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

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Date of Notification (1)							Owne	r/Operator (2)	)	Sec. L	ह्य ज	NOW YOU	T	1
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Agencies Notified	Type Notification	on		_	Street A	ddress				0	0	_	[4	
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□ DOLWD					City. St	ate, Zip Co	ode			0)	0	PM 10:	Г	n
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(NJAC 5:23-8)	justification  Cancellatio					McKinr				0		9		
	Cancellatio									VB		-		
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Name of Facility Where	Abatement is Ta	king F	Place (	3)					Type of Facility					
PSEG Nuclear									☐ School (K-12	) 3 (Other than K-1	2)			1
Street Address										rivate and comme		uilding	s,	- 1
End of Alloway Cr	eek Neck Rd.		12						homes, etc.)					
City (5)									Square Feet	# of Floors	В	dg. Ag	ge	
Hancocks Bridge														9
County (6)					Count	y Code (7)	(STAT	E USE ONLY)		ior if being demo				25
Salem									Exterior wo	rk on interior	of coo	ling t	ower	
Name of Monitoring Firm	n Hired by Buildin	ng Ov	vner (8	3) /	ASCM N	No.	Nam	e of Abateme	ent Contractor (9)					
NA							BF	RISTOL EN	VIRONMENTA	L, INC.				
Street Address							Stree	et Address				0.00		
							11	23 BEAVER	RSTREET					
City, State, Zip Code				_			City,	State, Zip Co	ode					
ony, onato, Ep cons							BF	RISTOL, PA	19007					
Project Manager for Mo	nitoring Firm			Tele	phone I	No.		phone No.		License No.	- 1			
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10 /14 /				10.000	/				VIRONMENTA	L. INC.				
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Occupancy Status Durin	and the second s							et Address	PETPET					
☐ Facility Closed/Vaca☐ Abatement Performe						oribo		23 BEAVE						
Time of Abatement:						Clibe		State, Zip Co						
Time of Abatement.	7.00/ W. 0.00						BI	RISTOL, PA	19007					
Scope of Work (Check	all that apply)					**		□ Full Con	tainment with Ne	gative Pressure				
☐ >3 sf or >3 lf			⊠ Re	novati	on			☐ Mini-End		9441011000				
≥160 sf or ≥260 lf			☐ De				08		g Procedure	Eriable Bross	duro			
								⊠ Non-Exe	empted (*) and N	on-Friable Proced		h - 4	T	
	messer 💌			Locat lorma				Description of			-	batem	_	-
Location Asbestos-Containing					ely by	Asbe	estos (	Containing Ma		Amount	Kemoval	Repair	Encapsulate	Enclosure
TO BE A				intena			e., the	mal systems	insulation,	(Specify	l o	air	aps	losı
IN Fac			Cusi	(12)	Staff?			urfacing, VAT er miscellane		SF or LF)	<u> </u>		ulat	- F
(13	)	ŀ	Yes	No	N/A	1	Oti	iei iiiisceliane	(Cu3)				O	
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Genreal Area benea	ath tower					Transit	te del	oris clean u	ıp	200 SF				
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			200	-	+									
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Name of Registered W				100	NJDEP ' Hauler I		Cub   Was	ic Yards of ste		istered Landfill	h 6-!:	d 18/c	eto F	)iv
C&H Disposal Se	rvice Inc.			'	7903		1	5		Improve. Aut	11. 3011	u vva	oce L	) i V
City, State			400				Disp	oosal Date	City, State					
Elmer, NJ							1	0/28/13	Alloway,	NJ				
Completed By (Print or	Type)	Title						Signature	0	1	Date	10-	1.0	
Gino Pizzigoni	normal #35000#0.	Es	stima	tor				Dino 1	Puzzigos	1/18	10	28	113	16
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ASB-41 MAY 11 G I 13161

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

Check # 8157

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11-4-13				te of New Jersey			<u> </u>	X	15	)	1	
Date of Notification (1)	No.	OTIFIC.		OF ASBESTOS		;		U				
Date of Notification (1)	YE	- N		Building Owner/C		<u> </u>	·					
10.109-11	5M		C-1-2 S014		Perator (2)	eter	Sm	ith	1			
Agencies Notified Type Notification	mg:		treet Ad	dress L//>	a Mid	10	rlies	Δ	L( ) (	:		
DEP CAmended	MITE	. c	ity, State	e, Zip Code	1 010	ν, υ	, , , , , , , ,				-	
DOL Amendagent		<u>/L</u>		$\sim$	eptune.	: N.	10	775	53			
DOH justification)	Cidening	CIN	ame of	Contact	'11		Telephon	n k1				
□ DCA □ Cancellation			FACIL	ITY INFORMATI	nith	<u>,                                    </u>	_			_	-	- 1
Name of Facility Where Abatement is Taking	~					f Facility (	4)					
Street Address Street		س,	= 111	ing		chool (K-1	2) 8 (Other than	V 101				
409 Old C	ORl	ies	A	ريخ ا	120		orivate & com		build	ngs, l	nome	s,
City (5) Neptune 1	15	0	77	53	Square	Feet	# of Floor	s		dg. Ag		
County (6) Monmouth			ounty C	ode (7) SE ONLY)	Curren	t Use (Pri	or if being der	nolishe	d)			
Name of Monitoring Firm Hired by Building On	wner (8)	. 1	ASCM	No.	Name of Abate	ement Cor	A ' '				>	
Street Address	316			MA	Street Address	150	chno	log!	163		ln	6
P.O. BOX 35	> 7				City, State, Zip	Code	337					_
New Equat	N 2		280	533	New	Egy	1 + A	U	0	35	3	3
Project Manager for Monitorial government		10.00	elephon	ne no. <b>758-</b> 3365	Telephone No 609 758		Street, 11 Street, 125	nse No	3	19	4	
Start Date (10)		d Com	pletion D	Date (11)	Name of OSH	A Monitor	1			-	-0-	
Occupancy Status During Abatement (Check			4-1	3	Street Address		hnolog	ies	$\mathcal{L}_{i}$	ic		
SC Facility Closed/Vacated During Entire Po			ent		1200	100000	337					
Abatement Performed Outside of Norma  Other – Describe:	I Facility	Hours	JIIL		City, State, Zip	Code		- /.	015			
Scope of Work (Check All That Apply)					New E	SYPT	N)		8-	3.3	2	-
100,0,0,0			1.T.11.1				ent with Nega	ative Pr	essur	е		
□ ≥160 sf or ≥260 lf		emolitic	on		<b>∑</b> Glov	-Enclosur vebag Pro	cedure	F-2-11	- D		80	
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Location of	1	Normally	y	De	escription of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solel intenan			ntaining Material al systems insula		Amoun (Specif	252	מ	_	Enc	щ
In Facility	Cus	todial S (12)	taff?	surf	acing, VAT, or		SF or L		Remova	Repair	Encapsulate	Enclosure
(13)				otner	miscellaneous)				val	Ť	ılate	ure
0	Yes	No	N/A	· P			130	LE	x			
Basement	X			1 IDE T	insulation	<b>:</b>	750	-	-			
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	-											
Name of Registered Waste Hauler	1		JDEP W		c Yards	Name of	Registered L	andfill				-
EPC Technologies	>	H	auler ID	00	2	Was	te Mana	igen	ادما	٠ ٢	E F	A
City State	NJ				osal Date Vບບ 5, 2013	City, Sta	ite uisuille	P	A			
310	Title				Signature	C 1	The state of the s	Dat	e .		/	
Steve Schenker	Pize	sid	ent		Steep)	Sch	sh_	1	0/	25/	13	

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

Date of Notification	(1) tober 15, 2	013	N	lame	of Bui	Iding (	Owner / Operato	E(2),	EIVE	D					
Agencies Notified	Type Notific		S	treet	Addre	ess			I PH IO						
⊠ EPA   □ DEP	☐ Initia	al				Zip C	Road 4913 N	01	FRIU	40	-				
⊠ DOL		ended R#1-10/2				TOW		STO	SCONT	Ba. 1	N.				
□ DOH □ DCA		ergency cellation			of Co		٤	Lic	ENSING	RUL (D	Те	lepho	ne N	umbe	ər
				2000			ORMATION		•	可见				¥73441.00	_
Name of Facility W	here Abatem	ent is Taking Pl	ace (3)				Type of Facili	ity (4)			10.				
WILLIAMSTOWN	CENTRA	OFFICE					School (I								
Street Address									(Other than			1400000			
707 SICKLERVIL	LE ROAD							100 miles	rate & com		-			tc.)	
011 (E)		To	-12				Square Feet		# of Floo		Big	g. Age	е		
City (5)	4	County (6)	Cor	unty C	ode (	/)	20000		if haina da	2	-N		134		
WILLIAMSTOWN	1	Gloucester					Current Use (	200	400000000000000 <del>0</del> 0000000		ia)				
Name of Manitoria	Ciasa I lisa d	b. D. ildia a O	(0)		IACC	M No.	Verizon cor Name of Aba		A STATE OF THE PARTY OF THE PAR	A CONTRACTOR OF THE PARTY OF TH			-		_
Name of Monitoring USA Environme		by building Owl	iei (o)		ASC	IVI INO.	BRISTOL E	NVIF			c				
Street Address 8436 ENTERPRIS	SE AVE						Street Addres		TREET						
City, State & Zip Co							City, State &					-1000	- 11 125 2		
PHILADELPHIA		MAN	,				BRISTOL, F								
Project Manager fo MARK JENKINS	r Monitoring	Firm	Telep 215-3			er	Telephone No. 215-788-604		r	Lic	ense Nu	mber 0050	9		
Scheduled Start Da	ite (10)	Scheduled Cor	Em. (1.166) (150,000)	62,000,000			Name of OSF		onitor						
ON HOL					, ,		BRISTOL E	NVIF	RONMENT	TAL IN	C				
Occupancy Status		ement (Check or During Entire P			teme	nt	Street Addres	347	TDEET						
		Outside of Norm					City, State &								- (0) 1-2-
	5:00 PM -		ui 1100		, am to	op	BRISTOL, F	- 5							
		g Abatement					,-	7.7							
Scope of Work (Ch	eck all that a	apply)													
☐ ≥3 sf or ≥3	ıc		<b>EZI</b>	Don	ovatio			$\bowtie$	Full Cont Mini-Enc		t with Ne	gative	Pres	sure	Į.
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L	ocation of		ls L	ocati	on		Description	n of	T	•	ount				уре
	tos-Containi	ng		nally (			Asbestos-Con	tainir	ng		ecify				T
	terial (ACM) BE ABATED		So Maint	olely b			Material (A (i.e., thermal s		00	SF	or LF)	20	л	Enc	g
	in Facility		200000000000000000000000000000000000000		Staff?		insulation, surfac					Remova	Repair	Encapsula	Enclsoure
	(13)			(12)			or other miscell					\sigma	=	late	ure
			Yes	No	N/A										_
Basement- Eme	rgency Pov	wer Room		$\sqcup$	Ц		VAT/MAS	TIC		68	) SF	$ \boxtimes$	H	片	ዙ
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Name of Registere	d Waste Ha	uler		NJ	DEP \	Naste	Cubic Yards	Nar	ne of Regis	stered L	andfill				
					uler II	O No.	of Waste								
SERVICE TRANS	SPUKI GR	OUP, INC.		20	990		6 Disposal Date	-	NERVA LA v, State	ANDFIL					
NEW CASTLE, D	E 19720						TBD		YNESBU	RG, O	H 44688				
Completed By (Prin				Titl		36	Signature			1-		Date			
PATRICK T. Dec	CARO			Es	tima	tor	Patrick	7	D'Care	1/4		10/1	5/13		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-) Date of Notification (1) Name of Building Owner/Operator (2) 1 0 / Chatham United Methodist Church Agencies Notified Street Address [X] EPA 460 Main Street [] DEP [X] Initial City, State, Zip Code [X] DOL [ ] Amended Chatham NJ 07924 Amendment# [X] DOH **Emergency (including** Name of Contact Telephone Nu Justification) [X] DCA [ ] Cancellation Gerald Elgentowics FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chatham United Methodist Church [] School (K-12) Street Address Subchapter 8 (Other than IXI Other (i.e., private & con [] 460 Main Street buildings, homes, etc.) City (5) Square Feet County Code (7) County (6) # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) Jersey City Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) USA Environmental J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 1141 Route 23 344 West State Street City, State, Zip Code Trenton NJ 08618 Wayne NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License No. 973 628-9500 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 1 1 1 / 1 1 2 6 Enviro Vision Consultants, Inc. 1 Day Year Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure [X] [X] Renovation Mini-Enclosure [ ] ≥3 sf or ≥3 lf 11 Demolition Glovebag Procedure [X] ≥ 160 sf or ≥ 260 lf Non-Exemted (\*) and Non-Friable Procedure Abatement Type Is E E Description of Location N N Location of Normally Asbestos-Containing Amount E R C C Asbestos - Containing Used Material (ACM) (Specify M E A Material (ACM) Solely by (i.e., thermal systems SF or LF) 0 P o TO BE ABATED Maintenance / insulation, surfacing, VAT, v S S A in Facility (13) Custodial or other miscellaneous) I U U A Staff (12) L R L R Yes No N/A Rooms 26, 27, 28, 30 X Fireproofing 1555 SF 70 ea. Rooms 26, 27, 28, 30 X Fitings Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. J.R. Contracting & Environmental Consulting, Inc. 17819 G.R.O.W.S City, State Disposal Date City, State Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Title Signature Date Jerry Bijelonic

10/16/2013 G4667

Project Manager

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

	(Pu	ırsu	ant	t to	N.J.A	1.C.	8:60 and	12:1	20)	Ch# à	2547
Date of Notification (1)			Nam	ne of	Buildin	n Ov	wner / Onerat	C = 1	VFn	CAC. A	200
October 15, 2			VEF	RIZO	N COI	MMI	wner / Operat UMCATION oad	IS	-17		
Agencies Notified Type Notified	ation		Stre	et Ac	dress		SALO MON	-/ F	MID .		
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= - cmc0	ai ended		City,	Stat	e & Zip	Coc	NJ & LIC	OS co	) A =		13400V
	ergency	ŀ	AAIIT	LIAI	Cantag	WW	NJ & LIC	ENZI	MIRDL		
	cellation	- 1	1 vali	ie 01	ylor	ત		-1101	166		Telephone Number
			100-300-0775	A PERSONAL PROPERTY.							
Name of Facility Where Abatem	ent is Taking Di	200 /	- FA	ACIL	ITY IN	IFO	RMATION				
WILLIAMSTOWN CENTRAL	OFFICE	, 30c	3)				Type of Faci				
Street Address								100	Other than K-	12\	
707 SICKLERVILLE ROAD							Other (i.	.e. priva	ate & comme	rcial buildin	igs, homes, etc.)
			5-2-2				Square Feet	1	# of Floors		Bldg. Age
City (5)	County (6)	Co	unty	Cod	e (7)		20000	0	2		
WILLIAMSTOWN	Gloucester						Current Use	(Prior i	f being demo	lished)	
Name of Marita in Fig. 11									nication cen		
Name of Monitoring Firm Hired to USA Environmental	by Building Owne	er (8)		A	SCM N		Name of Aba	atemen	t Contractor (	9)	
Street Address									ONMENTAL	- INC	
8436 ENTERPRISE AVE							Street Addre		TDEET		
City, State & Zip Code						$\neg$	City, State &				
PHILADELPHIA PA 19153							BRISTOL,				
Project Manager for Monitoring F MARK JENKINS					mber		Telephone N	lumber		License N	lumber
	Scheduled Com	215-3					215-788-60	100 MIN. 100			00509
10/29/13		11/7		ne (1	1)		Name of OSI		nitor ONMENTAL	INIC	
Occupancy Status During Abater	ment (Check onl	v one	1)	-			Street Addres		DIAMENIAL	. INC	
Facility Closed/Vacated I	During Entire Pe	riod o	of Ab	atem	nent	- 1	1123 BEAV		REET		
Abatement Performed O	utside of Normal	Hou	ırs –	7am	to 3pm		City, State &				
Describe: 5:00 PM -							BRISTOL, F	PA 190	07		
Scope of Work (Check all that ap											•
Ocope of work (offect all that ap	ipiy)							$\square$	Eull Contains		
≥3 sf or ≥3 lf		X	Rer	novat	tion			×	Mini-Enclosu	nent with N	egative Pressure
≥160 sf ≥260 lf				noliti					Glove Bag Pr		
											-Friable Procedure
Location of			ocat		.		Description	n of		Amount	Abatement Typ
Asbestos-Containing Material (ACM)	9   1	Norm So	lely l			Α	sbestos-Con Material (At			(Specify	
TO BE ABATED	l N	/lainte	enan	ce o	r	(i.	e., thermal sy			SF or LF)	2 7 5
in Facility	0	usto		Staff	?	insu	lation, surfac	ing, VA	AT		Repair Removal
(13)	h		(12) No	N/A	Н	or	other miscella	aneous	)		Encapsulate Repair Removal
Basement- Emergency Power		<b>X</b>	П		+		\/AT/B#A03	<del></del>			
Duscincia Emergency i Owe	i itooii	4+	H	H	-		VAT/MAST	IIC		680 SF	
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	İ	7	Ħ	П							<del></del>
		1									<del>┤╞╣╞╣╞</del>
Name of Registered Waste Haule	r		NJ	DEP	Waste		bic Yards	Name	of Registered	d Landfill	
SERVICE TRANSPORT GRO	IID INC				ID No.	13000	Vaste	1			
City, State	or, inc.	- 5100	20	990		6 Dia	! D :		RVA LANDI	FILL	
NEW CASTLE, DE 19720						TB	posal Date	City, S		ОЦ 4400	
Completed By (Print or Type)			Title	e			nature	AAMII	NESBURG,	UN 44688	
PATRICK T. DeCARO				c tima	tor	Joig	0, 1	m 1	Caro /-	-1	Date 10/15/13
						/	atrick ?	9.0	are /-	1	.0710710

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

Date of Notification (1)					1	, n	_		•		<u> </u>		<u></u>	<b>—</b>	3
9 /	26 /	13			PS		g Owi	ner/Operator (	2)		80 Ld		N		n
			<del></del> 8								15	8			)
Agencies Notified  EPA	Type Notifica	ation			1 (27) 770 (7)	Address					CE		_		T
☑ DOLWD	☐ Initial☐ Amended	ï				Park Plaz					Z	,	79	4	<
☑ DHSS	Amendme		-10/28	3/13	I STANGED IN	State, Zip C					0,0	7		1	M
☐ DCA	☐ Emergen	cy (inc				wark, NJ		02			NO.		Ö		
(NJAC 5:23-8)	justification				11000000	of Contac	-			Telephor	ne Numb	3_	201		
	☐ Cancellat	ion			Kel	ly McKin	ney								
					FA	CILITY IN	FOF	RMATION			¥ 57				
Name of Facility Where A	Abatement is T	aking	Place	(3)		14.			Type of Facility	(4)					
PSEG Nuclear									School (K-12		16.40)				
Street Address						######################################			☐ Subchapter 8 ☑ Other (i.e., pr			ial bu	ildina	S.	
End of Alloway Cre	ek Neck Rd	•			5-10-				homes, etc.)			7. TO 10. 10 10 10 10 10 10 10 10 10 10 10 10 10		-1	
City (5)					2 7 2				Square Feet	# of Flo	ors	Ble	dg. Ag	е	
Hancocks Bridge			C 7473404 54 here 47												
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being	demolish	ed)			
Salem									Exterior wo	rk on inte	erior of	cool	ing to	owe	
Name of Monitoring Firm	Hired by Build	ding Ov	wner (	8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						
NA							В	RISTOL EN	VIRONMENTAI	L, INC.					
Street Address							Stre	eet Address							
							1	123 BEAVE	R STREET						
City, State, Zip Code							City	, State, Zip Co	ode						
							В	RISTOL, PA	19007						
Project Manager for Moni	itoring Firm			Tele	phone	No.	Tele	ephone No.		License	No.				
							2	15-788-6040	1	0050	9				
Start Date (10)	2000	chedu	iled Co	omple	tion Da	te (11)	Nar	me of OSHA M	lonitor						
10 / 14 /	13	11	/	_1	<u> </u>	13	В	RISTOL EN	VIRONMENTAI	L, INC.					
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address							
☐ Facility Closed/Vacate							1	123 BEAVE	R STREET						
☐ Abatement Performed							City	, State, Zip Co	ode						
Time of Abatement: 7	:00AM-3:30F	M/	P	Λ- <u> </u>	AM		В	RISTOL, PA	19007						
Scope of Work (Check all	that apply)							ACCOMP					100		
☐ >3 sf or >3 lf		,	⊠ Re	novat	ion			☐ Full Cont	tainment with Neg	ative Pres	sure				
≥160 sf or ≥260 lf			Dei						g Procedure						
							*		mpted (*) and No	n-Friable F	rocedure		1.0000000000000000000000000000000000000		
P. Consumption Company		1	- 1	Loca								Ab	ateme	nt Ty	pe
Location Asbestos-Containing		,		lorma d Sol	ely by	Acho	etoe i	Description of Containing Ma		Amo	unt	Re	Re	En	En
TO BE ABA		'	Mai	intena	ince/	(i.e	, the	rmal systems	insulation,	(Spe		Removal	Repair	cap	clos
IN Facilit	ty	- 1	Cust	odial (12)	Staff?	1078		urfacing, VAT		SF or		<u>a</u>	-	Encapsulate	Enclosure
(13)		1	Yes	No	N/A	1	oti	her miscellane	ous)					te	
Hope Creek Cooling	tower	-		15000		Tanania				400	05	<b>N</b>		$\vdash$	
_		_	ш		$\boxtimes$	Transit	e pa	neis		400	51	$\boxtimes$	ш	Ш	
Genreal Area beneath	n tower					Transit	e de	bris clean u	p	200	SF	$\boxtimes$			
									7/						
			П	П									П	П	П
Name of Registered Was	te Hauler			_	JDEP '	Naste	Cub	oic Yards of	Name of Regis	tered I and	(fill	_		$\Box$	ш
C&H Disposal Servi				1 1	lauler II		Was		Salem Co I			olid	Was	te Di	iv
City, State					7903		Die:								-
Elmer, NJ								posal Date 0/28/13	City, State	1					
				12-12-2			1		Alloway, N	J					
Completed By (Print or Ty	ype)	Title	.,	is a				Signature	0	. / .	Date	/	na/	12	
Gino Pizzigoni		Es	timat	or				Shar /	uzigon	1/11	1	10	28/	2	

ASB-41 MAY 11 G I 1316/

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

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

RECEIVED 15

Date of Notification (1)										IX W				
	29 / _	13			Cu	mberlan	ng Owner/Operator d County Colleg	(2) e	13 NOA -1	PM	2:	57		
Agencies Notified  EPA	Type Notifica	ition		S		t Address		AS	RESTOR	WHITTON		. ,		
☑ DOLWD	☐ Amended					22 Colleg			BESTOS & LICEN	CONT	R	OI.		
☑ DHSS	Amendme			10		State, Zip			LICEF	azing	ì			
DCA	☐ Emergend		ling	_		neland, N						4	9	
(NJAC 5:23-8)	justificatio  Cancellati					of Contac	70		Telephone	Number	r			
	- Caricellati					yllis Sied					•	F		
Name of Facility M/h A					FA	CILITY	NFORMATION							
Name of Facility Where A								Type of Facility						
Cumberland Co. Co Street Address	ilege-Admir	nistratio	on Bl	dg.				School (K-1)		14 40)				
3322 College Dr								☐ Subchapter ☐ Other (i.e., p homes, etc.)	rivate and co	mmercia	al bu	uildin	gs,	
City (5)								Square Feet	# of Floor	s	В	dg. A	ae	
Vineland								20000	1		1 .	50+	.5-	
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being de	emolishe	d)			
Cumberland								Office						
Name of Monitoring Firm	Hired by Buildi	ing Own	er (8)	AS	SCM	No.	Name of Abatem	ent Contractor (9)	)					
Cardno ATC				1	0009	98	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address		9723-3888 — E	U.				Street Address					100		
3 Terri Lane							1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode ·					5/2	-
Burlington, NJ 0801							BRISTOL, PA	19007						
Project Manager for Monit	oring Firm		T	eleph	one	No.	Telephone No.		License N	lo.				
John Lutz				609-	386	-8800	215-788-6040	ì	00509					
Start Date (10)	Sc	cheduled	Com	pletion	n Da	te (11)	Name of OSHA N	lonitor			_	-	-	
_11_/_8_/_	13	11	/_	13	1	13_	BRISTOL EN	VIRONMENTA	L, INC.			700		
Occupancy Status During						116	Street Address							21000-21-5
☐ Facility Closed/Vacated	During Entire	Period	of Aba	ateme	nt		1123 BEAVE	R STREET						
Abatement Performed of Time of Abatement: 7:	Outside of Nor	mal Fac	lity H	ours -	Des	cribe	City, State, Zip Co	ode			-			-
		VI/	PIVI-		AM		BRISTOL, PA	19007						
Scope of Work (Check all t	that apply)						П				71:-34		_00011102	
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>			Renov Demo	ation/ lition			☐ Mini-Enc	Procedure						
			le Le	cation				mpted (*) and No	n-Friable Prod	cedure				
Location o	f	1	Non	mally			Dogosiation				Aba	atem	ent T	уре
Asbestos-Containing M				olely l		Asbes	Description o stos Containing Ma		Amount		Re	Repair	Ē	g
TO BE ABAT IN Facility		200		nance al Stat	7.		., thermal systems i	nsulation,	(Specify	,	Remova	pair	cap	Enclosure
(13)				2)	.,.		surfacing, VAT, other miscellane		SF or LF	)	à		Encapsulate	ure
Throughout		Yes			N/A								Te .	
Tilloughout			$\boxtimes$			Floor til	е		3,150 SI	F [	<b>X</b>			
					]									
					]									
										T	7	П	П	П
Name of Registered Waste				NJD	EP V	Vaste	Cubic Yards of	Name of Regist	tered Landfill					
SERVICE TRANSPOR	RT GROUP,	INC.		Haule			Waste	MINERVA L						
City, State					990		Disposal Date	City, State			111-7			
NEW CASTLE, DE 19	720						- p - 24 410	WAYNESB	URG. OH 44	1688				
Completed By (Print or Typ	e) 11	Title					Signature		, , , , , ,					
Brian Scafiro		Estim	ator				Signature	Scafiro,	1.0	Date / 0 /	10	0 1	1,2	,
SB-41 0 6 12 0 / 1							Journ .	2 majoro /	7	10/		1/	10	

ASB-41 B 5 1306 5-C

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

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

ate of Notification (1)	28 /	13		The Country		Realty,	wner/Operator (2) LLC	26/2166#13	081795; nChk	. #338	5		
gencies Notified	Type Notification	on	-	St	reet Add	ress		AKDECTAS	30				
EPA				Share S				266 BESTUS	COMINOF				$\dashv$
DOLWD	☐ Amended	, ш				, Zip Cod		& LICE	HOING (D				
DHSS	Amendment		ing.			e, NY 11	747						$\dashv$
DCA (NUAC 5:23.8)			iiig	N	ame of C		20 AN THE SAME ASSESSED.		Telephone Number				
(NJAC 5:23-8)	☐ Cancellation				Ms. Ja	ne Cara	cciolo, Buildin	g Manager					$\dashv$
					FACIL	TY INFO	ORMATION				-		-
ame of Facility Where	Abatement is Ta	king Pla	ace (3)					Type of Facility (4					
Charter School of								☐ School (K-12)	(Other than K-12)				
treet Address								Other (i.e., pri	vate and commerci	al buildi	ngs,		
137 Ellison Avenu	ie.							homes, etc.)					
			77.					Square Feet	# of Floors	Bldg.	Age		
City (5)								25,980	4	87			_
Paterson					County	Code (7)(5	STATE USE ONLY)		or if being demolish				
County (6)								Unoccupied	Charter School				
Passaic	Used by Buildi	ing Owr	ner (8)	TA	SCM No	. 1	Name of Abatem	ent Contractor (9)					
Name of Monitoring Fire		ing Owi	ici (0)	1	00		Asbestos an	d Mold Service	s, Corp.				
Horizon Environm	nentai						Street Address						
Street Address							3859 Sylon E	Boulevard					
PO Box 336				-			City, State, Zip C						
City, State, Zip Code							Hainesport,						
Thorofare, NJ 080			- 1	Tolor	hone No	,	Telephone No.		License No.				
Project Manager for M	onitoring Firm				6-848-0	- 1	609-702-040	0	00862				
Steve Flanigan			- 1 0 -		ion Date		Name of OSHA						
Start Date (10)	5	scneau	en Lan										
Otali Date (10)	1 40												
10 /29		11	_ / .	01	_ / _		EMSL Analy						
	ring Abatement (	11 Check of	/	01 ie)	_ / _		EMSL Analy Street Address	tical, Inc.					
0 / 29 Occupancy Status Dur	ring Abatement (Cated During Enti	11 Check of re Perio	only or	01 ie) bater	_ / _ nent	13	Street Address 200 U.S. Ro	ute 130 North					
	ring Abatement (Cated During Entired Outside of No.	11 Check of re Period ormal F	only on od of A	01 e) bater Hour	nent	13ribe	Street Address 200 U.S. Ro City, State, Zip (	ute 130 North					
	ring Abatement (0 cated During Enti- ned Outside of No tt:AM	11 Check of re Period ormal F	only on od of A	01 e) bater Hour	nent	13ribe	Street Address 200 U.S. Ro City, State, Zip Cinnaminso	ute 130 North Code on, NJ 08077					
	ring Abatement (0 cated During Enti- ned Outside of No tt:AM	11 Check ore Period ormal F PM/	only or od of A acility	01 bater Hour PM-	nent s - Desc	13ribe	Street Address 200 U.S. Ro City, State, Zip Cinnaminso	ute 130 North Code on, NJ 08077	egative Pressure				
	ring Abatement (0 cated During Enti- ned Outside of No tt:AM	11 Check ore Period ormal F PM/	only on od of A cacility	01 bater Hour PM-	nent s - Desc A	13ribe	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  — Full Co	ute 130 North Code on, NJ 08077 Intainment with Ne					
	ring Abatement (0 cated During Enti- ned Outside of No tt:AM	11 Check ore Period ormal F PM/	only on od of A cacility	01 bater Hour PM-	nent s - Desc A	13ribe	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  — Full Co	ute 130 North Code on, NJ 08077 Intainment with Ne		ıre			
	ring Abatement (0 cated During Enti- ned Outside of No tt:AM	11 Check ore Period ormal F PM/	only on od of A acility	01 bater Hour PM-	nent s - Desci A	13ribe	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  — Full Co	ute 130 North Code on, NJ 08077 Intainment with Ne	egative Pressure Ion-Friable Procedu	ire Aba	ateme	ent Ty	rpe
	ring Abatement (Cated During Enti- cated During Enti- ned Outside of Note:AM k all that apply)	11 Check ore Period ormal F PM/	only on od of A cacility  Rer Der	01 bater Hour PM-	nent s - Desc A on	ribe M	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  — Full Co — Mini-Ei — Glovet — Non-Ei	ute 130 North Code on, NJ 08077 Intainment with Nenclosure pag Procedure exempted (*) and N	lon-Friable Procedu	Aba		0000	
	ring Abatement (Cated During Entimed Outside of Note:AMk all that apply)	11 Check of re Period ormal F PM/	only on od of A facility  Rer Der	bater Hour PM- nolition	nent s - Desc A on on on ition illy ely by	ribe M	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc    Full Co   Mini-Ei   Glovet   Non-Ei  Description	ute 130 North Code on, NJ 08077 Intainment with Nenclosure pag Procedure exempted (*) and North	Ion-Friable Procedu	Aba		0000	
	ring Abatement (Cated During Enti- ned Outside of Note:AM k all that apply)  tion of ing Material (ACI ABATED	11 Check of re Period ormal F PM/	only on od of A cacility  ☐ Rer ☐ Der ☐ Is N Usee	on the state of th	nent s - Descr A on on ition illy ely by ance/	ribe M	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc    Full Co   Mini-Ei   Glovet   Non-Ei  Description estos Containing I	ute 130 North Code on, NJ 08077 Intainment with Nenclosure pag Procedure exempted (*) and North In of Material (ACM) ins insulation,	lon-Friable Procedu	Aba Removal	ateme Repair	0000	
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ing Material (ACI ABATED acility	11 Check of re Period ormal F PM/	only on od of A cacility  ☐ Rer ☐ Der ☐ Is N Usee	on the state of th	nent s - Desci	ribe M	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc    Full Co   Mini-Ei   Glovet   Non-Ei  Description	ute 130 North Code on, NJ 08077 Intainment with Nenclosure loag Procedure exempted (*) and North In of Material (ACM) In insulation, In or	Amount (Specify	Aba		TY Encapsulate	
	ring Abatement (Cated During Enti- ned Outside of Note:AM k all that apply)  tion of ing Material (ACI ABATED	11 Check of re Period ormal F PM/	only on od of A cacility  ☐ Rer ☐ Der ☐ Is N Usee	01 bater Houri PM- novati nolitic Local Solumena	nent s - Desci	ribe M	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Co Mini-Ei Glovet Non-Ei Description estos Containing I	ute 130 North Code on, NJ 08077 Intainment with Nenclosure loag Procedure exempted (*) and North Internal (ACM) Institution, Internal (ACM) Institution, Internal (ACM) Int	Amount (Specify	Aba	Repair	0000	
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ing Material (ACI ABATED acility	11 Check of re Period ormal F PM/	only or od of A facility  Rer Der  Is N Use Mai Cust	01  bater Houri PM- novati nolitic Locar orma d Sole ntena odial (12) No	nent s - Description on on tion illy ely by ance/ Staff?	nibe M	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Cc Mini-Ei Glovet Non-Ei Description estos Containing I e., thermal system surfacing, V/ other miscella	ute 130 North Code on, NJ 08077 Intainment with Nenclosure loag Procedure exempted (*) and North Internal (ACM) Institution, Internal (ACM) Institution, Internal (ACM) Int	Amount (Specify	Aba		0000	
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ing Material (ACI ABATED acility	11 Check of re Period ormal F PM/	Donly or od of A Facility  Rer Der  Is N Usee Mai Cust  Yes	01 bater Houri PM- novati nolitic Local orma d Solu ntena odial (12) No	nent s - Desc A on on on lilly ely by ance/ Staff?	Asbe (i.e	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Co Mini-E Glovet Non-E:  Description estos Containing N e., thermal system surfacing, V/ other miscella	ute 130 North Code on, NJ 08077 Intainment with Nenclosure loag Procedure exempted (*) and North Internal (ACM) Institution, Internal (ACM) Institution, Internal (ACM) Int	Amount (Specify SF or LF)	Aba	Repair	0000	Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ing Material (ACI ABATED acility	11 Check of re Period ormal F PM/	only or od of A facility  Rer Der  Is N Usee Mai Cust  Yes	01 bater Hours PM- novati nolitic Locat orma d Sole ntena odial (12) No	nent s - Description on on tion lilly ely by ance/ Staff?	Asbe (i.e	EMSL Analy Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Co Mini-En Glovet Non-En Description estos Containing N en, thermal system surfacing, V other miscella	ute 130 North Code on, NJ 08077 Intainment with Nenclosure loag Procedure exempted (*) and North Internal (ACM) Institution, Internal (ACM) Institution, Internal (ACM) Int	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	e Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of aing Material (ACI ABATED recility 13)	11 Check of the Period of the	Is Nuse Mai Cust	01 bater Hours PM- povatit correlation local drond (12) No	nent s - Description on on tion illy ely by ance/ Staff?	Asbe (i.e	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Cc Mini-Ei Glovet Non-Ei Description estos Containing I e., thermal system surfacing, V/ other miscella disulation tos debris	ute 130 North Code on, NJ 08077 Intainment with Nenclosure loag Procedure exempted (*) and North Internal (ACM) Institution, Internal (ACM) Institution, Internal (ACM) Int	Amount (Specify SF or LF)  4 LF 2 SF	Aba Removal	Repair	Encapsulate	Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of an angular ing Material (ACMABATED accility 13)	11 Check of the Period of the	Is Nuse Mai Cust	01 bater Hours PM- novatii nolitic  Locat ormand d Sole ntena odial (12) No	nent s - Description on tion tilly ely by ance/ Staff?	Asbe (i.e.	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Cc Mini-En Glovet Non-En Description estos Containing N en, thermal system surfacing, V other miscella	ute 130 North Code on, NJ 08077 Intainment with Nenclosure lag Procedure exempted (*) and North Material (ACM) ins insulation, AT, or ineous)	Amount (Specify SF or LF)  4 LF 2 SF 1 LF 8 LF	Aba Removal	Repair	Encapsulate	Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ling Material (ACI ABATED acility 13)  ont area by win Waste Hauler	11 Check of the Period of the	Is Nuse Mai Cust	01 bater Hours PM- novatii nolitic Local Solution No	nent s - Description on clion lilly ely by ance/ Staff?  N/A	Asbe (i.e	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Cc Mini-Ei Glovet Non-Ei Description estos Containing I e., thermal system surfacing, V/ other miscella disulation tos debris	ute 130 North Code on, NJ 08077 Intainment with Nenclosure ong Procedure exempted (*) and North Material (ACM) ons insulation, AT, or neous)	Amount (Specify SF or LF)  4 LF 2 SF 1 LF 8 LF	Aba Removal	Repair	Encapsulate	Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ling Material (ACI ABATED acility 13)  ont area by win Waste Hauler	11 Check of the Period of the	Is Nuse Mai Cust	01 bater Hours PM- novatii nolitic Local Solution No	nent s - Description on tion tilly ely by ance/ Staff?	Asbe (i.e.	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Cc Mini-Ei Glovet Non-Ei Description estos Containing I e., thermal system surfacing, V/ other miscella  sulation cos debris nsulation Cubic Yards of Waste 2	ute 130 North Code on, NJ 08077 Intainment with Nenclosure oag Procedure exempted (*) and North AT, or neous)  I Name of Re GROWS	Amount (Specify SF or LF)  4 LF 2 SF 1 LF 8 LF	Aba Removal	Repair	Encapsulate	Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ling Material (ACI ABATED acility 13)  ont area by win Waste Hauler	11 Check of the Period of the	Is Nuse Mai Cust	01 bater Hours PM- novatii nolitic Local Solution No	nent s - Description on clion lilly ely by ance/ Staff?  N/A  NJDEP 1  Hauler II	Asbe (i.e.	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Co Mini-En Glovet Non-En Description estos Containing I e., thermal system surfacing, V/ other miscella  sulation cos debris asulation Cubic Yards of Waste 2 Disposal Date	ute 130 North Code on, NJ 08077 Intainment with Nenclosure pag Procedure exempted (*) and N In of Material (ACM) is insulation, AT, or neous)  I Name of Re GROWS City, State	Amount (Specify SF or LF)  4 LF 2 SF 1 LF 8 LF gistered Landfill Landfill	Aba Removal	Repair	Encapsulate	Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ling Material (ACI ABATED acility 13)  ont area by win Waste Hauler	11 Check of the Period of the	Is Nuse Mai Cust	01 bater Hours PM- novatii nolitic Local Solution No	nent s - Description on clion lilly ely by ance/ Staff?  N/A  NJDEP 1  Hauler II	Asbe (i.e.	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Cc Mini-Ei Glovet Non-Ei Description estos Containing I e., thermal system surfacing, V/ other miscella  sulation cos debris nsulation Cubic Yards of Waste 2	ute 130 North Code on, NJ 08077 Intainment with Nenclosure pag Procedure exempted (*) and N In of Material (ACM) is insulation, AT, or neous)  I Name of Re GROWS City, State	Amount (Specify SF or LF)  4 LF 2 SF 1 LF 8 LF gistered Landfill Landfill	Aba Removal	Repair	Encapsulate	Enclosure
	ring Abatement (Cated During Entimed Outside of Note:AM k all that apply)  tion of ing Material (ACI ABATED facility 13)  ont area by win Waste Hauler ge, Inc.	11 Check of the Period of the	Is Nuse Mai Cust	01 bater Hours PM- novatii nolitic Local Solution No	nent s - Description on clion lilly ely by ance/ Staff?  N/A  NJDEP 1  Hauler II	Asbe (i.e.	Street Address 200 U.S. Ro City, State, Zip C Cinnaminsc  Full Co Mini-En Glovet Non-En Description estos Containing I e., thermal system surfacing, V/ other miscella  sulation cos debris asulation Cubic Yards of Waste 2 Disposal Date	ute 130 North Code on, NJ 08077 Intainment with Nenclosure oag Procedure exempted (*) and N In of Material (ACM) is insulation, AT, or neous)  Name of Re GROWS  City, State Morrisvi	Amount (Specify SF or LF)  4 LF 2 SF 1 LF 8 LF gistered Landfill Landfill	Aba Removal	Repair 🛛 🖂 🖂	Encapsulate	Enclosure

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

Date of Notification (1)				Name o	of Building C	Owner/Operator (2	20 3 11014					
10 /	29 / 1	3		Mr. D	Dave Rietz	zen	2013 NONJOH	# 13/110-3822	Chk. #3	384		
Agencies Notified	Type Notification	n			Address							
⊠ EPA				104	Walter Av	enue	ASBESTOS	CONTRO				
□ DOLWD	Amended			City, St	ate, Zip Cod	de	& LICE	HOING.	CP			
☑ DHSS	Amendment			Dela	nco, NJ 0	8075			C.B.			
DCA (NJAC 5:23-8)	☐ Emergency ( justification)			Name o	of Contact			Telephone Nu	mber			
(115) 10 0120 0)	☐ Cancellation			Dave	9				4			_
				FAC	ILITY INF	ORMATION						_
Name of Facility Where	Abatement is Tak	ing Place	(3)		-5400-1		Type of Facility (					
Residential Proper	ty						☐ School (K-12) ☐ Subchapter 8	(Other than K-	12)			- 1
Street Address							Other (i.e., pr	ivate and comm	nercial bu	ildings	5,	
104 Walter Avenue							homes, etc.)					
City (5)							Square Feet	# of Floors	10000	lg. Ag	е	
Delanco							2400	1		50		
County (6)		(1)		Count	ty Code (7)(	STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Burlington							Residential					
Name of Monitoring Firm	Hired by Building	g Owner (	8)	ASCM I	No.		ent Contractor (9)					
Horizon Environme	ental					Asbestos an	d Mold Service	s, Corp.				
Street Address						Street Address						
PO Box 366						3859 Sylon E	Boulevard					
City, State, Zip Code						City, State, Zip C	ode					
Thorofare, NJ 0808	36					Hainesport, I	NJ 08036					
Project Manager for Mor	nitoring Firm		Tel	ephone I	No.	Telephone No.		License No.				
Steve Flanigan			8	56-848	-0800	609-702-0400	)	00862				
Start Date (10)	Sch	neduled C	ompl	etion Da	te (11)	Name of OSHA N	Monitor					
<u>11</u> / <u>11</u> /	_13	11 /	1	3_/_	13	EMSL Analyt	tical, Inc.					- 3-25
Occupancy Status Durin	g Abatement (Ch	eck only	one)	_		Street Address						
☐ Facility Closed/Vacat				ement		200 U.S. Rou	ite 130 North					
☐ Abatement Performe						City, State, Zip C	ode					
Time of Abatement:	AM	_PM/	PN		AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check a	all that apply)						19777 10 200 200		Chin	10		-
		⊠ Re	20010	tion		⊠ Full Con	ntainment-with Neg	gative Pressure	ENC	ししかり	unt	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>						☐ Gloveba	ag Procedure		22			
					,	☐ Non-Exe	empted (*) and No	n-Friable Proce				
		1000	Norm	2000					At	atem	1	100000
Locatio				lely by	Ashes	Description stos Containing M		Amount	Rer	Repair	E	Enclosure
Asbestos-Containing TO BE AB		Ma	ainter	ance/		, thermal systems	insulation,	(Specify	Removal	air	aps	losi
IN Fac		Cus	3001a (12	Staff?		surfacing, VAT other miscelland		SF or LF)	8		Encapsulate	ē
(13)		Yes	T .			Other miscelland	eous)				Ф	
Basement				$\boxtimes$	Floor Ti	le and Mastic		940 SF				
										T	П	$\Box$
			무	ᆜ	-					旨		-
			Щ	NJDEP	Mosto	Cubic Yards of	Name of Regi	stered Landfill		1		1_
Name of Registered War Freehold Cartage,				Hauler I	D No.	Waste	GROWS L					
City, State				0226	5	5 Disposal Date	City, State					- 0
Freehold, NJ						11/13/13	Depot to the contractions	e, PA 19067				
Completed By (Print or	Type)	Title				Signature	71		Date	-	Ų.	
Kimberly A. Trum			Coo	rdinato	or	Xh	V		10-	29	13	9

ASB-41 MAY 11

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

COURT BY NOTINGATION

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

RECEIVED

				-		f D. ildina	Owner/Operator /	N	s area Car pers 1 A	man Fred			
Date of Notification (1)	24 /	13		r			Owner/Operator (2 Jersey DPMC		1100p # 1310H	823 Ç	hk.	#NA	
-								411	NOT -1 PM	3: 1	1	-	_
Agencies Notified   ⊠ EPA	Type Notification	on		8		Address North Ma	in Road	<b>A</b> 52	ESTOS COA	17.557	7.		
☑ DOLWD	☐ Amended			-	15000000	ate, Zip Co		F, W.	& LICENSIA	1 1	JL -		-
☑ DHSS	Amendmen	nt #				land, NJ			E LICEMOIL	€U	OP		
☐ DCA	☐ Emergency		ng	١.					Telephone Number	er	91		-
(NJAC 5:23-8)	justification  Cancellatio	100		'		of Contact		]	relephone (valido				
	Cancellatio						CODMATION						$\dashv$
			- 10		FAC	ILIIYINI	FORMATION	Type of Facility (4	1				-
Name of Facility Where		king Plac	e (3	5)				☐ School (K-12)	•)				
Vineland Preparat	tory Academy					-0.0		☐ Subchapter 8	(Other than K-12)				
Street Address 2000 Maple Avenu	ıe							Other (i.e., printed homes, etc.)	vate and commerc	cial bui	ldings	5,	
City (5)		100						Square Feet	# of Floors	Bld	g. Ag	е	
Vineland								10,000	2	8	0		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
Cumberland								Juvenile Sch	iool				
Name of Monitoring Fin	m Hired by Buildin	ng Owne	r (8)	P	SCM N	No.	Name of Abateme	ent Contractor (9)					
Whitman Compan							Asbestos an	d Mold Services	s, Corp.				
Street Address				1.00			Street Address						
7 Pleasant Hill Ro	ad						3859 Sylon E	loulevard					
City, State, Zip Code			_				City, State, Zip C	ode					
Cranbury, NJ 085	12						Hainesport,	NJ 08036					
Project Manager for Mo				Telep	ohone N	No.	Telephone No.		License No.				
Kevin Lovely	30000000 3 <del>0</del> 00		- 1	73	2-390-	-5858	609-702-0400	)	00862				
Start Date (10)	Sc	cheduled	Cor	mplet	ion Dat	te (11)	Name of OSHA N	Monitor					
11 / 4	/ _13_	_11_	1	4	_ / _	13	EMSL Analys	ical, Inc.					
Occupancy Status Duri	ing Abatement (C	heck onl	y on	e)			Street Address				100		
☐ Facility Closed/Vac					nent		200 U.S. Rou	te 130 North					
☐ Abatement Perform	ed Outside of No	rmal Fac	ility I	Hours	s - Des	cribe	City, State, Zip C	ode				(0)50	
Time of Abatement	:AM	PM/	_	PM-		AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check	all that apply)												
Name of the same o		M	Don	ovatio			☐ Full Cor ☐ Mini-En	itainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		( ) ( ) ( ) ( ) ( ) ( )		nolitio			☐ Gloveba	g Procedure					
							☐ Non-Exe	empted (*) and No	n-Friable Procedu				
				ocat						Ab	_	ent T	T
Location Asbestos-Containing		, ι		ormal Sole	ly by	Ashe	Description stos Containing M		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE A				itena		(i.e	e., thermal systems	insulation,	(Specify	Removal	air	aps	losu
IN Fa		0	usto	(12)	Staff?		surfacing, VAT other miscelland		SF or LF)	<u>a</u>		ulat	īe
(13	3)	Ye	es	No	N/A		Other Miscelland	5003)				Ф	
Roof Renovation						Provide	e oversight duri	ng the	1,346	$\boxtimes$			
						roof re	moval - COURT	ESY NOTIF.					
						NOT R	EGULATED						
				П									
Name of Registered W	/aste Hauler			N	IJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage				Н	0226		Waste 5	GROWS La	andfill				
City, State							Disposal Date	City, State					
Freehold, NJ							11/5/13	Morrisville	, PA 19067				
Completed By (Print o	г Туре)	Title			- 27		Signature		D	ate	2 4		
Kimberly A. Trun		Offic	e C	oor	dinato	r	( Jetu V			10 3	14-	10	

COURTBY NOTIFICATION

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

Date of Notification (1)	25 / 13	3		Na	ame of	Building C	owner/Operator (2 LLC 2013 KDV	) '- /P的点:	1908-1795:	Chk.	#NA			
			-	-	reet A				(10					-
	ype Notification ☑ Initial			51	reet Ad	roadholl	ow Road Suite	200 CONTS	n					
	Amended					te, Zip Coo		CEHSING	237					$\dashv$
☑ DHSS	Amendment #	<u> </u>	_			ile, NY 1		-21101110	68					
	☐ Emergency (in	ncludin	g	NI		Contact	1141		Telephone N	umber				
(NJAC 5:23-8)	justification)			N			cciolo, Buildin	a Manager	Totophone					
L	Cancellation			_				g Mariager	-					-
					FACI	LITY INF	ORMATION	T (F - 10)	(4)					-
Name of Facility Where Ab		ng Plac	e (3)					Type of Facility						
Charter School of Pa	terson							☐ School (K-12	8 (Other than K	(-12)				
Street Address								Other (i.e., p	rivate and com	mercia	l build	lings,		
137 Ellison Avenue								homes, etc.			Dida	٨٥٥		_
City (5)								Square Feet	# of Floors			. Age		
Paterson								25,980	4		87			_
County (6)					County	Code (7)	STATE USE ONLY)	Current Use (P			d)			
Passaic								The second control of	d Charter Sc	hool				
Name of Monitoring Firm H	lired by Building	Owne	r (8)	A	SCM N	0.	Name of Abateme							
To Be Determined							Asbestos and	d Mold Servic	es, Corp.					
Street Address				-1			Street Address							
							3859 Sylon B	oulevard						
City, State, Zip Code							City, State, Zip Co	ode						
ony, ounc, ap a see							Hainesport, I	NJ 08036						
Project Manager for Monito	orina Firm		T	elep	hone N	lo.	Telephone No.		License No	٥.				
1 Toject Manager for Monte	og					094000	609-702-0400	)	00862					
Start Date (10)	Sch	eduled	Com	pleti	on Date	e (11)	Name of OSHA N	Monitor				albert :		
	14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				_ / _		EMSL Analyt	tical, Inc.						- 1
							Street Address							
Occupancy Status During    Facility Closed/Vacated					ent			ite 130 North						
☐ Abatement Performed	Outside of Norm	nal Fac	ilitv H	ours	- Desc	ribe	City, State, Zip C				-		11197.2	-
Time of Abatement:	AM	PM/_	F	PM		AM	Cinnaminson							
							Cililaiiiiisoi	11, 140 00011					_	-
Scope of Work (Check all	that apply)						☐ Full Cor	ntainment with N	egative Pressu	re				
≥3 sf or ≥3 lf			Reno				☐ Mini-En	closure						- 1
☐ ≥160 sf or ≥260 lf			Demo	olition	1		☐ Gloveda	ag Procedure empted (*) and N	lon-Friable Pro	cedure				
			Is Lo	catio	on							teme	nt Ty	ре
Location	of		Nor	mall	у		Description	of						
Asbestos-Containing N		5.00	Jsed S			Asbes	stos Containing M	aterial (ACM)	Amoun	975	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	TED		Maint ustod			(i.e.	, thermal systems surfacing, VA	s insulation,	(Specif SF or LI		ova	₹.	nsd	Sur
IN Facilit	У	"		12)			other miscellan						ate	Ф
(10)		Ye	es	No	N/A									
Throughout Basemer			1		$\boxtimes$	COURT	ESTY NOTIFIC	ATION ONLY						
I nroughout basemen	10	-			_						П	П	П	П
			J L			Cleanu	p, encapsulatio	on and				ᆜ		=
			] [		$\boxtimes$	TEM tes	sting per Ray D	)jurin				Ш	Ш	
		T	1	7	$\boxtimes$									
Name of Registered Was	te Hauler			N	JDEP \		Cubic Yards of	Name of Re	gistered Landfi	II	-			-
Freehold Cartage, I				Н	auler II	O No.	Waste	GROWS	3					
					02265	5	0 Disposal Date	City, State						
City, State							10/28/13		lle, PA 19067	,				
Freehold, NJ								MOTTISVI	,	Dat	0			
Completed By (Print or T	,,,,	Title	320				Signature	n		1000	-21	-17	2	
Kimberly A. Trumb	etti	Offic	ce Co	orc	linato		1 DXn	Y		10	0.0	x 1	5 	

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

Date of Notification (1)	44 /						g Owner/Operator (2	NAME OF TAXABLE PARTY.	1.1	240 01			
	/	13			Bro	okdale (	Community Colle	ae 5013 MOA v	mon to the sale sale sa	ans Ch	K. #N	IA	
Agencies Notified	Type Notifica	ation			Street	Address		W. W. C. W. C. C					0.3
⊠ EPA	☐ Initial	17.7500077			765	Newma	n Springs Roas	ASBEST	OS CONTRI	OL			
☑ DOLWD ☑ DHSS					City, S	state, Zip 0	Code	& LI	CENSING	49			
□ DCA	☐ Emergend	-	lina		Line	croft, NJ	07738-1597			23			
(NJAC 5:23-8)	justification		g		Name	of Contac	ot .		Telephone Nur	nber			
	☐ Cancellat	ion			Mr.	Richard	Frank						
					FAC	CILITY IN	FORMATION		-			9.000	
Name of Facility Where A	Abatement is T	aking Pl	ace (3	3)	- 176			Type of Facility (	(4)		04804	-0 -	125
Toop House & Gara	age							☐ School (K-12)	)				
Street Address					-17	1,000		Subchapter 8					
Phalanx Road								Other (i.e., pr homes, etc.)		ercial bu	ilding	IS,	
City (5)								Square Feet	# of Floors	Blo	dg. A	je	
Lincroft								2000	2		35	-	
County (6)				_	Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Pri					
Monmouth						.t, 0000 (/	MOTHER GOL ONET	Vacant	or it being derive	ionou)			
Name of Monitoring Firm	Hired by Build	lina Own	er (8)		ASCM	No	Name of Abateme						
Air Consulting Sen		ing Own	C: (O)		AUUN	140.	The second secon	d Mold Service					
Street Address							Street Address	u Moia dei vice	э, согр.				
301 East Ward Stre	et						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co					į	
Hightstown, NJ 085	520						Hainesport, N						
Project Manager for Mon			1	Tolo	phone	No	Telephone No.	45 08036	License No.				
Dave Kichula	itoring r iiiii				9-371		609-702-0400	r.	00862				
Start Date (10)		Schedule	d Cor				Name of OSHA M		00002				
10 / 23 /	0-0000					13							
		200			_ ′ -	13	EMSL Analyt	icai, inc.					
Occupancy Status During	-				es de de contrage		Street Address						
□ Facility Closed/Vacate     □ Abatement Performed	10 To					a at la a	200 U.S. Rou						
Time of Abatement: _							City, State, Zip Co						
							Cinnaminson	i, NJ 08077					
Scope of Work (Check al	I that apply)						□ Full Cont	ainment with Neg	ative Dressure				
≥3 sf or ≥3 lf		$\boxtimes$	Reno	vati	on		☐ Mini-Enc	losure	alive Flessule	63			
☐ ≥160 sf or ≥260 lf			Dem	olitic	on			g Procedure					
	1000000		lo l		ion	T	⊠ Non-Exe	mpted (*) and Nor	n-Friable Proced				
Location	of		Is L No	rma		1	Description of			Ab		ent T	ype
Asbestos-Containing		D   1	Jsed	Sole	ely by	Asbe	estos Containing Ma	(2)	Amount	Reg	Repair	Ē	En
TO BE ABA			Main		nce/ Staff?		e., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facili (13)	ty			(12)	otan!		surfacing, VAT other miscellane		SF or LF)	<u> 85</u>		Encapsulate	ure
(10)		Y	es	No	N/A	1	other miscellane	ous)				e	
Basement			1 1	7		Floor T	ile & Mastic		800 SF		П	П	
			-	700							-		
Windows			1 1	]_		Caulkir	ng		4 eac		Ш	Ш	Ш
4			] [										
			] [										
Name of Registered Was	te Hauler			IN	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill		-		
Freehold Cartage, I				Н	lauler II		Waste	GROWS La					
City, State					02265	)	5 Disposal Date	City, State					
Freehold, NJ							10/25/13	Morrisville,	PA 19067				
Completed By (Print or T	vne)	Title								2045			
Kimberly A. Trumb			· · · ·		dinato	_	Signature	$\cap$	188	Date	17	- 4	
ACD 41	- CLII	Onic	,e U(	JUIC	inatol			X		10-22	17	11	

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

### RECEIVED

Date of Notification (1) OCTOBER 29, 201	3				Building (		perator	(2)	2013 NO	)¥ -	PM	()։			
Agencies Notified  EPA	Type Notification  Initial		6		ESTNU		ET		ASBE						
DEP DOL	Amended Amendment Emergency		_ [	EDISO	e, Zip Co N, NJ 0					LIC	ENSIN	lG	1		
DOH DCA	justification) Cancellation		3	Name of DEAN						Tele 1	enhone Ni	mak a -			
Name of Facility Where A				FACIL	ITY INFO	RMATIC	ON	-	of Facility (4	16					-5,7
Street Address 507 HAMILTON ST		IOI LITT		•		5.700			School (K-12 Subchapter Other (i.e. pretc.)	8 (Othe			dings,	home	es,
City (5) SOMERSET									re Feet	# of	Floors	5.020	ldg. A 5+Yl		S
County (6) SOMERSET				County C	ode (7) SE ONLY)				nt Use (Pric						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				tement Con Fouch Asl			ment (	Corp.	, Inc.	
Street Address	1						Street 17 TI		ss son Stree	t					
City, State, Zip Code									ip Code g Branch,	NJ 07	7764				
Project Manager for Mon	itoring Firm	7	Telephon	e No.		Teleph 732.2				License 00040	No.				
Start Date (10) NOVEMBER 7, 20	13	Scheduled NOV. 8,			Date (11)		Name N/A	of OSI	HA Monitor						
Occupancy Status During							Street	Addres	ss						
Facility Closed/Vaca Abatement Perform Other – Describe:				ent		_	City, S	tate, Z	ip Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				×	Mir Glo	ll Containme ni-Enclosure ovebag Prod	edure				•	
		ls I	ocatio	on I				_ No	n-Exempted	(*) an	a Non-Fri	able Pro	Abate		
Location Asbestos-Containing		No Used	rmall Solel	y y by	Asbes	Des	scription		(ACM)	А	mount	-	Ту	pe m	
<u>TO BE AB</u> In Facil (13)	ATED ()	Custo	tenan dial S (12)			thermal surfac		s insula T, or			Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer it	nocenar	10000)		-		'al	-	ate	JГе
BASEM	ENT			Х			TSI			2	5 LF	Х			
Name of Registered Was	ste Hauler		20000	JDEP W		Cubic	307 700 3000		Name of	Registe	ered Land	fill			Щ
FINISHING TOUCH	ASBESTOS A	BATEME		auler ID 2058	No.	of Was			GROW		RTH LA	NDFIL	L		
City, State OCEANPORT, NJ				ii.	8	11/8/1	-11		City, State		E, PA				
Completed by JOSEPH P. MILLEF	3	Title PRES	IDEN	NT		S	ignature MU		Julh		100	Date 10/29/	13		
ASB-41 (R-06-08)						(	* Do no	ot use	this form for	asbes	tos licens	ure exe	npted	activi	ties.

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

CARGE CESSVED

e of Notification (1) -25-13			Schli	ndler E	levator (	Operator ( Corporat	ion	A	13 NOV -1	1710:	45		
encies Notified	Type Notification		Street 20 W	Address /hippar	ny Road			Ab	OF STOR		וח		
EPA DEP	X Initial Amended		City, S	State, Zir	Code					11140	- (1)	<b>)</b>	-
DOL	Amendment #_ Emergency (inc justification)	luding	Name	of Cont Bill Rat	act			1	Telephone Num	ber	42		-
DOH DCA	Cancellation				INFORMA	TION							1
ame of Facility Where A	batement is Taking F	Place (3)		COLLIT				ool (K-12)	Other than K-12 ate & commerci	?) al building	gs, ho	mes,	
treet Address 0 Whippany Road							Square F		# of Floors	Bldg 20	. Age		
ity (5) Morristown				nty Code	(7)		Current I	Jse (Prior i	f being demolis				1
County (6) Morris			(STA	TE USE	ONLY)		Comm e of Abaten	nent Contra	actor (9)				-
Name of Monitoring Firm Detail Associates	n Hired by Building O	wner (8)	1	SCM No 0012		Pini	nacle En	vironmen	ital Corp.				_
Street Address						200	et Address ) Broad S						
300 Grand Avenue City, State, Zip Code						City,	State, Zip rIstadt, N	Code J 07072					
Englewood, NJ 07 Project Manager for Mo	631-4355		Tel	ephone	No.	Tele	phone No. 1-939-65	65	License 00756	No.			
Stephen A. Jaracz	zewski	Scheduled (			9-6708 te (11)	Nan	ne of OSHA en-Air In	A Monitor					
Start Date (10) 11-4-13		11-06-13				Stre	et Address	3					
Occupancy Status Dur	During Entire	Period of Aba	atemer	nt		City	-59 Jack y, State, Zip	Code					
Abatement Perfo  Other – Describe	rmen Ulliside of Hori	nal Facility H	ours			. Lo	ong Islan	d City, N	Y 11101				_
Scope of Work (Check							Full	Containme	ent with Negativ	e Pressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260	If		novatio molitio				100	i-Enclosure vebag Pro		riable Pro	redu	re	
≥160 St of 2200							☐ No	n-Exempte	d (*) and Non-F	riable F10	ADA	CITICITA	
			ocatio				V of		1	-	т'	ype	
Asbestos-Contair TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	Used Mair	ormally Solely ntenan odial Si (12)	y by ce/	(i.e. tl	s Containi nermal sys	ption of ing Materia stems insul g, VAT, or cellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
		Yes	No	N/A		Pipe	Fittings		26LF	x			F
Lower Leve	l: Payroll Room			X		. ,					+	-	+
										-	+		1
	int to Hender			NJDEP V	Vaste	Cubic Y			of Registered L		÷2.		
Name of Registered ATC, Inc. / JBT	vvaste Hauler (50071)		H	Hauler ID 4310	) No.	of Wast		City S	va Enterpris				_
City, State Shirley, NY / Br						Disposa TBD	gpáture /	Wayı	nesburg OH	Date			
Completed by John Tancredi		Title Proj	ect M	lanage	r	5	a/	W (			25-13		_
							- I I	_	for asbestos li				

REMEMBER - MAIL IN HARD COPY

			NOT	IFICATIO	ON OF AS	Naw Jeras BOISTOS C 8:60 and	ARGTE	WENT	DOI 1				COF
Date of Notification (1)		-		Nama	of Buildin	g Owner/O		(0)	DOL - 1	UL	MI		
Octob	er 28, 2013					R Wayne		(2)					
Agencies Notified	Type Natification	n	-	Street	Address	rk avayne	B, LLC			<del></del>	~~~		
EPA	initial initial					Ave, Suite	a 8		OC A	9 4	013		
II I DEP	Amended			City, 5	tate, Zip (	Code	<b>E</b> U	- $+$	- 40		~	_	
⊠ DOL	Amandme	nt#		1 march 1985 (2000)	n, NJ o				MARCES	3 P. F	-		
Ø DOI1	Emergeno justification	y (includir	ng		of Contac				WAIVER A	71	(U)	ED	
DCA	Cancellatio								Leten - A	-	-		
					Menag								
Name of Facility Where A	Abatement is Tak	ing Place	(3)	FAU	ILITY IN	FORMATI	ON	Type of Facill	- 411			0.	
2 abandoned building								Abs ot Latelit	4A (#)				
Street Address			-					School (	K-12)	W215			
1440 & 1450 Hambur	res Turnesiles							Other (I.	oter 8 (Other than K-1 e. private & commerc	2)	II JF		
City (5)	n rumpike							elc.)	o. hitsans or collitiet.	IRI DU	navng	s, hen	пав,
Wayne, NJ								Square Feet	# of Plaors		Bidg.	Age	
County (6)				-			_						
Passaic				COUNTY	Code (7) USE ONL	¥2		Current Use (	Prior if being demolis	hed)			
Name of Monitoring Firm	Ulas d b 5 mar					<i>"</i>	_		empty				
	MILBO BA RAIIGING	Owner (	8)	ASC	M No.		Nama o	f Abstement (	Contractor (8)				
AET, Inc. Street Address						1	The MA	ACK Group,	LLC				
		107					Street A						
907 Doolittle Drive						-	1500 K	ings HWV i	N, STE 209				
City, State, Zip Code	(100 <del>1</del> )04;						City St	ite, Zip Code	4, 31E 208				
Bridgewater, NJ 0880	7							Hill, NJ 080	224			_	
Project Manager for Monit	toring Firm		$\neg$	Telepho	one No.		Tele pho	mill, INJ UBL		30		200	
Project Manager					18-1108			59 - 5000	License N	A service			Z
Start Date (10)		Schedu	iled Co	mpletion	Data (11)			OSHA Monit	00781 😭			5_	T
10/29/13	}			12-31-	7 CC- 100 CC					-5	•	<	(
Occupancy Status During	Abstement (Che	ok Only C	(en	12 01-			Stre et A	CK Group,		50		1	T
Pacility Closed/Vacal			3.5	2002						500			TIE
Abatement Performe	d Outside of Nor	mal Facili	ly Hour	ment 2		H.	Ob C	INGE HVVY P		_	_	PH	
Other - Describe:				ē				ita, Zip Coda				<u>ö</u>	77
Scope of Work (Check All	That Apply)		_				nerry	HIII, NJ 080	34	70		-	-
☐ ≥3 of or ≥3 if			96.				_			0	,	-1	
≥160 af or ≥260 lf	-	×	Renovi				X	Mini-Enclose Glovebad Pr	ment with Negative fure recedure ad (°) and Non-Friable				
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Location of Asbeston Containing N	it fatorial (AGM)		ed Sale	צל צון	A	Desc	dption a			-	1 -13	ypa	т.
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Name of Registered Waste	Hauler			I DES IN									
The second secon	rraner.			anjer (D )		Cubic Ya		Name a	f Registered Landfill				
lewark Carting				450			DB	CDOW	e / Tene				
City, State		-		1.50		Disposal		City, Sta	S / TRRF				
lewark, NJ						The State of the S	31-13		30 T 1				
Completed by		Title		****	700			INOMISY	ille / Tullytown, F				
like Cooper		Presid	iont			2	attere	1	Dat				
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check 75 7 10/25/13

Date of Notification (1)    Date of Notification   Peter   Pet	e of Notification (1)		1 Nam	a of Duil	ding Owner/One	rator (2)						
Agencies Notified  Type Notification  Type of Facility (4)  School (K-12)  School (K	10170112		Ivaiii	e or buil			oith					
DEP Amendment #   Emergency (including justification)   Name of Contact			Stree	et Addre		1 /		Alla				
DEP Amendment # Telephone Number   Telephone Number	V toward ##	ń	0:1-	Chata 7	404 In Code	Uld C	orlie	5 /102				7
DCA   Cancellation   FACILITY INFORMATION   Name of Facility Where Abatement is Taking Place (3)   School (K-12)   Subchapter 8 (Other than Krizh)   Street Address   Union of Facility Where Abatement is Taking Place (3)   School (K-12)   Subchapter 8 (Other than Krizh)   Subchapter 8 (Other than Krizh)   Other (i.e. private & commercial rouldings Burnes, etc.)   Square Feet   # of Floors   Bilg. Age; etc.)   County (6)   County Code (7)   (87ATE USE ONLY)   Current Use (Frior if being demolished)   Grant Experience of the street of Floors   Street Address   S	DEP Amended Amendment #	<u>بيل.</u>	City,	, State, 2	Nestu	ne N	7	07753	,			_
DCA   Cancellation   FACILITY INFORMATION   Name of Facility Where Abatement is Taking Place (3)   School (K-12)   Subchapter 8 (Other than Krizh)   Street Address   Union of Facility Where Abatement is Taking Place (3)   School (K-12)   Subchapter 8 (Other than Krizh)   Subchapter 8 (Other than Krizh)   Other (i.e. private & commercial rouldings Burnes, etc.)   Square Feet   # of Floors   Bilg. Age; etc.)   County (6)   County Code (7)   (87ATE USE ONLY)   Current Use (Frior if being demolished)   Grant Experience of the street of Floors   Street Address   S	☐ Emergency (inclu	uding	1	<b>\</b> .		, +h		Telephone Number				77
City (5)  County (6)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State	DOI!	-,		e te		N .	``.	7	6		0	
City (5)  County (6)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State	me of Facility Where Abatement is Taking Pl	ace (3)		,		Type of F		60 C	1		5	5
City (5)  County (6)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State		Do	υ <u>ς [[</u>	ins		Cb.	shantar 8 /	Other than K-12)	uilding	S. Hor	nes, '	(3)
City (5)		es P	IVE			etc.)			-7	_	8	D
County (6)  County (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  County State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  County Code (7) (State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Conspicion Control Control Code (7)  Code (7)  City, State, Zip Code  City, State, Zip Code  Code (7)  Code (7)  Code (7)  Code (7)  Code (7)  Code (7)  City, State, Zip Code  Code (7)  C	101 0.	^7	75	3		Square F	eet	2				
Name of Monitoring Firm Hirged by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Month/rigs Firm  Cocupancy Status During Abatement (Check Only One)  Start Date (10)  Cocupancy Status During Abatement (Check Only One)  Coc	Nepture NJ	01	Col	unty Coo	ie (7)	Current U	Jse (Prior it	f being demolished	0			
Name of Monitoring Firm Hired by Building Owner (s)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Cocupancy State Street Address  Scheduled Completion Date (11)  Start Date (10)  Scheduled Completion Date (11)  Start Date (10)  Scheduled Completion Date (11)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Name of OSHA Monitor  Eft Technologies Inc  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Street Address  P. O. Box 33.7  City, State, Zip Code  New Egypt NJT 08.5.33  Description of Non-Exempted (*) and Non-Friable Procedure  Normally  Normally  Description of	Managerth					Name of Abatem	ent Contra	ictor (9)	3			_
Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Mosibril of Firm  Start Date (10)  Scheduled Completion Date (11)  Start Date (10)  Scheduled Completion Date (11)  Facility Closed/Vacated During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Say of v 23 if Renovation Demolition  Renovation Demolition  Is Location Normally  Paccinting of  Street Address  City, State, Zip Code Name of OSHA Monitor  FPC Technologies That  City, State, Zip Code New Egypt  Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Ex	ame of Monitoring Firm Hired by Building Ow	ner (8)	/	ASCM N	i /A	EPC	Tecl	nologi	25	I	n	
City, State, Zip Code    City, State, Zip Code   City	treet Address	3-3		•		Street Address	5.00	L 10				
City, State, Zip Code   Project Manager for Monitoril of Firm   Telephone No.   Goq 758~3365   Goq 758~3365   Scheduled Completion Date (11)   Start Date (10)   Scheduled Completion Date (11)   Scheduled Completion Date (11)   Start Date (10)   Scheduled Completion Date (11)   Scheduled Completion Date (1	P.O. DOX 33	1				City State, Zip	Code	117	A 0	5	29	2
Project Manager for Monitoring Firm    Comparison   Compa	ity, State, Zip Code	NJ	' (	180	33	New	Egyp		UE	O	93	
Start Date (10)  Start Date (11)  Start Date (10)  Start Date (11)  Start Date (11)  Start Date (10)  Start Date (11)  Start	roject Manager for Monit rig lg Firm						3365		3	qu	1	
Start Date (10)    1-4-13	Steve Schenker	cheduled	Comp	letion Da	ate (11)	Name of OSHA	Monitor	1			V	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Scope of Work	11-4-13	5-	4.	- 13		EPC.	iect	mologies	LA	<u></u>		
Facility Closed/Vacated During Entire Period of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Period of Normal Facility Hours  City, State, Zip Code  New Egypt NJ 08533  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Normally  Normally  Description of	Occupancy Status During Abatement (Check	Only One	)			P.O.	Bon	337				
Other – Describe:    Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Describe:   Other – Description of   Other – D	Facility Closed/Vacated During Entire Pe	riod of Al I Facility I	oateme Hours	nt		City, State, Zip	Code		ds	`Z	2	
≥3 sf or ≥3 lf	Other – Describe:		<u>:                                      </u>			Ivew E	SYPT	NO 0	0-			
Demolition  Description of		пр	enovati	on				nt with Negative Pr	essure	3		
Abatement Type  Is Location Perception of	≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	-				de Class	ahaa Proce	edure	o Proc	odure		
Normally Description of						□ Non-	-Exempted	(*) and Non-Friadi	100	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Location of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) Maintenance/ Specify SF or LF)  Amount (Specify SF or LF)  The particular of the miscellaneous)		Is	Locatio	on v	n	escription of			-	Ту		
Asbestos-Containing Machine (i.e. thermal systems insulation)  TO BE ABATED In Facility  (i.e. thermal systems insulation)  SF or LF)  Other miscellaneous)	Location of Containing Material (ACM)	Use	d Solely	y by	Achaetas Ca	ntaining Material	(ACM)	A 50 A 50 A 50 A 50 A 50 A	Re	R	Enca	Enc
ii: Facility (12) other miscellatieous)	TO BE ABATED	3,70,70	odial S		surf	facing, VAI, or	,	SF or LF)	mova	epair	psul	losur
				T	other	r miscellarieous)			=		ate	ro l
Yes No N/A		Yes	No	N/A		T   1		130 LF	X			
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This Paris Cubic Yards   Name of Regions of the	Waste Hauler		1	NJDEP V	1000		Name of	Registered Landfil	I	,		Aig.
	Name of Registered Waste Hauter	C	۱		00	4	Was	te Manage	men	tu	E	YVY
	City State	<u> </u>		1 /0	Dis	posal Date	City, Sta	ite nismille	PA			
5 EPC Technologies 17000 Disposal Date City, State	New Egypt	MY				Signature	(1)		ate		0./	12
5 EPC Technologies 17000 Disposal Date City, State	Completed by Sahaa Ken	Pig Dig	esic	Pent		Stue	) Sch	oh	10	d	of	1)
needs to		Initial Amended Amendment # Emergency (inclusion)	Type Notification  EPA DEP DOL DOH DOH DOH DOA	Initial # 1	Initial Amended Amendment # City, State, Z Amended Amendment # Emergency (including justification) DOH DOA Cancellation   Cancellation   Double   Name of Columbia   Pacility Where Abatement is Taking Place (3)  Pounty (6)   Canlies AVE   Pacility County Coc (STATE USE   STATE USE   Pacility Closed/Vacated During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Pacility Closed   Pacili	Initial Amended Amende	Initial Holders Notified PA Initial Holders Notification PA Amended Pack In In Initial Pack In Initial Pack Initi	Initial # 1 Amended Amendment # 1 Dep Doll   Cancellation   Cancel	Treet Address  Type Rotification   Type Notified  EPA DEP	Type Rotification  EPA Initial Amendment Street Address 499 Old Conflies AVE  EPA Initial Amendment Street Address 499 Old Conflies AVE  EPA Initial Amendment Street Address 499 Old Conflies AVE  Emergency (notuding Dept. 1992)  Expect Address 400 Subchapter 8 (Other than Kright Subchapter 8 (Other 8 (Ot	Type Anistealion  Initial Anisother	



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

22459   3   C.H.O.W.S.	Date of Notification (1) 10/28/13				Name (	of Building	Owner	Operator	(2)	JET	(ED					<u> </u>	
Tried   Amendment   Amendment   Second   City, State, Zip Code   City, State	Agencies Notified	Type Notification			Street	Address		2013	HOŸ	-1 P	110: 6	7	-	-	-		
Decar		Amended Amendment			City, St Beacl	aylor Av ate, Zip C h Haven	ode NJ 08	A58	EST LII	05 CO	TRO	L.					
Name of Facility (4)  School (K-12) School (		justification)			ranic (	of Contact					Te	éphone	Nur	nher			
School (K-12)   Subchapter 8 (Other than K-12)   Start Pater 1000   Star	Name of Facility Where	Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	TION	Type	of Engility	(4)						
220 Taylor Ave   Solution (c. private a commercial buildings, homes, Other (c. private a commercial buildings, homes, Other (c. private a commercial buildings, homes, Square Feet   \$ of Floors   \$ Style Age   \$ Style Address   \$ Street Address   \$ Str	Ken Rubben Privat	e Home		,					-		1950,50						
Beach Haven NJ 08008	220 Taylor Ave								×	Other (i.e.	er 8 (Oth private	er than & comm	K-12 nercia	!) al buil	dings	, hom	es,
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)		8008							10000 1000		33,770	f Floors				Age	
Street Address  Street Address  PO Box 329  City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Froject Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11)  11/18/13  Start Date (10)  11/18/13  Coccupancy Status During Abatement (Check Only One)  Stored Address  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  Start Date (10)  11/18/13  Same  Coccupancy Status During Abatement (Check Only One)  Street Address					County (STATE	Code (7) USE ONLY	,				rior if bei	ng dem	olish	- 11	20		
Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. 856-753-9800 C0727 Start Date (10) Scheduled Completion Date (11) 11/8/13 Coccupancy Status During Abstement (Check Only One) Street Address  Facility Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Street Address  Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) (Soedity Normally Used Solely by Maintenancy Custodial Staff? (12) Yes No N/A  Exterior Siding Issuer Street Address		Hired by Building	Owner (8)		ASCI						ontractor	(9)				•	
City, State, Zip Code    City, State, Zip Code   West Berlin NJ 08091	Street Address					715		Street	Addre	ss			97/50/5		-3-2-4-3		
Telephone No.   Steephone N	City, State, Zip Code							City, S	tate, Z	ip Code	**						
Start Date (10)  11/8/13  Scheduled Completion Date (11)  Name of OSHA Monitor  Same  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply)    Street Address   City, State, Zlp Code	Project Manager for Mon	nitoring Firm			Telepho	ne No	2-01-01-01-01-01-01-01-01-01-01-01-01-01-			And the second second	091	Licon	no Ne	_			
11/8/13   Same   Sam						,		856-7	753-9	008				). 			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:    City, State, Zip Code	11/8/13		11/14/1	3	npletion	Date (11)		1		HA Monitor							
Abatement Performed Outside of Normal Facility Hours Other - Describe:    City, State, Zip Code	10 mg/s (10 mg/s) (10 mg/s	g Abatement (Chec	k Only On	e)				Street	Addres	ss							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition	Abatement Perform	ated During Entire F ed Outside of Norm	Period of A al Facility	baten Hours	nent			City, St	tate, Z	ip Code		<del></del>					
≥160 sf or ≥260 lf   Demolition   Demolit	Scope of Work (Check A	ll That Apply)									-						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Exterior Siding  Name of Registered Waste Hauler  United Containers  Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler  United Containers  Is Location Normally Used Solely by Maintenance/ (12)  Yes No N/A  Exterior Siding  Is Location Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  From Disposal Date (17)  Name of Registered Landfill G.R.O.W.S.  City, State  Elm NJ  Disposal Date (17)  Title  Signature  Date			property.						Mir Glo	ni-Enclosur ovebag Pro	e cedure	15		٠			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Exterior Siding  Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Exterior Siding  X Exterior Siding  Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Exterior Siding  X Exterior Siding  Name of Registered Waste Hauler United Containers  Name of Registered Waste Hauler  United Containers  Disposal Date 11/14/13  Date  Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Registered (Specify SF or LF)  Registered Landill  G.R.O.W.S.  City, State Elm NJ  Completed by  Title  Signature Date			T 1-		1				I Noi	n-Exempte	d (*) and	Non-F	riabl				-
Asbestos-Containing Material (ACM)  IOBE ABATED IN Facility (13)  Yes No N/A  Exterior Siding  Name of Registered Waste Hauler United Containers  City, State Elm NJ  Completed by  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  For LF  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF			N	ormal	lý		De	scription	of								
Exterior Siding	TO BE ABA In Facili	ATED	Maii	ntenar	nce/		tos Con thermal surfa	taining M systems cing, VA	aterial insula r, or		(8	pecify		Remova	Repair	Encapsula	Enclosur
Name of Registered Waste Hauler United Containers  City, State Elm NJ  Completed by  Title  NJDEP Waste Hauler ID No. 22459  Disposal Date 11/14/13  Name of Registered Landfill G.R.O.W.S.  City, State Morrisville PA 19067  Date			Yes	No	N/A											te	TO .
United Containers    Hauler ID No. 22459   of Waste 3   G.R.O.W.S.	Exterior S	lding	-		х		Exte	rior Sid	ing	*	150	00 SF		х			V 344000
United Containers    Hauler ID No. 22459   of Waste 3   G.R.O.W.S.			-														
United Containers    Hauler ID No. 22459   of Waste 3   G.R.O.W.S.			-										_				
United Containers    Hauler ID No. 22459   of Waste 3   G.R.O.W.S.	Name of Registered Was	te Hauler	$\perp$	IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	red I an	dfill				
Elm NJ  Completed by  Title  Signature  Date	United Containers			Н	auler ID		of Wa			CHINASANINI NASAHI		. Ju Laii	- mil				
Completed by Title Signature Date	City, State Elm NJ								- 1			1906	7				
1.0 2.0	Completed by Anthony T Perna	-		lent					l	7			Date	Terror	3		$\neg$

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		N CD 711							
10/28/2013		Name of Buildin		rator (2) nole Construction			7 828	A224	
Agencies Notified Type of Notific	ration				4	- 7	)	87	7
[X] EPA [X] Initi	ial Notification ended Notification	Street Address		artlett Avenue				~	4
[ ] Eme	endment #ergency (including	City, State, Zip C		Creek, NJ 08092	90	38E	7013 NOV	in	
	ification) cellation	Name of Contact Joyc	e Corliss		Telephone Number	Sar )	-	\$	7
	FA	CILITY INFOR	MATION			70	=		PTT
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)	School (k-12)		7		
Street Address 324 Glendola Ave	enue			[ ] [x]	Subchapter 8 Other (i.e., pr	(other th	an k-12		ildings,
City	County (6)	County Code (7)		Square feet	homes, etc.) # of Floors		dg. Age		
Beach Haven	Ocean	(STATE USE ON	LY)	2500 sf	2		ıg. Age	60	
Name of Marie 1 Bit 11				Current Use (Prior Reside		ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor	(9)				
Street Address			Street Ad	dress	an Contractin	g, Inc.			
City, State, Zip Code				1889 F	Route 9, Unit 6	51			
			City, State	e, Zip Code	River, New Je	*nov. 00	755	1271	
Project Manager for Monitoring Firm	Telephone Number	r	Telephone	e Number		Number		12/1	
Scheduled Start Date (10)	Scheduled Complete	tion Date (11)	732-349 Name of 0	9-9932 OSHA Monitor	00624	<u> </u>			
11/13/13	11/15/13		I vaine of v		L. Analytical				
Occupancy Status During Abatement (Check   X ] Facility Closed/Vacated Abatement Performed	only one) d During Entire Period of Aba Outside of Normal Facility H	atement	Street Add	iress	telton Road				
Other - Describe			City, State	e, Zip Code Piscata	way, New Jer	sey 088	354		
Scope of Work (Check all that apply)			[ ]	Full Containment	with Negative Pr	essure			
[ ] >3 sf or ≥3 lf	г 1 -		į j	Mini-Enclosure	man riogative 11	cosurç			
$\begin{bmatrix} X \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[ X ] Renova		[ ]	Glovebag Procedu					
	[ X ] Belliot	ition	[x]	Non-Exempted (*	) and Non-Friable	Procedi	ıre		
	T- T			28		Aba	tement	Туре	
Location of	Is Location Normally used		Description bestos-Cont		Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)  TO BE ABATED	Solely by	N	Material (AC	CM)	(Specify SF	E	E P	N C	N C
in facility	Maintenance/Custodial Staff	(	, thermal sy lation, surf		or LF)	M O	Α	Α	L
(13)	(12)	Inst	VAT, or	Q/		v	I R	PS	O S
	YES NO N/A	oth	er miscellan	ieous)		A		U	U
Endorin			<u> 100</u> 0			L		L E	R E
Exterior	X	Asbestos sidin	g		2400 sf	X			
Name of Registered Waste Hauler	NJDEP Waste Hauler	DNo Lativi	-1 CVV	T					
Guardian Contracting, Inc.	20223	ID No.   Cubic Yai	rds of Waste	Name of Register T.R.R.F.	ed Landfill	- 77			
City, State	Dispos	sal Date	City, State				- 1		
Toms River, New Jersey Completed by (Print or Type)	Title 11/19		Tullytov	vn, Pennsylvania					
Nicholas Fernicola	Project Manager	Signature	nd -	el		Date 10/2	8/201	3	
	*Do not use this form	n for asbestos licen.	sure exempt	ed activities.					

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		-Name of Buildin	a Oumer/On	arato= (2)					
Agencies Notified Type of Notified	1813 NOO .		Semi	nole Construction	cl	2	28	76	v
[ X ] EPA	ended Notification COM ended Notification	O ty, State, Zip C	128 E	Bartlett Avenue					
L Eme	ergency (including ification)	Name of Contact	west	Creek, NJ 08092				Post Service	
[ ] DCA [ ] Can	cellation		e Corliss		Telephone Number	T 	- Ta		
Name of Facility When Al	FA	CILITY INFOR	MATION						
Name of Facility Where Abatement is Taking Residence  Street Address  114 W. 26 <sup>th</sup> Stree				Type of Facility (4)  [ ]  [ ]  [ x ]	School (k-12) Subchapter 8 (c Other (i.e., priv				ildings,
City	County (6)	County Code (7) (STATE USE ON)	(V)	Square feet	# of Floors	BI	dg. Age		
Ship Bottom	Ocean	(STITE OSE ON	11)	1500 sf Current Use (Prior	if being demolished	d)		60	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Reside Abatement Contractor	r (9)		_		
Street Address		·	Street Ad	Guard	ian Contracting	, Inc.			
City, State, Zip Code				1889 F te, Zip Code	Route 9, Unit 6				
Project Manager for Monitoring Firm	Telephone Number			e Number	River, New Jers			1271	
Scheduled Start Date (10) 11/13/13	Scheduled Comple	tion Date (11)	732-349 Name of	9-9932 OSHA Monitor	00624				
Occupancy Status During Abatement (Check	001y one)		<u> </u>	E.M.S.	L. Analytical				
[ X ] Facility Closed/Vacated	d During Entire Period of Abo Outside of Normal Facility H	atement	Street Ad		telton Road				
Other – Describe			City, State		way, New Jerse	ey 08	854		
Scope of Work (Check all that apply) $ \begin{bmatrix}                                   $	[ ] Renov		[ ] [ ] [ x ]	Mini-Enclosure Glovebag Procedu					
			[ ]	Non-Exempted (*	) and Non-Friable	Proced	ure		
Location of	Is Location Normally used		Description			Aba R	tement	Туре	F
Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Solely by Maintenance/Custodial Staff (12)  YES NO N/A	(i.e. inst	destos-Cont Material (AC , thermal syllation, surf VAT, or er miscellar	CM) ystems facing,	Amount (Specify SF or LF)	E M O V A L	E P A I R	N C A P S U L	E N C L O S U R
Exterior	X	Asbestos sidin	g		1300 sf	X	-	E	Е
					1500 51	Λ			
N on the second									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	ID No. Cubic Yar	rds of Waste	Name of Register T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey		al Date	City, State					_	
Completed by (Print or Type)	Title Project Manager	Signature	Lullyton	vn Pennsylvania	-	Date	8/201	3	
	*Do not use this form	for asbestos licens	sure exempl	ted activities.		10/2	5,201		

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Dat of Notification (1)		Name of Buildin	- 0/0						
Agencies Notified Type of Notified		Name of Buildin		erator (2) nole Construction	n a	2	2 6	57.	<u> </u>
[X] EPA [X] Ini	tial Notification nended Notification	Street Address  City, State, Zip C		Bartlett Avenue					
[ ] Em	nendment # nergency (including tification)		West	Creek, NJ 08092	2	_	2		
1	ncellation	Name of Contact Joyce	e Corliss		Telephone Numb	-	드	T	)
Name of Facility VII	FA	CILITY INFOR	MATION		100	S	2		5
Name of Facility Where Abatement is Takin Residence Street Address	g Place (3)			Type of Facility (4	School (k-12)	-0.		 	Z
30 Joshua Drive				[x]	Other (i.e., pri)	rate &	comme	rcial bu	ildings,
Beach Haven West	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 1800 sf	# of Floors		dg. Æg	60	
	Ocean				if being demolishe	đ)	ar.		
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Resid Abatement Contractor					
N/A Street Address					lian Contracting	. Inc.			
City, State, Zip Code			Street Ad	dress 1889	Route 9, Unit 6				
Project Manager for Monitoring Firm	Telephone Number		Telephone	e, Zip Code Toms	River, New Jer			1271	
Scheduled Start Date (10)			732-349		License 00624	Numbe	r		
11/13/13 Occupancy Status During Abatement (Check	Scheduled Complet 11/15/13	ion Date (11)		OSHA Monitor	.L. Analytical				
[ X ] Facility Closed/Vacate	only one) d During Entire Period of Aba Outside of Normal Facility Ho	ntement ours	Street Add	dress 1056 S	Stelton Road				
Other – Describe			City, State	e, Zip Code Piscata	away, New Jers	ey 08	854		
Scope of Work (Check all that apply) $ \begin{bmatrix}                                   $	[ ] Renova	22.00.00	[ ] [ ] [ x ]	Mini-Enclosure Glovebag Proced	t with Negative Pre ure *) and Non-Friable				×
					) and Iton-I Hable	_			
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally used Solely by Maintenance/Custodial	Asb N	Description estos-Contr faterial (AC , thermal sy	aining CM)	Amount (Specify SF	R E M	R E P	E N C	E N C
in facility (13)	Staff (12) YES NO N/A	insu	lation, surf VAT, or er miscellan	acing,	or LF)	O V A L	A I R	A P S U L	L O S U R
Exterior	X	Asbestos sidin	<u> </u>		1700 sf	X	_	Е	Е
					1700 SI	Λ			
		<del> </del>			-	_			
Name of Registered Waste Hauler	NJDEP Waste Hauler I		ds of Waste	Name of Register	red Landfill	L			
Guardian Contracting, Inc. City, State Toms River, New Jersey	20223 Disposa		City, State	T.R.R.F.					
Completed by (Print or Type)	Title 11/19/	Signature	Tullytov	vn, Pennsylvania					
Nicholas Fernicola	Project Manager	1 m	pol	tel		Date 10/2	8/201	3	
	*Do not use this form	Jor asbestos licens	ure exempt	ed activities.	**************************************				

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

		-72-37					CEA					
Date of Notification (1)	10/28/2013				Name of Buildin	g Owner/Ope Mess	ercola Enterprise	ED C	Ló	22	875	5
Agencies Notified  [ X ] EPA  [ ] DEP	1 5 5	al Notific	cation otification		Street Address	POF	790 705	10:48				
[x] DOL	Ame [x] Eme		including		City, State, Zip (	Code Matar	wan, NYOJIAZ	ROL				
[x] DOH [] DCA		fication) cellation			Name of Contac Ferr	ando		Telephone Numbe	r ————————————————————————————————————			
				FAG	CILITY INFOR	MATION						
Name of Facility Where Ab Res	oatement is Taking sidence	g Place (3	3)				Type of Facility (	School (k-12)				
Street Address 94 1	Lake Superior	Drive					[x]	Other (i.e., priv homes, etc.)				dings,
Little Egg Ha	ırbor	Coun	ty (6)		County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors	Bld	lg. Age	60	
		Oce					Resid	or if being demolished dence	i)			
Name of Monitoring Firm I		Owner (	8)		ASCM No.			tor (9) dian Contracting	, Inc.			
Street Address						Street A	1889	Route 9, Unit 6	1			
City, State, Zip Code						City, Sta	te, Zip Code Tom	s River, New Jer	sey 08	755-1	271	
Project Manager for Monito	oring Firm		Telephone			V0000000000000000000000000000000000000	ne Number 9-9932	License 1 00624				
Scheduled Start Date (10) 11/8/1			11/11/		ion Date (11)	Name of	OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status During A  [ X ] Facil	batement (Check ity Closed/Vacate			d of Aba	tement	Street A	ddress	Stelton Road				
E E	ement Performed r – Describe	Outside	of Normal Fa	acility Ho	ours	City, Sta	te, Zip Code	stowers New Jers		054		
Scope of Work (Check all th	nat apply)			-				taway, New Jers		134		
	or ≥3 lf		f 1	Renova	tion	[ ]	Mini-Enclosure	2	55410			
2 2	sf or ≥260 lf		[x]	Demoli		[x]	Glovebag Proce Non-Exempted	edure I (*) and Non-Friable	Procedi	ıre		
				****					Abat	tement	Туре	
Location o	f	,	Is Location Normally us		_	Descriptionsbestos-Cor		Amount	R	R	Е	Е
Asbestos-Containing Ma	aterial (ACM)		Solely by	8	1	Material (A		(Specify SF	E	E P	N C	N C
TO BE ABAT		Main	tenance/Cu	stodial		e., thermal		or LF)	M O	A	A	L
in facility (13)			Staff (12)		in	sulation, su VAT, o			V	I R	PS	O S
(13)			(12)		ot	her miscella			A	K	U	U
		YES	NO	N/A			,		L		L E	R E
Exterior			X		Asbestos sid	ng		1300 sf	X			
			-						-			
					-	•			-	-	├	-
Name of Registered Waste H		N	JDEP Waste		ID No.   Cubic Y	ards of Wast	e Name of Regis	stered Landfill				l
Guardian Con	tracting, Inc.		20	Dispos	al Date	Cit o	T.R.R.F.					
Toms River, N		Tr'-1		11/12	2/13	City, Sta	own,/Pennsylvan	via				
Nicholas Ferni		Title Proje	ct Manage	er	Signature (	hol	tel		Date 10/2	28/20	13	

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

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

ctso

2013 ROV - 1 PM 10: 32

Date of	Notice 10		ACDECTO		of Building Ov		2272				
Agonois	s Notified	pe Notification	ASBESTOS	Chine	ertz Corpor	ration	l	-			
X	EPA	Eme	LICE LICE	ion 273 B	rae Bouleva	ard					
x	DEP	X Initia	Notification	City, St	ate & Zip Co						
X	DOL		nded Notificatio		Ridge, NJ 0						
х	DOH	Cano	ellation		of Contact					Telephone	Number_
	DCA	7.51357.545.5		Micha	el Martiran	0			1		A Monthson
		Maria		FAC	ILITY INFO	RMA	TION				
Name o	f Facility Wh		ent is Taking Place	ace (3)			of Facility (4) School (K-12)				
		6803 B	oulevard Eas	st			Subchapter 8 ( Other (i.e., priv			ings, home	s, etc.
						Squa	are Feet	# of Floo	ors	Bldg. Age	
City (5)			County (6)	County Co	ode (7)		5000		2		60
	Guttenbe	erg	Hudson			Curr	ent Use (Prior i	if being de	emolished)		
					,		idence				
Name o	f Monitoring	Firm Hired b	y Building Own	er (8)	ASCM No.		e of Abatemen				
Street A	ddress						et Address Schoolhous	e Road			
City, Sta	ate & Zip Co	de				_	State & Zip Co				
17/10				I <del>-</del>	A CONTRACTOR OF THE CONTRACTOR	Mor	roe Townsh	ip, NJ 08			
Project	Manager for	Monitoring F	-irm	Telephone N	Number		phone Number -605-9062		License	00714	
Schedu	led Start Da 11/4/13		Scheduled Con	npletion Date 11/5/13	e (11)		e of OSHA Mo bal Abateme		ces, LLC		
			ment (Check or During Entire P		ement		et Address Schoolhous	e Road			
X	Abatement	Performed O	utside of Norma	al Facility Ho	urs -	City,	State & Zip Co	ode			
	Describe: Other - Des		ted During A	batement		Mor	roe Townsh	ip, NJ 08	3831		
Scope of	of Work (Che	eck all that ap	oply)								
Commence of the commence of th	Demolition	10 775 75 10 11 11 11 11 11 11 11 11 11 11 11 11	X Renovat	ion			Full Cor	ntainment	with Negative	Pressure	
	Large Proje	ct					X Mini-End				
10000		≥ 3 SF or ≥ 3						ag Proced			
			≥ 260 LF ACM					Non-fria			
		ocation of tos-Containin		Is Location Normally U			escription of stos-Containing	,	Amount (Specify		nent Type : Removal,
		erial (ACM)	ig	Solely b			aterial (ACM)		Square Feet		ncapsulation
		BE ABATED		Maintenand			hermal system		or		closure)
		n Facility		Custodial S		sulation	on, surfacing, V	/AT	Linear Feet)		
		(13)		(12)		or othe	er miscellaneou	ıs)		E.	
		Basemer	nt	N/A			TSI pipe		25LF	Re	epair
			_								
	of Registered	d Waste Haul	er		ste Hauler ID 18693	#	Cu. Yds. of W		Name of Regi <b>TRRF</b>	stered Lan	dfill
City, St		<u> </u>		L			Disposal Date 11/5/1	,	City, State Tullytown, I	Pa	
	ted By (Prin	t or Type)	Title			-	Signature	•	· unytown, i		Date
	ninick Trir			Manager			Domini	ick Tr	ingali		10/25/13

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

RECEIVED

Date of Notification (1)				Nam	ne of Buildin	ng Owner/Operator	(2)	The season of the				
10/31	_ / _1	3				L HOUSE		ו <b>-</b> עסא מי20	PH	3: 0	5	
□ EPA □ Ir		1		100000000000000000000000000000000000000	et Address 2 WEST	FRONT STREET		AS8ESTUS				1
☑ DHSS A	mended mendment #		_		State, Zip			& LICE	MSIM	G		
□ DCA   □ E (NJAC 5:23-8)   ju	mergency (i	includi	ng		ED BANK ie of Conta			1			9	F.
	ustification) ancellation				OSHE	ct		Telephone N	umber			
				FA	ACILITY II	NFORMATION				>		
Name of Facility Where Abatem							Type of Facility	/ (4)		-		
STILLWELL HOUSE FINI Street Address	E ARTS &	ANTI	QUES	3			School (K-1	2) 8 (Other than K	12)			
212 WEST FRONT STRE	ET							private and com		buildir	igs,	
City (5)							Square Feet	# of Floors	- 11	Bldg. /	Age	_
RED BANK							>10,000	2		60	3-	
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)			
MONMOUTH								TQUE SHOP				
Name of Monitoring Firm Hired I CRITERION LABS	by Building	Owner	(8)	ASCM	l No.	Name of Abatem		)				
Street Address						DELTA/BJDS	S, INC					
3370 PROGRESS DRIVE						Street Address	DIAL DIVE					
City, State, Zip Code						1345 INDUST						_
BENSALEM PA 19020						City, State, Zip Co	ode ON PA 18966					
Project Manager for Monitoring I	Firm		Tel	ephone	No	Telephone No.	UN PA 18966					_
MICHAEL PANEPRESSO			100		I-1300	215 322-2900		License No. 00783				
Start Date (10)		dulad (	00			210 022-2000		00763			-	
	Scrie	Julea (	omole	etion Da	ate (11)	Name of OSHA M	onitor					_
11 /11 /13					ate (11) 13	Name of OSHA M	onitor					
11 /11 /13	_   _1	11_			6.7 (2.5		onitor					
	ment (Check	k only	one) Abate	ment	13	EHS	10.					
	ment (Checking Entire Pe	k only riod of Facilit	one) Abate	ment	13	EHS Street Address 411 SOUTHG City, State, Zip Co	ATE SUITE E					
11 / 11 / 13  Description of Abatement: 7AM-	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of Facilit	one) Abate	ment	13	EHS Street Address 411 SOUTHG	ATE SUITE E					
11 / 11 / 13  Decupancy Status During Abater Facility Closed/Vacated Durin Abatement Performed Outsid Time of Abatement: 7AM-	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of I Facilit <b>0</b> PM-	one) Abate y Hou	ment rs - Des	13	EHS Street Address 411 SOUTHG City, State, Zip Co	ATE SUITE E de NJ 08056	gative Pressure				
11 / 11 / 13  Description of Abatement Performed Outsid Time of Abatement: 7AM-  Scope of Work (Check all that ap ≥3 sf or ≥3 lf	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of Facilit OPM-	one) Abate ty Hou	ment rs - Des AM	13	EHS Street Address 411 SOUTHG City, State, Zip Co MICKLETON,  Full Cont	ATE SUITE E  de  NJ 08056  ainment with Negosure	gative Pressure				
11 / 11 / 13  Description of Abatement Performed Outsid Time of Abatement: 7AM-  Scope of Work (Check all that ap ≥3 sf or ≥3 If	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of Facilit OPM-	one) Abate y Hou	ment rs - Des AM	13	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Mini-Encl Glovebag	ATE SUITE E  de  NJ 08056  ainment with Negosure		dure			
11 / 11 / 13  Description of Abatement Performed Outsid Time of Abatement: 7AM-  Scope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of I Facilit OPM	one) Abate by Housenovate Control Cont	ment rs - Des AM	13	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Mini-Encl Glovebag	ATE SUITE E  Ide  NJ 08056  ainment with Negosure  Procedure			patem	ent T	
11 / 11 / 13  Description of Abatement Performed Outsid Time of Abatement: 7AM-  Scope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of I Facilit OPM-	one) Abate ty Hou enovat emolities Locat Norma	ment rs - Des AM	13 scribe	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Mini-Encl  Glovebag  Non-Exer	ATE SUITE E  de  NJ 08056  ainment with Negosure  Procedure  npted (*) and No	n-Friable Proced	Al		_	
11 / 11 / 13  Description of Asbestos-Containing Material  Location of Asbestos-Containing Material  11 / 11 / 13  12 / 14 / 13  13 / 14 / 15  14 / 15 / 16  15 / 16 / 16  16 / 16 / 16  17 / 18  18 / 16 / 16  18 / 16 / 16  18 / 16 / 16  19 / 16 / 16  10	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of Faciliti	one) Abate A	ment rs - Des AM  ion on lly ely by nce/	13 scribe	EHS  Street Address 411 SOUTHG  City, State, Zip Co MICKLETON,  Full Cont  Mini-Encl  Glovebag  Non-Exer	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure npted (*) and No		Al		_	
11 / 11 / 13  Description of Asbestos-Containing Material  Location of Asbestos-Containing Material	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of Faciliti	one) Abate ty Hou enovat emolities Locat Norma	ment rs - Des AM  ion on lly ely by nce/	13 scribe	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Glovebag  Non-Exer  Description of stos Containing Mat , thermal systems in surfacing, VAT,	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or	n-Friable Proced		patem Repair	_	- y
	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of Faciliti	one) Abate ty Hou enovat emolitie Local Norma ed Sole intena	ment rs - Des AM  ion on lly ely by nce/	13 scribe	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Glovebag  Non-Exer  Description of stos Containing Mat, thermal systems in	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or	n-Friable Proced Amount (Specify	Al		ent T Encapsulate	У
11 / 11 / 13  Decupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement: 7AM-  Goope of Work (Check all that ap  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of l Facilit OPM  Second Secon	one) Abate ty Hou enovat emolitic S Local Norma ed Sole iintena todial (12)	ment rs - Des AM  ion lly ely by nce/ Staff?	13 scribe	EHS  Street Address 411 SOUTHG  City, State, Zip Co MICKLETON,  Full Cont Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneous	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or	n-Friable Proced Amount (Specify	Al		_	T
11 / 11 / 13  Decupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement: 7AM-  Scope of Work (Check all that ap  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of I Faciliti	one) Abate by House anovat emolities Cocat Norma et d Sole intena todial (12) No	ment rs - Des AM  ion on lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address 411 SOUTHG  City, State, Zip Co MICKLETON,  Full Cont Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneous	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	_	[
11 / 11 / 13  Decupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement: 7AM-  Goope of Work (Check all that ap  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)	ment (Check ng Entire Pe e of Normal PM/3:3	k only riod of l Facilit OPM State	one) Abate ty House anovat emolities Corma ed Sole iintena todial (12) No	ment rs - Des AM  ion on lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address 411 SOUTHG  City, State, Zip Co MICKLETON,  Full Cont Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneous	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	_	T
11 / 11 / 13  Decupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement: 7AM-  Goope of Work (Check all that ap  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)  ASEMENT	ment (Checking Entire Pele of Normal PM/3:3	k only riod of l Facilit OPM Use Ma Cus Yes	one) Abate ty Hou enovat emolitic S Locat Norma ed Sole intena todial (12) No	ment rs - Des AM  ion lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address 411 SOUTHG  City, State, Zip Co MICKLETON,  Full Cont Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneous	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	_	T
11 / 11 / 13  Decupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement: 7AM  Scope of Work (Check all that ap  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)  ASEMENT	ment (Checking Entire Pele of Normal PM/3:3	k only riod of I Facilit OPM Second	one) Abate by House enovate en	ment rs - Des AM  ion on lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Glovebag  Non-Exer  Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned  TILE  Cubic Yards of	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	_	T
11 / 11 / 13  Decupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement: 7AM  Scope of Work (Check all that ap  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)  ASEMENT	ment (Checking Entire Pele of Normal PM/3:3	k only riod of I Facilit OPM Second	one) Abate by House enovate en	ment rs - Des AM  ion on lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Glovebag  Non-Exer  Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or nus)	Amount (Specify SF or LF)	Removal	Repair	_	T
11 / 11 / 13  Decupancy Status During Abater Facility Closed/Vacated Durin Abatement Performed Outsid Time of Abatement: 7AM- Goope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  ASEMENT  ASEMENT	ment (Checking Entire Pele of Normal PM/3:3	k only riod of I Facilit OPM Second	one) Abate by House enovate en	ment rs - Des AM  ion on lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address  411 SOUTHG  City, State, Zip Co  MICKLETON,  Full Cont  Glovebag  Non-Exer  Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned  TILE  Cubic Yards of	ATE SUITE E  de  NJ 08056  ainment with Negosure  Procedure npted (*) and No  erial (ACM) nsulation, or ius)  Name of Regist	Amount (Specify SF or LF)	Removal	Repair	_	T
11 / 11 / 13  Decupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outsid  Time of Abatement: 7AM-  Scope of Work (Check all that ap  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of  Asbestos-Containing Material  TO BE ABATED  IN Facility  (13)  ASEMENT  ASEMENT  ASEMENT  ASENICE TRANSPORT  ty, State	ment (Checking Entire Pele of Normal PM/3:3	k only riod of I Facilit OPM Second	one) Abate by House enovate en	ment rs - Des AM  ion on lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address 411 SOUTHG City, State, Zip Co MICKLETON,  Full Cont Glovebag Non-Exer  Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo  TILE  Cubic Yards of Waste	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous)  Name of Regist MINERVA L  City, State	Amount (Specify SF or LF)	Removal	Repair	_	T
	ment (Checking Entire Pele of Normal PM/3:3	k only riod of I Facilit OPM Second	one) Abate by House enovate en	ment rs - Des AM  ion on lly ely by nce/ Staff?	Asbes (i.e.	EHS  Street Address 411 SOUTHG City, State, Zip Co MICKLETON,  Full Cont Glovebag Non-Exer  Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo  TILE  Cubic Yards of Waste	ATE SUITE E  de  NJ 08056  ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous)  Name of Regist MINERVA L  City, State	Amount (Specify SF or LF)  600 SF  tered Landfill ANDFILL  URG, OH 4468	Removal	Repair		T

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

CK# 25183

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		ľ				BESTOS ABAT 8:60-7 and 12:12			E O F II / F				
				ui o a c		e of Building O				D			
Date of Notification (1)					VER	ZON							
10 / 31 /13					Stree	t Address		2013 M	JV - I PM	3: 2	ģ.		
Agencies Notified Type Notifi	cation				126 L	AKESIDE BLVE	<b>)</b> .			City City	**		
DEP Amer	Notificat nded Noti cellation		tion		LANG	State, Zip Code DING, NEW JER	RSEY 0	ASBE:	STOS COM LICENSIN Telephone Nun	3	L		
	RGENC	Y NO	OTIF	CATI	700mmer - 1 5007 Did.	GLAS J. O'HAR	E		relephone ivui		140		
	200-00-00-00-00-00-00-00-00-00-00-00-00-			F	ACILITY IN	FORMATION			-				
Name of Facility Where Abatement is VERIZON - BERGEN CENTRAL OFFICE		Plac	e (3)				Туре	of Facility School (K-	12)				
							X		r 8 (Other than I orivate & commo		s hon	nes ef	ic )
Street Address								uare Feet	# of Floors	Diago		g. Age	
71 MADISON AVENUE							_	13,347	2			40	
City (5) JERSEY CITY HUD	nty (6)					ty Code (7)			or if being demo	ished)			
Name of Monitoring Firm Hired by Bu	INCOME DAMA	wne	er (8)		(STATE	ASCM No.	_		nent Contracto	r (9)			
ESIS, INC.	manig o	****	(0)			17	0.000		MENTAL CORP		ION		
Street Address 10 EXCHANGE PLACE							313 8	Address POOK RO					
City, State, Zip Code JERSEY	CITY NI	=\^/	IED	eev.				State, Zip C	ode V YORK 10901				
Project Manager for Monitoring Firm	CITT, IVI				Number			hone Numb		ense N	umbei	r	
BRIAN KINGSBURY		- 1		356-5				69-7500	460	)			
Expected State Date (10)	Sc	che			tion Date (1	200.000		of OSHA					
11 / 12 /13 Month Day Year		Mor	3 oth	1	30 Day	/14 Year	QUAI	LITY ENVI	RONMENTAL				
Occupancy Status During Abatement (C					Day	real	Stree	Address		3 . Salina			
Facility Closed/Vacated During Abatement Performed Outsid X Other - Describe: MON  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	de of Non	mal RID	Facil	ity Ho AM-3:	urs - Descril		City, sainment	with Negat dure	code GERS FALLS, Nive Pressure	NEW Y	ORK	12590	l
Location of			ocat		1	Description of As					Abater	1	
Asbestos-containing	r		nally i		, c	ontaining Materi (ie. Thermal sy		1)	Amount	REM	REP	ENC	ENC
Material (ACM) TO BE ABATED	N		lely l	todial	ir	nsulation, surfaci		г.	(Specify SF or LF)	MOVAL	AIR	AP	6
in Facility (13)			aff (1	_	0.000	or other miscella		0.50		AL	1	APSULE	LOSURE
	Ye	S	No	N/A						+	+-	m	m
MAIN ROOF -WESTSIDE	X	4			CAULK &	SEALANT			25 SF	X	-	1	1
ROOF - WESTSIDE	X				BLACK SE	ALANT			24 SF	X	1_	_	
MAIN ROOF-WESTSIDE	Х				BLACK SE	ALANT			70 SF	X			
MAIN ROOF-WESTSIDE	X				BLACK PA	RAPET SEALA	NT/PAI	NT	630 SF	Х			
5TH FLOOR	X				PIPE INSU	LATION			15 LF	X			
5TH FLOOR	X	1		_	JOINT INS	ULATION			6 SF	X	-	-	-
The state of the s		$\dashv$								+	+-	+	+
	-	+			<u> </u>					1	1	1	
AND										_	-	-	
		+		-			27/27 19/22		-	+	+-	+	+-
Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE		aule	P Wa r ID N 15939	lo.	Cubic Yard	s of Waste 40	CUM		I red Landfill COUNTY LAND ROAD	FILL	-		
City, State NEWARK, NEW JERSEY 07114			100000000		Disposal D 11/12/13-0		City,	State BURS, PA	<b>1</b> 7242		/		,
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	FOR	OF	OPER	RATIONS	Signature	1	E	Dat	e //	1/3	3//	13

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

10/29/2013		25872	N	lame of E	Building Own	er/Operate	or (2)		ME	00	.,.		200
Agencies Notified Type Notified	cation		_   `	Jaiuoiii	e Corpora	tion		20	4	***	1 1	Er	
	cauon		5	treet Add	ress emus Ave				RE Play	-	<u> </u>		
DEP Amen	ded							Ara	ESTO LICE elephone	,	$P_{M}$	3: :	0
Amend	dment #		1	ity, State, Iewark	Zip Code NJ 07105			200	ESIN	.*.			3
	ency (incl	uding				)		(	LINE	3 00	1:1	Da.	
DCA Cancel	llation		R	ame of Co am Bar	ontact			TT	elephone	Num	hor?	110[	
			_					1000		, INCH	DeH	0	4
Name of Facility Where Abatement is	Taking Pla	ace (3)		FACILIT	Y INFORMA	TION					COOK	V.	9
ooiporation							Type of Faci	lity (4)					_
Street Address							School	(K-12)					
300 Doremus Avenue							Subcha	pter 8 (Of	her than	K-12)			
City (5)							Other (i.	e. private	& comm	ercial	buildi	ngs, l	nome
Newark							Square Feet		of Floors				
County (6)								1"	01110015		Bld	lg. Ag	е
Essex			(ST	inty Code	(7)		Current Use (	Prior if he	ing do-	17 - 1	<u> </u>		
Name of Monitoring Firm Hired by Build	ing Owns	r (0)			ACCOUNT OF THE PARTY OF THE PAR								95379-15
	g Owne	(6)	A	SCM No.	N.	Name o	of Abatement (	Ontracto	(0)				
Street Address						Kielcz	ewski Corp	oration	(a) \DI	SPOS	AL F	BY	
						Street A	ddress	- 411011			5-17-2		
City, State, Zip Code							atchung A	/e					
and the second							ite, Zip Code						
Project Manager for Monitoring Firm						West	Orange, NJ	07050				Section	
o Tel Monitoring Firm			Telep	phone No		Telepho	ne No	07002					
Start Date (10)						973-24	3-9872		License	No.			
11/07/2013	Sched	duled Co	mpletio	on Date (	11)		OSHA Monito		01171	2200 OM			
Occupancy Status During Abatement (Ch			3	•			OGNA Monito						
7 Espilits Clause	eck Only	One)				Street Ac	Idroop						
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	e Period o	f Abate	ment			Ou cel Ac	uress						
Abatement Performed Outside of No Other – Describe: DISPOSAL ONLY	rmal Facil	lity Hou	S		}	City Stat	e, Zip Code						
cope of Work (Check All That Apply)	ing 110	milai DU	siness	nours		ony, State	e, Zip Code						
≥3 sf or ≥3 lf			V										
1 23 ST OF 23 If		Renova	ation			X	DISPOSAL						_
≥160 sf or >260 if							Full Contain		logotive !	_			
≥160 sf or ≥260 lf		Demoli	tion				Mini Containm	ent with N	regative i	Pressi	ıre		
≥160 sf or ≥260 lf			tion				Full Containm Mini-Enclosure Glovebag Proc	edure					
≥160 sf or ≥260 lf		Demoli					Glovebag Prod	edure				ro	
≥160 sf or ≥260 lf  Location of	<u> </u>	Demoli s Locati	on					edure			cedur		
Location of Asbestos-Containing Material (ACM)	Us	s Locati Normal ed Sole	on ly		Desc	ription of	Glovebag Prod Non-Exempted	edure			ocedur Abate	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Us Ma	s Locati Normal ed Sole	on ly ly by	Asbe	estos Contai	ription of	Glovebag Prod Non-Exempted	cedure	Non-Friat		ocedur Abate		t
Location of Asbestos-Containing Material (ACM)	Us Ma	s Locati Normal ed Sole aintenar	on ly ly by	Asbe (i.e	estos Contai e. thermal s	ription of ning Mater	Glovebag Prod Non-Exempted	cedure I (*) and I Amo (Spe	Non-Friab ount cify	ole Pro	Abate Ty	emen /pe	Γ
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Us Ma Cus	s Locati Normal ed Sole	on ly ly by	Asbe (i.e	stos Contai e. thermal sy surfacir	ription of	Glovebag Prod Non-Exempted ial (ACM) ulation,	cedure (*) and (	Non-Friab ount cify	ole Pro	Abate Ty	emen /pe	Γ
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Disposal of facility component	Us Ma Cus	s Locati Normal ed Sole aintenar stodial S (12)	on ly ly by nce/ taff?	(1.6	estos Contai e. thermal sy surfacir other mis	ription of ning Mater /stems ins ig, VAT, or cellaneous	Glovebag Proc Non-Exempted ial (ACM) ulation,	Amo (Spe SF or	vunt cify LF)	ole Pro	Abate Ty	emen /pe	Γ
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Disposal of facility component	Us Ma Cus	s Locati Normal ed Sole aintenar stodial S (12) No X	on ly ly by nce/ taff?	pipe in	estos Contai e. thermal sy surfacir other mis	ription of ning Mater vstems ins g, VAT, or cellaneous	Glovebag Proc Non-Exempted ial (ACM) ulation,	Amo (Spe SF or	vunt cify LF)	ole Pro	Abate Ty	emen /pe	Γ
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Disposal of facility component	Us Ma Cus	s Locati Normal ed Sole aintenar stodial S (12) No X	on ly ly by nce/ taff?	pipe in	estos Contai e. thermal sy surfacir other mis	ription of ning Mater vstems ins g, VAT, or cellaneous	Glovebag Proc Non-Exempter ial (ACM) ulation,	Amo (Spe SF or	Non-Friat ount cify LF)	ole Pro	Abate Ty	emen /pe	Γ
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Disposal of facility component  Disposal of facility component  Disposal of Facility component	Us Ma Cus	s Locati Normal ed Sole aintenar stodial S (12) No X	on ly ly by nce/ taff?	pipe in	estos Contai e. thermal sy surfacir other mis	ription of ning Mater vstems ins g, VAT, or cellaneous	Glovebag Prod Non-Exempted ial (ACM) ulation, s)	Amo (Spe SF or	ount cify LF)	ole Pro	Abate Ty	emen /pe	Γ
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Disposal of facility component  Disposal of facility component  Disposal of Facility Component  Disposal of Registered Waste Hauler  Disposal Corporation	Us Ma Cus	s Locati Normal ed Sole aintenar stodial S (12) No X	on ly ly by nce/ taff?	pipe in	estos Contai e. thermal sy surfacir other mis esulation &	ription of ning Mater stems ins g, VAT, or cellaneous bag of	Glovebag Proc Non-Exempter ial (ACM) ulation, s) asbestos  Name of Re Conestog	Amo (Spe SF or	ount cify LF)	ole Pro	Abate Ty	emen /pe	Γ
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Disposal of facility component   Us Ma Cus	s Locati Normal ed Sole aintenar stodial S (12) No X	on ly ly by nce/ taff?	pipe in	estos Contai e. thermal sy surfacir other mis	ription of ning Mater stems ins g, VAT, or cellaneous bag of	Glovebag Proc Non-Exempter  ial (ACM) ulation, s)  asbestos  Name of Re Conestog City, State	Amo (Spe SF or	ount cify LF)	ole Pro	Abate Ty	emen /pe	Γ	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Disposal of facility component  Disposal of facility component  Disposal of Facility Component  Disposal of Registered Waste Hauler  Disposal Corporation	Us Ma Cus	s Locati Normal ed Sole aintenar stodial S (12) No X	on ly ly by nce/ taff?	pipe in	estos Contai e. thermal sy surfacir other mis esulation &	ription of ning Mater ystems ins g, VAT, or cellaneous a bag of	Glovebag Proc Non-Exempter ial (ACM) ulation, s) asbestos  Name of Re Conestog	Amo (Spe SF or	ount cify LF)	ole Pro	Abate Ty	emen /pe	Γ

ASB-41 (R-06-08)

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

CK#25345

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

## RECEIVED

Date of Notification (1)	0/29/13			Nam	ne of Buildin	ng Owner/Operator	r (2) 2013 Hugh Wyn	MOV - I PM	3: 6	L		
Agencies Notified	Type Notification	n		Stre	et Address	10	A	Circles COA	120	1		
DEP DOL	Amended Amendment Emergency (		na	City,	State, Zip	Code	inceton, NJ	-FIFF M3IM	G	10		
DOH DCA	justification)  Cancellation		''9	Nam	e of Conta	W		Telephone Nu	ımber		OFFICE OF	
			_	F.A		FORMATION		-	ALL THE			Ordica produce
Name of Facility Where	Abatement is Taki	ng Plac	ce (3)				Type of Facilit	y (4)		-		
	Residen	tial P	rope	ty			School (K-	12)				
Street Address	100 Batt	le Ro	l Circ	le				r 8 (Other than K private & comme c.)		ilding	s,	
City (5)	Princ	eton,	NJ				Square Feet 4500	# of Floors		3ldg.	Age 90	
County (6)	Mercer				inty Code (	7) (STATE		Prior if being dem Residenti		-		_
Name of Monitoring Firr	1000	Owner		ASCN	1 No.	Name of Abatem	ent Contractor (		aı			
(8)	MECS							mental Servi	ces, I	nc.		
Street Address						Street Address						_
	PO Box 34	1						Box 322				
City, State, Zip Code	rosswicks, NJ	N851	5			City, State, Zip C		m NI 00501				
Project Manager for Mo		0051		ephone	No	Telephone No.	Allentow	n, NJ 08501		_		_
10 AND	eisgarber Jr.		(8333)		8-4070	(609) 25	9-9688	License No.	0049	3		
Start Date (10)		duled (			ate (11)	Name of OSHA N			001)	_		_
11/7/13			1/11	/13			M	IECS				
Occupancy Status Durin			Market Co.			Street Address	DO I	241				
☐ Facility Closed/Vacat						Cit. Ct-1- 7:- 0		Box 341		_		_
Other - Describe:		ii i aciii	ity i iou	13		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check a	all that apply)		1.0			21-21	Crosswic	110 00010			_	_
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf	1000 1000		enovat emolitic			Mini-End Gloveba	g Procedure	egative Pressure on-Friable Proced	lure			
			Locatio								ment	
Location	F. 1984 - 188 C. 1984 (1984 - 1984 1986 1986 1986 1986 1986 1986 1986 1986	- umus/301696	lormally d Solel			Description of				Ту	pe	
Asbestos-Containing I TO BE ABA			ntenan ustodia			os Containing Mate thermal systems ir		Amount	Z.	Z.	Щ	щ
IN Facility			Staff?		(1.6.,	surfacing, VAT,	or	(Specify SF or LF)	Removal	Repair	сар	Enclosure
(13)			(12)			other miscellaneo	us)		/al		Encapsulate	ure
		Yes	No	N/A							е	
Baseme		Carrier .		×		Pipe Insulati	ion	180 lf	×			
Crawl Sr	ace				-	Pipe Insulati	on	210 lf	×			
Name of Registered Was				IDEE:				W	8			
70.70				JDEP \ auler ID	No.	Cubic Yards of Waste	Name of Regi					
City, State	nvironmental			182	292	3 CU	City Office	T.R.R.F.,	lnc.			
Ony, Otato	Allentown, N	IJ				Disposal Date	City, State	Tullytown.	DΛ			
Completed By	Title	-				Signature	7/	Date	IA			_
Mahlon E. Ste	vens	Pr	oject	Man	ager	1///	1/		10/2	9/13	3	_

## State of NJ

2013-220

B & G proj. #:

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) RECEIVED

				- 25				Chec	k #622	2					
Date of Notification	(1)		I I Name o	f Building Ow	/ner/Operator (2	2)		20/3 MO	7-1	PM .	2. ^	^			
1 0 1 2 9	1/1/3		11	Torres	7	y				279 .	3. 11	.\$			
Agencies Notified	Type Notific	cation	Street A	Service Control of the Control of th				AARES	1001	11191	20	i .			
☐ EPA	✓ Initia	al	26 A	rlington Pla	ace			ASBES & L	ICEM:	SING	NU	Ŀ.			
☐ DEP			City, Sta	ite, Zip Code						- 40		4A			
<b>☑</b> DOL	Ame	ndment	Kear	rny, NJ 070	032										
<b>☑</b> DOH	_		Name of	Contact				Telepho	ne Numb	ner					
☐ DCA	Canc	ellation	Jose	Torres							-				
				FAC	CILITY INFORM	AATIC	N.		-	-					
Name of facility who	ere abatemer	nt is taking	nlace (3)		SILITI IN ON	MIC		Type of Facility	(4)						
Jose Torres		ii io taning	, place (o)					Type of Facility Scho	ol (K - 1	2)					
Street Address									hapter 8	15		- 51	Ď		
26 Arlington P	lace								(Private		ercia	1			
								Square Feet	# of Flo		E	Bldg. A	Age		
City (5) Kearny		0	ounty (6)				ounty Code (7)								
Reality			Hudson			(5)	ate use only)	Current Use (Prior if being demolished) residential							
Name of Monitoring	Firm Hired b	y Bldg. Ov	wner (8)		ASCM No.	-	Name of Abatement					-			
	N/A		ation, Inc.												
Street Address						_	Street Address								
C4. C4. 7 6 1							105 Ryerson Roa	d .							
City, State, Zip Code							City, State, Zip Code								
Project Manager for N	Monitorina Fir	m		Phone Numb	201	-	Lincoln Park, NJ	07035							
•				i none want	Del	1	Telephone Number 973-696-6869		Licens 0378		ber				
Scheduled Start Date	(10)	ISch	ed Compl	etion Date (1	1)	_	Name of OSHA Monit	or	1 0370						
11/08/13	(1.0)		11/09/13	etion bate (1	''		B & G Restoratio	n, Inc.							
Occupancy Status Du	ring Ahateme				****	_	Street Address								
Facility closed/\							105 Ryerson Roa	d					12		
Abatement perf	formed outsid	e of norm	al facility h	ours-		- 1	City, State, Zip Code								
Describe: Other-Describe	:					-	Lincoln Park, NJ	07035					W		
Scope of Work (chec	k all that app	oly)	-						□ wran	% cu	t				
Demolition		Renova	tion		1907		Full Containment w/neg	ative pressure		bag pr		ure			
>3 sf or >3 if		≥160 sf d	or ≥260 If				Mini-enclosure			friable					
Location of		Is locat	ion normal	ly used solely	/			T		R	R	Е	TE		
asbestos-conta material to be	ining	staff(12	ntenance/ci	ustodial			sbestos-containing	Amount		e m	e	n	E n		
abated in facility	y (13)	Yes	No	N/A	material (A	(CM)		(Specify S LF)	F or	0	a	a	C		
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pasement		-	-	X	pipe insulat	on		45 If					10		
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440			#-							##	Η	무	11		
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egistered Waste Hau			DEP Haule	r ID# C	Lubic Yards of W	aste	Name of Registered L	andfill		-14	ш_	니	Ш_		
B & G Restoration,	, Inc.	19	9563		1		Tullytown Resour		Center						
ity, State Lincoln Park, NJ 0	7035			Disposal D	ate /11/2013		City, State Tullytown, PA								
completed by (Print or		Title		-1	Signature	_			Date						
Gordana Luna		Secreta	ry/Treasu	rer		(	Gordana Luna		10/29	/2013	5				

DEA	State of Now Jersey  FUNDIFICATION OF ASSESTOR ABATEMENT FUNDING TO NIAC 8:60 and 12:120)
ハビしは	NODE CATION OF ASSESTOR ABATEMENT
	(Parsuant to NJAC 8:69 and 12:120)

Date of Notification (1)	2017 1100										-	15	<u>'U</u>			
10-28-13	2013 NOV -	-I P	M In	Name o	f Building		Operator	(2)			appro					
Agencies Notified	New North office	-	1 14	Street A	ddrann	<b>.</b>					lealth i	& Senio	r Serv	ices		
	Initia LIC	slan	シナ	g-to 1 Grader to	kaaless				TA	441	(signal	HOL	70/			
DEP DOL	Initia   C	ENSI	MC	CHV. BL	Ma, Zip C	orde				101	. 7	2 Timo:	11:1	HA	11	
E DOL	Amendment #	1			Bank, No		SAV.		Date	10/2	4	Timo:	<u> </u>		. 16	
1 10	Energency (in justification)	ncluding		4 19	f Contact					Tele	nhone i	Number			_	
DOH DCA	Carrollation			Marc					565		J. 10110		230			
		i _		FAC	LITYINF	ORMAT	ION									
Name of Facility Where Ab Residential Structure	patement is Talding	Pisce (	3)					Туре	of Facility (4	1)			-			
Street Address	s schednie tot	nemo							chool (K-1							
112 Raritan Ave	*								Subchapter Wher (i.e. p	8 (Othe	r than h	(~12)	ildina.			
City (5)								e	rtc.)		0	DICKN DE	morn after	, nou	ical.	
Keansburg								10000000	e Feet	# caf	Floors		Bldg.	Age		
County (6)	-/ <del>************************************</del>	+	7	Calmbr	Code (7)			1500		1	·		60+			
Monmouth				(STATE	USE ONLY	2			nt Use (Prio idential P			Alished)				
Name of Monitoring Firm I	lired by Building O	Namer (8)	,	ASCI	vi No.		Marrie		ement Con							
n/a			8	n/a					anageme						2	
Street Address		Ť						Addres			-					
п/а							22 T	roy L	1							
City, State, Zip Code		7					City, S	tete, Zi	P Code		*******					
n/a							Line	oln Pa	urk, NJ 07	035	;					
Project Manager for Munik	aring Firm			Telepho	ne No.		Telephone No.				Licens	e No.				
n/a				n/a				706-7			0119	3				
Start Date (10) 10-29-13	1	Scheduk 10-30-		mpletion	Date (11)		1	of OSH	A Monitor							
Occupancy Status During	hatamant (Charle						n/a	F 2 ( )				11.65				
Annual Control of the							n/a	Address	Ė							
Facility Closed/Vacate Abatement Performed	Ottoide of Neuros	& Familia	Abater Houn	nent s				tate, Zir	- Cardo							
X Other - Describe: Se	heduled for Demolin	ווא					n/a	idad, Ziji	COMP							
Scope of Work (Check All 1	That Apply)	<del> </del>					100									
☑ ≥3 sfor≥3 if ☑ ≥160 sfor≥260 if		□ R	lenova	tion		29		Full	Containme	refranklin l	Variation (1)	o Proce	100			
2160 sf or ≥260 ff		X D	lemoli	tion				Min	-Enclosure		1-Sept.	a t 1000	al P			
····							70	Glos Nan	rebag Proce Exempted	edure (°) and	Non-Ér	ishle Pr	nrank	na.	1	
	*	ls ls	Locat	ion						17-10		- I		ernen	Ł	
Location of	r .	l las	ioma d Sole	ly		Des	scription	of .					T	рө		
Ashestos-Containing M: TO BE ABAT	aterial (ACM)	Ma	intena	nce/	Asbes	tos Cont	aining M	eterial (	(ACM)		rount			0	1_1	
In Facility	<b>-</b>	Cust	(12)		fire'	साधगावा स्रोधि	systems cing, VA	insulat T. or	ion,		ecity or LF)	Res	공	nces.	anc)	
. (13)	10.0	ļ <u> </u>	(12)	,		other n	niscellan	eora)			/	Removal	Repair	Encapsulate	Enclosura	
		Yes	No	N/A								_		8	-	
Exterior				×		Asbest	os Flat	Roof		200	SF	×	+-		$\vdash$	
	· -					***					<del></del>		+-	-	$\vdash$	
								<del></del>			_	-	+	-	$\vdash$	
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Name of Registered Waste	Hauter	41	-   A	JDEP W		Cubic	V	r	N 1-							
Loznica Management				laries id		of Wes		1	Name of R							
			Q	033137	7	TBD		7	GROWS	5 Nort	h Land	dfill				
City, State	_						pel Detta		City, State							
Lincoln Park, NJ 0703	5					TBD			Morrisvi	lle, PA	1906	7				
Completed by E. Cirovic		Title	nha				Ignature		-			Date		******		
- Au 6 & M		Secr	etary			_ [3	EIGA	ovz	c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10-28	-13			

 $<sup>^{\</sup>star}$  Do not use this form for asbestos licensure exempted activities.

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building	Owner/One	KE(	SENER				
October 28, 20		Name of Building	KMR	Carpentry	ENED	2	88	1	
[ ] DEP [ ] Am [x ] DOL Am	eation ial Notification ended Notification endment # ergency (including	Street Address  City, State, Zip C	108 A	Altier Avenue BESTO , New Jersey 9862	*	3 L			
[ ] DCAjusti	ification) cellation	Name of Contact Matt			Telephone Number	ap -			
					A PORTECTION	ALCO ST		SER!	
Name of Facility Where Abatement is Taking	g Place (3)	CILITY INFORM	MATION	Toma of Parille (4)					
Residence	5 - 1 (2)			Type of Facility (4)	School (k-12)				
Street Address 214 Melody Lane				[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)				ldings,
City	County (6)	County Code (7) (STATE USE ONI	V)	Square feet	# of Floors	Blo	ig. Age		
Toms River Twp.	Ocean	(STATE OSE ONE	.1)	1000 sf Current Use (Prior if	being demolished	<u> </u>	-	60	150 20 - 130
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Nama of	Resider	nce				
N/A Street Address		ASCIVI NO.	Name of	Abatement Contractor Guardia	(9) an Contracting	Inc.			
Street Address			Street Ad	ldress					
City, State, Zip Code			City, Stat	e, Zip Code	oute 9, Unit 61		-		
Project Manager for Monitoring Firm	Telephone Number	<del></del>		e Number	Liver, New Jers			271	
Scheduled Start Date (10)	Scheduled Complete	tion Date (11)	732-349 Name of	9-9932 OSHA Monitor	00624				
11/11/13 Occupancy Status During Abatement (Check	11/13/13			E.M.S.I	. Analytical				
[ X ] Facility Closed/Vacated	d During Entire Period of Aba Outside of Normal Facility H	atement	Street Ad		elton Road				
Other – Describe			City, State		vay, New Jerse	y 088	354		
Scope of Work (Check all that apply)			[ ]	Full Containment	with Negative Pres	sure			
[ ] >3 sf or ≥3 lf	[ ] Renova	ation	[ ]	Mini-Enclosure Glovebag Procedu	re				
[ X ] ≥160 sf or ≥260 lf	[ X ] Demol	ition	[x]	Non-Exempted (*)	and Non-Friable I	Procedi	ıre		
						Abat	tement	Туре	
Location of	Is Location Normally used		Description estos-Cont			R	R	Е	Е
Asbestos-Containing Material (ACM)	Solely by	. N	faterial (A	CM)	Amount (Specify SF	E	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custodial Staff	(	, thermal syllation, sur		or LF)	M O	A	Α	L
(13)	(12)	l list	VAT, or			v	I R	PS	S
	YES NO N/A	oth	er miscellar	neous)		A		U L	U R
Exterior						L		E	E
Exterior	X	Asbestos sidin	g		900 sf	X			
		<del>                                     </del>	10-1-1-						$\vdash$
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cubic Yai	ds of Waste		d Landfill		L		$\vdash$
Guardian Contracting, Inc.	20223 Dispos	sal Date	City, State	T.R.R.F.					
Toms River, New Jersey	11/14	1/13		wn Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	HP.	1		Date	8/201	3	
	*Do not use this form	n for asbestos licens	sure exemp	ted activities.		10/2	0/201		

CK#2193

## RECEIVED State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Persuant to NJAC 8:50 and 12:120)

Date of Notification (1)	-1 111	10. 45	24	Suilding Ov	13.	oxb	ry.L	P					
Agencles Notified Type Notification	ns co	HERM	TAdo	ress	\ _ 1	101	C'. 1	. 7.	SA				
PEPA Initial & L	CENSI	N15	AL.	1	the '	1110	$\mathcal{P}_{i}$	e of	SA				
OEP Amended Amendment		nty,	AL BITE	Zip Code		1 1	5.088	718					
Emergency (is		Nam		Contact		10.		Teleph	none Numb				
DCA Justincation Cancellation			_	oc A				100	Add of	نعق	Ocar	Sele.	
Name of Facility Where Abatement is Taking	Place (3)	F.	ACILI	ITY INFOR	MAHU	Typ	e of Facility (	4)					
	(2					日	School (K-1						
Street Address							Subchapter Other (i.e. p	8 (Other I rivate & c	than K-12) commercial	buildi	ngs, h	ome	\$,
241 B+10	)					L.X.,	Petc.)	# of Fi			ig. Ag		
City (5) 3						345	1355	-	2	4	ٔ بر		
County (6)				ode (7)		Cur	rent Use (Pri	or if being	demolishe	d)			
MOSCIS				SE ONLY)			1	na	4	-			
Name of Monitoring Firm Hired by Building C	wner (8)	A	SCM	No			batement Cor ulation Co.,		i)				
						Street Address							
Street Address						95 Mont	rose Road	i					
City, State, Zip Code						City, State, Zip Code Colts Neck, N.J. 07722							
						Telephons			License No		*****		
Project Manager for Monitoring Firm		ele	phon	e No.		732-294		i .	00029				
							<del></del>						
Start Date (10)	Schedule	a Comple	tion C	Date (11)		Name of O	SHA Mondor						
1111013	11/16	1113	tion C	Date (11)		4) F = 1	200			- ":			
Occupancy Status During Abatement (Chec	k Only On	11.3		Date (11)		Street Add	Iress	la Maria	13 f P - 32 f				
Occupancy Status During Abatement (Ched	k Only One	bater ent		Date (11)	7.86 9.33 9.33	Street Add	iress		93.77				
Occupancy Status During Abatement (Chec	k Only One	bater ent		Date (11)		4) F = 1	iress						
Occupancy Status During Abatement (Checility Closed/Vacated Ouring Entire F Abatement Performed Outside of Norm	k Only One	bater ent		Date (11)		Street Add	iress		23.FP.4-sc2				
Occupancy Status During Apatement (Checility Closed/Vacated Ouring Entire F Abatement Performed Outside of Norm Other - Describe:	R Only One	bater ent Hour		Date (11)		Street Add	Zip Code	ent with N		ressur	e		
Occupancy Status During Abatement (Checility Closed/Vacated Ouring Entire F Abatement Performed Outside of Norm Other - Describe:	R Only One	bater ent		Date (11)	-	Street Add	Zip Code  Fuil Containm Mini-Enclosur Glovebag Pro	ient with Nee	Negative Pr				
Occupancy Status During Apatement (Checility Closed/Vacated Ouring Entire F Abatement Performed Outside of Norm Other - Describe:	k Only One Period of A nal Facility	bater ent Hour .		Date (11)		Street Add	, Zip Code Fuil Containm Mini-Enclosur	ient with Nee	Negative Pr	e Proc	edur	e ment	
Occupancy Status During Apatement (Checility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe: 700 - 900 Scope of Work (Check Ail That Apply)  23 sf or 23 lf 2160 sf or 2260 lf	Region of A	enovasion emolimon		Date (11)	Des	Street Add	Zip Code  Fuil Containm Mini-Enclosur Glovebag Pro	ient with Nee	Negative Pr	e Proc	edur Abate		
Occupancy Status During Abatement (Checility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe:  Scope of Work (Check All That Apply)  23 sf or 23 ff 2160 sf or 2260 if  Location of Asbestos-Containing Material (ACM)	RONING ON Period of A pai Facility	bater ent Hour . enovation emotion		Aspest	os Cont	Street Add City, State,	Fuil Containm Mini-Enclosur Glovebag Pro Non-Exempte	ient with Ne cedure d (*) and	Negative Pr Non-Friabl	e Proc	ædur Abate Ty	ment pe	Γ
Occupancy Status During Apatement (Check Facility Closed/Vacated During Entire Fabatement Performed Outside of Norm Other - Describe: 700 - 300 Scope of Work (Check All That Apply) ≥3 sf or ≥3 ff ≥160 sf or ≥260 if	R Conly One	enovation emotion Location lorms y d Solery b intensive odial staff	) /	Aspest	os Cont thermal surfac	Street Add  City, State  scription of aining Mate systems inscing, VAT, or	Fuil Containm Mini-Enclosur Glovebag Pro Non-Exempte	eens with Ne eccedure d (*) and	Negative Pr	e Proc	ædur Abate Ty	ment pe	Γ
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Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Fabatement Performed Outside of Norm Other - Describe: Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  In Facility (13)  Name of Registered Waste Hauler Ace Insulation Co., Inc.	Region of A pal Facility P C D C C Use	encypion emotion Location lormally d Solery b intensive odial staff (12)	NVA V	Aspest (i.e.	os Contithermal surface other m	Street Add  City, State,  scription of airving Mate systems ins cing, VAT, o niscellaneous  SUIGH.  Yards  ste 5	Fuil Containm Mini-Enclosur Glovebag Pro Non-Exempte  rial (ACM) sulation, or US	Air (Sp. 150)	Negative Properties of the count opening or LF)	Removal X	ædur Abate Ty	ment pe	Γ
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Fabatement Performed Outside of Norm Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  In Facility (13)	Region of A pal Facility P C D C C Use	enovation enovation emolimon Location lormally d Solery bintenal ce odial staff (12) No It	NVA V	Aspest (i.e.	os Contithermal surface other m	Street Add City, State, scription of airving Mate systems insching, VAT, on iscellaneous SUIGH.	Fuil Containm Mini-Enclosur Glovebag Pro Non-Exempte  rial (ACM) sulation, or IESE City, Sta	Air (Sp. 150)	Negative Properties of Landilling Properties o	Removal X	ædur Abate Ty	ment pe	Γ
Occupancy Status During Abatement (Chec Facility Closed/Vacated Ouring Entire Fabatement Performed Outside of Norm Other - Describe: Scope of Work (Check All That Apply)  23 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  In Facility (13)  Name of Registered Waste Hauler Ace Insulation Co., Inc. City. State	Region of A pal Facility P C D C C Use	enovation enovation emolimon  Location formally d Solery b intensice odial staff (12)  No It N.D. Haul 1 Of	NVA V	Aspest (i.e.	os Contithermal surface other m	Street Add  City, State,  scription of taining Mate systems insching, VAT, or miscellaneous systems and the state of the s	Fuil Containm Mini-Enclosur Glovebag Pro Non-Exempte  rial (ACM) sulation, or IESE City, Sta	Arr (Sp. 150) Register	Negative Properties of Landilling Properties o	Removal X X X	ædur Abate Ty	ment pe	Ī

State of New Jersey

REBET OF HOTTFICATION OF ASBESTOS ABATEMENT

E (Pursuant to NJAC 8:60 and 12:121)

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Agencies Notified Type Hotikeston	Sueel Address			4	:
ADDITION CONT	POI	7.			, ,
Emergency (unclude	5 GGG	HARBORT	W/ 8013	eprone Number	
☐ Cancellason	Hans of Contact	n A	74	092	SEV LO
	FACILITY INFO	RHATION			
The of Facility Where Abatement is Taking Plan	ce (3)		se of Facility (4)	1.	B)
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MANGATE	County Code () USE ONLY)	STATE CO	meni Use (Phor F	DNT	
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1 . 5-a-e 2.0 Code	No.	Telephone No		License No	
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Schedule Schedule	d Completion Date (11)	Hamed. OSHA HO	Kiëm	<u>~</u>	
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(13)	TV. NO HIL			1500中	
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MINDE SILADE IT	U;5,	Signalur	K a		10/28/83
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T. 1201 1855 MML-		, <b>~</b>	amound activities	\$	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

								RE	CEN	_					
Date of Notification (1)	10/20/2012				Name of Building (	Owner/Ope	rator (2)	1	CEM	E	)	·-			
	10/29/2013					Sakou	rator (2) tis Brothers Dis	My Any	4	10	8:	12			
Agencies Notified	Type of Notificat		35.50		Street Address				1 1	In.	~ _				
[X] EPA	1 5 - 2	Notific				POB	ox 84	SBESTO & LIC	20		»U				
[ ] DEP		ided Noi idment#	tification		City, State, Zip Coo			8110	S COM	Ter	,	1			
[x] DOL	F 50 50		ncluding			Colts	Neck, NJ 07722	2 - 410	ENSIN	G TO	L				
[x] DOH		cation)			Name of Contact			Telephon	e Number		55				
DCA	[ ] Cance	ellation			John S	akoutis				-7/6	WW SINS				
				EAC	L ILITY INFORM	ATION					12000		10000		
Name of Facility Where A	batement is Taking	Place (3	)	TAC	ILIT I INFORM	ATION	Type of Facility	(4)							
The second second second records and records are a second	sidence	- 11100 (5	,				[		l (k-12)						
Street Address							į	Subch	apter 8 (oth	er than	k-12)				
	16 Park Lane						[x		(i.e., privat	e & cor	nmerci	al build	ings,		
								homes		- nii					
City		Count	ty (6)		County Code (7) (STATE USE ONL)	Y)	Square feet # of Floors Bldg. Age 3000 sf 2 60								
Long Branc	h	Ocea	an		(STATE OSE ONE	• ):	Current Use (Pri	or if being d				U	$\dashv$		
Dong Brane		0000	*11					dence	,						
Name of Monitoring Firm	Frankrich aus einer der der der der der der einer eine der	Owner (	8)		ASCM No.	Name of	Abatement Contract								
N/A	Α							rdian Con	tracting,	Inc.					
Street Address					4	Street A		Route 9,	Unit 61						
City, State, Zip Code						City, Sta	ite, Zip Code	route ),	Omeor	01					
						s River, 1	ver, New Jersey 08755-1271								
Project Manager for Monit	toring Firm		Telephone	Number			ne Number	License Number							
C-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			01.11.	0 1.:	D. (11)		19-9932 FOSHA Monitor	00624							
Scheduled Start Date (10) 11/14/13	3		11/18/	0.70	on Date (11)	ST. Ana	. Analytical								
Occupancy Status During	THE RESERVE AND ADDRESS OF THE PARTY OF THE	only one				Street Address									
[X] Fac	ility Closed/Vacated	l During	Entire Perio	d of Abat	tement		105	056 Stelton Road							
[ ] Aba	tement Performed	Outside	of Normal Fa	acility Ho	urs	City, Sta	ite, Zip Code								
[ ] Oth	er – Describe			4-0/0		,		ataway, N	lew Jerse	y 088	54				
Scope of Work (Check all	that apply)	-				I .	Full Containn	ont with Mo	antirio Drog			_	-		
Scope of work (Check an	шат арріу)					Į,	Mini-Enclosu		gative Pres	sure					
[ ] >3:	sf or ≥3 lf		[ ]	Renova	tion	į :	Glovebag Pro								
5 5	0 sf or ≥260 lf		[x]	Demoli		[x]	Non-Exempte		on-Friable I	rocedu	re				
					1										
							2			Abat	ement '	Гуре			
Location	of	١,	Is Locatio Normally u			Description of the Destor of the Description of the Descr		1	mount	R	R	E	E		
Asbestos-Containing N		,	Solely by			Material (A		10000	ecify SF	E	E P	N C	N C		
TO BE ABA		Mair	itenance/Ci			, thermal		33 73	r LF)	M	A	A	L		
in facilit	У		Staff		ins	ulation, su				0	I	P	0		
(13)			(12)			VAT,				V	R	S	S		
		YES	NO	N/A	oth	er miscel	laneous)			A		L	R		
		163	NO	19/74						L		Е	E		
Exterior	37. 202.00, 3 49.20		X		Asbestos roofing 3000 sf X										
			1												
							-								
Name of Registered Waste	: Hauler		NJDEP Was	te Hauler	ID No.   Cubic Y	ards of Was	ste Name of Re	gistered Lane	dfill	-			1		
Guardian Co	ontracting, Inc.		2	0223	5		T.R.R.F								
City, State	Mass. I				sal Date	City, S									
Completed by (Print or Ty	, New Jersey	Title		11/19	Signature \( \)	Tully	town, Pennsylva	ania	-	Date			-		
Nicholas Fer			ect Manag	er	) M	1/2	Y'I	1		1000	29/20	13			

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

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 1932)

PHIO:

Date of Notification (1) [5 [13	Na	Name of Building Owner/Operator (3) AS CORT of Prost									
Agencies Notified Type Notification .	Su	reet Ad	4	250 5	Saddy	River	Ro	Ŷ		1	
☐ EPA ☐ Instial ☐ Amended	Cr	tv State	e, Zip Ço	42			-		=	4	
DOL Amendment #_		SAS		E Bro	or, N	2,					
□ DOH justification) □ DCA □ Cancellation	N		Contact	Gnis	200	Tolonhone Ni mhor	The same		in the same		
		FACUL		RMATION	(2	The state of the same of the s					
Name of Facility Where Abatement is Taking Place (3		7 / / /		1	Type of Facility (	4)				+	
Warehouse					School (K-12)	(Other than K-12)				-	
Street Address 8 N. 5+L		<u>St</u>	×:		Other (i.e., pri homes, etc.)	vate & commercial I					
City (5) Saddle Brook	~				Square Feet	# of Floors	Bldg	. Age			
County (6) Berger		County USE OF		(STATE	Current Use (Price	or If being demoished	ed)				
Name of Monstoring Firm Hired by Building Owner (8)	AS	SCM No	· 1	Name of Abatem	nent Contractor (9)						
2113			<del></del>	Street Address		<del></del>				=	
3.07 W 384 S	+			513 E	32~1	ST					
City, State, Zip Code			;	Ciry, State, Zip C		2		7005-64			
Project Manager for Monitoring Firm		hone No		Telephone No.		License No.				$\exists$	
				973 34		80L 886	2	_		=	
Stan Date (10)   Scheduled Co		on Date	(11)	Name of OSHA	5 Ame						
Occupancy Status During Abatement (Check only o				Street Address							
Facility Closed/Vacated During Entire Period of A  Abatement Performed Outside of Normal Facility	batem Hours	nent i		City, State, Zip C	Code			-		$\dashv$	
Other - Describe:				City, Calc, 20						_	
Scope of Work (Check all that apply)				□ Eull Co	ontainment with Ne	dative Pressure					
□≥3 st or ≥3 tf				Mini-Er	nclosure		_				
2160 sf or ≥260 lf Der	nalitan	1		Giove S	pag Procedure	on-Friable Procedure	_			-	
1 00000	ocation mally	n					A	Typ			
Location of Used	Solely		Achas	Description of		Amount		$\neg$	_	$\neg$	
TO BE ABATED CU	stodial			thermal systems	insulation,	(Specify SF or LF)	Ren	20	Encar	Encl	
I I I I COUNTY	(12)			surfacing, VA1 other miscellane	eous)	3. 4.2,	moval	pair	psulate	losure	
Yes	No	N/A							9		
1st Floor		X	V	A C		1684 SE	X	_			
st Floor		X		Mastic 1684 SFX							
Boiler Koom		X		· Boiler Insul 215FX					$\vdash$		
Name of Registered Waste Hauler	T N	UDEP V		Cilins  Cubic Yards	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	istered Landfill	الم				
1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		lauter ID	No.	of Waste	Ince	A , A	$\mathcal{L}(\hat{x}, \hat{y})$	V			
1 2 MI (11/2 )	18	100	- 1	1							
City. State		6605	- \	Disposal Date	City, State	Λ Ω./	F				
City. State Free hold NJ	= \ \begin{align*} 200			Disposal Date Signature	City, State	ericl PV	9	-1	13		

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

# RECEIVED

Date of Notification (1) October 28, 2013				ame of B	Building Ow unter		erator (		elli.	න මුල	1 - P	b# 10:	33		
	e Notification		s	treet Add		enue				e) m	erns	CONT	RO	L	
EPA DEP DOL DOL	Initial Amended Amendment #_ Emergency (incligioustification)	uding	. F	ity, State Haddon lame of 0	e, Zip Code field, NJ Contact	)	3	1 (6	•		STOS LICE		<u>-</u>	-63	<del>)</del>
DOH DCA	Cancellation			David H											_
Name of Facility Where Abate Residence	ement is Taking Pl	ace (3)		FACILI	ITY INFOR	OITAM	N	☐ Sc	Facility (4	2)					
Street Address 260 Windsor Avenue								Su Su Ott	ner (i.e. pr	3 (Othe ivate 8	r than K-1 commerc	2) ial buildi	ngs, l	nome	s,
City (5) Haddonfield								Square 3,000		# of 2	Floors	10	ig. Aq O	je	
County (6) Camden				County Co	ode (7) SE ONLY)		_	Current		r if beir	ng demolis	hed)			
Name of Monitoring Firm Hire Management & Enviro.	ed by Building Own Consulting Se	ner (8) ervices		ASCM	No.				ment Contronment						
Street Address P.O. Box 341								Address Cutler A	Ave.						
City, State, Zip Code Chesterfield, NJ 08515								tate, Zip e Shac	Code le, NJ 0	8052	1	95			
Project Manager for Monitorion Bill Weisgarber				Telephon	e No. 8 <b>-</b> 4070			none No. 755-00	99		License I	No.			
Start Date (10) November 6, 2013		cheduled			ate (11)		Name		Monitor						11
Occupancy Status During Ab					-		Ştreet	Address							
				ent		-		Haddor							
Facility Closed/Vacated Abatement Performed C Other – Describe:	Outside of Normal	Facility H	Hours			- [		state, Zip stmont,	Code New Je	ersey	08108				
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)	-	nova moliti	33G33//			5	Mini-	Enclosure ebag Prod	e cedure	n Negative			e	
		128			-			14011	Lxciiipte	. ( )			Abate	ement	t
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM) D	Used Mair Custo	ntenai dial S (12)	ly ly by nce/ Staff?	Asbesta (i.e. 1	os Cont thermal surfac	system cing, V	Material ( ns insulat	(AGM). ion,	(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	Dina	Inquile	otion (	Gloveb	(a)		16 LF	xxx			
Attic			X		Pipe		r Insu	-	ay)		50 SF	XXX			
Basement			X	-							1 LF	XXX	-		-
Basemen	t .		X			Pipe	Insul	alion				7887	-		
Name of Registered Waste Freehold	Hauler		H	J NJDEP W Hauler ID 2253		of Wa	3.00		Grows	Land	ered Land	Ifill		1	
City, State Mount Holly, New Jers	ey 08060	8 9 23			(d		sal Dat 3/2013		City, Sta Tullyto		A.			-	
Completed by Christina Lynch	y, State unt Holly, New Jersey 08060 mpleted by				ns Manager Signature Date 10/28/2013							3	-		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

- 4							115(154					
Date of Notification (1) October 28, 201	3			Name of I	Building O	wner/Oper A <b>196</b>	Services	9	9 8	7 '	9	
[ ] DEP [ ] Amer	Notifica	tification		Street Add		e &	chards Avenue	10: 42				
[x] DOH justiff	gency (in cation) ellation	ncluding	ŀ	Name of (	Contact Vi	Dover,	IN O WAY ING	Telephone Number			<b>a</b>	
		I	FACI	LITY IN	IFORM.	ATION						
Name of Facility Where Abatement is Taking Residence	Place (3						Type of Facility (4	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 119 West Chadwig	k						[x]	Other (i.e., privat homes, etc.)			al buildi	ngs,
City	Count	ry (6)		County Co (STATE U		7	Square feet 800 sf	# of Floors	L	. Age 6	0	
Toms River Twp.	Ocea						Resid					
Name of Monitoring Firm Hired by Building (N/A	Owner (8	8)	4	ASCM No		Name of	Abatement Contractor Guard	or (9) lian Contracting,	Inc.			
Street Address						Street Ad		Route 9, Unit 61				
City, State, Zip Code						City, Stat	e, Zip Code Toms	River, New Jers	ey 087	55-12	271	
Project Manager for Monitoring Firm		Telephone Nun	nber	ALC: NO.		Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 11/11/13		Scheduled Con 11/12/13	npletio	n Date (11	)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacated  [ ] Abatement Performed	d During	Entire Period of				Street Ad	ldress	Stelton Road				
Other – Describe						City, Sta		taway, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[ ]	Full Containme Mini-Enclosure	nt with Negative Pres	sure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		<u> </u>	enovati emoliti			[ ] [x]	Glovebag Proce Non-Exempted	edure (*) and Non-Friable	Procedu	re		
									Abate	ement '	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)					Asb N (i.e. inst	Description Destos-Cor Material (A , thermal Ilation, su VAT, of er miscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbes	tos sidin	g		700 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste H 202	23		Cubic Ya	rds of Was	T.R.R.F.	stered Landfill				
City, State Toms River, New Jersey			Disposa 11/13	al Date /13		City, St	ate own, P∉nnsylvai	nia				
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manager	10	Signatu	re V · /	hot	Tel		Date 10/2	28/20	13	

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



Date of Notification (1)				Na	me of E	Building O	wner/Operator	(2)						
	28 / 13	3					rnpike Auth	ority						-
Agencies Notified	Type Notification				eet Add	dress ain Stree	.+							
⊠ EPA														
DEP	Amended Amendment #	£				e, Zip Cod								1
☐ DCA (NJAC 5:16) ☑ DHSS	☐ Emergency (i		g			(C)(V	NJ 07095			elephone Number				
] DCA	justification)			21/000011		Contact					C2(22)			
(NJAC 5:23-8)	Cancellation					rd J. Rac			150	- O <sub>2</sub>	3		-	
					FACIL	ITY INFO	ORMATION	T	ype of Facility (4)	- PO 10	AON EIGE		20	
Name of Facility Where	Abatement is Takir	ng Plac	e (3)						School (K-12)	<u> </u>	AC	i	П	
Interchange Exit 5	New Jersey Tu	rnpike	•					— Ē	7 Subchanter 8 (	Other than (12)	1	(	$\mathbf{C}$	
Street Address									Other (i.e., priva	ate & commercial	ouilaing	, F	77	
Exit 5 Toll Utility B	uilding - South								homes, etc.)	# of Floors	Birdg.	Age		_
City (5)								8		1	G40			
Mt. Holly									1,500	20	**	-	<del>)</del>	
County (6)				(	County	Code (7)(	STATE USE ONL	X) (	Current Use (Prior		C7			
Burlington							5-1N - VI - 3-0-1-1-1-1-1-1		Utility Buildin	g		_		-
Name of Monitoring Firm	m Hired by Building	Owne	r (8)	AS	SCM No	).	Name of Abate	emen	t Contractor (9)		<b>.</b> n			
Pennoni Associate		7					Diamond I	Hunt	bach Construc	tion Corporation	)II			_
				-			Street Address							
Street Address	Suite 1R						500 East L	.uze	rne Street					_
515 Grove Street,	Julie 15			-			City, State, Zip	Coc	de					
City, State, Zip Code							Philadelph				-			
Haddon Heights,				oleni	none N	0	Telephone No	5.50		License No.				
Project Manager for Mo	onitoring Firm				547 0		Telephone No. 215-739-8166 00646							
Alan Lloyd							Name of OSH		onitor					
Start Date (10)		heduled					SAME AS							
11 /08		11				15								
Occupancy Status Duri	ing Abatement (Ch	neck on	ly one	)			Street Addres	5						
<ul> <li>☑ Facility Closed/Vaca</li> <li>☐ Abatement Perform</li> <li>Time of Abatement</li> </ul>	ed Outside of Norr	mal Fac	cility H	lours	ent - Desc	ribe	City, State, Z	ip Co	de	*				
Scope of Work (Check	all that apply)		Reno	vatio	n		☐ Mini	-Enc	ainment with Neg	ative Pressure				
≥3 \$1 01 ≥3 11   ≥ 160 sf or ≥260 lf				olition	n		∐ Glov	/ebag -Exe	Procedure mpted (*) and Nor	n-Friable Procedu	re			
			le l	ocatio	on		Z Non				Aba	ateme	ent Ty	/pe
Locati Asbestos-Containi TO BE A IN Fa	No Used Main Custo	rmall Solei tenar	ly ly by ace/	Asbe (i.e., the	Description of sbestos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)					Repair	Encapsulate	Lincipodio		
		_						-		200 LF	$\boxtimes$			1
Exterior doors, wi	ndows, louvers	_				Caulkit	ng			200 2.				[
		[	]	$\boxtimes$										r
		Г										닏	닏	1
					Ī									
				1	JDEP	Waste	Cubic Yards	of	Name of Regi	stered Landfill				
Name of Registered V	Waste Hauler				lauler I		Waste	1005100	Minerva					
Diamond Huntba	ach Construction	on			1968	9	1 CY	te	City, State					
City, State Philadelphia, PA	A 19124						Disposal Da 11/30/13			urg, OH 44688				
		Title					Signat	ûre	101	1911	Date	1		11
Completed By (Print Charles F. Imbir		G Common	ject	Man	ager		(2	M	5/0	ung	101	R	5/1	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification		Name	of Building	Owner / Operato	or (2)								
America Nuite I	10/28/13	State	of New J	ersey Departm	ent of Huma	an Services							
Agencies Notified  EPA	Type Notification		Address					55.5		6-011111			
☐ DEP		City S	30X /UU, 2	222 South War	ren Street								
□ DOL			tate & Zip on, NJ 08										
☑ DOH			of Contact				Talaak	1	1 1.				
DCA	Cancellation	1 (65)	Harlan	ct Telephone Numb									
							1000	2002000	HUTCHE				
Name of Eacility W/h	ere Abatement is Taking P	FAC	CILITY IN	ORMATION		*							
Woodbridge Dev	elopmental – Exterior (	race (3)		Type of Facil				~					
Street Address	olophiontal - Exterior C	Journas			oter 8 (Other th	on K 12)	67		900	200			
1289 Rahway Ave	enue			Other (i.	e. private & co	mmercial buildir			etc:)r	ב ר			
				Square Feet	# of Flo		Bldg. A		Ĉ				
City (5)	County (6)	County C	ode (7)	N/A		N/A	S S	7 N/A		-			
Avenel	Middlesex			Current Use	(Prior if being	demolished)	C .						
			Various Se	rvices		¥ :	N N	Z					
	Firm Hired by Building Own	ner (8)	ASCM No		tement Contra	ctor (9)	_ (	<u> </u>	CHO	5			
Environmental Co Street Address	onnection Inc.				ironmental,	Inc.		<u> </u>					
120 North Warrer	Street			Street Address									
City, State & Zip Cod				1123 Beaver Street City, State & Zip Code									
Trenton, NJ 0860	8			Bristol, PA 19007									
Project Manager for	Monitoring Firm	Telephone		Telephone N		-							
Brian Holbig	- (40)	609-392-4		(215)788-60		00509							
Scheduled Start Dat 10/29/13 (Rev #1-		mpletion Date 10/31/13	e (11)	Name of OSHA Monitor Bristol Environmental Inc.									
	uring Abatement (Check o		-	Street Address									
Facility Close	ed/Vacated During Entire P	eriod of Aba	tement	1123 Beave									
	Performed Outside of Norm			City, State &									
	8:00 AM - 4:30 PM			Bristol, PA 19007									
Facility Occu	pied During Abatement 7:0	00 – 3:30											
Scope of Work (Che	ck all that apply)				П <b>г</b> .шо-				-0.000				
≥3 sf or ≥3 lf		⊠ Reno	ovation		Pres	Pressure							
☐ ≥160 sf ≥260			olition			closure Bag Procedures							
			0.11.011			empted and No	n-Friabl	e Pro	cedu	ire			
Lo	cation of	Is Location	on	Description		Abatement Type							
	os-Containing	Normally U		Asbestos-Containing Amount Abatement Asbestos-Containing (Specify									
	erial (ACM) E ABATED	Solely b											
	Facility	Maintenanc Custodial S		i.e., thermal s insulation, surfac		**	em	Repair	cap	ncle			
	(13)	(12)	tan:	or other miscell			Remova	air	Encapsulate	Enclsoure			
			N/A				-		ite	е			
Rickwell between	Cottages #2 & #3			Pipe insula	ation	30 LF		$\Box$	П	$\Box$			
Rev #1-Add'l. Sco	pe of Work same area			Pipe Insula		20 LF		H	Ħ	Ħ			
								百	П	I			
						0000							
Name of Desistered	NA/			12									
Name of Registered	vvaste Hauler	DEP Waste ller ID No.	Cubic Yards of Waste	Name of Reg	istered Landfill								
Service Transport	t Inc.	1 Cu YD	Minerva La	ndfill									
City, State		Disposal Date	City, State										
New Castle, DE		10/7/11	Waynesbur	g, OH									
Completed By (Print	7.5.0	Title		Signature Lino Piggigori / jl Date 10/28/13									
Gino Pizzigoni	(4	N=05.5000	ject	Him FA	ggegori	1 xl	10/2	28/1	3				
		IVIai	nager	100	10 1	' //							

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

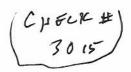
Ch 4 2022 2022

		Namo	of Buildin	g Owner/Op	erator (2	2)						
of Notification (1)		Divine	Merc	y Parish		10 31 (1990)					$\dashv$	
25/2013	2.2		Address									
ncies Notified Type Notification			itch St								$\neg$	
Initial	+		tate, Zip								1	
DEP Amended Amendment #_		Carte	eret NJ					elephone Number				
DOL Emergency (incl	uding	Name	of Conta	act				elebriorie 14a	in the			
DOH justification) Cancellation		Fathe	er Edu	mdo Shall	ow							
DCA Cancellation		FA	CILITY	NFORMATI	ON	Type of Faci	lity (4)					
me of Facility Where Abatement is Taking P	lace (3)											
me of Facility Where Abdustration						School Subcha		Other than K-12)	tdinge	hom	ies.	
rivate Property					1	Other (	i.e. priva	other than K-12) Ite & commercial b	ulialiya	, 11011		
reet Address 7 Fitch Street						etc.) Square Fee	ET	# of Floors	Bldg.	Age		1
						1200		2 ·	+50			1
ty (5) carteret NJ				(170)		Current Use	(Prior if	being demolished	)			1
ounty (6)		Cour	ty Code	(7) ONLY)		Junion						4
4: Adlescov County		100	0,500		Name	of Abatemer	nt Contra	ctor (9)				
ame of Monitoring Firm Hired by Building Ov	wner (8)	1 1333	SCM No		First	t Phase Gr	oup Inc	o				4
V/A		N	/A		Stree	† Address		(4%-10-3)				1
treet Address					567	-52nd Stre	et Suite	e#16				$\dashv$
N/A					City	State, Zip Co	de					
City, State, Zip Code					We	st New You	k NJ 0	7093	2			-
N/A		Tale	ephone	No.	Telephone No.							
Project Manager for Monitoring Firm		N/A			201-758-7158							
N/A	Scheduled			te (11)	Name of OSHA Monitor							
Start Date (10)	11/12/20	13	5.60.283	(3)/- (2)	J&S Environmental Colp mo - m							
11/7/2013					Stre	et Address	0 14/00	NSI	P N	=	7	
Occupancy Status During Abatement (Chec	K Offiny Office				23	33 Route 2	2 vves	t ZZ		-7	T	_
	- · 6 Ab	otomen	nt .					0-1	0			
Entiro I	DATIO DOTES	atemen	nt		City	, State, Zip C	ode		0:		j	
Facility Closed/Vacated During Entire I	DATIO DOTES	atemen	nt		City		ode	TRO	10: 37			-
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: 8 hours	DATIO DOTES	atemen	nt		City	, State, Zip C nion NJ 070	ode 083	6770	37	ξ		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Nom Other – Describe: 8 hours  Scope of Work (Check All That Apply)	Period of Ab nal Facility F	lours			City	, State, Zip C nion NJ 070	ode 083 ontainme	ent with Negative F	37	ξ		-
Facility Closed/Vacated During Entire Is Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	Period of Abnal Facility F	atemen	on		City	y, State, Zip C nion NJ 070	ode 083 ontainme	ent with Negative F	Pressure	• .	<u> </u>	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Nom Other – Describe: 8 hours  Scope of Work (Check All That Apply)	Period of Ab	lours	on		City	y, State, Zip C nion NJ 070	ode 083 ontainme	ent with Negative F	Pressure	ecedure	e ement	
Facility Closed/Vacated During Entire Is Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	Period of Abnal Facility F	lours enovation	on n		City	y, State, Zip C nion NJ 070	ode 083 ontainme	ent with Negative F	Pressure	ecedure	<i></i>	
Facility Closed/Vacated During Entire Is Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	Period of Abnal Facility H	enovatio	on n		City	Full C Mini-E Glove Non-E	ontainme inclosure bag Proc exempte	ent with Negative February and Non-Frial	Pressure	ecedure	e ement pe	
Facility Closed/Vacated During Entire Is Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Period of Abnal Facility H	enovation  Location  Iormally  d Solely	on n	Asbestos	City Ur Descrip	Full C Mini-E Glove Non-E	ode 083 ontainmeinclosure bag Proceeding	ent with Negative Fecedure d (*) and Non-Frial  Amount (Specify	Pressure pole Proc	e cedure Abate	e ement pe	Erick
Facility Closed/Vacated During Entire Is Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Ashestos-Containing Material (ACM)	Period of Abnal Facility H	enovation  Location  Location  Internally  d Solely  internal	on n	(i.e. the	Descript Contains	Full C Mini-E Glove Non-E	ode 083 ontainmeinclosure bag Proceeding	ent with Negative February and Non-Frial	Pressure pole Proc	e cedure Abate	e ement pe	Eliciosa
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Facility Closed/Vacated During Entire Is Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Period of Abnal Facility H	enovation demolition demolition demolition demolition demolition demolition demolities d	on n / y by ce/ taff?	(i.e. the	Description Contains and systems of the miscontains ther miscontains are the miscontains and the miscontains are the miscontai	Full C Mini-E Glove Non-E otion of ng Material (A stems insulation, VAT, or cellaneous)	ode 083 ontainmeinclosure bag Proceeding	ent with Negative Fecedure d (*) and Non-Frial  Amount (Specify	Pressure pole Proc	e cedure Abate	e ement pe	Elicioadia
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Facility Closed/Vacated During Entire II Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  1st floor	Period of Abnal Facility F	enovatice enovatice emolition Location lormally d Solely intenan- todial St (12)	on n / y by ce/ taff?	(i.e. the	Descrip Containi ermal sys surfacing ther miso	Full C Mini-E Glove Non-E otion of ng Material (A stems insulating, VAT, or cellaneous) or tile on and del	ontainme inclosure bag Pro- exempte ACM)	Amount (Specify SF or LF)  265LF  175 LF	Pressure Removal	e cedure Abate	e ement pe	Eliciosario
Facility Closed/Vacated During Entire II Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  1st floor basement	Period of Abnal Facility F	enovatice enovatice emolition Location lormally d Solely intenan- todial St (12)	on o	(i.e. the	Descript Containing The misother misother misother months of the misother months of the misother misot	Full C Mini-E Glove Non-E otion of ng Material (A stems insulation, VAT, or cellaneous)	ontainme inclosure bag Pro- exempte ACM)	Amount (Specify SF or LF)  265LF  175 LF  800SF	Pressure Removal	e cedure Abate	e ement pe	FILCOSOLO
Facility Closed/Vacated During Entire II Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  1st floor basement  Roof	Period of Abnal Facility F	enovatice enovatice emolition Location lormally d Solely intenan- todial St (12)	on o	(i.e. the	Descript Contains armal system of the mison ther mison the mison t	Full C Mini-E Glove Non-E otion of ng Material (A stems insulating, VAT, or cellaneous) or tile on and del material	ontainment inclosure bag Protexempte  ACM) on,	Amount (Specify SF or LF)  265LF  175 LF  800SF	Pressure Removal X X X X X X X X X X X X X X X X X X X	e cedure Abate	e ement pe	FILEDOSCIO
Facility Closed/Vacated During Entire II Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  1st floor basement  Roof  Exterior	Period of Abnal Facility F	enovatice emolition lormally d Solely intenance (12)	n // by cel taff?	Pipe	Descript Contains armal system of the mison ther mison the mison t	Full C Mini-E Glove Non-E otion of ng Material (A stems insulating, VAT, or cellaneous) or tile on and del material (A caulking	ontainme inclosure bag Pro exempte ACM) on,	Amount (Specify SF or LF)  265LF  175 LF  800SF  45 Windowsof Registered Lance	Pressure Removal X X X X S X S S X	e cedure Abate	e ement pe	FILE
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Facility Closed/Vacated During Entire II Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  1st floor basement  Roof  Exterior  Name of Registered Waste Hauler  Tri State Transfer Assoc Inc	Period of Abnal Facility F	enovation lord lord lord lord lord lord lord lord	n // by cel taff?	Pipe	Descript Contains armal system of the mison ther mison the mison t	Full C Mini-E Glove Non-E otion of ng Material (A stems insulating, VAT, or cellaneous) or tile on and del material A caulking	ontainmendourebag Processempte  ACM) ont,  Name Minel	Amount (Specify SF or LF)  265LF  175 LF  800SF  45 Window of Registered Landow at the second	Pressure Removal X X X X S X S S X S S S S S S S S S S	e cedure Abate	e ement pe	Enclosera
Facility Closed/Vacated During Entire Is Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  1st floor basement  Roof  Exterior  Name of Registered Waste Hauler Tri State Transfer Assoc Inc  City State	Period of Abnal Facility F	enovation lord lord lord lord lord lord lord lord	on o	Pipe	Description Contains and System Contains armal system of the mison floor insulation roofing window Cubic Year of Waster Disposa	Full C Mini-E Glove Non-E otion of ng Material (A stems insulating, VAT, or cellaneous) or tile on and del material a caulking ards e	ontainmendourebag Processempte  ACM) ont,  Name Minel	Amount (Specify SF or LF)  265LF  175 LF  800SF  45 Windows of Registered Landward Enterprises	Pressure Processure Removal X X X X S X S S X S S S S S S S S S S	Repair	e ement pe Encapsulate	Elicioania
Facility Closed/Vacated During Entire II Abatement Performed Outside of Norm Other – Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  1st floor basement  Roof  Exterior  Name of Registered Waste Hauler  Tri State Transfer Assoc Inc	Period of Abnal Facility F	enovatice enovation demolition lormally distributed international St (12)	on o	Pipe	Descript Contains ermal system of Management of Waste Cubic Years of Waste Disposa	Full C Mini-E Glove Non-E otion of ng Material (A stems insulating, VAT, or cellaneous) or tile on and del material A caulking	ode 083  ontainmendosure bag Procexempte  ACM) on,  Value  Name  Minet  City, S  wayn	Amount (Specify SF or LF)  265LF  175 LF  800SF  45 Windows of Registered Land and Enterprises state tesburg OH 444	Pressure Removal X X X X S X S S X S S S S S S S S S S	Repair	e ement pe Encapsulate	Ellordario

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:68 and 12:128)

cr. 4746

d <sub>x</sub>	Pur502		18 15	g Owner/Opprator (	2)				
o of Noticetion (1)		Name (	MA	RTINI					1
0-28-13	-	Street	Address	RAMAPO	VALLEY	16AD			4
Mary secure	-	City,	State, Zip	Code	5 07430				1
PA DEP Amended Amended		M	AHU		- 1730	aloster Maria	<b>&gt;</b> _2		1
DOL I Emergency (including justification)		Name	e of Conta	HETINI !			- NO		H
DOH Cancellation		FA	CILITY IN	FORMATION	Type of Facility (4)		S 7		क
iron of Facility Where Abstracest is Taking Place	(3)			-		1 . 1	5		
A MARTINI.			<del></del>		School (K-12)  Subchapter & (  Other (i.e. privi	the & commercial	diags, I		A
142 RAMAPO VA	11 0	R	nAD		bomes, est.)	- Coop	Stdg. Age		d
142 KAMARO VA			771		11:50	2	92 4	25	
Marthank				- PATE USE	41 Can / Dai	e if heing demonst	190d)		
MARCHITI		Con	enty Code ILY)	(7) STATE USE	KESID	EXCL			_
3000	AS	CM No	<u>.</u>	Name of Abat	emont Contractor (9)				
Harme of Manifesing From Hised by Building Owner				Be'st Street Address	Removal II	10			
Street Address				450 5	River St				
				Cay, State, Z	ensack, N.	J. 07601		1000	
Coy, State, Zip Code	1 9.6	phone	No	Tolophone M	9	00388			
Project Menager for Mendesing Firm	168	quado	100-	201-329	9-7444 -				
Start Date (10) . Scheduled Co	mpletio	a Date	(11)	Name of OSI	HA Monitor Environmen	tal Inc			
3 7-14	w one)	<del>- 1</del>	2 .	Street Adding	SS				
Occupancy Status During Abatement (Check onl Display Closed/Vacated During Entire Period of Parally Closed During Entire Period Of Parall	of Elector	ment			uyler St		27606		
C Ababarati PERMINA	My Hou	<b>s</b>		South	Hackensac	k, N.J.	37800		
Scope of Work (Check all that apply)				- TO 1	Full Containment will Mini-Englessee				
			PRenova						
@23d@23f	*1	ī	2 Demoii	ion 3	Glovebag Procedure	d Non-Priable Pro	codure	hadas	noof
@≥3sfcr≥3f Ci≥160sfcr≥260f		<u> </u>	2 Demoli	ion 3	Glovebag Procedure Non-Exempted (*) an	d Non-Friable Pro	A	Typ	
D ≥ 160 of or ≥ 250 s	- N	Locatio losmally	Demolii	ion	Glovebag Procedure Non-Exempted (*) as	d Non-Prable Pro	-	Typ	T
Location of	Use Use	Locatio lognali d Solel	Demoili y y by xee'	Description Description	Glovebag Procedure Non-Ecompted (*) as  stion of ag Matorial (ACM)  terms instalation,	Amount Specify	-	Typ	T
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Location of	Use Mai	Location de Sole de So	Demolii y y by scol	Asbestes Contains  (i.e., freezed opening  surfacing other misc	Glovebag Procedure Non-Ecompled (*) as ston of ng Matastial (ACM) tenns installation, VAT, or clameous)	Amount (Specify SF or UF	Removal	Ropair	1
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Location of Ashestes Containing Meterial (ACM) TO BE ABATED IN Facility (13)  CASEMENT  Homo of Registered Waste Harder Best Removal Inc	Yes Name of the Na	Locatic location of the locati	Demolii y y by scol al	Ashestes Contains  Ashestes Cont	Stovelegg Proceeding Non-Ecompted (*) as from of the Mathematical (ACM) therese installation, VAT, of classeous)  /// COUNT Da  ds of Name of Re  // Minery  Chy State	Amount Specify SF or LF	Removal	Ropair	T
Location of Ashestes Containing Material (ACM) TO BE ABATED IN Facility (13)  CASEMENT	Yes Name of the Na	Locatic location of the locati	Demolii y y by scol al	Ashestes Contains  Ashestes Cont	Stovebog Proceeding Non-Ecompted (*) as from of the Manner (ACM) terms installed, VAT, or clameous)  /// COUNTON  The County of Minery  Cate Wayne	Amount Specify SF or LF	Removal	Ropaly	& Encapaulate



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	. ,			Name	of Buildin	g Owner/Operator	(2) .					
Date of Notification (1)	129/13				PINE	LANDS CO	ONSTRUCT	1000		=		
Agencies Notified	Type Notification		$\neg \uparrow$	Street	Address		<u></u>		*			
	[2] Initial				300	77 7	14 ST, .		-	==		
DE BA SE DEP DOL	☐ Amended		Γ	City, S	tale, Zip C	ode		(18) UZ				
DOL DOL	Amendment a		.		SEA	IYLE (1)	ry Ni)	08243		=		
POH DOH	justification)		-	Name	of Contac			Telephone Number	Ħ H			
DOH CA	Cancellation			F	100	EDUALT	۲01					
=======================================	· · · ·			FAC	H ITY INF	ORMATION						
	· · · · · · · · · · · · · · · · · · ·	- Dlagg	(2)				Type of Facility	(4)				
Name of Facility Where	Abatement is Takin	g Place	(3)				C School (K-12	2)				
166	SIDENCE						Subchapter	8 (Other than K-12)	سناسان ب			
Street Address							homes, etc.)	rivate & commercial	il buildings			
12	9 7155	57.					Square Feet	Bldg	7. A			
City (5)	- 1								l			
>6	A ISLE (1	77		^-	Cada (	7) (STATE	Current Use (Prior if being demolished)					
County (6)				USE	ONLY)	1) (31712	VA	CANT				
LANG	M 14					Name of Abelian	nent Contractor (9					
Name of Monitoring Firm	Hired by Building	Owner	F	SCM	40.	. 1						
(8)							EMCO IN	007		=		
Cironi Address						Street Address	C C 00	- 100.				
Stiest Modress	Street Address						S, S PRUC	- 200		=		
City, State, Zip Code						City, State, Zip C		- NT.	08 03	5.		
City, State, 219 Code						Mo	2 5 10 10					
Project Manager for Mor	itorim Firm		Telep	shone h	<b>6</b>	Telephone No.		Z 00444				
Project Manager for Mor	storing i	a				856-17	171 7 77					
	LScha	duled Co	molet	ion Dat	e (11)	Street Address						
Start Date (10)		1/1		13	20.70							
11/12/13		' '	- 1									
Occupancy Status Durin	g Abatement (Che	ariad of	Ahaten	nen!		369	S, SpA	Luci- Auri		==		
Facility Closed/Vacat	ed During Entire Pi	d Eacility	Hour	s		City, State, Zip C	Code		- /	2 8		
Abatement Performer	d Outside of Norma	a rocall)	1100.			M	APLE SI	IDDE, N.	<u>٠, ر</u>			
Other - Describe:												
Scope of Work (Check a	ill that apply)					☐ Full Co	ntainment with Ne	egative Pressure				
T-2-(-1-2)(			novatio			<u> </u>	oclosure pag Procedure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ø De	motitor	1		Non-E	cempted (*) and N	on-Friable Procedu	re			
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		1.7.7	omally	2007		Fig. 8 905 5			-	<u> </u>		
Location	ot	Used	Solety	by	Achar	Description of tos Containing Ma	aterial (ACM)	Amount	1_1			
Ashestos-Containing	Hatenal (ACM)	Main	nenan Stodia	χε <i>ι</i>   ·	/i.e	thermal systems	insulation.	(Specify SF or LF)	Removal	Repair		
TO BE ABA	TED		staff?		(	surfacing, VAT	, or	SF OF LF)	NO.	Par.		
IN Facility (13)	( 12		(12)			other miscellane	eous)		5			
(13)		V=-	Νο	N/A						_		
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51011	<u> </u>	1		_						-		
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				ID PA	Marks	Cubic Yards	Name of Red	gistered Landfill	-			
Name of Registered Wa	ste Hauler		N	JOEP V	No.	of Waste	C ~	1, C, M.V. A	7.			
KLEMCO	INC		_   "	179	04		City, State			_		
				7		Disposal Date	City, State	OF RING	NJ			
City. State	E SHAT	7 G ,	N	, J			1_00	Date	<del></del>	=		
	Tit					Signature	r. Kly		129/	13		
Completed By		1	1/1			Joen	ra racin	m		=		
1 ACZON K	1 DEM MI		-/-									

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building Owner/Operator (2)														
5.05	October 29, 201	3			INAMIC OF BUILD				k Homes		Ch	2	28	90		
Agencies Notified  [ x ] EPA  [ ] DEP		tion I Notifica nded Not			Street Address	Minuter	) Dri	um ]	Point Road							
[x] DOL	Amer	ndment # gency (ir			City, State, Zip Code Brick, New Jersey 08723											
[x] DOH [] DCA	2 2	ication) ellation			Name of Contact Telepho Dennis McKenna						ephone Number					
Si an analogo and				FAC	ILITY INFO	MATIO	N				0	. 3	5	1		
	patement is Taking sidence	Place (3)			Type of Facility (4)					School (k-12) Subchapter 8 (wher than k-12)						
Street Address 9 Sa	antiago Drive				[ x]						(i.e., privat s, etc.)	e& con	nmes	, 1	Ings,	
City						VLY)		100	are feet 900 sf		1	5 Bldg	. Age	2		
Brick		Ocea	n						rent Use (Prior if Resider		emolished)					
Name of Monitoring Firm Hired by Building Owner (8)  N/A					ASCM No.	Name	e of A	Abate	ment Contractor	(9)	tracting,	Inc		25 - 12 - 12		
IN/A Street Address						Stree	t Add	iress		1000						
City, State, Zip Code					City, State, Zip Code Toms River New						ersey 08755-1271					
Project Manager for Monito	oring Firm		Telephone N	Number						License Number 00624						
Scheduled Start Date (10) 11/14/13			11/15/1	3.00	on Date (11) Name of OSHA Monitor E.M.S.L. Analytical											
Occupancy Status During A	Abatement (Check of lity Closed/Vacated			i of Aba	Street Address tement 1056 Stelton Road											
	tement Performed ( er – Describe		f Normal Fa			City,	State	, Zip	Code Piscata	way, N	ew Jerse	y 088	54			
Scope of Work (Check all the	hat apply)						]		full Containment	with Ne	gative Pres	sure				
1 5 1	f or ≥3 If ) sf or ≥260 If		[ ] [x]	Renova Demoli						le Procedure						
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Location of	107)	N	lormally us			Asbestos-	Cont	ainir		1 500 50	mount	R E	R E	E N	E N	
Asbestos-Containing M TO BE ABA		Moint	Solely by tenance/Cu			Materia i.e., thern				200	ecify SF r LF)	М	P	C	C	
in facility		Maiii	Staff	Stodiai		nsulation,				"	(LF)	0	A I	A P	L	
(13)			(12)			VA'	Γ, or	•				V	R	S	S	
		, ma	210	27/1		other misc	ellar	neou	is)			A		U	U R	
		YES	NO	N/A								L		Е	Е	
exterior			X		Asbestos si	ding				850	sf	Х				
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									The state of the s							
Name of Registered Waste Hauler NJDEP Waste Hauler					ID No.   Cut	Yards of V	Vest		Nama of Desire	rad I	IEII					
	ntracting, Inc.			)223	ID No. Cubic				Name of Registe T.R.R.F.	icu Lanc	11111					
City, State Dispos Toms River, New Jersey 11/18				al Date 3/13		, Stat lytø		<b>P</b> ennsylvania	Į.			19				
Toms River, New Jersey 11/18  Completed by (Print or Type) Title  Nicholas Fernicola Project Manager					Signature	cho	1	7	lel			Date 10/2	29/20	13		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(1 413)	uant to NUME 0.00	and 12.12		RE	2	ē				
Date of Notification (1) 10/29/2013		Name of Building		rator (2) tis Brothers Disp	osal 7112	9 8	199	D			
1 2 3	l Notification	Street Address	POB	ox 84	ASBEOT	-1	M 10	: 29			
[x] DOL Amer	nded Notification ndment # rgency (including	City, State, Zip Co		Neck, NJ 07722	& LICI	S CC ENSI	NI	tOL			
[x] DOH justifi	cation)	Name of Contact John	Name of Contact John Sakoutis  Telephone Number						)		
	FA	ACILITY INFORM	MATION								
Name of Facility Where Abatement is Taking Residence	Place (3)			School (k-12) Subchapter 8 (oth	her than	k-12)					
Street Address 122 N Street				[x]	Other (i.e., priva homes, etc.)	te & cor	nmerci	al build	lings,		
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg	. Age	0			
Seaside Park	Ocean		0.592	Current Use (Prior Resid							
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor Guard	or (9) lian Contracting,	Inc					
Street Address			Street Ac	idress	Route 9, Unit 61						
City, State, Zip Code			City, Sta	River, New Jersey 08755-1271							
Project Manager for Monitoring Firm	Telephone Numb	er	Telephor 732-34		License Number						
Scheduled Start Date (10) 10/30/13	Scheduled Comp 10/31/13	letion Date (11)									
Occupancy Status During Abatement (Check of Facility Closed/Vacated	only one) d During Entire Period of A	batement	Street Address								
[ ] Abatement Performed (	Outside of Normal Facility	Hours	urs City, State, Zip Code								
Scope of Work (Check all that apply)	0		[ ]		nt with Negative Pres	ssure					
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		ovation polition									
						Abat	ement '	Гуре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A	al (i.e ins	Description bestos-Con Material (A a., thermal mulation, su VAT, oner miscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior	X	Asbestos sidi	ng		900 sf	X					
						-			-		
			-		_	-		-	-		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223	2	ards of Was	T.R.R.F.	stered Landfill						
City, State Toms River, New Jersey		Disposal Date City, State 1/1/13 Tullytown, Pennsylvania									
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hot	Tel 1		Date 10/2	29/20	13			

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Date of Notification (1) 10 26	13	•	CONTRACTOR	of Sullding	g Owner	Operator (2)	7 1	м.,			_	
Agencies Notified Type Notification	~		Street	L-O]	BRai	ne (	mec	Dert			+	1
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DOL Amendmer	nt#	2-14	City, S	State, Zip C	ode "	lewar		117 3	-,	4 5	=	
DOH Emergency justification	(includii )	ng	Name	of Contact	<u> </u>			102 0	11	05	)	
□ DCA □ Cancellatio	ń			lam	ine	Bush		·   Calephone A	Tumbe			S Gage
Name of Facility Where Abatement is Taki	ng Place	(3)	FA	CILITY IN	ORMAT	ION		3	San	740	PERM	E-CARRE
Dingle family		ore	H	مسعو			pe of Facil	3.5		_		
Street Address			1	1050			School (	K-12) ter 8 (Other than K	400			
ad 1 Sou	4		ع بدر	-+-		) Bet	- Other (i.e	. private & comma	-12) rolal bi	ıllding	s, hor	nos.
City (5) Lavallette	1	17	08	3735	5		etc.) juare Feet	# of Floors		Bldg.	Age	
County (6)			County	y Code (7)		Cı	rrent Use (	Prior if being demol	inhad)		Of	·~
Name of Monitoring Firm Hired by Building				use only	n	- 5	175 E 70	une la Duc	Mine	1		
EPC Technolo		6] • 45.	ASC	OM No.	١.	Name of A	batement C	Contractor (9)		<u> </u>		-
Street Address	3	4	<u>ا</u>	C/ P	•	E		chaple	gie	5	L	76
- KO. Dax 3	37	F				Street Add	. Bo	. 332	9			
City, State, Zip Code	'AA'	7	40	53	2	City State		·	<u> </u>			
Project Manager for Movel In Ig Firm	/\\	<u>ي</u>	UC	200	<u>.</u>	New		cus tai	T 0	185	53	13
Steve Schenker	<b>Q</b> .	- 1		one No. 758-	77/e-	Telephone		License	No.	20	0.0	-
Start Date (10)		lled Co	mpletion	Date (11)	3065	609 7.5 Name of C	OC - U	65 0	Q,	27		
10-30-13	1	1 —	1-1	13				chnologies	. 7		ě	
Occupancy Status During Abatement (Chec						STEED Add	<b>₩</b> 88	7	5_1	-10		
Abatement Performed Outside of Name	Period of	Abater	nent			6-0	Bor	337		;	60	
Umar - Describe;	1411 4411		**			City, State,	Zip Code	115				
cope of Work (Check All That Apply)						[ACCO	Egypt	- N-J	08.	<u>53</u>	3	
2 ≥3 sf or ≥3  f ≥ ≥180 sf or ≥260  f		Renove Demoli					ilni-Enclosu ilovebad Pn	ocadure				
		s Locat	lon				on-Exempte	ed (*) and Non-Fria	ble Pro		_	
Location of		Normal	ly		Das	scription of			1	Abate	emen Po	ţ.
Asbestos-Containing Material (ACM)  TO BE ABATED	l Ma	ed Sole sintensi	nce/	Asbest	os Conta	aining Materi	al (ACM)	Amount			m	
In Facility (13)	Сца	todial S (12)	Staff?	(1.6.	surfigo	systems insuing, VAT, or		(Specify SF or LF)	Removal	R	Encapsulate	EINC
(15)		<del>,                                    </del>			other m	lacellaneous	)	0.0.27	nava	Repair	psul	Enclosure
	Yes	No	N/A						1-		8	ੜ
Exterior Walls			8	Std	ling	Shins	les	1000 SE	K			
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ame of Registered Waste Hauter			DEP W		Gubic, Y	erde.	Name of	Registered Landfill	ļ			
EPC Technologies	, >	H	1.700		of Wast	6		te Manage			ຸດ	A)
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ASB-41 (R-06-08)

108TH03 20123624

\* Do not use this form for aspestos Ilcensure exempted activities.

PA

Pate 10/26/13

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

2013 NOV - I	Police Nouheation (1)			30			no Owner/Operator							
	10	130/13			-		A PH PEC		-RACTING					
ASSESTOS	Comdendame o	Type Notifica bo	on		Suser	Address	5 RT, 5	ی	\$					
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	į.	☐ Emergency	lucing	.		Conia:	CENI-1E	LD, N, ),	O 8 23 0 Telephone Number					
	005	justification  Cancellation			^		BREUR	10						
	<del></del>	<u> </u>					ORMATION							
	Name of Facility Where	Abatement is Tak	ng Place	(3)				Type of Facility						
		DENCE						School (K-12	(Other than K-12)	••				
:	Siee Address	W, 17 FM	500					homes, etc.)	yate & commercial	Bldg				
N	Ciry (5)							10 0 0	2		0 +			
		on City		=			1) (STATE	Current Use (Pri	or it being demoksh	ed)				
	County (6) CPP	E MAY			USEC		7125100	vent Contractor (a)	ACONT					
	Name of Marrioning Firm	^	SCM H	0.	K L CM	COZN	C1							
	Sizee: Address	=1=			Sveet Address	500.1	= Ave.							
	Safet vooress	**				Cry. State, Zip C	19 S. SPRUCE AVE.							
	City State Zp C∞e					MAR	12 SHA	DE NJO	805	=				
	Programmanager la Mo		. Yelep	shone N	0	7 Hophone No. 856-779-0472 00444								
			क्याब्द Ca	myleti	pn-0a16	(11)	Name of OSHA Monitor							
	Sian Date (10)	,,,	, ,		3		- JUS C 1 1/1							
	The same Status Divi	on Abatement (Ch	neck only	ane)			Sueet Address	3695, Spruce 1 v.E.						
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	Scope of Work (Check	all that apply)					D Fut Co	ucioenie Surgiumeni miti Ne	gaqve Pressure					
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			NK	Soleh	1		Description	ol	Amount					
۶.	Location Aspestos - Cantaining	Malena (ACM)	Mair	المامار الماران	φε/	A50e	sios Containing M	\$ INSUMILLE	(Specify SF & LF.	Herroval	Retained at §			
	TO BE AB	ATEU		(12)			sudadno. VA onei myscollan	(eas)		, P	E hate			
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							Cubic Yards	I Hame of Re	epistered Landill	<u> </u>				
	Hame of Registered Y	rasie Hauler		1	رمجة و 1000	No.	01 Waste	C, ~	1, C, M.U	, /3 .				
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