DiMaria		Title Projec	t ma	nager		Signa	ature Sh	zet	0/10	MA	Da Ma 5/2	te 23/14	1		

NO CK.

100			NO			NJAC 8:60-7 and 12:		الما حدا فرما	 	heck #	\$ 75 # 75	03	
Date of Notification (1)		10000000				er/Operator (2)		De.	- Comp				
The second secon	5/24/14	1000000	20 45 50 70 100	n Cour	nty			2614 MAY 3	O Air C				_
Agencies Notified	Type of Notificat			ddress ewark /	Δνα	p			T M(1 5	1180			
[ ] EPA	[] Initial		JIN	ewaik /	700	•		0 3565/17		·			
[] DEP	Notification [] Emergency	Cit	y, Sta	te, Zip Co	de		6	A & LICH	NSING				
[x] DOL	[] Emergency [x] Amended	Je	rse	City, 1	<b>1</b> J (	07306			ب ۱۹۰۰ الله	1.02	7		
[x] DOH	Notification	Na	me o	Contact				Telephone Numi	ber	150			-
[] DCA	#5 [] Cancellation	1		iscart				Your Manual Control of the Control o	<b>A</b>				
	(			F	ACIL	ITY INFORMATION							_
Name of Facility Where	e Abatement is Ta	king Plac	e (3)			E)	Type of Facil	ity (4)		-			_
Hudson County	Admin. Bldg.						Sch Sub	ool (K-12) chapter 8 (Other ther er (i.e. private and	nan K-12)	N 2000			
Street Address							[ ] Other	er (i.e. private and nes, etc.)	commercial	buildin	gs,		
595 Newark Ave	nue						**************************************						
Oit : (5)		County (	6)			County Code (7)	Square Feet 250000	# of Floors	s   Bid   ∼ 5	g. Age 0			
City (5) Jersey City		Hudso				STATE USE ONLY)		(Prior if being dem	A STATE OF THE STA				
					`		Office building	g	30				
Name of Monitoring Fi		ng Owner		SCM No. 0110		Name of Abatem		<sup>(৬)</sup> ronmental Se	nvices In	C			
Whitman Compa	anies, inc.			0110		Street Address	Jupiter Livi	TOTIMETICAL GE	i vices, iri	<b>U</b> .			-
7 Pleasant Hill R	load						3 Lynn Cou	rt ·					
City, State, Zip Code						City, State, Zip C	Code						
Cranbury, NJ 08	512						Lincoln Par	k, NJ 07035					
Project Manager for M	onitoring Firm			Number		Telephone Numl		200	License N				
Kevin Lovely	(40)			)-5858	10	Name of OSHA	973-709-02	200	1 1 2	U	)85	2	-
Scheduled Start Date 2/25/13	3	12/	31/1	100				onmental Lab	oratories	, LLC			
	d/Vacated During	Entire Pe	riod o	of Abatem		Street Address	2333 Route	22 W					
	erformed Outside ribe: <u>evenings an</u>				-	City, State, Zip C	Code						-
	cribe: partially vac		Ciido				Union, NJ (	07083					
Scope of Work (Check	all that apply)												
[] Demolition				[X]	Ren	novation		Full Containment v Mini – Enclosure	with Negative	Press	ure		
[] ≥3 sf or ≥3 lf				[1/]	11011	ovation	. []	Glovebag Procedu					
[x] ≥160 sf or ≥2	60 If						[x ]	Non - Friable Pro	cedure			eliste s	
			Locat			Door	cription of	2000		Ab Ty		nen	t
Location	n of		olely	Used by			- Containing		Amount	R	R	E	E
Asbestos - C	ontaining	Maint	enan	ce/Cus			ial (ACM)		(Specify SF or LF)	E	E	N	N
Material ( TO BE AB		todia	al Sta	ff (12)			mal systems surfacing, VAT,		SF OI LF)	M	P	CA	C
In Faci	lity						niscellaneous)			V	1	P	0
(13)		Yes	No	N/A						A	R	S	S
Various – courtroom	ns. offices	+	Х		Plas	ster/spray-on ceiling	(to be scrape	ed) *	5000 SF	X			_
Various - courtroom			X			or tile*			15000 SF	х			
		1	0==	<u> </u>		Out in Visite	News of D	naiotored Leader					_
Name of Registered W				Waste D No.		Cubic Yards Of Waste	Minerva	egistered Landfill					
Jupiter Environn	iciliai Sei VIC	CO	04782			40		Landilli	1110000				
City, State						Disposal Date	City, State	b Ol.!					
Lincoln Park, NJ						TBD/Various	vvaynes	burg, OH					

ASB-41 \*Note: Work to occur in phases. First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on/about 3/5/13. Amendments will be sent for other phases.

Signature

Title

General Manager

Completed By (Print or Type)

Pane Repic

Date

5/24/14

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 27, 2014		Name of Building	Owner/Operator (2)  DPMC	ר עביי	435	6	
	tion I Notification nded Notification	Street Address	33 West State Street	Q AH 9: 12			
[x] DOL Amer	ndment # rgency (including	City, State, Zip Co	Trenton, NJ 08625	S CUNTRO			
DCA	cication) rellation	Name of Contact Walte	r Fernandaz	Telephone Number	<b>L</b>		
		CILITY INFORM	IATION				
Name of Facility Where Abatement is Taking Residence	Place (3)		Type of Facili	ity (4)  School (k-12)  Subchapter 8 (oth	our than k 12)	v.	
Street Address 44 MacArthur Ave	enue		[;	Other (i.e., privat homes, etc.)		ial build	lings,
City	County (6)	County Code (7) (STATE USE ONI	25003.			50	
Sayreville	Middlesex		R	Prior if being demolished) esidence			
Name of Monitoring Firm Hired by Building Environmental Ta		ASCM No.		tractor (9) uardian Contracting,	Inc.		
Street Address 64 Broad Street		•		389 Route 9, Unit 61			
City, State, Zip Code Matawan, NJ 0774	47		City, State, Zip Code	oms River, New Jers	ey 08755-1	271	
Project Manager for Monitoring Firm  Tom Geiger	Telephone Numbe 732-290-2217	г	Telephone Number 732-349-9932	License N 00624	umber		
Scheduled Start Date (10) 5/28/14	Scheduled Comple 6/13/14	etion Date (11)	Name of OSHA Monitor E.	M.S.L. Analytical			
Occupancy Status During Abatement (Check [ X ] Facility Closed/Vacated	only one) d During Entire Period of Ab	patement	Street Address	)56 Stelton Road			
	Outside of Normal Facility F		City, State, Zip Code				
			ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	scataway, New Jerse			
Scope of Work (Check all that apply)			[X] Full Contai	inment with Negative Pres osure	sure		
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[ ] Renov		[ ] Glovebag F	Procedure pted (*) and Non-Friable I	Procedure		
		7					
Location of	Is Location Normally used		Description of bestos-Containing	Amount	Abatement R R	Е	Е
Asbestos-Containing Material (ACM)	Solely by		Material (ACM)	(Specify SF	E E	N C	N C
TO BE ABATED	Maintenance/Custodia	l (i.e	., thermal systems	or LF)	M A A	A	L
in facility (13)	Staff (12)	ins	ulation, surfacing,		V R	PS	S
(13)	(12)	otl	VAT, or ner miscellaneous)		A	U	U
	YES NO N/A				L	L E	R E
Exterior	X	Caulking		325 lf	X		
Exterior	X	Asbestos sidi	ng	1900 sf	X		
2 <sup>nd</sup> floor	X	Asbestos floo	r tile & mastic	250 sf	X		
1 <sup>st</sup> & 2 <sup>nd</sup> floor	X	Joint compou		2600 sf	X		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	4	T.R.R	Registered LandfillF.			
City, State Toms River, New Jersey	Disp 6/16	osal Date 5/14	City, State Tullytown, Pennsyl	lvania			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	V /	/	Date 5/27/201		

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

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1) May 27, 2014			Name o	of Building (	Owner/Oper DPMC	ator (2)	V = 1 = ] (	135	5		
	ion Notificatio			Address		est State Street MA				41.00	
[x] DOL Amen [x] DOH [x] Emerg	dment # gency (inclucation)			ate, Zip Coo	Trento		LICENSING Telephone Number	\$1 			
I DCA	ellation		Name o		Fernand		t'	1	)		
		FA	CILITY	INFORM	ATION						
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facility (4)	School (k-12)				
Street Address						į į	Subchapter 8 (oth				
54 Weber Avenue						[x]	Other (i.e., privat homes, etc.)	e & comn	nercia	ıl build	ings,
City	County (6	6)		Code (7) USE ONLY	7	Square feet 2000 sf	# of Floors	Bldg. A	Age 60	n	
Sayreville	Middle	sex	(SIAIL	OSE ONE	.,		if being demolished)	Ļ	- 01	<u></u>	$\overline{}$
Name of Monitoring Firm Hired by Building (	Dwner (8)	-	ASCM 1	No.	Name of	Reside  Abatement Contracto					
Environmental Tag			/ Hooling			Guard	ian Contracting,	Inc.		10-11-12	
Street Address 64 Broad Street					Street A		Route 9, Unit 61				
City, State, Zip Code	-				City, Sta	te, Zip Code		0075	c 10		
Matawan, NJ 0774 Project Manager for Monitoring Firm		elephone Numbe	er		Telephor	1 oms ne Number	River, New Jerse License N		3-12	./1	
Tom Geiger	7:	32-290-2217			732-34	9-9932	00624				
Scheduled Start Date (10) 5/28/14	So	cheduled Compl 6/13/14	etion Date (	11)	Name of	OSHA Monitor E.M.S	.L. Analytical				
Occupancy Status During Abatement (Check of			•		Street A	idress					
[ X ] Facility Closed/Vacated [ ] Abatement Performed (							Stelton Road				
Other – Describe					City, Sta	te, Zip Code Piscat	away, New Jerse	y 08854	4		
Scope of Work (Check all that apply)					[x]		t with Negative Pres	sure			
>3 sf or ≥3 lf	1	[ ] Reno	vation		l J	Mini-Enclosure Glovebag Proces	lure				
[ x ] ≥160 sf or ≥260 lf			olition			U	(*) and Non-Friable I	rocedure			
								Abaten	nent T	уре	
		Location			Description			R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	A	rmally used Solely by			oestos-Con Material (A		Amount (Specify SF	1 TO 10	E P	N C	N C
TO BE ABATED		nance/Custodi	al	(i.e	, thermal	systems	or LF)	IVI	A	Α	L
in facility (13)		Staff (12)		ins	ulation, su VAT, o				I R	P S	O S
(13)		(12)	1	oth	er miscell			A		U	U
	YES	NO N/A				,		L		L E	R E
1 <sup>st</sup> floor		X	Join	t compour	nd		1850 sf	X			
1 <sup>st</sup> floor		X	Asbe	estos floor	tile		10 sf	X			
1 <sup>st</sup> floor & bathroom		X	Adh	esive			20 sf	X			
Exterior		X		lking			300 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJI	DEP Waste Hau 20223		Cubic Ya	irds of Was	te Name of Regis T.R.R.F.	tered Landfill				
City, State		Dis	posal Date	1	City, St	ate ,					
Toms River, New Jersey Completed by (Print or Type)	Title	6/1	6/14	titre	Tullyt	own, Pennsylvan	ia	Date			
Nicholas Fernicola	(A. 620) (A. 620)	Manager	Jigila	Ma	hol	1e	1	5/27/2	2014	l	

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of I	Building C		ator (2)	·U 24	3 <	-2		
May 27, 2014					DPMC	الا الحيد الا الحيد	79	7)	, <i>T</i>		
	ion Notification Ided Notific		Street Add			\$4 State Street AM	9: 5 5			-	
[x] DOL Amen	dment # gency (incl		City, State	e, Zip Cod	Trente	nt NJ 98625.	likël IG				
I DCA	cation) ellation		Name of 0	Contact Walter	Fernand	& LICENSIE	elephone Number	. 4	•		
		FA	CILITY IN	NFORM.	ATION	,					
Name of Facility Where Abatement is Taking Residence	Place (3)			59.		Type of Facility (4)	School (k-12)		L 12)		
Street Address 38 Weber Avenue						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,
City	County (	(6)	County Co (STATE U		7)	Square feet 2500 sf	# of Floors	Bldg	. Age	0	
Sayreville	Middle	esex				Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building C Environmental Tac	1000		ASCM No		Name of	Abatement Contractor ( Guardia	9) n Contracting,	Inc.			
Street Address 64 Broad Street					Street Ac	ldress	oute 9, Unit 61				
City, State, Zip Code	7				City, Sta	te, Zip Code		005	155 1	271	
Matawan, NJ 0774 Project Manager for Monitoring Firm		elephone Number	 [		Telephor	e Number	iver, New Jerse License N	umber	33-1.	2/1	
Tom Geiger Scheduled Start Date (10)		32-290-2217	i' D-1- (11			9-9932	00624				
5/28/14	31	cheduled Comple 6/13/14	tion Date (11	)	Name of	OSHA Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check of	470				Street Ac		-14 DI				
[ X ] Facility Closed/Vacated [ ] Abatement Performed 0					0' 6		elton Road				
Other – Describe					City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[x]	Full Containment v	with Negative Pres	sure			
$[X] > 3 \text{ sf or } \ge 3 \text{ lf}$		[ ] Renov	ation		[ ]	Glovebag Procedur	re				
[ ] ≥160 sf or ≥260 lf		[x] Demo	lition		[ ]	Non-Exempted (*)	and Non-Friable I	rocedu	re		
						7		Abat	ement '	Гуре	
Location of		Location rmally used			Description estos-Cor		Amount	R	R	E	E
Asbestos-Containing Material (ACM)	5	Solely by		M	laterial (A	CM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Mainter	nance/Custodia Staff	1		thermal lation, su		or LF)	0	A I	A P	L
(13)		(12)		IIISU	VAT, c			v	R	S	S
				othe	r miscella			A		U L	U R
	YES	NO N/A						L		E	E
1 <sup>st</sup> floor		X	Adhesi	ive			5 sf	X			
											$\vdash$
Name of Registered Waste Hauler		DEP Waste Haule	r ID No.	Cubic Yaı	ds of Wast	e Name of Register	ed Landfill				
Guardian Contracting, Inc.		20223		1		T.R.R.F.					
City, State Toms River, New Jersey		6/16	osal Date 5/14		City, Sta Tullyt	ate own, Pennsylvania	7				
Completed by (Print or Type) Nicholas Fernicola	Title Project	Manager	Signatur	e \	In 1	Jel		Date 5/27	//2014	1	

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

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

6

					W	<u>nr</u>		T r	1	
Date of Notification (1)  May 27, 2014			Name of Building (	Owner/Oper DPMC		24	135	3		
	tion I Notification nded Notification		Street Address		est State Street	2014 MAY 3	30 Al	1-9:	7.2	
[x] DOL Amer	ndment # gency (including		City, State, Zip Coo		on, NJ 08625	Pautoni & LIC	CENSI	NG	: + 15 t. 	•
DCA	ication) ellation		Name of Contact Walter	r Fernand		elephone Number				
		FAC	ILITY INFORM	ATION			M-VAREL			
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12)			ound del Rusu u	
Street Address					[ ]	Subchapter 8 (oth			.11:20:3	
43 Weber Avenue	,		-0		[x]	Other (i.e., privat homes, etc.)	te & comi	merci	ai build	ings,
City	County (6)		County Code (7) (STATE USE ONL)	r)	Square feet 1500 sf	# of Floors 2	Bldg.	Age 6	0	
Sayreville	Middlesex				Current Use (Prior if Resider					
Name of Monitoring Firm Hired by Building Environmental Ta			ASCM No.	Name of	Abatement Contractor	(9) an Contracting,	Inc	amhi e.		
Street Address 64 Broad Street				Street Ad	ldress	727				
City, State, Zip Code	4.5	2000		City, Stat	te, Zip Code	oute 9, Unit 61	000000000000000000000000000000000000000			
Matawan, NJ 0774 Project Manager for Monitoring Firm	Telephone N	Jumber		Talanhon	Toms R	Liver, New Jerse License N		55-12	271	
Tom Geiger	732-290-2			732-34		00624	umber			
Scheduled Start Date (10) 5/28/14		Completio	on Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check	only one)			Street Ad	ldress					
[ X ] Facility Closed/Vacated [ ] Abatement Performed			20-330 (30-34)			elton Road				
Other – Describe	Outside of Normal Fa	cinty 110	urs	City, Stat	te, Zip Code Piscata	way, New Jerse	y 08854	4		
Scope of Work (Check all that apply)				[x]	Full Containment	with Negative Pres	sure			
[ ] >2-6>216	r 1		¥	[ ]	Mini-Enclosure					
<ul> <li>  &gt;3 sf or ≥3 lf</li> <li>  X   ≥160 sf or ≥260 lf</li> </ul>	[x]	Renovat		L J	Glovebag Procedu Non-Exempted (*	ire ) and Non-Friable I	Procedure			
			T	, J		T	Т			
	Is Location	•		Descriptio	n of		Abaten	nent 7	уре	
Location of	Normally us	33		estos-Con		Amount		R E	E N	E
Asbestos-Containing Material (ACM)	Solely by		N	laterial (A	CM)	(Specify SF		P	C	C
TO BE ABATED in facility	Maintenance/Cu Staff	stodial		, thermal s		or LF)		A	A P	L O
(13)	(12)		IIISC	VAT, o			1000	I R	S	S
780 (2)			oth	er miscella			A		U	U
	YES NO	N/A					L		L E	R E
Exterior	X		Caulking			375 lf	Х			
Exterior	X		Asbestos roofi	ng flashi	ng	40 lf	X			
2 <sup>nd</sup> floor	X		Adhesive	10		135 sf	X			
2 <sup>nd</sup> floor	X		Mastic			50 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	Hauler	ID No. Cubic Ya	rds of Wast	Name of Register	red Landfill	· ·			
City, State Toms River, New Jersey		Dispos	al Date	City, Sta		,				
Completed by (Print or Type)	Title	6/16/	Signature	1 Tullyto	wn, rennsylvania		Date		-	
Nicholas Fernicola	Project Manage	r	1 1/10	thel	te		5/27/2	2014		

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

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							100 mm 100		\		-	
Date of Notification (1) May 27, 2014				Name of Building	Owner/Ope DPM	C	d May or	24	3	5	4	
	l Notific	ation		Street Address		est State Street	4 MAY 30		17.			
[x] DOL Ame [X] Emei	ndment rgency (			City, State, Zip Co	de Trent	on, NJ 08625	& LICE			<b>()</b> ()		
Den	fication) ellation	2000 0000000000000000000000000000000000		Name of Contact Walte	r Fernan		Telephone Nu	mber		þ		
			FA	CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Residence	Place (3	3)				Type of Facility (4)	School (k-					
Street Address 47 Weber Avenue						[x]	Other (i.e., homes, etc.	private &			ial buil	dings,
City	Coun	ty (6)		County Code (7) (STATE USE ONL)	Y)	Square feet 2500 sf	# of Floor		Bldg.		50	
Sayreville		dlesex				Current Use (Prior in Resider	nce	ished)				
Name of Monitoring Firm Hired by Building Environmental Ta Street Address		8)		ASCM No.			(9) an Contrac	ting, In	ıc.			
64 Broad Street					Street A		outs O. I Im	:+ 61				
City, State, Zip Code Matawan, NJ 0774	47	<del></del>			City, Sta	te, Zip Code	oute 9, Un River, New		007	55 1	271	
Project Manager for Monitoring Firm		Telephone				ne Number		ense Num		33-1.	2/1	
Tom Geiger Scheduled Start Date (10)		732-290		ion Date (11)		19-9932	000	524				
5/28/14		6/13/	S 501 S 50	ion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytic	cal				
Occupancy Status During Abatement (Check		Figure 1	1 12/10		Street A	ddress						
[ X ] Facility Closed/Vacated [ ] Abatement Performed				AND CONTRACTOR (II)	-	1056 S	telton Road	d				
Other – Describe		or reorman	denity 11		City, Sta	te, Zip Code Piscata	way, New	Jersey	0885	4		
Scope of Work (Check all that apply)					[x]	Full Containment	with Negative	e Pressur	e			
[ ] .2.C .210		r 1			[ ]	Mini-Enclosure						
[ X ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf		[x]	Renova		l l	Glovebag Procedu		iabla Daa				
[ ]			Demoi	T	L 1	Non-Exempted (*	) and Non-Fr	iable Pro	cedure	<i>-</i>		
						10.00		1	Abater	ment '	Гуре	,
Location of	,	Is Location Normally u	3777F		Description of the Description o		Amou		R	R	Е	E
Asbestos-Containing Material (ACM)		Solely by			Material (A		(Specify	SF I	Ε	E P	N C	N C
TO BE ABATED	Main	tenance/C	ustodial	(i.e.	, thermal	systems	or LF	)   1	M	A	A	L
in facility (13)		Staff (12)		inst	ılation, su VAT, o				o	I R	PS	0
(13)		(12)		oth	er miscell			- 1	A	K	U	S
	YES	NO	N/A			,					L E	R E
Exterior		X		Foundational	vaternro	ofing mastic	1800 sf		X		E	E
1 <sup>st</sup> & 2 <sup>nd</sup> floor		X	1	Adhesive on s		oring mastic	3700 sf		^			-
		120	+	redictive on s	uus		3700 SI		+	-	-	-
		1	<b>-</b>				1	-	-			-
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	NJDEP Was	te Hauler 0223	ID No. Cubic Ya	rds of Was	te Name of Registe	red Landfill					
City, State			Dispo	sal Date	City, St	ate			-			
Toms River, New Jersey Completed by (Print or Type)	Title		6/16/	Signature	Tullyt	own, Pennsylvania		т.	2-4			
Nicholas Fernicola	2005555	ct Manag	er	Signature .	las	10/1			Date 5/27/	2014	1	

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

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- 0					-
	F-9 .	CHECK	#	21304	0

Date of Notification (1) 05-22-14					Building uthority			(2)			- s. W	-D			
Agencies Notified	Type Notification		- 1 3	Street Ac 913 Fra	idress ank E. F	Rogers	Boule	vard	四月 South	IAY 3	BU AH	9: :	,		
EPA DEP DOL	X   Initial   Amended   Amendment   Emergency (i justification)		_	City, Stat Harrisc Name of	te, Zip Co on, NJ 0 Contact	ode 07029			0-55£	LIC	ENSIA ENSIA	417	1		
DCA	Cancellation				y Galla	×	~~					57			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LITY INFO	DRMATI	ON	Type	of Facility (	4)		_			
Harrison Path Stati		, 1 1400 (0)							School (K-1	2)					
Street Address 600 Guyon Avenue	e							×	Subchapter Other (i.e. p				ldings	, hom	es,
City (5)								Squa	etc.) re Feet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f Floors		3ldg. /		
Harrison County (6)				County C	`ada (7\			5,91		2	na domoi		76 yr	S.	
Hudson					ISE ONLY	)		Stat	ent Use (Prid ion	or ii bei	ng demoi	iisneu)			
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCM	No.				tement Cor Environme						
Street Address							Street	Addre	ss						
City, State, Zip Code		- 1,5,5,5			X			-11.0.0.0	Street						
,,, <u>_</u>					0				NJ 07072	2					
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Teleph 201-9				License 00756				
Start Date (10) 06-16-14		Scheduled 12-31-14		pletion [	Date (11)		Name		HA Monitor						
Occupancy Status Durin	ng Abatement (Check						Street	Addre	SS			-			
	cated During Entire Fined Outside of Norm			ent				THE ME POLICE	kson Ave ip Code	nue					
Other – Describe:		arr domey rr							nd City, N	Y 111	01				
Scope of Work (Check A	All That Apply)			0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0			5000							3-20-11-30	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				×	Mi	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				<b>-</b>	
		Islo	ocatio	n l				i ivo	n-Exemple	1 ( ) an	d Non-Fi	lable Fit	Abat	emen	t
Locatio			mally	y			scription					-	T	уре Т	1
Asbestos-Containing TO BE AB In Faci	BATED ility	Maint Custod	enan	ce/				s insul T, or		(8	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes I	No	N/A								. <u>n</u>		ate	Ге
Roo	of			х		Roofin	g & Tra	ansite	9	5,	500SF	х			
		-										_	-		
		1							-			+			
Name of Registered Wa	ste Hauler		100000	DEP W		Cubic			Name of	Registe	ered Land	Ifill			
ATC, Inc. / JBT (500	071)		100000000000000000000000000000000000000	auler ID 310	No.	of Was	ste		Minerva	e Ente	erprises				
City, State Shirley, NY / Bronx,	NY					Dispos	sal Date	4	City, State		17240				
Completed by		Title					ighature	X	-	3, . ,		Date			
Joseph Patrick		Project	Mai	nager			X	10		- 30		05-22	14		
ASB-41 (R-06-08)							Do no	ot use	this form for	asbes	tos licens	ure exe	mpted	activi	ties.


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

k #, 2482

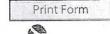
Date of Notification (1)		T	Name o	f Building	Owner/0	Operator	r (2)	9814 N	1EV C	0 51.	^ -			
05/23/2014		l l	Marian	ın Higgi	ns			2814 F	IAI J	O AH	9: 4			
Agencies Notified Type Notification			Street A									-10		
EPA Initial		1	15 Sto	nebridg	e Rd			D J€j	.bit	is all i	inte	M.		
EPA Initial Amended			City, Sta	ate, Zip Co	ode		(	70 0	: LIC	ERSIR	Ü	+4		
DOL Amendmen		_  1	Montcl	air NJ C	7042							4		
Emergency justification			Name o	f Contact			//	- 10.00	Te	ephone Nu	mber			
DCA Cancellation		1	Marian	ın Higgi	ns				10		١,			
		_	FAC	LITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takir	ng Place (3	3)					Туре	of Facility	(4)					
Private House								School (K-	12)					
Street Address		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	=======					Subchapte	r 8 (Oth	er than K-1	2)			
15 Stonebridge Rd								Other (i.e. etc.)	private	& commerci	ial buil	dings	hom	es,
City (5)								are Feet	# of Floors Bldg. Age				Age	_
Montclair, NJ														
County (6)		T	County Code (7)					ent Use (Pr	ior if be	ing demolisi	hed)			
Essex		(STATE	USE ONLY	)										
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	d No.		Name	e of Ab	atement Co	ntractor	(9)				
	- (-)							oration L		2505				
Street Address						t Addre				-		_		
Olice Address							ide Rd							
City, State, Zip Code						100000000000000000000000000000000000000	grade some							
City, State, Zip Code		City, State, Zip Code Randolph NJ 07869												
District Control of the Control of t		T-1			1		and the same of th	569	License N	10				
Project Manager for Monitoring Firm		Telepho	ine No.		111.000000	hone N				10.				
0. 15 (10)			5			933-2			01133					
Start Date (10)		npletion	Date (11)				HA Monitor							
06/04/2014	2014				1		onmenta	11				110.15		
Occupancy Status During Abatement (Che	ne)					t Addre								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor			ement				2333 RT 22							
Abatement Performed Outside of Nori Other – Describe:	mal Facility	y Hours	7.											
						Unio	n, NJ	07083						
Scope of Work (Check All That Apply)						_	-							
23 sf or ≥3 lf	-	Renova					Full Containment with Negative Pressure							
≥160 sf or ≥260 lf		Demolif	nolition				Mini-Enclosure							
į.							Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	10	Locat						Abaten						t
	1000	Normal			-							T	/pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ashes		escriptio		al (ACM)	1	mount			_	
TO BE ABATED		intena todial S			. therma	system	ns insu		(	Specify	Re	70	l CC	E
In Facility (13)	000	(12)	Juli .			acing, V miscella			S	F or LF)	Remova	Repair	ısqı	Enclosure
(10)			T	1	Ou let 1	miscena	ii leous	6			/al	1	Encapsulate	ure
	Yes	No	N/A								-	_		_
Basement Area		×		TSI			-		300	LF	×			
Basement Area		×		floor til	es				20 8	SF	×			
Name of Registered Waste Hauler			IJDEP V lauler ID		Cubic of Wa	Yards		Name of	Regist	ered Landfil	I			
Nick Restoration LLC		1000	3782	140.	TBD	iste		G.R.O.	W.S					
City, State					Dispo	sal Date	8	City, Sta	te		= 10.00			
Randolph, NJ 07869			TBD					Tullyto	wn, P	Д				
Completed by	Title					Signatur	SA.	- //	, ,	Da	ate			
Elvira Mrda	dent	t Signature Dat t Unit a lide, 05/						/23/2	23/2014					

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### Sinto of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MIAC 8:50 and 12:120)

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nte of Notification (1) 5-27-1	4			ding Owned	Operat	or (2) <u>I.V</u>	1-M	Buil	de	THE PERSON NAMED IN			F .
gencles Notified Type Notification		Street	Addre	* J	00	6 24	<u>a4</u>	BRid	وو	At	3 2		
DEP Initial Amended	7	City,	State, Z	to Code n	Pai	nt Pl	eas		J	08	79	12.	
Emergency (incl	uding	Nam	e of Co	-V V	Leil	1.1		Telephone Nu	mber	. 🗀		8	ê
DCA D Cancellation			- RA	YINFORMA	1	Type of Fa	eithe (83		1/2 1/2		Citizan Z		+
Name of Facility Where Abalisment is Taking F	Jins Jose Jose (2)	llic	<del>L</del> .	-	<b>.</b>	□, School	ol (K-12)	Other than K-1 ate & commerc	(2) (2) (0) bu	: (d)ngs		ies,	in it
1007 lampo	S B	00			-	Square Fe		# of Floors	To .	Eldg.			
FORKED RIVER	N	J	OS inty Cox	3731	-	Current U:	se (Prior	if being demoil	shed)	<b>7</b>	21		H
County (6) Ocean		(\$7)	ATE US	EONLY		Sing	le f	amily '	Dm	216	19		-
Name of Monitoring Firm Hirred by Building Ov	vner (8)	A	SCM N	JO.		EPC	Re	hnole	gie	8	I	nl	4
Street Address	3			1.	S	P.O. B	or 3	37					4
City, State, Zip Code	W.T		194	533	C	ily State, Zip C	ode QV	of Ni	50	80	5.	33	
Project Manager for Month of Sirin	NO	Te	lephone	No.	1	elephone No.	230	License	No.	3	qe	A	
Stove Schenker	Scheduled	Compl	etion D	58-33 ale (11)	65 6	09 758- lame of OSHA				-		ţ	
Stant Date (10)	5-	30		14	-	Street Address		mologie	25	4			-
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire F	arind of At	ateme	nt		-	P-Q City, State, Zip (		337			- //		$\dashv$
Abatement Performed Outside of North	al Facility I	-louns	-			New E	YPT	NJ	Q	8.5	3	<u> </u>	$\dashv$
Scape of Work (Check All That Apply)  □ 23 of or ≥3 if ≥160 of or ≥260 if	D Re	engvatione	on n	1		☐ Mini-l	Enclosure	ant with Negati bedure d (*) and Non-I					
						NOII-	EXORTHUNE	() and reserve		Abatement Type			
Location of Asbestos Containing Material (ACM)  TO BE ABATED in Facility (13)	Used Mai	ad Solely by Asbestos Co sintenance/ decile Staff?				cription of sining Material ( systems insulati ing, VAT, or discellengous)	ACM) iofi,	Amount (Specify SF or LF	1	Removal	Reput		Enclosure
	Yes	No	N/A	<u></u>		31.5 1		800	₹F	×			
exterior Walls			×	Sidi	ng ?	Doingk	\$	600	<u>ن</u>				
										-			
			<u> </u>	la com	Cathita	Yords.	Name	r Registered L	andfill	١			L-
Name of Registered Waste Hauler		1	UDEP I	D Na.	af Wit		Was	ste_Man	rge/	nes	f .	E ?	3/2
EPC Technologic	4 17-	<del></del>	115	-	Dispt	30-14	City, Si	misuille		PA			
New Egypt	NJ.	``	Α .			Signature.	Sal	1	Di	.5·	27	-1	4
Completed by Schen Kee	Pa	esid	ent			Short.	ال البال						



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

	Print Form	
Lon	PA	
	143	

Date of Notification (1) 05/23/14 Ck# 3106 \$200				Name of Building Owner/Operator (2) Mike Grimaldi  2614 MAY 20 AF 3											
Agencies Notified	Type Notification			Street Ad 84 Ridg	ldress gewood	Avenu	е		1475	ĢŢÇŞ	COLL	200			
DEP DOL	Initial Amended Amendment				e, Zip Coo idge, Ne		sey 07	028	à à	LICEN	Siho	1		*	
DOH DCA	Emergency ( justification) Cancellation	including	2000		Contact rimaldi				120	elephone N	Number		-	1.	
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where A Residence	Abatement is Takin	g Place (3)		Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)											
84 Ridgewood Aver	nue			Other (i.e. private & commercial buildings, hometric.)										S,	
City (5) Glen Ridge, New Je	ersey 07028							Square Fee 10,000	et # 2	of Floors		Bldg. Age 55+			
County (6) Essex				County C	Code (7) ISE ONLY)			Current Us Home	e (Prior if b	eing demo	lished)				
Name of Monitoring Firm						of Abatemer Corporat		or (9)							
Street Address					Street	Address McBride A					×				
City, State, Zip Code			City, State, Zip Code Woodland Park, NJ 07424					-			77				
Project Manager for Mor		Telephor	ne No.		Teleph	one No.	K, 145 074	License 01104					-		
Start Date (10)		pletion E	Date (11)		Name	225-8400 of OSHA Mo					-				
06/02/14	4				100000000000000000000000000000000000000	Environm	ental Lab	s Inc.		11-11-5					
Occupancy Status Durin	1509 Marka					Address ROute 22	2 West								
Abatement Perform  Other – Describe:								State, Zip Code ion, New Jersey 07083							
Scope of Work (Check A				Official, New Bersey 07000											
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	ш тист фруу		enovat emoliti	vation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
								」 Non-Exe	empted (*) a	ina Non-Fi	riable Pr	1		ment	
			Location or mall			-		_				.,	Ту		
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) ATED lity	Used Mai Custo	d Solei ntenar odial S (12)	ly by nce/ staff?		tos Cont thermal surfac		Material (ACM) Amount s insulation, (Specify T, or SF or LF)		(Specify	Removal		Repair	Encapsulate	Enclosure
Dagam	ant	Yes	No X	N/A			TSI	100000000000000000000000000000000000000		550 LF	X	+			
Basem		-		X			TSI		_	50 LF	X	+			
Crawlsp	oace			^			131			JU LI		+			
												+			
Name of Registered Wa	ste Hauler		1	JDEP W		Cubic of Was			me of Regis		dfill	-			
Lilich Corporation				3724	NO.	3			R.O.W.S	Landfill					
City, State					Disposal Date 06/10/14				y, State orrisville,	Pennsyl	vania	_			
Completed by Title Tatiana Kalenikova Vice Pres										Date 05/23	ate 5/23/14				

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

Date of Nere and the								PEC	-11/1	jun				
Date of Notification (1)						g Owner/Operator (	12.5							
5/	27 / _	14		Azı	ire Land	ings LP c/o Miles	stone Mgmt. /	Job # 1404-1	1862 Chk	. #35	87			
Agencies Notified	Type Notificat	ion		Street	Address		2	TH MAY 30	PM 12	: 58	}			
⊠ EPA						reeway Suite 800	ĭ.			N SINGE				
□ DOLWD	☐ Amended				State, Zip (		, <u>, , , , , , , , , , , , , , , , , , </u>	35ES 105	11141	<b>深福</b> 主				
☑ DHSS	Amendmer				la, TX 75		9	& LICE	MSING	TEL.	.00			
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		3		of Contac									
(NUMC 5.23-0)	☐ Cancellation				n DeAng			Telephone Number						
	- Carlochatic	//·		_										
N				FA	CILITY IN	FORMATION		177	2					
Name of Facility Where A			(3)				Type of Facility	g to						
Landings at Pine La	ake - Unit 908	3					School (K-12		( 10)					
Street Address							☐ Subchapter ☐ Subchapter ☐ Other (i.e., p	rivate and com	nmercial bu	uildina	S.			
98 Oak Street							homes, etc.)			3	3.00			
City (5)							Square Feet	# of Floors	BI	dg. Aç	je			
Lindenwold, NJ 080	021						788 SF	1		45÷				
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished)	- 200				
Camden County							Apartment	Unit						
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Pennoni						Asbestos and	d Mold Service	es, Corp.						
Street Address				1012-2-380		Street Address								
515 Grove St, Suite	1B					3859 Sylon B	oulevard							
City, State, Zip Code						City, State, Zip Code								
Haddon Heights, N.	J 08035					Hainesport, NJ 08036								
Project Manager for Moni	itoring Firm		Tele	phone	No.	Telephone No.		License No	).					
Tom Adams	•			56-656		609-702-0400		00862						
Start Date (10)	Sc	heduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor				_			
_6 / 9 /	0.00000	_ 6 /				EMSL Analyt	TOTAL OF THE STATE							
Occupancy Status During						Street Address								
☐ Facility Closed/Vacate				mont		The state of the s	4- 420 Novembr							
☐ Abatement Performed	Outside of Nor	mal Facilit	v Hour	s - Des	cribe	200 U.S. Rou								
Time of Abatement: _	AAA		,		ΔΝΛ	City, State, Zip Co	oae							
	AIVI-	_PM/	PM-		CIVI	0:	111000							
Scope of Mark (Chack all		_PM/	PM-		CIVI	Cinnaminson	, NJ 08077							
Scope of Work (Check all		_PM/	PM-		CIVI			astivo Proceur	-ionáles	Si Vi				
≥3 sf or ≥3 lf			PM-		Civi		ainment with Neg	gative Pressure	• Enclu	ille	•			
		⊠ Re		on			rainment with Neg losure g Procedure			iurl	•			
≥3 sf or ≥3 lf		⊠ Re	novati molitic	on on	Zivi		tainment with Neg losure		edure					
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	that apply)	⊠ Re □ De	novati	on on ion		☐ Full Cont ☐ Mini-Enc ☐ Glovebas ☐ Non-Exe	rainment with Neglosure  g Procedure  mpted (*) and No		edure	ateme				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing I	that apply) of Material (ACM)	⊠ Re □ De	novati molitic Locat Norma	on on ion lly ely by		☐ Full Cont ☐ Mini-Enc ☐ Glovebas ☐ Non-Exe	rainment with Neglosure g Procedure mpted (*) and No	n-Friable Proc	edure	ateme	ent Ty			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l	that apply)  of Material (ACM)	⊠ Re □ De	novati molitic Locat Norma ed Sole intena	ion lly ely by	Asbe	☐ Full Cont ☐ Mini-Enc ☐ Glovebas ☐ Non-Exe Description o	cainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation,	n-Friable Proc Amount (Specify	edure Ab	ateme	ent Ty			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing I TO BE ABA IN Facilit	that apply)  of Material (ACM)	⊠ Re □ De	novati molitic Locat Norma	ion lly ely by	Asbe	Description of stos Containing Man., thermal systems surfacing, VAT,	rainment with Neglosure  g Procedure mpted (*) and No  f terial (ACM) insulation, or	n-Friable Proc Amount	edure Ab		ent Ty			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l	that apply)  of Material (ACM)	⊠ Re □ De	novati molitic Locat Norma ed Sole iintena	ion lly ely by	Asbe	☐ Full Cont ☐ Mini-Enc ☐ Glovebas ☐ Non-Exe Description o	rainment with Neglosure  g Procedure mpted (*) and No  f terial (ACM) insulation, or	n-Friable Proc Amount (Specify	edure Ab	ateme	ent Ty			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing I TO BE ABA IN Facilit	that apply)  of Material (ACM)	⊠ Re □ De □ Is □ Use Ma Cus	Locat Norma ed Sole intena todial (12)	on ion illy ely by nce/ Staff?	Asbe (i.e	Description of stos Containing Mathemal systems is surfacing, VAT, other miscellane.	fainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Ab Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)	that apply)  of Material (ACM)	⊠ Re □ De  Is Use Ma Cus  Yes	Locate Normal ded Sole intenational (12)	ion lly lly by nce/ Staff?	Asbe (i.e	Description of stos Containing Man., thermal systems surfacing, VAT,	fainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	n-Friable Proc Amount (Specify	Removal	ateme	ent Ty			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)	that apply)  of Material (ACM)	⊠ Re □ De □ Is □ Use Ma Cus	Locat Norma ed Sole intena todial (12)	on ion illy ely by nce/ Staff?	Asbe (i.e	Description of stos Containing Mathemal systems is surfacing, VAT, other miscellane.	fainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Ab Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)	that apply)  of Material (ACM)	⊠ Re □ De  Is Use Ma Cus  Yes	Locate Normal ded Sole intenantodial (12)	ion lly lly by nce/ Staff?	Asbe (i.e	Description of stos Containing Mathemal systems is surfacing, VAT, other miscellane.	fainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)	that apply)  of Material (ACM)	⊠ Re □ De  Is Use Ma Cus  Yes	Locate Norma ed Sole intena todial (12)	ion lly sly by nce/ Staff?	Asbe (i.e	Description of stos Containing Mate, thermal systems surfacing, VAT, other miscellane.	fainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)  Unite 908	of Material (ACM) TED	⊠ Re □ De  Is Use Ma Cus  Yes	novatiemolitics Locat Norma ed Sole intena todial : (12) No	ion lly lly by nce/ Staff?	Asbe (i.e	Description of stos Containing Man., thermal systems surfacing, VAT, other miscellane	rainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)  Unite 908	of Material (ACM) TED by	⊠ Re □ De  Is Use Ma Cus  Yes	novatiemolitics Locat Norma ed Sole intena todial : (12) No	ion lly sly by nce/ Staff?	Asbe (i.e	Description of stos Containing Mate, thermal systems surfacing, VAT, other miscellane.	rainment with Neglosure In Procedure In In Procedure In Procedure In Procedure In In Procedure In I	Amount (Specify SF or LF)  50 SF	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)  Unite 908  Name of Registered Wast Freehold Cartage, In	of Material (ACM) TED by	⊠ Re □ De  Is Use Ma Cus  Yes	novatiemolitics Locat Norma ed Sole intena todial : (12) No	on ion lly by nce/Staff?	Asbe (i.e	Description of stos Containing Man., thermal systems is surfacing, VAT, other miscellane.    Joint Compound Cubic Yards of Waste 5	rainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)  50 SF	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)  Unite 908  Name of Registered Wast Freehold Cartage, In City, State	of Material (ACM) TED by	⊠ Re □ De  Is Use Ma Cus  Yes	novatiemolitics Locat Norma ed Sole intena todial : (12) No	on ion lly sly by nce/Staff?	Asbe (i.e	Description of stos Containing Man., thermal systems surfacing, VAT, other miscellane.	rainment with Neglosure In Procedure In In Procedure In Procedure In Procedure In In Procedure In I	Amount (Specify SF or LF)  50 SF	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)  Unite 908  Name of Registered Wast Freehold Cartage, In	of Material (ACM) TED by	⊠ Re □ De  Is Use Ma Cus  Yes	novatiemolitics Locat Norma ed Sole intena todial : (12) No	on ion lly sly by nce/Staff?	Asbe (i.e	Description of stos Containing Man., thermal systems is surfacing, VAT, other miscellane.    Joint Compound Cubic Yards of Waste 5	rainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous) id  Name of Regis GROWS La City, State	Amount (Specify SF or LF)  50 SF	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)  Unite 908  Name of Registered Wast Freehold Cartage, In City, State Freehold, NJ	of Material (ACM) TED Ty	⊠ Re □ De  Is Use Ma Cus  Yes	novatiemolitics Locat Norma ed Sole intena todial : (12) No	on ion lly sly by nce/Staff?	Asbe (i.e	Description of stos Containing Man., thermal systems surfacing, VAT, other miscellane.    Joint Compound Cubic Yards of Waste 5   Disposal Date	rainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous) id  Name of Regis GROWS La City, State	Amount (Specify SF or LF)  50 SF	Removal	ateme	ent Ty Encapsulate			
≥3 sf or ≥3 lf □≥160 sf or ≥260 lf  Location Asbestos-Containing l TO BE ABA IN Facilit (13)  Unite 908  Name of Registered Wast Freehold Cartage, In City, State	of Material (ACM) TED Ty	Is Is Use Market	novatiemolitics Locat Norma ed Sole intena (12) No	on ion lly by nce/ Staff?	Asbe (i.e	Description of stos Containing Man., thermal systems surfacing, VAT, other miscellane.    Joint Compound   Cubic Yards of Waste   5   Disposal Date   6/17/14	rainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous) id  Name of Regis GROWS La City, State	Amount (Specify SF or LF)  50 SF	Removal	ateme Repair	Ty Encapsulate			

STATE OF NEW JERSEY

				BESTOS ABAT C 8:60-7 AND 12	111	leci	PA	20	89_			
Date of Notification (1)		Name of Building Owner / Operator (2)										
$\frac{05}{30} / \frac{30}{14}$			Street Add	ress	TICALS CORPORA	TION	1 2 22					
Agencies Notified Type of No			1 HEALTH		N 15 T 8 16	<del>. ∨                                   </del>	PH 12	:51				
	Initial Amended		City, State, Zip Code EAST HANOVER, NJ 07936									
DOH DOL	Amendment #		Name of Contact KEN PIROZZI Telephone Number									
	Cancellation	FA	CILITY IN	FORMATION	40							
	<del></del> _	- /6\		F 65106	- (4)							
Name of Facility Where Abatem NOVARTIS	ent is Taking F	Place (3)			ool (K-12)	han K 1	2)					
Street Address 1 HEALTH PLAZA			Subchapter 8 (Other than K-12)  Other (I.e., private & cmmercial bldgs., homes, etc.)									
City (5) County (6) EAST HANOVER MORRIS	County Code (	7)	Square Feet 50,000	# Of Floors		Buildin	g Age 40-	+				
				Current Use (Prior if being demolished) BOILER HOUSE								
Name of Monitoring Firm Hired HILLMAN ENVIRONMENTAL	by Bldg. Owne	er (8)	ASCM NO		ement Contractor (	9)						
Street Address			<u> </u>	LVI Demolition Street Address			_					
1600 ROUTE 22 EAST			Street Address									
City, State, Zip Code		2 1		32 Williams Par								
UNION, NJ 07083 Project Mngr. For Monitoring F	mher	City, State, Zip Code										
MIKE NEHLSEN		Telephone Nui 908-688-7800	Indei	East Hanover, I	NJ 07936							
Sheduled Start Date (10)	1)	Telephone Nu	mber	License	Number							
$\frac{-06}{20} / \frac{20}{14}$			14	973-884-86	882		(	00860				
Occupancy Status During Abat	ement (Check	Only 1)		Name of OSHA								
☐ Facility Closed/Vaca	ted During Ent	ire Period of		LVI Demolition								
Abatement Abatement Performe	ed Outside of N	ormal Facility		Street Address	5							
Hours - Describe:	d Outside of it			32 Williams Par	rkway		-					
☑ Other - Describe:	5:00AM STAR	Т		City, State, Zip East Hanover,								
Scope of Work (Check All That	Apply)			East Hanover,	NJ 07936							
	24	-		F. II C t- i		Decem						
☐ Demolition ☐ >3sf or >3lf	[4]	Renovation		Mini - Enclosu	ent with Negative	riessui	e					
≥160 sf or ≥260 lf			✓ Glovebag Procedure									
				Non-Exempted	d (*) and Non-Friat	ole Proc	edure					
Location of	Is		Descript	ion of		Abatem	ent Type	S				
Asbestos Containing	Location	As	bestos - C		1	R		E	E N			
Material (ACM) TO BE ABATED	Normally Used		Material e., thermal		Amount (Specify	E	R	N C	C			
in Facility	Solely		- T. 하스팅 시민 전 전 전 100 100 100 100 100 100 100 100 1	facing, VAT,	SF or LF)	0	P	Α	L			
(13)	by Main-			ellaneous)		V	Α	P	0			
	tenance/	1				A L	R	S	S U			
	Custodial Staff (12)					-	"	L	R			
	YES NO N/A											
BLDG 710 - BOILER ROOM		PIPE & FITTIN	G		350 LF	<u> </u>						
							1 4	+ +	<del>     </del>			
Name of Registered Waste Hau NEWARK CARTING	ler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill							
City, State		4509	Disposal	City. State								
NEWARK, NJ	2.00	o security.	Date	BETHLAHEM,	PA							
Completed by (Print or Type)		Title	NACEE	Sig	nature	$\bigcap$		Date				
STEVEN STILES		PROJECT MAI	NAGEK		Iten de	<u>ソ</u>			05/30/14			

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Check # 2088

Date of Notification	1			Name of Building Owner / Operator (2) First Energy										
$\frac{-05}{-16}$	/			First Energy Street Address										
Agencies Notified	Type of No	otification		76 South S										
☐ EPA ☐ DEP	[]	Initial Amended		City, State, Zip Code Akron, Ohio 44308  Name of Contact  Telephone Number									1	
☑ DOH DOL		Amendment #		Name of C Jim Halse		Telephor Number  51 05 CON I ROL								
		Cancellation	FA	ACILITY INFORMATION										
				(OILIT III						312				
Name of Facility Wh	ere Abatem	ent is Taking F	Place (3)		Type of Facil	ity (4) hool (K-12)								
Street Address 101 ALEXANDER AV	/E		9	Subchapter 8 (Other than K-12) Other (I.e., private & commercial bldgs., homes, etc.)										
City (5) PEQUANNOCK	County (6 MORRIS	)	County Code (	(7)	Square Feet		Floors	3	Buil	ding	Age			
LGO/MMOOK	I WICH WICH				Current Use	(Prior if being	g dem	olished)	1					
				Telephone Pole										
Name of Monitoring	Firm Hired	by Bldg. Owne	er (8)	ASCM NO										
Environmental Health	Investigation	ons			LVI Demolition	n Services Inc	Э.							
Street Address					Street Addres	ss								
655 West Shore Trail					_	outra contra com								
City, State, Zip Code	Э				32 Williams P									
Sparta, NJ 07871 Project Mngr. For M	anitarina E	iem	Telephone Nu	mber	City, State, Z	ip Code								
Dino Nappi	onitoring F	irm	IIIDEI	East Hanover	. NJ 07036									
Sheduled Start Date	(10)	Sched. Comp	212-682-9271 letetion Date (1	1)	Telephone N			License	Number					
06//07	/14	14						00	960					
//	/	/ Charle	Only (1)		973-884-8 Name of OSH	SALO EN AND			-	00	860			
Occupancy Status I		ement (Gneck ted During Ent			LVI Demolition		C.							
Abateme		tea Daning Line			Street Addre									
		ed Outside of N												
		8:00 am to 5;0		50	32 Williams P									
Other - D	escribe: _			City, State, Zip Code East Hanover, NJ 07036										
Scope of Work (Che	ck All That	Apply)			_uot numoro.									
☐ Demolitic	nn.	v	Renovation	П	Full Containment with Negative Pressure									
		C			Mini - Enclos		-							
☐ ≥160 sf o	r ≥260 If				Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
				V	Non-Exempte	ed (") and No	n-Fria	DIE Proce	aure					
Location	of	ls	T	Descript	ion of			Abateme	ent Ty	ре				
Asbestos Con		Location	As	sbestos - C	ontaining			R			E	E		
		Normally		Material	* *		nount	E M	R		N C	N		
TO BE ABA		Used Solely		e., thermal	r systems facing, VAT,		oecify or LF)	27.55	P		A	L		
in Facilit (13)	у	by Main-			ellaneous)	10.	o. L. ,	v	A		Р	C		
(,		tenance/						Α	1		s	s		
		Custodial	l					L	R		U	U		
		Staff (12)							+		+	-1"		
Exterior Telephone P	ole	YES NO N/A	Transite Condu	uit		20 L	F	য	+		T			
Exterior receptione P												1		
	-,													
Name of Registered NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Yards of Waste	Name of Registered Landfill I.E.S.I.											
City, State					al City. State									
NEWARK, NJ				Date	BETHLEHEM, PA 18105									
Completed by (Prin	t or Type)		Title		Signature			0			Date			
Steven Stiles			Project Manag	er		XUN	1	1				05/30	)/14	