State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) I Manie of Pulling Owner/Operator (L.) Date Conditionalistics

11/04/2014		Westf	ield Garder	n State Pla	aza	12 1	1				
Agencies Notified Type Notification			Address den State F	Plaza			ASBES				L &
EPA Initial Amended Amendmen		City, Sta	ate, Zip Code nus NJ 076		-		and the second second	LICE	NSIN	<u>G</u>	20000
DOH justification Cancellation)		of Contact Bernazzoli			Tele	phone Nui	nber			
		FAC	ILITY INFOR	MATION							
Name of Facility Where Abatement is Takin Garden State Mall Street Address	ng Place (3)				Type of Facility (School (K-1 Subchapter	2)	rthan V 1	2\			
1 Garden State Plaza		-642			Other (i.e. p				dings	, home	es,
City (5) Paramus NJ 07652					Square Feet 80,000	# of 1	Floors	1000	Bldg. /	200	<u> </u>
County (6) Bergen	50		Code (7) USE ONLY) _		Current Use (Pric		g demolisi	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	450,000,000	of Abatement Cor m Inc.	ntractor (9)				
Street Address				17	Address ulton Street						
City, State, Zip Code					State, Zip Code nton NJ 07005						
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	hone No.		License N	0.			
Start Date (10) 11/07/2014	Scheduled (Date (11)	Name	of OSHA Monitor		0.00.				
Occupancy Status During Abatement (Che	5 6	. N		Street	Address ulton Street						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba nal Facility Ho	tement ours		City, S	State, Zip Code nton NJ 07005		+				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition		Þ	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	e cedure				۵.	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	olely by nance/ al Staff? 2)	(i.e. the	Description Containing Marmal system surfacing, VA her miscellar	Material (ACM) s insulation, AT, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		o N/A								e e	
Mechanical Room	X		Friable	thermal sy	stems ins.	320) SF	Х			
				E C							
Name of Registered Waste Hauler		NJDEP W	Table 10 10 10 10 10 10 10 10 10 10 10 10 10	ubic Yards	Name of F	Registere	ed Landfill				
Niram Inc.		Hauler ID 104094	No. of	f Waste	GROWS	S North	n Landfill				
City, State Boonton, NJ		V	2000	isposal Date 1/17/2014							
Completed by Slobodan Panic	Title Project !	Manager	4	Signature	27722		Da 11		2014		

Print Form

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:10) - 1 V - CHCCC # 2395 2

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Date of Notification (1) 11/5/14				T	Name of Nelsor	Building Degra	Owner/ Indma	Operator	(2) ivate Home	and common to		N			7 2	014
Agencies Notified	Туре	Notification		T	Street A	ddress ax Cour	t			1						
EPA DEP DOL		Initial Amended Amendment				te, Zip Co		08070	100	and account and		AODE			SING	
DOH DCA	×	Emergency (justification) Cancellation		- 1	Name of Nelsor	Contact		N		Tele	phone	Numbe	r			
Name of Facility Where Nelson Degrandma Street Address	Abater aison	nent is Takin Private Ho	g Place (3) me		FACI	LITY INFO	DRMAT	ION	Type of Facility School (K.	-12)				b.		
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City (5) Little Egg Harbor N	4J 080	070							Square Feet 1000+	# of 1	Floors		Blo 35	lg. A	je	
County (6) Ocean	42				County (Code (7) USE ONLY			Current Use (P Home	rior if beir	ng demo	olished)			
Name of Monitoring Firm	m Hired	by Building	Owner (8)		ASCN	No.			of Abatement Co aco Inc.	ontractor ((9)					2000
Street Address					1				Address 3ox 329							
City, State, Zip Code									State, Zip Code t Berlin NJ 08	091						
Project Manager for Mo	nitoring	Firm			Telephor	ne No.		Telepi	none No. =753-9800	П	Licens					
Start Date (10) 11/6/14	- 11	10	Scheduled		npletion (Date (11)			of OSHA Monito	r	-			- 500		
Occupancy Status Durin	upancy Status During Abatement (Check Only One								Address					440		
Abatement Perform	Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe: Home owner Home							City, S	tate, Zip Code							
Scope of Work (Check	All That	Apply)									-			-3	- 6-	
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United Containers					auler ID 2459	No.	of Wa		G.R.C	.W.S.						
City, State Elm NJ			1477	Dispo	sal Date 0/14	- CONTRACTOR - CON	ate ville PA	1906	7							
Completed by Anthony T Perna			Title Presid	ent				Signature	7			Date 11/5	/14			

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	NOTI	Pursu	ION OF ant to N	ASBESTOS A JAC 8:60 and liding Owner/O	12:120)		NID	APPROVE	D20 enlor	14 Serv	lees	
Date of Notification (1) 10/28/14		Rai	mapo l	Indian Hills F	Reg BC	DE	10	(signature	ME	7	+	41
Agencies Notified Type Notification			et Addre	og Ave.		L.	Date	10/28/14-	lme:	9:0	4 A	M
EPA Hitlal DEP Amended Amendment #_	1	City	. State,	Zip Code NJ 07436								
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				YINFORMATI		Type of F	aplibu(4)		-	_		\dashv
Name of Facility Where Abatement is Taking I Ramapo High School 200 Wing Pha Street Address	Place (3) se II					K Sch	ool (K-12		buildin	ıgs, hı	mes,	
331 George Street City (5)		-				Square I	eel	# of Floors	Bld 50	g. Ago +)	
Franklin Lakes		I Co	unty Co	de (7)		Current	Use (Prio	r if being demolishe	d)			7
County (6) Bergen		151	ratë US	E ONLY)		High S		tractor (9)				
Name of Monitoring Firm Hired by Building O RK Occupational & Environmental	wner (8)		ASCM N	ło.	Pan	oramic V	Vindow	& Door System	s Inc			4
Street Address 403 Saint, James Ave.				37	215	Address Fleming						
Cily, State, Zip Code					City.	State, Zip ataway,	Code NJ 088	154				
Phillipsburg, NJ 08865 Project Manager for Monitoring Firm		Te	stephone	No. -2045		hone No. -926-09	00	License No 01237				
	Scheduled	Comp	letion D	ale (11)	Nam	e of OSHA	Monitor	ing LLC.				
10/31/2014 11/14/2014 Occupancy Status During Abalement (Chec	11/2/201 k Only One		1101	4019	Stree	1 Address						\neg
	A la babat	aleme	ent	(5	1	Main Str State, Zip						\dashv
Fadity Closed/Vacated During Entire P Abalemant Performed Outside of Nom X Other – Describe: Friday 15:00 - 23:00	Sat & Sun	100rs 07:00-1	8:00		Lin	coln Par	k NJ 0	7035				_
Scope of Work (Check All That Apply) 23 sf or ≥3 lf X ≥160 sf or ≥260 lf		novali emolilio		>:		Ă Mini	-Enclosur	nent with Negative P e cedure d (*) and Non-Friab		cedur	9	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use: Mai	ormali 1 Solei nlenan odial S (12)	y by ice/ itall?	Asbestos Co (l.e. them su	nal syste riacing,	on of Material ms Insula VAT, of Ilancous)	(ACM) Jon,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Fyit	Doors	200 win		96 lf	X	\top	1	\sqcap
200 Wing	-	X	-	8 Windo				256 Lf	x			
200 Wing	-	x	-			Panels		96Lf	x			
200 Wing	-		1-					,			_	
Name of Registered Waste Hauler			IJDEP V lauler ID		bic Yard Wasle	19	Name of	of Registered Landh	11			

ASB-41 (R-08-08)

City, State Tullytown, PA

Completed by Mark M Jovic

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

Signature

Title Consultant

Date

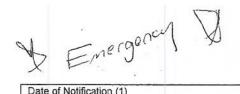
10/28/2014

	(Pursua	nt to NJAC	8:60 and 12	2:120)	DEC	eck#9	hoW.	B F
Date of Notification (1) November 5, 2	014		of Building Ov King Road I	wner / Operator LC	(2)		eck-# s	204	
Agencies Notified Type Notifica		Street /	Address		12	THE NOV	7	2014	IL
DEP	us de	41	anklin Street		-4	ASBEST	OS CO	NTRO	
□ Ame	nded ndment#		tate & Zip Coo n, MA 02110	Je		L.I	OLIVSII	VG .	
□DCA □ Can	cellation	Name o	of Contact			ľ	Telephor	ne Num	iber
		FAC	CILITY INF	ORMATION					
Name of Facility Where Abatement	is Taking Place (3)			Type of Faci					
Spectra Laboratories Street Address East Building & King Dood					apter 8 (Other than	CONTROL TO A CONTROL OF THE CONTROL			
East Building – 8 King Road				Other Square Feet		ommercial buildir	ngs, hor Ildg. Age		:.)
City (5)		*******		200,0	A CONTRACTOR OF THE PROPERTY O	2	lag. Age	70	
Rockleigh				Current Use Medical Lab	(Prior if being der poratories	molished)			
County (6) Bergen	County Code USE ONLY	e (7)							
Name of Monitoring Firm Hired by E Arcadis U.S., Inc.			ASCM No.	Name of Aba Synatech, In	atement Contracto	or (9)			
Street Address 35 Columbia Road				Street Addre					
City, State & Zip Code	3,			829 Radio R City, State &					
Branchburg, NJ 08876 Project Manager for Monitoring Firm) ITO	lanhana N	lumb a r		arbor, NJ 08087				
Alex Hernandez Scheduled Start Date (10)	90:	ephone N 8-526-100	0	Telephone N 609-296-691	6	License Nu	0081	7	
November 17, 2014		on Date (1 ber 22, 20		Name of OS Synatech, Ir					
Occupancy Status During Abateme Facility Vacated During En	nt (Check only one) tire Period of Abatem	ent		Street Addre 829 Radio R			14		
Abatement Performed Out Other – Describe: Facility Facility Occupied During A	occupied outside of w			City, State & Little Egg H	Zip Code arbor, NJ 08087				
Scope of Work (Check all that apply	')				-				
\ge 3 sf or \ge 50 lf \ge 160 sf or \ge 260 lf	=	Renovatio Demolition			Mini-Enclosure Glovebag Proce	nt with Negative Pre edure (*) and Non-Friable		ге	
Location of Asbestos-Containing Material (ACI TO BE ABATED	Is Location Maintenanc	Normally Use e or Custodia		Descrip Asbestos-(Material	otion of Containing (ACM)	Amount (Specify SF or	Ab		nt Type
IN Facility (13)	Yes	No	N/A	(i.e., therm insulation, su or other mis	rfacing, VAT		Remo val	Repair	Enclos Encap sulate
Boiler Room – Boiler #1	X			Boiler P	Packing	9 SF	Х	\top	
Name of Registered Waste Hauler	NJDEP V	Vaste	Cubic Yards	of Waste	Name of Regis	tered I andfill		\perp	
Synatech, Inc.	Hauler ID #27429		1		Grows Landfil				
City, State Little Egg Harbor, NJ 08087	1120		Disposal Da December		City, State Morrisville, PA				
Completed By	Title		Signature	- 01		Date			
Diane Aloia	Executive Adminis	strator	Na	ne allor		November 5, 2014			



Agencies Notified Type Notification Type Notification Initial In		of Notification (1) 5/14						Building C enholzi l				C #		NOV	7	2014		
Collingswood NJ 08108			1			.000			Av				L			LUIT		
Beth		DEP	Ê	Amended Amendment #_				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		108			AS	BESTO LIC	S CON ENSIN	TRO	L&	
Name of Facility Where Abatement is Taking Place (3) Steet Address PO Box 329 Steet Address Steet Addr	×			justification)	cluding			Contact					Tele	phone N	umber			
School (K-12) School (K-12		o of Facility Whore	Abata	mont in Taking I	Diago (2)		FACIL	ITY INFO	RMATI	ON	Time	of English (A	0				39(5)=3(9) - 17(4) (74)	
Street Address					Place (3)							45 38	(#90 					
County (6) County (7) County (8) Co							61.75				× C	other (i.e. pi				dings,	home	es,
County (6) Carnden County Code (7) STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pernaco Inc.			3108			::					Square	e Feet	80000000	Floors	100		ge	
N/A Street Address City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. 856=753-9800 00727 Start Date (10) 11/17/14 Same Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Home owner Home Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Custodia Staff? Is Location Normally Used Solely by Maintenance/ Custodial Staff? Custodial Staff? Yes No N/A Pernaco Inc. Street Address Street Address City, State, Zip Code City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement		17/7:20:10:1									Currer	nt Use (Prio	or if bein	g demoli	shed)	24		
City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telep			Hire	d by Building Ov	wner (8)		ASCM	No.	,	7-46-33-32-33-33-3			tractor (9)				
Project Manager for Monitoring Firm	Stree	et Address								0.2000000000000000000000000000000000000								
Start Date (10) 11/17/14 Start Date (10) 11/17/14 Start Date (10) Street Address	City,	, State, Zip Code					- 11						91					
11/17/14 Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Home owner Home 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) Basement Basement Abatement Abatement Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Trasite Board Street Address City, State, Zip Code C	Proje	ect Manager for Mor	nitorin	g Firm		T	Γelephor	ne No.		1 7.52.21.03.13.25.55.5					No.		3	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Home owner Home Scope of Work (Check All That Apply) State							pletion [Date (11)		<u> </u>		A Monitor						
Abatement Performed Outside of Normal Facility Hours Other – Describe: Home owner Home Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Typ	Occi	upancy Status Durin	ıg Aba	tement (Check	Only One	9)		210 221110		Street	Addres	S						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Example Examp	×	Abatement Perform	ned Or	utside of Norma		56	_	City, S	State, Zi	p Code								
Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure	Scor	pe of Work (Check A	All Tha	t Apply)			and position			-								
Statement Type Abatement Type	×				The second secon						Min Glo	i-Enclosure vebag Prod	e cedure				2	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Per No N/A Basement Garage Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Proposition of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Trasite Board Trasite Board 10 sf					le	Location	on.				⊒ Nor	1-Exempled	i () and	NON-FI	able Pic	Abat	emen	t
Maintenance/ Custodial Staff? (12) Yes No N/A Basement Garage Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Yes No N/A Per No N/A Maintenance/ Custodial Staff? (12) Yes No N/A Per No N/A Per No N/A Per No N/A Find the Composition (Specify SF or LF) Per No N/A Trasite Board Trasite Board Trasite Board		Locatio	n of		N	ormall	у									T	ре Г	_
Basement pipe insulation 130 lf x Garage Trasite Board 10 sf x	A	TO BE AB	ATED		Mai	ice/		therma surfa	system acing, VA	is insula AT, or		(S	pecify	Removal	Repair	Encapsulat	Enclosure	
Garage Trasite Board 10 sf x					Yes	No	N/A							00.16			(0)	
							-								-	-	_	-
		Gara	ge						110	isite bu	Daru		- 1	0 51		H		
A DESCRIPTION OF THE PROPERTY														-	_			
Name of Registered Waste Hauler United Containers NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste G.R.O.W.S.		97 DOMEST - 17 AN							of Wa					red Land	Ifill	_		J
City, State Disposal Date City, State Elm NJ 11/20/14 Morrisville PA 19067					24	-408		Dispo		9			19067	7				
Completed by Anthony T Perna President Title Signature 11/5/14	Con	npleted by		V-11		dent			1			7		11	Date	4		

		N			OF ASBE to NJAC 8				CV	DY	\$ 8C	hE		\mathbb{V}	E	F
Date of Notification (1) 11/5/14					Building (Marque						NIOI	, -	,			$\parallel \parallel$
Agencies Notified Ty	pe Notification			Street Ad 118 Pit	ddress tman Av	е			-		- (\-	/ ,		2014		臣
DEP × DOL	Amended Amendment				te, Zip Co n NJ 080				Ĺ	AS	BEST	OS CO	JNG JNG	TRO	L &	
DOH DCA	Emergency (justification) Cancellation			Name of Gilbert	Contact		_			Tele		Numbe	-			
				FACII	LITY INFO	RMATIC	ON						-	_		
Name of Facility Where Aba Gilbert Marquez Privat		g Place (3)					-	of Facility (4 School (K-1)	(A)						
Street Address 118 Pitman Ave								×	Subchapter Other (i.e. p	8 (Othe			ıildi	ngs,	home	s,
City (5) Pittman NJ 08071									etc.) are Feet 0+	# of	Floors		Blo 35	dg. Ag	ge	
County (6) Gloucester		-		County (Code (7) JSE ONLY)		_	Curre	ent Use (Pric	or if bein	ng demo	olished)				
Name of Monitoring Firm His	red by Building	Owner (8)		ASCM	1 No.			of Aba	atement Con	tractor ((9)		2000			
Street Address			**********					Addre		***********						
City, State, Zip Code							20000000		Zip Code Iin NJ 080	91						
Project Manager for Monitor	ing Firm			Telepho	ne No.			none N =753-	lo. 9800		Licens					
Start Date (10) 11/17/14		Schedule 11/20/1		npletion I	Date (11)		Name Sam		HA Monitor							
Occupancy Status During A	batement (Chec	k Only On	ie)				Street	Addre	ess							
Facility Closed/Vacated Abatement Performed Other – Describe: Hon	Outside of Norn					_	City, S	State, Z	Zip Code		-					
Scope of Work (Check All T	hat Apply)			CHOST CO.							+					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit				>	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure					.	
		Is	Locati	ion									_	Abate	ment	
Location of		1	Vormal	ly		Des	scription	n of				_	_	Ту	oe	8
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Ma	d Sole intena todial s (12)	nce/		tos Conta thermal	aining N system cing, VA	Materia s insul NT, or	lation,	(S	mount pecify or LF)	Keinowal	Demousl	Repair	Encapsulate	Enclosure
Basemen	t		1000			pipe	insula	ition		6	30 If	x				
9												-	+			
Name of Registered Waste	Haulor		1.	IJDEP W	lasta	0.41	Va-4-		I None - 5	Daelst		75"	1			
United Containers	i lauloi		H	lauler ID 2459		of Was			G.R.O.		ieu Lan	IUIIII				
City, State Elm NJ		*				Dispos 11/20	al Date /14		City, State Morrisv		1906	57			ń	
Completed by Anthony T Perna		Title Presi	dent			s	ignatur	l	7			Date 11/5/	14			
				-												



	e of Notification (1) /4/14						Building Or						OV .	7 20.	14		\parallel
	ncies Notified	Туре	Notification		10.3	Street Ad 101 Pe								/ _ <u> </u>	1/1		7
×	DEP DOL		Initial Amended Amendment #				e, Zip Cod Haven N		08	a		ASBE	STOS C LICENS	ONTR	OL 8		
×	DOH DCA	×	Emergency (in justification) Cancellation	ncluding	11 1 63	Name of 0 Phil	Contact					Telep	hone Nur	nber			
	·					FACIL	ITY INFO	RMATIC	ON		<i></i>						
	ne of Facility Where il Gardner Privat		1 1 1 1 1 1	Place (3)						of Facility (school (K-1	2)					
- 700	eet Address									Section .	Subchapter Other (i.e. p				inas-	home	
500,1000	1 Pearl St.					8 × 15				e e	tc.)						٠,
City	(5) ach Haven NJ 0	8008	却							Square 1000	e Feet +	# of F	loors		dg. A 5+	ge	
	ean					County C (STATE U	ode (7) SE ONLY)			Currer	nt Use (Pri e	or if being	g demolis	ned)			
Nar N/	ne of Monitoring Firm A	n Hire	d by Building C	wner (8)		ASCM	No.			of Abat aco In	ement Cor	ntractor (9	9)				
Stre	eet Address	119								Addres 30x 32						92	
City	, State, Zip Code									tate, Zi t Berlii	p Code n NJ 080	91				-	
Pro	ject Manager for Mo	nitorin	g Firm .			Telephon	ne No.		500000000000000000000000000000000000000	none No 753-98			License N	lo.			
	rt Date (10) /5/14			Schedule		npletion D	Date (11)		Name Sam		A Monitor						
Occ	cupancy Status Durir	ng Aba	atement (Check	Only Or	ne)				Street	Addres	s						
×	Facility Closed/Vac Abatement Perform Other – Describe:	cated (During Entire Putside of Norm	eriod of A	Abaten			_	City, S	state, Zi	p Code						
Sco	ppe of Work (Check /	All Tha	at Apply)														
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit					Min Glo	l Containm i-Enclosur vebag Pro n-Exempte	e cedure				e	
				1	Locat	ion					LAGINA	7 4.10	110111111	1	Abate	200 000	t
	Location	n of	100.00	1	Vorma	lly		De	scription	of.					Ту	ре	_
	Asbestos-Containin <u>TO BE AB</u> In Fac (13)	g Mate		Ma Cus	ed Sole intena todial ((12)	nce/ Staff?		os Cont thermal surfa	taining N I system icing, VA miscella	Material s insula AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
				Yes	No	N/A									_		<u> </u>
	Exterior	Sidin	g			X		Exte	erior Si	ding		220	00 SF	x			
							12				1						
					×												
1	me of Registered Wa ited Containers	aste H	auler		F	JDEP W lauler ID 2459		Cubic of Wa	Yards iste		Name of G.R.O		ed Landfi	11			
	y, State n NJ							1	sal Date	•	City, Sta		19067				
Co	mpleted by thony T Perna		1/4	Title	ident				Signatur	e O	I			ate 1/4/1	4		

CK 4185

State of New Jersey NOTIFICATION OF ASBESTOS ABAYEMENT (Pursuant to NJAC 9:60 and 12:120)

		10	
Date of Notification (1)	Name of Building Owne	VI AALICA TOUR	
Agencies Notified Type Notification	Street Address	7	
EPA Initial	4009	Landis AVENESTA	
DEP Amended	City, State, Zip Code	A CONTRACTOR OF THE PROPERTY O	
DOL Amendment #_ Emergency (in	Sea 5	Telephone Number	
DOH justification) Cancellation	ANAYEW	Ricco	- 1
	FACILITY INFORMA	ATION	
Name of Facility Where Abatement Is Taking I	Place (3)	Type of Facility (4)	
Street Address	ibling	School (K-12) Subchapter 8 (Other than K-12)	
	he	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes	1,
City (5)		Square Feet # of Floore Bldg. Age	
Sea 1ste City	I On the Anna 191	21; LOOO 2 Current Use (Prior if being demolished)	_
County (6)	County Code (7): (STATE USE ONLY)	VOCANT.	
Name of Monitoring Firm Hired by Building Ov	vner (8) ASCM No.	Name of Abstement Contractor (9)	
EHS Environment		Ricco Construction Corp	
Street Address	L Chita E	282 CYLLX Rd	
411 Southgate Cour	t, Suite E	City State Zip Code	
Mickleton NJ 0	8054	Bellmaur NJ 08031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. License No. 851 n - 41010-(0452 0120 4	
	Scheduled Completion Date (11)	8510 - Hole - (0452 0 204 Name of OSHA Monitor	
Start Date (10)	12-17-2014	Andrew Ricco	N. Carrier
Occupancy Status During Abatement (Check	Only One)	Street Address	
Facility Closed/Vacated During Entire Pe	wiod of Absternent	City, Stata, Zip Code	
Abetement Performed Outside of Norms Other - Describe:	H LEICHICA LIORIA	BULLARY NO 08031	
Scope of Work (Check Ali That Apply)		I IVI VI FILLONI 100	
☐, ≥3 sf or ≥3 if	Renovation	Full Containment with Negative Pressure	
≥160 st or ≥260 W	Demolition :	C. Gloveben Procedure	
	 	Non-Exempted (") and Non-Friable Procedure Abatement	
	Is Location Normally	Type Description of	
Location of Asbestos-Containing Material (ACM)	Used Solely by Asbestos C	Na	E)
TO BE ABATED	Custodial Staff?	urlading, VAT, or SF or LF)	Enclosure
(13)	(12) : oth	rer miscellaneous)	2
	Yes No N/A		
Exterior		site siding 16000 SFX	
Exterior	X YO	ofina 4000 SF X	
Interior		12 Hay Carona 3200 SF X	-
Interior	X 12×12		
Name of Registered Waste Hauter	Heuler ID No. : of	Waste	
- Ricco Construction	010. 28909	40 Caol May Conty	
City, State	Di	TBD WOODDING W	
Completed by	Title	Signators Deta	
Andrew Ricco	Owner	1/20halam 11-5-14	
ADD 44 (P. 02.09)		* Do not use this form for asbestos ilcansure exempted activit	Wes.

CK 1490

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

Date of Notification (1) 11/5/1	4				e of Buildi Gaffney	ng Owner/Operati	or (2)	2014 NO	7	PI	111:	: 35
Agencies Notified	Type Notification	n		Stree	et Address 6 Surf A	3		AddES)	ØS.	cn	UT:	ייה
DEP DOL	Amended Amendment Emergency (<u></u>	100000000000000000000000000000000000000	State, Zip th Wilds	Code wood, NJ		ä. Li	CEI	1811	VG	.U
DOH DCA	justification) Cancellation	moladiii	Э		ne of Cor Gaffney	ntact		Telephone Nur	nber			
				FA	CILITY IN	FORMATION					795-F-555	
Name of Facility Where Residence	Abatement is Taki	ng Plac	e (3)				Type of Facility School (K-					
Street Address 1306 Surf Ave.							Other (i.e.,	er 8 (Other than K-		ildings	s,	
City (s) North Wildwood, N	J						Square Feet	# of Floors	100	3ldg. 90 yr		
County (6) Cape May				Cou	inty Code ONLY)	(7) (STATE		Prior if being demo			-	_
Name of Monitoring Firm (8)	n Hired by Building	Owner		ASCM	No.	Name of Abate	ement Contractor ((9)				
Street Address						Street Address 300 S. Lenol						
City, State, Zip Code						City, State, Z Maple Shade	ip Code					
Project Manager for M	Monitoring Firm		Tel	ephone	No.	Telephone No. 609-481-21		License No. 00689				
Start Date (10) 11/14/14		eduled 0	omple	etion Da	ate (11)	Name of OSHA AEi2, LLC						
Occupancy Status Durin				tement	8	Street Addres 300 Lenola						
Abatement Performe Other - Describe:	(0.77)					City, State, Zip						_
Scope of Work (Check a	all that apply)							Negative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			Mini-E	nclosure bag Procedure	Non-Friable Proced				
		1535500	ocati			The Horizon	excinpled () and i	Tool Troops	1	Abate		
Location Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM) TED	Used Mair Cr	ormall d Sole ntenar ustodia Staff? (12)	y by ice/ al		Description stos Containing Ma , thermal systems surfacing, VA other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	R e m o v a	R e p a i	n c a p s u l	E n c l o s u r
Exterior		Yes	No	N/A X	Trancit	e Shingles		1000 SF	1	r	a t	6
Exterior		-		X	Transit	e Simigres		1000 SF	X	+		\vdash
Name of Registered Wa	eta Haular			JDEP	Mosto	Cubic Yards	I Name of Per	istered Landfill				
AEi2, LLC	oto i iduloi		H	lauler II		of Waste	TBD	grotorou Lanum				
City, State Maple Shade, NJ				1376		Disposal Date TBD	City, State					_
Completed By Wm. Minnick	Titl P	e rogran	ı Mo	r.		Signature	Mmin	Date 11/5/1	4			
SB-41		- 0	0					10				



RECEIVED

CHECK # 1097

Date of Notification (1) 11/03/2014	Name Eliza	Name of Building Owner/Operator (2) Elizabeth Slevin Street Address										
Agencies Notified Type Notification EPA DEP DEP Amended Amendmen	1	139	Address Oakland Rd. State, Zip Code						100			
DOL Amendmer Emergency justification Cancellatio	(including	Name	ewood, NJ 07 of Contact beth Slevin	040	ASSESTES CONTROL & LICENSING							
Name of Facility Where Abatement is Taki	ng Place (3)	FA	CILITY INFORMA	TION	Type of Facility	(4)					_	
Private Residence Street Address 139 Oakland Rd.					School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home							
City (5) Maplewood					etc.) Square Feet 1,900 +		Floors	1	Bldg. 7			
County (6) Essex			Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.		of Abatement Cor corn Contracting	25000						
Street Address				Street	Address Pleasant Vall							
City, State, Zip Code				City, S	State, Zip Code t Orange, NJ (
Project Manager for Monitoring Firm	Teleph	one No.	Telepi	none No. 333-9176		License	No.					
Start Date (10) 10/21/2014	Scheduled 11/14/20		Date (11)	100	of OSHA Monitor		nc.	- 155				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of Aba	tement		20-2	Address 1 Wagaraw Ro	d Bldg	.35E					
Other – Describe: Normal Working Ho	urs	Juis		11 11 11 11 11	state, Zip Code Lawn, NJ 074	10						
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) 1 ≥3 sf or ≥3 lf 1 ≥160 sf or ≥260 lf	STATE OF THE PARTY	ovation polition		×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of		cation mally							Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	olely by nance/ al Staff? 2)	Asbestos Cor (i.e. therma surfa	escription ntaining M il systems acing, VA miscellan	faterial (ACM) s insulation, T, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Basement	Yes N	lo N/A	Pipe	e Insula	tion	25	LF	X		Ф		
			T Ipc	, modia	1011			^				
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP V Hauler ID 003584	No. of Wa	: Yards	Name of F			1				
City, State West Orange, New Jersey		0035844 2			City, State	9		nia		-		
Completed by Dimo Golcev	Title Project I	Manager		Date 11/03/				/2014				

RECEIVED



	Date of Notification (1)		Name of	Building Owner/O		1,	106		/				
	Agencies Notified Type Notification	-	Street Ad	dress	•		+ C'hu	20					
* 1	EPA 38EST A CONNTROL	12-14	Oth Chat	340 e, Zip Code	> Rev.	S Hou	seed Woo	00/50	วก	Ru	Day		
	DOL & LICEN Amendment #		City, Stat		enton	NJ	086	18	}				
	DOH Emergency (including justification)	ng	Name of		** ***********************************	6	Telephone Nun						
81	□ DCA □ Cancellation			ITY INFORMATI	ON								
	Name of Facility Where Abatement is Taking Place	(3)	lee.	+)	1	Facility (4							
	Street Address	C	acan	11)	□ St	chool (K-12 ubchapter	2) 8 (Other than K-12 rivate & commerci	2)	inac	homo			
-	34-40 Bellevu	e f	FUE		et	c.)	# of Floors		dg. A		5,		
. 1	City (5) Treates N:	5	* 08	3618	Square	reet	# 01 Ploofs			1-			
E	County (6) Michael	<u> </u>	County C	code (7) ISE ONLY)	/	1	r if being demolish	ied)		25.			
RAM	Name of Monitoring Firm Hired by Building Owner	(8)	ASCM		Name of Abate	arent Con		ادو			\dashv		
1	EPC Technologic	25		MA	EPC	TEE	-haolee	ies	,	In	6		
Ě	Street Address Box 337	7		-53	Street Address	30x	337	•					
ر ک _	City, State, Zip Code	7	00	533	City, State, Zip		71h sa	A	25	129	3		
	Project Manager for Movit rigg Firm	9	Telephor	ne No.	Telephone No.	5 3 Y	License N	0.		A À			
3	Steve Schenker			758-3365	609 758 Name of OSH		5 0	35	17	7			
B		2-3	npletion [Date (11)	EPC		mologies	E	30	, 60e			
2,5	Occupancy Status During Abatement (Check Only				Street Address		337	P.	2	Ç			
3	Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac				City, State, Zip	Code	30 F 12	<u></u>	-	<u>}</u>	Sing.		
S	Other – Describe:				New E	SYP+	NJZ	285	53	3	Eura)		
3	Scope of Work (Check All That Apply) 20 ≥3 sf or ≥3 lf	Renova	ation		☐ Full Containment with Negative Pressure								
V	≥160 sf or ≥260 lf	Demoli			Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		-			Non	-Exempted	(*) and Non-Friat	ole Procedure Abatement					
	Location of	Is Locat	lly		escription of		2 1 2	-	Ту	ре			
	Asbestos-Containing Material (ACM)	Jsed Sole Maintena	ince/		taining Material (I systems insulat		Amount (Specify	Re	æ	Ence	Enc		
	In Facility (13)	Custodial (12)	250000000000000000000000000000000000000		icing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Ye	s No	N/A		**					le l	Ф		
	office Section >			Pipe I	insulati	ion	250 CF						
	ROOF AREa	X	-	Roofing	Materia	1	17,000 SF	X	-				
		_						-					
	Name of Registered Waste Hauler		NJDEP W	/aste Cubic	Yards	Name of	Registered Landfil	1					
	EPC Technologies	I	Hauler ID		30 aste	Wast	e.Manage	nen	t o	E P	A		
	City, State	 	- , -	Dispo	osal Date	City, Stat	P	PA			95		
	New Egypt NJ Completed by	e			L'OUS Signature	CA		ate	,	- 1.1	,		
	Steve Schenker P	Resid	knt		Sleep)	Sch	ohn	//	5	-10	1_		

State of INCM Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Nome of Duildin	- 0/0	(2)	RECEIV	F PAGE FOR								
November 4, 20	014	Crivelli Construction $0 \le 0 \le 3 \le 3$												
[] DEP [] Am [x] DOL Am [x] DOH [x] Eme	al Notification ended Notification endment # ergency (including	Street Address 1955 Route 35 North, Suite D City, State, Zip Code Ortley Beach, NJ 08751& LICENSING												
	ification) cellation	Name of Contact Matt	: Crivelli	1	elephone Number		- 222							
	FA	CILITY INFOR	MATION			-								
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)	School (k-12)	(k-12)								
Street Address 113 Bond Avenue	е			[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	dings,					
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors	Bldg. Age			-					
Lavallette	Ocean			Current Use (Prior if Resider)		,0						
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor		Inc								
Street Address			Street Ac	Idress										
City, State, Zip Code			City, Sta	te, Zip Code	oute 9, Unit 61		EE 10							
Project Manager for Monitoring Firm	Telephone Number		Telephon 732-34	e Number	Liver, New Jers License N 00624		33-1.	2/1						
Scheduled Start Date (10) 11/4/14	Scheduled Complete	tion Date (11)		OSHA Monitor	L. Analytical	1).								
	only one) d During Entire Period of Abo Outside of Normal Facility H		Street Ad	ldress 1056 St e, Zip Code	elton Road	w 0885	54							
Scope of Work (Check all that apply)			[]	Full Containment	10-1000 NACCESS									
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} $ \Rightarrow 3 sf or \ge 3 lf $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix}$ \Rightarrow 160 sf or \ge 260 lf	[] Renov.		[] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*	re		e							
	9					Abatement Type								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	(i. in:	Descriptionsbestos-Con Material (A e., thermal s sulation, sur VAT, o her miscella	taining CM) systems facing,	Amount (Specify SF or LF)	M O	R E P A I R	E N C A P S U L	E N C L O S U R					
Exterior-house front	X	Asbestos sidi	ng		1400 sf	X		Е	E					
Exterior house rear	Х	Asbestos sidi			900 sf	A								
Name of Registered Waste Hauler	NJDEP Waste Hauler	1933 5375355	ards of Waste	0	ed Landfill				L					
Guardian Contracting, Inc. City, State Toms River, New Jersey		sal Date	City, Sta	te T.R.R.F.										
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Pullyte	wn, Pennsylvania	/	Date 11/4/2	2014							
	*Do not use this form	m for asbestos lice	nsure exemp			-27 17								

CK 00 6784

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

Date of Notification (1)	10-27-2014	Nam	Name of Building Owner/Operator (2) Ferro Corp. Street Address Pt. 120									
Agencies Notified	Notification Type		et Address 130	3			ASBECTOS	ÅH	2.	100	Ļ	
X EPA DEP X DOL	Initial x Amended Amendment #	Bri	, State, Zip dgeport		80143	11	ASWESTOS LICEA	SIN	TA	10,	L	
□ DOH □ DCA	☐ Emergency (Included Justification) ☐ Cancellation	Nan	ne of Conta nn Nepp				Telephone Nu	mber				
		F	FACILITY I	INFORMA	ATION				5-0			
						Type of Facilit	ry (4)	-				
Street Address RT. 130	Abatement is Taking Pla	ace (3) FERR	O-Filter R	m.		School (K-12) Subchapter 8 (other than K-12) X Other; Industrial Plant						
City (5) Bridgeport NJ	80143					Square Feet	# of Floors	Blo	ig. A	Age		
County (6) Salem		ű.		ounty Coo	de (7) (STATE	Current Use (prior if being demolished) INDUSTRIAL						
	m Hired by Bldg. Owner ((8) ASC	CM No.		of Contractor (9) ty Environmen	ntal						
Harvard Environm Street Address 760 Pulaski Highw				Street	Address New Churchma							
City, State, Zip Code New Castle, DE 19					ate, Zip Code Castle, DE 19	720						
Project Manager for Mo Wesley Morrison		Telephone (302) 326		Teleph	one Number 322-8946		License Numb	ımber				
Scheduled Start Date (10) Scheduled Co	ompletion Dat		Name	of OSHA Monitor		1 00010					
Occupancy Status Duri	ng Abatement (Check on			Street	Address New Churchma	00000						
Abatement Perform	ated During Entire Period ed Outside of Normal Fac	ility Hours -		City, S	tate, Zip Code	75000 00 00 00 00 00 00 00 00 00 00 00 00						
X Other – Describe: ex Scope of Work (Check	terior removal of pipe in all that apply)	isulation 60	l.t.	New	Castle, DE 19	A 1072 6420						
≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf				novation molition	☐ Mini-Encl	ainment with Neg osure X Glo npted (*) and No	gative Pressure vebag Procedure n-Friable Procedu	e (exterior) ure				
		le Le	ocation					Al	oate		nt	
Asbestos-Conta TO BE	ation of ining Material (ACM) : ABATED cility (13)	Nor Used S Mainte Cus St	mally Solely by enance/ stodial taff?		Description stos Containing No. thermal system surfacing, VA other miscellar	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remova		Encapsulate	Enclosure	
		Yes I	No N/A			3				te	C.	
Exterior of 403 tank	Exterior of 403 tank				insulation exteri	or	60 L.F.	Х				
					-							
Name of Reg. Waste H		7/3/5/2010 N	P Waste H 20990	auler	Cubic Yards of Waste 10	Name of Re Minerva	eg. Landfill					
City, State New Castle De					Disposal Date TBA	City, State Waynes	burg OH					
Completed by Virgel Cassel			Signature	XC	Date 10-	30-20	014	ļ				

CK 00 7800

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

Date of Notification (1) 10-27-2014 Name of Eaulting Owner/Operator (2) Ferro Corp. M 2 & 4									2 of hinds a	**************************************	10000							
Agencies Notified Agencies Notified Agenc	Date of Notification (1)	10-27-2	014	١	lame of	f Buildir	ng Owner	r/Operator (2) F		_7	AM	2: is	÷					
DOH	Agencies Notified	Notif	fication Type	11000			8				* **							
DOH	VEDA	1-14		F	Rt. 130	0				** # C	rna.	ITRO	H					
DOH					City, Sta	te. Zip	Со		<u> </u>	105	AICII	16						
DOH Docamelation Don's Name of Contact Don's Name of Contact Don's Name of Facility Where Abatement is Taking Place (3) FERRO-Filter Rm. Street Address RT. 130 Street Address Square Feet # of Floors Bidg. Age Square Feet # of Floors Bidg. Age Square Feet # of Floors Bidg. Age Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Contractor (9) County Environmental Inc. Street Address Aft New Churchmans Rd. New Castle, DE 19720 New Castle, DE 19720 Telephone No. Name of Ost Name of Status During Abatement (Check only one) Facility Closed/Acated During Abatement (Check only one) Facility Closed/Acated During Abatement (Check only one) Facility Closed/Acated During Entire Period of Abatement Abatement (Check only one) Facility Closed/Acated During Entire Period of Abatement Abatement (Check only one) Facility Closed/Acated During Entire Period of Abatement Abatement (Check only one) Street Address Aft New Churchmans Road CRy, State, Zip Code New Castle, DE 19720 Repetition of Abatement Charles (Check only one) Street Address Aft New Churchmans Road CRy, State, Zip Code New Castle, DE 19720 Repetition of Abatement Charles (Check only one) Repetition One Abatement Charles (Check only one) Repetition of Abatement Charles (Check only one) Repetition One Repetition of Abatement Charles (Check only one) Repetition One Repetitio		1	Amendment #	E				80143	£ 1	-ILE	P-01:	4-64						
DCA				g	Vame o	f Conta	ct			Te	Telephone Number							
FACILITY INFORMATION				1 .						1								
Street Address Street Address Square Feet Street Address Street Addre																		
Name of Facility Where Abatement is Taking Place (3) FERRO-Filter Rm. School (K-12) Subchapter 8 (other than K-12) Subchapter 9 (other than K-12) Subchapte					FAC	ILITY II	NFORMA	ATION										
Street Address RT. 130 School (K-12) Subchapter's dother than K-12) X Other (i.e. private & commercial buildings, homes, etc. Square Feet			· · · · · · · · · · · · · · · · · · ·						2000									
Street Address R. 1.28	Name of Facility Where	Abatem	nent is Taking Place	(3) FE	RRO-F	ilter Rr	n.		□ School (K	12\		-				-		
RT. 130 X Other (e. private & commercial buildings, homes, etc.)	Street Address				-						ther tha	n K-12	2)					
County (5) Square Feet	: [(전기 :)(전기 : (전기 : (U) : (U								X Other (i.e. p	rivate	& com	mercia	buil	ding	JS,			
County (6) Salem	O:t- (5)								The second secon		of Floo		DI	10	Λ ~ ~			
County (6) Salem County Code (7) (STATE USE ONLY) Current Use (prior if being demolished) USE ONLY) Use of Sulf New Castle, DE 19720 Use of Sulf Use (prior if being demolished) Use of Sulf Use (prior if Demolished) Use of Sulf Use (prior if Use Number Use (prior if Demolished) Use of Sulf Use (prior if Demolished)		8014	3						Square Feet	#	01 -100	rs	DIC	ıg. /	4ge	ŧ		
Name of Monitoring Firm Hired by Bidg. Owner (8)			Ţ			Co	ounty Coc	de (7) (STATE	Current Use (prior if	f beina	demoli	shed)				
Harvard Environmental Inc. Street Address Street Ad											209			,				
Harvard Environmental Inc. Street Address Street Ad	Name of Manitorina Fire	m Hirad	by Plda Owner (8)		SCMA	10	Name	of Contractor (9)					-			_		
Street Address Add New Churchmans Rd City State Zip Code New Castle, DE 19720 New Castle, DE 19720 Project Manager for Monitoring Firm Telephone No. (302) 326-2333 Telephone Number License Number O0578					43CIVI I	NO.			ntal									
City, State, Zip Code New Castle, DE 19720 Project Manager for Monitoring Firm Wesley Morrison Scheduled Completion Date City State, Zip Code New Castle, DE 19720 Telephone Number (302) 322-8946 O0578 Scheduled Start Date (10) 11-24-2014 11-28-2014 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours- X Other → Describe: exterior removal of transite wall of non- occupied bidg. Scope of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf Count Check only one															377			
New Castle, DE 19720	760 Pulaski Highwa	60 Pulaski Highway					461 N	lew Churchma	ans Rd.									
Project Manager for Monitoring Firm		e cwaesa																
Wesley Morrison (302) 326-2333 (302) 322-8946 00578									720	1			0,			_		
Scheduled Start Date (10) 11-24-2014 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - X Other — Describe: exterior removal of transite wall of non-occupied bidg. Scope of Work (Check all that apply) 2 3 sf or ≥ 3 lf Renovation Demolition Demolition Demolition Description of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Filter Room X Surfacing-transite wall Disposal Date Tible Disposal Date Tible Date Date		nitoring				22				10000		Numbe	r					
11-24-2014		10)				133				10	3310							
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - X Other - Describe: exterior removal of transite wall of nonoccupied bldg. Scope of Work (Check all that apply)		.0)		piotion	0010			A CONTRACTOR OF THE PROPERTY O										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - X Other – Describe: exterior removal of transite wall of non- occupied bldg. Scope of Work (Check all that apply)	Occupancy Status Durin	ng Abate	ement (Check only	one)			Street	Address										
Abatement Performed Outside of Normal Facility Hours - X Other — Describe: exterior removal of transite wall of nonoccupied bidg. Scope of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) IN Facility (13) Filter Room Abatement Performed Outside of Normal Facility Hours - Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Filter Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Surfacing-transite wall Cubic Yards of Waste Hauler Service Transport Grp Name of Reg. Waste Hauler Service Transport Grp City, State New castle DE Completed by Title City, State New Castle, DE 19720 City	☐ Eacility Clased \\/ /aca	tod Dur	ing Entire Period of	Abatem	ent		461 N	lew Churchma	ans Road									
occupied bldg. Scope of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf Renovation Demolition Full Containment with Negative Pressure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure X ≥ 160 sf or ≥ 260 lf Demolition Is Location Mormally Used Solely by Maintenance/ Coustodial Staff? (12) Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Filter Room X Surfacing-transite wall 275 SF X Name of Reg. Waste Hauler Service Transport Grp NJDEP Waste Hauler ID No. 20990 Cubic Yards of Waste 30 Minerva Name of Reg. Landfill Waynesburg OH) City, State New castle DE Disposal Date TBA City, State Waynesburg OH) Completed by Title Signature Date												50						
Scope of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf Renovation Demolition Mini-Enclosure Glovebag Procedure X ≥ 160 sf or ≥ 260 lf Demolition Demolition Abatement Type Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Filter Room X Surfacing-transite wall 275 SF X Name of Reg. Waste Hauler Service Transport Grp Date Name of Reg. Waste Hauler Service Transport Grp Date Name of Reg. Waste Hauler Disposal Date City, State Waynesburg Oth Completed by Title Signature Date Date Date Date Date Signature Date Date Completed by Title Title Date Date Containing Material (ACM) Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type City, State Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Date Type	1 HE HOLD THE THE THE HOLD HOLD THE THE TOTAL CONTROL	erior re	moval of transite	wall of	non-		New (Castle, DE 19	720									
Service Transport Grp Signature Sig		all that s	anly)							-			-	-	_			
X ≥ 160 sf or ≥ 260 lf	Ocope of Work (Official a	an that c	(PPIY)															
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Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Filter Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Reg. Waste Hauler Service Transport Grp Name of Reg. Waste Hauler Service Transport Grp Normally Used Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Staff? (12) Yes No N/A Surfacing-transite wall Name of Reg. Waste Hauler Service Transport Grp City, State New castle DE Completed by Title Normally Used Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Reg Disposal Carte (Specify							T						A	ate	me	nt		
Location of Asbestos-Containing Material (ACM) Maintenance Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A			40	0.00		3000		Description					_	Ту	ре			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Name of Reg. Waste Hauler Service Transport Grp City, State New castle DE Completed by Title Maintenance/ Custodial Staff? (1.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Wasterian In Facility (13) Reg In Facility (13) Staff? (12) Yes No N/A Surfacing-transite wall Cubic Yards of Waste 30 Minerva City, State Waynesburg Old Completed by Title Date							Asbes				Amour	nt						
Yes No N/A				Ma	intenar	ice/		thermal systems	s insulation,				70		En	Ш		
Yes No N/A				(al					SF or L	F)	em	Rep	cap	nclo		
Yes No N/A								other miscellar	ieous)				ova	pair	sula	Sur		
Name of Reg. Waste Hauler Service Transport Grp Disposal Date Da		(· · ·	'				1								te	O		
Name of Reg. Waste Hauler Service Transport Grp NJDEP Waste Hauler ID No.20990 Name of Reg. Landfill Minerva City, State New castle DE Completed by Title NJDEP Waste Hauler Under Yards of Waste 30 Name of Reg. Landfill Minerva City, State Waynesburg OH Date				Yes.	No	N/A												
Service Transport Grp ID No.20990 Waste 30 Minerva City, State New castle DE Disposal Date TBA City, State Waynesburg OH Completed by Title Signature Date	Filter Room					Х	Surfac	cing-transite wa	11	275	SF		Х					
Service Transport Grp ID No.20990 Waste 30 Minerva City, State New castle DE Disposal Date TBA City, State Waynesburg OH Completed by Title Signature Date			-											\vdash				
Service Transport Grp ID No.20990 Waste 30 Minerva City, State New castle DE Disposal Date TBA City, State Waynesburg OH Completed by Title Signature Date	7																	
City, State New castle DE Completed by Title Disposal Date TBA City, State Waynesburg Orb Completed by Title Disposal Date TBA Disposal Date City, State Date							uler			eg. La	ndfill							
New castle DE TBA Waynesburg OH Completed by Title Signature Date	Service Fransport	Grp		וטו	vo.2099	JU		vvaste 30										
Completed by Title Signature Date												ф						
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	,			to NJAC 8:60 a			ŀ		MOV	7	004			
Date of Notification (1)				f Building Owner or Old Bridge			xmor Pro	perty Gr		-/-	2014			
Agencies Notified Type Notification EPA Initial			Street A One F	ddress ayette Street				-	SBESTOS	CO NSIA	VTRO IG)L &		
DEP Amended Amendment Emergency (ite, Zip Code Johocken, PA	19428									
DOH justification) Cancellation	in lordding			f Contact McMullen				Telep	hone Nun	ber				
N			FACI	LITY INFORMA	TION									
Name of Facility Where Abatement is Taking Old Bridge Gateway SC	g Place (3	3)				Тур	e of Facility School (K-							
Street Address 1050 and 1052 Route 9						×	Subchapte Other (i.e.) etc.)	r 8 (Other private &	than K-12 commercia) al build	dings,	home	es,	
City (5) Oldbridge							are Feet 916	# of F	loors	11000	ldg. A 6	ge		
County (6) Middlesex	Middlesex					4770000000	rent Use (Pri cant	ior if being	g demolish	ed)				
Name of Monitoring Firm Hired by Building C Accredited Environmental Technology		ASCN	1 No.	100000000000000000000000000000000000000		atement Co ces, LLC	ntractor (9)						
Street Address 28 N. Pennell Road				Street 407		ess t Lincoln F	Highway	, Suite 5	500					
City, State, Zip Code Media, PA 19063	_		,	Zip Code A 19341										
Project Manager for Monitoring Firm Dave Turotsy						hone I 755-	No. 7563	1	License N 01161	0.				
Start Date (10)	Schedul		npletion	Date (11)	Name		SHA Monitor							
Occupancy Status During Abatement (Check	- 30	ne)	1	1 1	Street		ess e 130 No	rth ·		-				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7am - 3:30 pm	eriod of / al Facility	Abatem / Hours	ent		City, State, Zip Code Cinnaminson, NJ 08077									
Scope of Work (Check All That Apply)					1 01111	idiriii	10011, 140		-					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoliti			>	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure		(25)				
	le	Locatio	on							Abateme				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	y by nce/	Asbestos Co (i.e. therm sur		Materia s insu AT, or	lation,	(Sp	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure	
	Yes	No	N/A									e		
Tenant Space 1050			X		tile and				20 SF	X				
Tenant Space 1052			X	Floor	tile and	mas	tic	5,75	50 SF	X				
1.														
Name of Registered Waste Hauler		JDEP W		ic Yards				ed Landfill						
Waste Management	H	Hauler ID No. of Waste 40			0 GROWS Landfill									
City, State Trenton, NJ				Disp TBD	osal Date)	l .	City, Sta Morris		V Z					
Completed by Title Sr. Project Manager					Signature	e k	Zally	- Och) Da		5/1			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(P	ursuant	to NJAC	8:60 an	d 12:120	0)	100	NOV	7	^						
Date of Notification (1)	3)4				Building or Old B				mor Prop	erty Group	/	201	4					
Agencies Notified	Type Notification			Street A	ddress ayette S	Street,	Suite 1	50		ASBESTO LIC	IS CC BNSI	ICTR NG	OL &	å				
DEP DOL	Initial Amended Amendment				te, Zip Co		19428							4777				
⊠ DOH □ DCA	justification) Cancellation			Name of Jerry N	Contact AcMulle	n		Talanhone Number										
				FACI	LITY INF	ORMATI	ON						-					
Name of Facility Where Old Bridge Gatewa		g Place (3	5)		100000000000000000000000000000000000000		Type of Facility (4)											
Street Address 1050 and 1052 Rol				VIII			School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, h							es.				
City (5)	ute 9							Squa	etc.) are Feet	# of Floors		Bldg.	Bldg. Age					
Oldbridge			22.13.		_			11,9		1		56						
County (6) Middlesex				County ((STATE L	Code (7) JSE ONLY)		Curre		or if being demolis	hed)							
Name of Monitoring Firm Accredited Environ		ASCN	No.		ADDRESS CONTROL		atement Con es, LLC	tractor (9)										
Street Address 28 N. Pennell Road	1			.1			Street 407			lighway, Suite	500							
City, State, Zip Code Media, PA 19063		-					City, S	State, Z	Zip Code	p Code								
Project Manager for Mor	100	Telephor			Telepi	none N	lo.	License	No.									
Dave Turotsy					91-0114			755-		01161								
Start Date (10)			1	npletion (Date (11)		Name EMS		HA Monitor									
Occupancy Status Durin Facility Closed/Vac		1150		nont.			Street 200		ess e 130 Nor	th								
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours	ien.	<u> </u>				Zip Code son, NJ (08077								
Scope of Work (Check A	II That Apply)						011111		0011, 110									
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Property.	enova emolit	ition Mini-Encl					ni-Enclosure	tainment with Negative Pressure closure g Procedure empted (*) and Non-Friable Procedure								
		le le	Locati				12	3 140	JI-Exemple	a () and Non-i ne	40 988		atement					
Location Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	Material (ACM) ATED	Use Mai	lormalid Sole intenar odial S	ly ly by nce/		tos Cont thermal surfa		Materia s insul T, or	ation,	Amount (Specify SF or LF)	Remova	T	e Encapsulate	Enclosure				
(35)		Yes	No	N/A		other	riiooonai	10040)			a	-	late	Iге				
Tenant Space	ce 1050			X	F	Floor ti	le and	mast	ic	5,520 SF	Х							
Tenant Space	ce 1052			X	ı	loor ti	le and	mast	ic	5,750 SF	Х							
		1-1									+	+	-					
Name of Registered Was	ite Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registered Landf	ill			1				
Waste Management				auler ID	No.	of Wa	Waste GROWS Landfill											
City, State Trenton, NJ						Dispos TBD	sal Date		City, State Morrisv									
Completed by Jack Bally		Title Sr. Pr	oject	Manag	ger	S	Signature	KZ	Fally		Date	3/1	4					
ASB-41 (R-06-08)							Do no	7 ot use	this form for	asbestos licensu	ire exe	empte	d activ	ities.				