Date of Notification (1)	5 / 13		1	Name o		Owner/Operator (2	2)					
⊠ EPA	Type Notification ☑ Initial				ddress	2 West		NOV	8			
⊠ DOLWD	Amended Amendment #		1	City, Sta	ate, Zip C	ode		- 1	0 -			•
☑ DHSS □ DCA	☐ Emergency (in		The second			NJ 08876						_
(NJAC 5:23-8)	justification)	olaaliig		Name o	of Contact			Telephone Number	er			
15 miles (1800 per 200 miles (190	☐ Cancellation			Vinc	e Migno	ne						7,12
				FAC	ILITY IN	FORMATION		to				-
Name of Facility Where A	batement is Taking	g Place (3)				Type of Facility (4)				
Ethicon - C Wing Fi	rst Floor						School (K-12)	(Other than K-12)				
Street Address							Other (i.e., pr	ivate and commerc	ial buil	dings	,	
555 Route 22 West							homes, etc.)		Tarr			
City (5)							Square Feet	# of Floors	18	g. Ag	е	
Somerville, NJ 0887	75						35000	2		0		
County (6)				Count	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	iea)			
Somerset							(0)					-
Name of Monitoring Firm	Hired by Building	Owner (8	F	ASCM N			ent Contractor (9)					
AET				0002	1		ironmental Sys	tems				_
Street Address						Street Address						
28 N. Pennell Road						550 East Uni						
City, State, Zip Code						City, State, Zip C						
Media, PA 19063							r, PA 129382	I License No.		- 3/15		
Project Manager for Moni	itoring Firm			ohone N		Telephone No.		License No. 00508				
Dave Turotsy	E R IS				9-6238	610-701-9000		00506			-	
Start Date (10)		duled Co				Name of OSHA	lonitor					
		12 /	1 1	_ ′ -	_13	AET	Description of the second					_
Occupancy Status During						Street Address	I Deed					
☐ Facility Closed/Vacate	ed During Entire Pe	eriod of A	bater	nent . Dec	oriba	28 N. Pennel						
Abatement Performed Time of Abatement: 7	AMPM/3:3	30PM		AM	CIIDE	City, State, Zip C Media, PA 19						
Scope of Work (Check al	il that apply)						ntainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Rer □ Der				Mini-End Gloveba Non-Exercise	g Procedure	n-Friable Procedur	e			
		Is	ocat	ion					-	ateme	ent T	уре
Location Asbestos-Containing <u>TO BE AB</u> IN Facil (13)	Material (ACM) ATED	Used Mai	orma Sole ntena	lly ely by	Asbe (i.e	Description estos Containing M e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A				2000 05				
First Floor south sid	e				Floor T			3000 SF				片
First Floor south sid	e					Tile Mastic		2000 SF		1		片
First Floor south sid	le				Therm	al Insulation		550 LF			H	
<u> </u>			Ц		<u>. </u>	Tau v. i. r	Name of Regi	etered Landfill				
Name of Registered Was N.E.T.S.	ste Hauler		100.00	IJDEP \ lauler II 18947	O No.	Cubic Yards of Waste 20		erial Landfill				
City, State				10341		Disposal Date	City, State	34				
Hazelton, PA						TBD	Imperial I			_	-1	
Completed By (Print or T	76-7	tle Estimat	or			Signature	ATY.	Da	ll/	5	/).	2
JOHN HEEMEI							11/2		1	-/	1-	

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)	6-4-10				ng Owner/ nentary S	Operator (2) chool						
Agencies Notified	Notification Type			10								
☐ EPA ☐ DEP X DOL	Initial x ☐ Amended Amendment #											
□ DOH □ DCA	☐ Emergency (Including Justification) ☐ Cancellation		11	Telephone No	mhor							
			FACIL	_ITY IN	NFORMA	TION						
					,	. 011	Type of Facilit	y (4)				
2	Abatement is Taking Place (3) Forr	mer St. (Jasimi	ir Elemen	tary School	School (K-	12)				
Street Address 500 New Jersey Ave							x Other (i.e. pi	r 8 (other than K-1 rivate & commerci c.	al build	dings	s,	
City (5) Riverside				-000-00-00-00-00-00-00-00-00-00-00-00-0	54		Square Feet 16000	# of Floors 3	75	ig. A	Age	
County (6) Burlington	***************************************	le (7) (STATE)		prior if being demo ant / former school)						
Name of Monitoring Firm Harvard Environme	n Hired by Bldg. Owner (8)	of Contractor (9) y Environmen	ntal									
Street Address 760 Pulaski Highwa		Address ew Churchma	222									
City, State, Zip Code New Castle, DE 19	720	ate, Zip Code Castle, DE 19	720									
Project Manager for Mor Wesley Morrison	nitoring Firm Te	elephor (02) 3	33	(302)	one Number 322-8946		License Numb	oer				
Scheduled Start Date (1 11-18-13	0) Scheduled Comp 12/06/13	letion [Date		Count	of OSHA Monitor ty Environme						
	ng Abatement (Check only or					Address Iew Churchm	ans Road					
	ed During Entire Period of Ab d Outside of Normal Facility					ate, Zip Code Castle, DE 19	720					
Scope of Work (Check a	all that apply)			Train of Heat			ainment with Neg	ative Pressure				
≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf			7.0	Ren	ovation olition	☐ Mini-Encl	osure Glove	ebag Procedure on-Friable Procedu	ıre			
					T				A	bate Ty		nt
	,	1	Location Normally	У	A = h = -	Description		Amount		Ü		
Asbestos-Contain	ation of ning Material (ACM) ABATED cility (13)	Ma	ed Solely aintenan Custodia Staff? (12)	ce/		stos Containing I . thermal system surfacing, VA other miscella	s insulation, AT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Ī	Yes	No	N/A								
Floor tile Throughout X VAT Boiler material in boiler room X TSI								12,204 sf 50 SF	X	-		
Boiler material in boiler	room		X		101			0001				
Name of Reg. Waste H Service Transport		10000000	DEP Wa No.2099		auler	Cubic Yards of Waste	Name of R Minerva	Reg. Landfill		1		
City, State New castle DE						Disposal Date TBA	City, State Waynesbu	ırg OH				
Completed by Benjamin Hodgdon	Title PM					Signature	0	Da	te /4/	11:	3	
A CD 44	* Do not use this form for ashest	ne licene	ure evemn	ted activ	vities				/ /			

Date of Notification (1)		Name of Building O VERIZON	wner/Operator (2)			T C	
10 / 31 /13		Street Address						
Agencies Notified Type Notification	n .	126 LAKESIDE BLV	D.					
X DOL Cancellat	Notification	City, State, Zip Code LANDING, NEW JEI	RSEY 07850	1. 1	107	8	2010	
X DOH On Hold	NOV NOTIFICAT	Name of Contact		Telephone No.	ma La dia			
EMERGE	NCY NOTIFICAT		RE	-			N. I	
Name of Facility Where Abatement is Tak	ing Place (3)	FACILITY INFORMATION	Type of Facili	ty (4)		-		
VERIZON - BERGEN CENTRAL OFFICE			School (I				I	
				ter 8 (Other than private & commo		s., hor	nes, e	tc.)
Street Address 71 MADISON AVENUE			Square Feet 113,347		T		lg. Ag	
City (5) County (6)	County Code (7)		rior if being demo	liched)		40	
JERSEY CITY HUDSON	I.	(STATE USE ONLY)	TELECOMMU	NICATIONS	moriedy			
Name of Monitoring Firm Hired by Building ESIS, INC.	g Owner (8)	ASCM No.		ement Contracto				
Street Address		17	Street Address	MENTAL CORF	PORAT	ION		
10 EXCHANGE PLACE			313 SPOOK R					
City, State, Zip Code	/ NEW JEDSEY		City, State, Zip					
Project Manager for Monitoring Firm	7, NEW JERSEY Telephone	Number	Telephone Nun	W YORK 10901	ense N	umbo		
BRIAN KINGSBURY	201-356-5		845-369-7500	466		umbe	l.	
Expected State Date (10)	Sched. Comple	tion Date (11)	Name of OSHA					
11 / 12 /13 Month Day Year	3 / Month	30 /14 Day Year	QUALITY ENV	IRONMENTAL				
Occupancy Status During Abatement (Check	only one)		Street Address					
Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY	ntire Period of Abat Normal Facility Ho - FRIDAY 7AM-3:	urs - Describe:	1376 ROUTE 9 City, State, Zip					
Scope of Work (Check all that apply) Demolition >3SF OR LF	Renovation	Mini-Enck X Glovebag	inment with Nega of , Procedure	NGERS FALLS, I ntive Pressure	VEW Y	ORK	12590	ő
X >160 SF OR 260 LF Location of	Is Location		le Procedure					
Asbestos-containing	normally used	Description of As Containing Materia		Amount		-	nent T	4
Material (ACM)	solely by	(ie. Thermal sy	stems	(Specify	REMOV	REPAIR	NC/	NC
TO BE ABATED in Facility (13)	Maint/Custodial	insulation, surfaci	157. 16 March 1981	SF or LF)	18	R	APS	S
arr doney (13)	Yes No N/A	or other miscella	neous)	-	A		ENCAPSULE	ENCLOSURE
MAIN ROOF -WESTSIDE	х	CAULK & SEALANT		25 SF	X			
ROOF - WESTSIDE	х	BLACK SEALANT		24 SF	X		\top	
MAIN ROOF-WESTSIDE	x	BLACK SEALANT		70 SF	×			\Box
MAIN ROOF-WESTSIDE	x	BLACK PARAPET SEALAN	IT/PAINT	630 SF	x			
5TH FLOOR	x	PIPE INSULATION		15 LF	x		1	\vdash
5TH FLOOR	X	JOINT INSULATION		6 SF	X			
				-	-		<u> </u>	\vdash
				-	+-	-		\vdash
				1	+-	-	<u> </u>	
N. C.				-	+-			
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registe	ered Landfill			L	
EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE	Hauler ID No. 15939	40		COUNTY LAND	FILL		71	
City, State NEWARK, NEW JERSEY 07114		Disposal Date 11/12/13-03/30/14	City, State NEWBURG, PA					$\overline{}$
Completed by (Print or Type) Title		Signature /	VILLY BUIG, PA	0.17242 Date	e /	1.1	/	
BENJAMIN SANCHEZ DIRE	CTOR OF OPER	ATIONS	1		10	13	//	13

	(i dic	Name of Build	ing Owner/Opera	itor (2)				
Date of Notification (1)		VERIZON				1	7	1
11 / 6 /13		Street Address				-	11	-
Agencies Notified Type Notifi	cation	126 LAKESIDE					1	
·	Notification	City, State, Zip					+	-
	nded Notification #		W JERSEY 07850) Y	8 2013		- 1	
	ellation					1		
X DOH On H		Name of Conta		Telephone I	Number			- 1
DCA EME	RGENCY NOTIFICA					人		-
Name of Facility Where Abatement is	Taking Blace (3)	FACILITY INFORMAT		Facility (4)		2-in	10 may 10 mg	
VERIZON - BERGEN CENTRAL OFFIC				nool (K-12)				
VENIZON - BENGEN CENTIAL OFFI)_ 			chapter 8 (Other that	an K-12)			
			A	er (ie. private & com	가는 마루스 사람들은 경찰은 전혀 보다.	., hom	es, etc	:.)
Street Address			Square	Professional Company of the Company	ors		. Age	
71 MADISON AVENUE		11	113,3				10	
**************************************	nty (6)	County Code		Ise (Prior if being de	molished)			
	SON	(STATE USE OF		MMUNICATIONS Abatement Contra	otor (0)			
Name of Monitoring Firm Hired by Bu ESIS, INC.	maing Owner (8)	ASCI		/IRONMENTAL CO		ON		
Street Address			Street Ad					
10 EXCHANGE PLACE			313 SPO	OK ROCK ROAD				100
City, State, Zip Code		40.5		e, Zip Code				
	CITY, NEW JERSE			N, NEW YORK 109	License N	ımbar		
Project Manager for Monitoring Firm		ne Number	L	e Number		ambei		
BRIAN KINGSBURY	201-356		845-369-	OSHA Monitor	460			
Expected State Date (10) 11 / 13 /13	3 /	oletion Date (11) 30 /14		ENVIRONMENTA	L			
Month Day Year	Month	Day	Year					
Occupancy Status During Abatement (C		(A) 10 (A) (A) (A)	Street Ad					
Facility Closed/Vacated Duri			1376 RO	UTE 9				
Abatement Performed Outsi X Other - Describe: MON	de of Normal Facility IDAY - FRIDAY 7AN		City Stat	e, Zip Code				-
Other - Describe.	DAT - TRIBAT WAR	0.00 / 111	l w	APPINGERS FALL	S, NEW Y	ORK 1	2590	
Scope of Work (Check all that apply)				Negative Pressure				
Demolition	Renovation		ni-Enclos , ovebag Procedur					
>3SF OR LF X >160 SF OR 260 LF			n-Friable Procedu					
Location of	Is Location	100 100	on of Asbestos-		TA	batem	ent Ty	/pe
Asbestos-containing	normally use		Material (ACM)	Amoun	-			-
Material (ACM)	solely by	(ie. The	rmal systems	(Specif	. 10	REPAIR	ENCAP	ENCLOSURE
TO BE ABATED	Maint/Custoo		surfacing, VAT,	SF or L		R	PS	SO
in Facility (13)	Staff (12)		miscellaneous)		P		SULE	듄
	Yes No N	(A)				1	1	111
MAIN ROOF -WESTSIDE	X	CAULK & SEALAN	Γ	25 SF	X	-	_	
ROOF - WESTSIDE	x	BLACK SEALANT		24 SF	x			
MAIN ROOF-WESTSIDE	x	BLACK SEALANT		70 SF	x			
			CEALANT/DAINT	630 SF	X		Ī	
MAIN ROOF-WESTSIDE	X	BLACK PARAPET	SEALAN I/PAIN I			+-	 	
5TH FLOOR	X	JOINT INSULATION		15 LF 6 SF	X	+	-	-
5TH FLOOR	X	JOINT INSULATION	V	0.31	^_	+	-	
Carried Control of the Control of th						1		
						-	1	
Name of Registered Waste Hauler	NJDEP Wast			Registered Landfill RLAND COUNTY L	ANDELL			
EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE	Hauler ID No. 15939	40		VVILLE ROAD	MINDLIFF			
City, State	10000	Disposal Date	City, Stat	97				
NEWARK, NEW JERSEY 07114		11/12/13-03/30/14	NEWBU	RG, PA 17242				
Completed by (Print or Type)	Title	Signatur	efAX		Date /	//,	61	12
BENJAMIN SANCHEZ	DIRECTOR OF OF	'EKATIONS	11/0/			-/-1	11	

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

Date of No	oțification (uilding Own	ner / Opera	tor (2)				
10	/ _29	/13			First Energy				UNI			
/	/ /		PROJECT ON		Street Add 76 South S		4	1070	30.27			.
Agencies	577.00000000000000000000000000000000000	Type of No		1	City, State							
H	EPA DEP		Initial Amended		Akron, Ohio				01.00			į.
	DOH		Amendment #	5	Name of C		-		elenhor	an Alreach		
	DOL		Emergency w/		Jim Halsey		1	1:				
П			Cancellation					1 11				
				FA	CILITY INF	ORMATIO	1 L			Ī	V	
Name of I	Facility Whe	ere Abatem	ent is Taking P	Place (3)		Type of Fac	cility (4)					**
						П	School (K-	12)				
Street Ad	ldress							er 8 (Other t	han K-12	2)		
	incoln Circle	West			- 1	V	Other (I.e.,	private & c	ommerc	ial		22
							bldgs., ho					
City (5)		County (6)		County Code ((7)	Square Fee	et .	# Of Floors		Buildin	ig Age	
Middletow	vn	Middlesex		10					11 1 11	1		
				_				being demo	olished)	HE B		
						Telephone	Pole					
Name of	Monitoring	Firm Hired	by Bldg. Owne	er (8)	ASCM NO							
Cardon	ontal Health	Investis sti-	ne			LVI Demolit	ion Service	es Inc.	, KE	VOW	8 ?	013
Management of the Park of the	nental Health	investigatio	nis			Street Add		,5 ,		Int I II	11 -	
Street Ac	ddress t Shore Trail					Oli eel Add	.000					
	te, Zip Code					32 Williams	Parkway			4		100
Sparta, N		S				City, State,					· v	
	Vingr. For Me	onitoring F	irm	Telephone Nu	mber		100 - 120 = 100 - 100					***************************************
Dino Nap		ornicorning i		212-682-9271		East Hanov	er, NJ 070	36	-			
	d Start Date	(10)	Sched, Compl	etetion Date (1	1)	Telephone	Number		License	Number		
11	// 08	/ 13	11	/ 09 /	13_			- 1				
	// /	/	/			973-88					00860	
Occupan	ncy Status D	uring Abat	ement (Check	Only 1)		Name of O						
	Facility C	losed/Vaca	ted During Ent	ire Period of		LVI Demoli		es Inc.				
	Abatemer			_ 765		Street Add	ress					
			ed Outside of N			22 Milliams	Dorlaway					
			Friday 8:00 ar			32 Williams City, State						
\Box	Other - De	escribe:				East Hanov						
Scope of	f Work (Che	ck All That	Apply)			Lastriano	01,110 010					
			_	- "	_	Full Canto	inmont wi	th Negative	Droceur	-0		
	Demolitio		~	Renovation	님	Mini - Encl		ui Negative	riessui	C		
	≥3sf or ≥3					Glovebag		,				
	≥160 sf or	2200 II						nd Non-Fria	ble Proc	edure		
					LI							
-	Location o	f	l Is	T	Descript	ion of			Abatem	ent Type		-
Ast	bestos Cont	aining	Location	As	sbestos - C	ontaining			R		E	E
		77.7	Normally		Material			Amount	E	R	N	N
1 2	TO BE ABAT	ΓED	Used		.e., therma			(Specify	M	E	C	C
	in Facility	1	Solely			facing, VAT	,	SF or LF)	0 V	P	A	L O
	(13)		by Main-	or	other misc	ellaneous)			A	17	s	s
			tenance/	1	v				Ê	R	Ü	lu
1			Custodial Staff (12)						_	1.,	L	R
			YES NO N/A	 						1		
Evtorior	Telephone P	ole	TES NO N/A	Transite Pipe				25 LF	7			
Exterior	relephone P	ole		Transito Fipe								
				-								
-			1717	1								
Name of	f Registered	Waste Hai	uler	NJDEP Waste	Cubic	Name of F	Registered	Landfill				
	K CARTING			Hauler ID No.		I.E.S.I.						
					of Waste							
City, Sta	ate				Disposal	City. State)					
NEWAR					Date	BETHLEH	EM, PA 18	105				
							lo: da all		^		Date	
Complet	ted by (Prin	t or Type)		Title			Signature	7	12	1	/ Pare	•
D				Operation Man	nager		1/as	unh.	1 Oto	slict	0	10/29/13
Ralph Ba	arnnadt			Operation Mar	nayer		11/00	300		The state of the s	CHICAGO ST.	THE PERSON NAMED IN

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

Date of Notification (1					uilding Ow	ner / Oper	ator (2)				
11 / 07	13		15	Jeff Gural							1-1
/ /				Street Add							
	Type of No			50 Route 1			* 1				
☐ EPA ☐ DEP	_	Initial Amended			, Zip Code rford, New	lersey 070	173				- 1
□ DOH		Amendment #	0	Name of C		301309, 070	1	Telephor	ie Niim		-
DOL DOL		Emergency w/		Jeff Gural	Ontaot	- 33		011			
		Cancellation	,				(*)				
			FA	CILITY IN	ORMATIO	N i		L			
Name of Facility Whe	re Abatem	ent is Taking F	Place (3)		Type of Fa	cility (4)					
Meadowlands Racetra	ck Tote Are	a				School (K	-12)			_ Mai	- 1
Street Address					bressed		er 8 (Other t		0.5.1		
50 Route 120						bldgs., ho	, private & o mes, etc.)				
	County (6)		County Code ((7)	Square Fe		# Of Floors		Buildi	ing Age	
East Rutherford	Bergen				n/		n/a		1	n/a	' 0
						e (Prior II	being demo	olisheu)		117	a
		L. Did. O	- (0)	ACCM NO	tote						
Name of Monitoring F	-irm Hired	by biag. Owne	1 (0)	ASCM NO							
Total Solutions Enviror	nmental				LVI Demoli	tion Service	es Inc.				
Street Address					Street Add						
22 Columbia Road											
City, State, Zip Code					32 Williams	Parkway					
Morristown, NJ 07960					City, State	, Zip Code					
Project Mngr. For Mo	nitoring Fi	irm	Telephone Nu	mber							1
Ben Waer			973-610-4611		East Hanov		36				
Sheduled Start Date		h	etetion Date (1		Telephone	Number		License	Numbe	:r	
11 // 18	/13			13	973-88	4 0602				00860	ļ.
7/ /	A lo	/ Charle	7 / / / / / / / / / / / / / / / / / / /		Name of O		for			00000	
Occupancy Status Di		ted During Ent			LVI Demoli						
Facility Cle		ted Daring Line	ile reliod of		Street Add		00 1110.				
		d Outside of N	ormal Facility		0110017144						
Hours - De					32 Williams	Parkway					
		7:00 AM - 3:30	PM		City, State	, Zip Code					
Scope of Work (Chec	k All That	Apply)	-		East Hanov	ver, NJ 079	36				
Coops of 110.11 (0.100							1				
☐ Demolition	1	\checkmark	Renovation				th Negative	Pressure	Э		
					Mini - Encl	77-7-10-10-10-10-10-10-10-10-10-10-10-10-10-					
	≥260 If			님	Glovebag		e nd Non-Fria	hle Proce	adure		
				V	NOII-EACIII	pteu () ai	id itoli-i na	010 1 1000	.aa.o		
Location of		ls		Descripti	on of			Abateme	ent Typ	е	
Asbestos Conta		Location	As	sbestos - C				R		_ E	ĮΕ
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	Normally		Material (Amount	E	R	N	N
TO BE ABAT	ED	Used	(1.	e., thermal	systems		(Specify	M	E	C	C
in Facility		Solely			facing, VAT	,	SF or LF)	0	P	A	L
(13)		by Main-	or	other misc	ellaneous)			V	A	P	0
		tenance/						A	1	S	S
		Custodial						L	R	U	U R
		Staff (12)							-	+-	- ^
TOTE		YES NO N/A	ROOFING				1500 SF		+		1
TOTE			ROOFING				1000 01		1		
								H	17		
							1		T		
Name of Registered	Waste Hau	The state of the s	NJDEP Waste	Cubic	Name of R	egistered	Landfill		and the same of		
NEWARK CARTING	ridoto rida		Hauler ID No.		I.E.S.I.						
City, State				Disposal	City. State)	-				
NEWARK, NJ				Date	BETHLEH		105	<u> </u>		g - 1	
Completed by (Print	or Type)		Title			Signature		(1	Date	
Steve Stiles			Project Manag	er		1 DE	em	11	LV.	1	11/07/13

Date of Notification (1) November 5, 2013	*	N:	ame of B	Building Owner/Op United Method	perator (dist Ch	(2) iurch	Check	# 61	72	77. 17	3 1		
Agencies Notified Type Notification		100000	treet Add 926 W	iress estfield Avenu	ie		1 1 1						
EPA Initial Amended Amendment #_				e, Zip Code n, NJ 08105				NOV		113			
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding	10000	ame of C Betty La				1.	Tele	phone Num	ber			
			FACILI	ITY INFORMATION	NC				1357			7276	
Name of Facility Where Abatement is Taking F Asbury United Methodist Church						□ Sc	Facility (4) hool (K-12) bchapter 8	į.	r than K-12)			
Street Address 2926 Westfield Avenue	5		· /·			Ot etc	her (i.e. pri c.)	vate 8	commercia	al buildi			s,
City (5) Camden						Square 5,000		2.,	Floors	. 10	dg. A)0	ge 	
County (6)			County C	odé (7) SE ONLY)	_	Churc	Use (Prior h	if beir	ng demolish	ieq).			8
Name of Monitoring Firm Hired by Building Ow Management & Enviro. Consulting S	ner (8) ervices	-!	ASCM	No.			ment Contro						
Street Address	- H		e sá		Street	Address Cutler A							
P.O. Box 341 City, State, Zip Code					City, S	State, Zip		8052					
Chesterfield, NJ 08515 Project Manager for Monitoring Firm	- 8	1000	elephon		Telepi	none No.		3032	License N	0.			
Bill Weisgarber	Schedule			8-4070		755-00	A Monitor		00842				
November 18, 2013	lovemb	oer 22			EMS	SL			24 1		200		
Occupancy Status During Abatement (Check					S. SECTIONS	Address Haddo							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	Facility	Hours	ent			State, Zip stmont,	Code New Je	rsey	08108				
Scope of Work (Check All That Apply)						<u>حا</u>		20 522		_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mini	Containme -Enclosure /ebag Proc -Exempted	edure				re	
					L	NOII	-Exempled	() ai	u Non-i na	1		emen	t
		Locati Iormali		Do	escriptio	n of					Т	уре	T
Location of Asbectos Containing Material (ACM) TO BE ABATED In Facility (13)	- Used Mai Cust	d Sole ntenar odial S (12)	ly by nce/ Staff?	Asbestos Con (i.e. therma surfa	taining	Matorial ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A	Boile	er Insu	lation		1	20 SF	XXX		-	\vdash
Boiler Room	X				e Insul			:	50 LF	XXX			
												-	+
Name of Degistered Wests Hauter		T N	JDEP W	/aste Cubic	c Yards	-	Name of	Regist	ered Landfi	<u> </u>			
Name of Registered Waste Hauler Freehold		H	lauler ID 2253			i jarak i	Grows	Land		55			
City, State Mount Holly, New Jersey 08060				osal Dat 2/2013		City, State Tullytov		A.	4.1	1)			
Completed by Christina Lynch	Title Oper	ation	s Mana		Signatu	The Colonia	Per		11.50	ate 1/5/2	013		

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

Date of Notification (1)	11/5/2013				Name of Build	ing Owner/O	perato ch W	or (2) recking Compar	iy - c/ #	272	7	1	
Agencies Notified [x] EPA [] DEP [x] DOL	Type of Notificat [X] Initial [] Amen	on Notifica ded Noti dment #_	fication		Street Address City, State, Zip	P.O.	. Box	1362	NOV 8 20	13		,	
[X] DOH [] DCA	justifi	ency (in cation) llation	cluding	-	Name of Conta	ict	1, 193	Te	elephone Number			i di	
		54		FACI	LITY INFO	RMATIO		**					
Street Address	rk Building)				_ T	'ype of Facility (4) [] [] [x]	School (k-12) Subchapter 8 (oth Other (i.e., private			al build	lings,
57	5 Old Tavern Ro						_		homes, etc.)	701.4-	A ===		
City		County	(6)		County Code (7 (STATE USE C		.S	Square feet 1600sf	# of Floors	Bldg	Age 6	0	1 mg 1 2 2 2 1 1
Howell		Monr	nouth		V	•		Current Use (Prior if Park bu	ilding)			
Name of Monitoring Fin		Owner (8)		ASCM No.	Name	of Ab	oatement Contractor	(9) in Contracting,	Inc			
Street Address	ty, State, Zip Code					Street	t Addre	ess	oute 9, Unit 61	me.			
City, State, Zip Code						City,	State,	Zip Code		005	.55.1/		
	roject Manager for Monitoring Firm Telephone					Tolen	hone l	Toms R	Liver, New Jerse		55-12	2/1	-
Project Manager for Mor	roject Manager for Monitoring Firm Telephone						349-		00624				
Scheduled Start Date (10	ojvet				on Date (11)	Name	e of OS	SHA Monitor E.M.S.J	L. Analytical				
Occupancy Status During	g Abatement (Check	only one	e)			Street	t Addr		telton Road				
	acility Closed/Vacate					City	Ctata	153-155					
	ther - Describe					- City,	State,	Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check a	all that apply)					[]		with Negative Pre	ssure			
= - 8			г 1	Renova	tion	l r	J	Mini-Enclosure Glovebag Proced	ure				
L 3	3 sf or ≥3 lf 160 sf or ≥260 lf			Renova Demoli		[2	x]		and Non-Friable	Procedi	ıre		
F., 1										Abat	ement	Type	
			Is Location			Descri	ption	of		R	R	Е	Е
Location	n of	1	Normally use			Asbestos-	Conta	ining	Amount	E	Е	N	N
Asbestos-Containing		Main	Solely by tenance/Cus	todial		Materia (i.e., thern			(Specify SF or LF)	М	P A	CA	C
TO BE AB		Main	Staff	noulai		insulation			1	0	I	P	0
(13)			(12)		1		T, or	×		V A	R	S	S
		YES	NO	N/A		other mise	cellan	eous)		L		L E	R E
		TES			Ashaataa	aidina			1500 sf	X		-	
Exterior			X		Asbestos Floor tile	aromg			30sf	1			
Interior			X		1 TOOL THE								
			1										
Name of Registered Wa	ste Hauler Contracting, Inc.		NJDEP Waste	Hauler		oic Yards of	Waste	Name of Regist T.R.R.F.	ered Landfill				
City, State				Dispo	sal Date		y, State						
Toms Rive	er, New Jersey	Title		11/22	Signature	Tu	riytov	wn, Pennsylvani	а	Date			
Completed by (Print or Nicholas F			ect Manage	r	777	1.	- /	11		11/	5/201	3	

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

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

Date of Notification (1)					Name of E	Building C	wner/Ope	rator	r (2)	0 / L	27	211	d	
	11/5/2013						Lertch	Wr	recking Comp	any Clu	8	74	8 -	51
Agencies Notified [X] EPA	[x] Initial	Notificat			Street Add		P.O. B	Box	1362					To the second
[x] DOT	Amer	dment #_			City, State	e, Zip Cod	Wall,	NJ (07719	NOV	8 2	013		
[x] DOH	justifi	cation)	-		Name of C	Contact Ryan	W			Telephone Number		1) = 0	102	
				FACI	LITY IN	FORM	ATION							
		g Place (3))			-32		Ty	ype of Facility (4 []	School (k-12) Subchapter 8 (ot	her that	L12)		
Street Address	4 Route 539								[x]	Other (i.e., priva homes, etc.)			al build	dings,
City	44	County	(6)		County Co STATE U		Λ.	Sc	quare feet 1600sf	# of Floors	Bldg	. Age 6	0	
Upper Freel	nold	Monn	nouth		5.7111.0	DE ONE.	7	Cı	urrent Use (Prior	if being demolished	1)			
	Agencies Notified X] EPA DEP X] DOL X] DOH DCA						Name of	Aba	atement Contract	or (9) lian Contracting	Inc			
Street Address	X						Street A	ddre	SS	Route 9, Unit 61				
City, State, Zip Code	Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone Scheduled Start Date (10) Scheduled 11/19/2013 Decupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal F						35587	- 757	Cip Code Toms	River, New Jers	ey 08'	755-12	271	
Project Manager for Mon	itoring Firm		0.560				Telephor 732-34	9-9	932	License 1 00624	Number			
	13		11/21/20		on Date (11	1)	- 0000000000000000000000000000000000000			S.L. Analytical				
[x] Fac	ility Closed/Vacate	d During	Entire Peri				Street A	aare		Stelton Road				
		Outside o	i Normal F	acuity Ho	ours		City, Sta	ate, Z	Zip Code Piscat	taway, New Jers	ey 088	54		
Scope of Work (Check al	l that apply)			100			[]]	Full Containme	ent with Negative Pr	essure			
L 1	######################################		[] [x]	Renovat Demolit			[x]	,]]	Glovebag Proc		Proced	пе		
											Aba	ement	Туре	
Asbestos-Containing I TO BE ABA in facili	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility Is Location Normally used Solely by Maintenance/Custo Staff				40 m	Ast N (i.e. inst	Description Destos-Con Material (A , thermal Mation, su VAT, VAT, er miscell	ntaii ACN syst arfac or	ning 1 1 tems cing,	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 N C L O S U R
Exterior		1125		N/A	Roof f	lashing				150 sf	X		Е	E
						w caulk	cing		7	35 lf				
Name of Registered Wast Guardian C	te Hauler ontracting, Inc.	N	JDEP Was 2	0223		Cubic Ya	rds of Wa		T.R.R.F.	stered Landfill		- Banga		
City, State	, New Jersey			Dispos 11/22			City, S Tully		n, Pennsylvar	nia				
Completed by (Print or T Nicholas Fe	ype)	Title Projec	ct Manag		Signatu	fe -	1	(^			Date 11/	5/201	3	
-347407474					for asbe.	stos licer	1 1		ed activities.	****				

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

November 4, 2013 November 4, 2013 November 4, 2013 Names of Bandlang CoveryOperator (2) Zarrill Horses Zarrill Ho	\$														
Second Contract Second Contracting From Telephone Number City, State, Zip Code City, State,	Date of Notification (1)	November 4, 2013 Iditified Type of Notification [x] Initial Notification P [] Amended Notification Amendment #			Name of	Building (S	cht	13x	RB	5		
Supplied	[X] EPA [] DEP	[X] Initial	Notific	tification				3-20-00-00-00-00-00-00-00-00-00-00-00-00-	antolok		213	V=1			
		1020 2							New Je	rsey 08723	M 3 50,13				
Type of Facility Where Abstement is Taking Place (3)	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	justifi	ication)			Name of		arrilli		/- Te	elephone Number			2	
Type of Facility Where Abstement is Taking Place (3)					FΔC	II ITV I	NEORM	ATION	-+				•	, said	
County (s)			Place (3))	TAC		IVI ORIVI	ATION	Type of	Facility (4)	School (k-12)				
County (6) Cou	Street Address									[]	- Control of the Cont				
Seaside Park	137	7 8 th Avenue									homes, etc.)	,		al build	lings,
Name of Monitoring Firm Hired by Building Owner (8) Name of Absternent Contracting, Inc.		71 W E		F 335.				0				Bldg		20	
Street Address	Seaside Park	c	_		38	(Use (Prior if	being demolished)				
Street Address			8)		ASCM N	lo.	Name of	Abateme			<u>.</u>				
City, State, Zip Code		A						Street Ad	dress			Inc.			
Project Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number Telephone Number Toms River, New Jersey 08755-1271 Telephone Number Togs 4349-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 4349-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 4349-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 4349-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 449-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 4349-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 4349-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 449-9932 Toms River, New Jersey 08755-1271 Telephone Number Togs 449-9932 Toms River, New Jersey 08755-1271 Telephone Number 132-349-9932 Toms River, New Jersey 106524 Toms R	City, State, Zip Code							City, State	e. Zin Co		oute 9, Unit 61				
Scheduled Start Date (10)									Toms R			755-1	271		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement												umber			
[x] Facility Closed/Vacated During Entire Period of Abatement	11/18/201			11/20/20	0.00000	ion Date (1	1)	Name of	OSHA M		. Analytical				
City, State, Zip Code Piscataway, New Jersey 08854 City, State, Zip Code Piscataway, New Jersey 08854				The saw end or re	c			Street Ad	dress	1056 54	altan Daad				
City, State, Zip Code Piscataway, New Jersey 08854											enon Road				
$ \begin{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					Salato Februaria			City, State	e, Zip Co		vay, New Jerse	y 088	54		
$ \begin{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	Scope of Work (Check all	that apply)	27.12					[]	Full	Containment v	with Negative Pres	sure			
X ≥160 sf or ≥260 lf								[]							
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) YES NO N/A Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Location of Normally used Solely by Maintenance/Custodial Staff (12) VAT, or other miscellaneous) Name of Registered Waste Hauler Guardian Contracting, Inc. Is Location Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT, or other miscellaneous) Amount (Specify SF or LF) M P C C O I P O A A A L C	L 1	C-D1401 (D-F-AL7 A-D-D-						[]				Propadu	ro		
Is Location of Normally used Solely by Maintenance/Custodial In facility (13) Exterior Is Location Description of Asbestos-Containing Material (ACM) (Specify SF Or LF) Maintenance/Custodial Staff (12) YES NO N/A Exterior Is Location Description of Asbestos-Containing Material (ACM) (Specify SF Or LF) Maintenance/Custodial Staff (12) VAT, or Other miscellaneous) YES NO N/A Exterior Is Location Description of Asbestos-Containing Material (ACM) (Specify SF Or LF) NAME of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler DNo. Cubic Yards of Waste Toms River, New Jersey Completed by (Print or Type) Title Signature Date	[X] 210	0 SI 01 2200 II		[^]	Demoi	TUOII		[^]	NOI	-Exempled (*)	and Non-Friable i	roccuu			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Maintenance/Custodial Staff (12) YES NO N/A Normally used Solely by Maintenance/Custodial Staff (12) YAT, or other miscellaneous) Normally used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NA A A L B C C C C C C C C C C C C C C C C C C												Abat	ement	Гуре	
Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Maintenance/Custodial Staff (12) YES NO N/A Name of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Grandian Contracting, Inc. Name of Registered Waste Hauler City, State Toms River, New Jersey Completed by (Print or Type) Title Naterial (ACM) (i.e., thermal systems insulation, surfacing, (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NA A A L O I P O V R S S SI U U U U T T.R.R.F. City, State Tullytown, Pennsylvania Completed by (Print or Type) Date	Location	of				-					Amount				
Maintenance/Custodial in facility Staff Insulation, surfacing, VAT, or other miscellaneous VAT, or other miscellaneo					Ju										25000
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title VAT, or other miscellaneous) VAT, or Other miscellaneous A L L R E E E City, State Title Disposal Date 11/21/2013 Tullytown, Pennsylvania Date			Mair		stodial						or LF)		190000	535555	10,000
A L U L R E E Exterior X Asbestos siding 2600 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title Signature Other miscellaneous A L U L R E E City State Toms River, New Jersey Completed by (Print or Type) Other miscellaneous A L U L R E E City, State Trullytown, Pennsylvania		У					insi					-250		- F	0.000
Exterior X Asbestos siding 2600 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title Name of Name of Registered Landfill T.R.R.F. City, State Tullytown, Pennsylvania Completed by (Print or Type) L E R E R E Cubic Yards of Waste Tullytown, Pennsylvania City, State Tullytown, Pennsylvania Date	(13)			(12)			oth					A		U	U
Exterior X Asbestos siding 2600 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Name of Registered Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State City, State Toms River, New Jersey City, State Tullytown, Pennsylvania Date			YES	NO	N/A				5			L			0 20069 0
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Name of Registered Waste Hauler ID No. 20223 Tullytown, Pennsylvania Cubic Yards of Waste Touble Yards of Waste Touble Yards of Waste Touble Yards of Waste Touble Yards of Waste Tullytown, Pennsylvania City, State Tullytown, Pennsylvania Date	Exterior			Tx T		Ashe	stos sidin	σ			2600 sf	X		-	 -
Guardian Contracting, Inc. 20223 7 T.R.R.F. City, State Toms River, New Jersey Disposal Date 11/21/2013 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date	Datorio			+^-		11550	- Stob Brain	5			2000 01				
Guardian Contracting, Inc. 20223 7 T.R.R.F. City, State Toms River, New Jersey Disposal Date 11/21/2013 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date				+		_									
Guardian Contracting, Inc. 20223 7 T.R.R.F. City, State Toms River, New Jersey Disposal Date 11/21/2013 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date				1		1									\vdash
Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Disposal Date 11/21/2013 Tullytown, Pennsylvania Date	Name of Registered Waste	Hauler	<u> </u>	NJDEP Waste	Haule	r ID No.	Cubic Ya	rds of Wast	e Na	me of Register	ed Landfill				1
Toms River, New Jersey 11/21/2013 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date		entracting, Inc.		20		ID:	7	I dia di		Γ.R.R.F.					
Completed by (Print or Type) Title Signature Date	N 10 ★ 300	New Jersev								nnsvlvania					
	Completed by (Print or Typ	ne)	(Jerienen)	ect Manage			ше) -							3	

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

Check # 9058

Date of Notification (1) ovember 4, 2013	**************************************		of Building	Owner / Operator ((2)			1	7	
Agencies Notified	Type Notification		_	Address		141		1 12	7		
□EPA □DEP			1 East	Clinton St	reet		NG Ý	g 20 13		and the second second	
DOL	Initial		City, St	ate & Zip (Code			0 7010	***	1	C-111/C - 117
⊠DOH	Amended		Dover,	NJ 07801					×	1	
DCA	Amendment Cancellation	#	Name o	of Contact				Tele	ephone	Nur	nher
			l'iaine i	, oomao.							
			FAC	CILITY IN	FORMATION						
Name of Facility Whe		g Place (3)			Type of Facil						
JP Morgan Chase Ba Street Address	ank			- Since	School Subcha		er than K-12)				
1 East Clinton Street	t						e & commerc	cial buildings	, hom	e, et	.c.)
					Square Feet		of Floors		. Age		
City (5)					30,00		2 + Basem			52	
Dover	2				Bank	(Prior if beir	ng demolished)			
County (6) Morris		County Code USE ONLY									
Name of Monitoring F PM Environmental	irm Hired by Building	Owner (8)		ASCM N	o. Name of Aba Synatech, In		ntractor (9)				
Street Address					Street Addre						
170 Changebridge R					829 Radio R						
City, State & Zip Code Montvale, NJ 07045	9				City, State & Little Egg H		08087				
Project Manager for M William Mener	Nonitoring Firm	1,000	lephone N 3-479-647		Telephone N 609-296-691	umber		License Numb	oer 00817	,	
Scheduled Start Date	(10) Schedu	uled Completi			Name of OS				00017		
November 16	, 2013	Decem	ber 16, 20		Synatech, In	ic.					
Occupancy Status Du Facility Close	rring Abatement (Chec ed/Vacated During En		Abatemen	nt	Street Addre 829 Radio R						
Abatement P	Performed Outside of N	Normal Hours			City, State &	Zip Code			10.00		
Other – Desc	7.11.50(F) VE-3.11				Little Egg H	arbor, NJ(08087				
Scope of Work (Chec	pied During Abatemer	nt —————									
,		100000				Full Conta	ainment with N	egative Pressu	ure		
≥ 3 sf or ≥ 50 If			Renovatio			Mini-Enclo					
≥160 sf or ≥26	O If		Demolitio	n		Glovebag		F			
Loc	ation of	le Locati	on Norma	lly Head I	Descrip		mpted(*) and N	ion-Friable Pro	-		ent Type
Asbestos-Conta	ining Material (ACM)	Solely b	y Mainten	ance or	Asbestos-C	ontaining		unt (Specify			
	<u>ABATED</u> Facility	Custo	dial Staff?	? (12)	Material (i.e., therma		8	SF or LF)	\vdash		
	(13)				insulation, sur	facing, VAT	r		N N	71	Enc
					or other misc	cellaneous)			Remova	Repair	Enclosure
		Yes	No	N/A					val	air	Enclosure Encapsulate
Basement				x	Pipe Fitting	s/Elbows		30 LF	Х		一
						x=10=1======			-		
Name of Registered V	Naste Hauler	NJDEP I Hauler II		Cubic Ya	ards of Waste		Registered La	ndfill			
Synatech, Inc.		0.575	429	.5		Grows L					
City, State				Disposal	Date	City, Stat	te				
Little Egg Harbor, N	J 08087	\\			per 17, 2013	Morrisvi					
Completed By	Title			Signatur	e - ///	Ü	Date				
Diane Aloia	Exec	utive Admini	strator	1 200	an allo	~	Novemi	ber 4, 2013			

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

		(Pursu	ant to NJAC (,.00 and			- No.			7	
Date of Notification (1)	SA SECTIONAL DE		Name of Bui	lding Own	ner/Operator	r (2) Ige Industrial	AD. 44	75	Die	ſ	
November					wood Kid		Clutt 1	20	44	4_	
Agencies Notified Type of [x] EPA [] CEP [] CEP [] Type of [] CEP [] CE	Notification Initial Notifi Amended N Amendment	otification t#	City, State, 2	Zip Code		aic Street	7	ON _			
[x]	Emergency justification		Name of Co				ephone Number			- 1	\neg
[X] DOH	Cancellation			Abe				-			
[] DCA		FA	ACILITY INF	ORMAT	rion						
Name of Facility Where Abatement	s Taking Place	2 (3)		New York Committee of the Committee of t	T	ype of Facility (4)	School (k-12)				
Warehouse						ΓÎ	Subchapter 8 (oth				
Street Address 1 Passaic St							Other (i.e., private homes, etc.)			al build	iings,
City	Cou	inty (6)	County Code (STATE US)		S	quare feet 100,000 sf	# of Floors	Bldg.	Age 60)	
W. J.Dilee	Re	rgen	(STATE USI	SUNLI		Current Use (Prior if b					
Wood Ridge						warehous					
Name of Monitoring Firm Hired by	Building Own	er (8)	ASCM No.	1	Name of Ab	atement Contractor (Guardian	Contracting,	Inc.			
N/A Street Address				S	Street Addre	ess 1889 Ro	ute 9, Unit 61				
City, State, Zip Code				(City, State,	Zip Code	ver, New Jerse	ey 087	55-12	271	
Project Manager for Monitoring Fir	n	Telephone Num	ber		Telephone l	Number	License N				
					732-349-9	9932 SHA Monitor	00624				
Scheduled Start Date (10) 11/06/2013		11/18/2013	pletion Date (11)			E.M.S.L	. Analytical				
Occupancy Status During Abatement	nt (Check only	one)	C 11		Street Addr		lton Road				
[X] Facility Close	d/Vacated Du	ring Entire Period o ide of Normal Facili	ty Hours		City, State,						
Other – Descri				- '	City, State,	Piscatav	ay, New Jerse		54		
Scope of Work (Check all that appl	у)				[]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
		[w] Do	novation	8.	[x]	Glovebag Procedu	re				
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥2		[X] Re			[]	Non-Exempted (*)		Procedi	ure		
[A J mayor of the								Abat	tement	Турс	
Location of Asbestos-Containing Material TO BE ABATED in facility (13)	Is Location Normally used Solely by faintenance/Custo Staff (12)		Asbe Ma (i.e., insula	escription estos-Conta aterial (AC thermal sy ation, surfa VAT, or miscellan	aining EM) estems acing,	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 N C L O S U R E	
	Y		I/A	1			3000 lf	X	-	Е	F
Steam pipe		X	pipe in	sulation	1		3000 11	1			
Name of Registered Waste Hauler		NJDEP Waste H			ds of Waste	Name of Registe T.R.R.F.	red Landfill				
Guardian Contracti	ng, Inc.	2022	Disposal Date	20	City, Stat	te					
	ersey		1/19/2013 Signatur	111	Tullyto	wn, Pennsylvania	1	Dat	e		
Completed by (Print or Type) Nicholas Fernicola	Toms River, New Jersey					tui.		353533	/5/201	3	

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

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

		Name of Building	Owner/One	erator (2)	40		4.00		-
Date of Notification (1) November 5, 2013	3		Ron M		ch# i	220	145		
[] DEP [] Amend Amend [] Emerge	Notification led Notification lment # ency (including	City, State, Zip Co	ode S	Ocean Bay Blvd.	<u>ÇIN7</u> 8	AON	1		2.150
[X] DOH [] Cancel		Ron N	Meier		•				
	FAG	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence Street Address	Place (3)	-1		Type of Facility (4)	School (k-12) Subchapter 8 (oth			al build	lings
224 Ocean Bay Blv	rd.			[x]	Other (i.e., privat homes, etc.)			ii buiid	ings,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 1300 sf	# of Floors	Bldg.	Age 53	3	
Lavallette	Ocean		-9	Current Use (Prior if Resider	ice)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name o	f Abatement Contractor Guardia	(9) an Contracting,	Inc.			
Street Address			Street A		oute 9, Unit 61				
City, State, Zip Code			City, St	ate, Zip Code	liver, New Jers	ey 087	55-12	71	
Project Manager for Monitoring Firm	Telephone Numbe	er		one Number 49-9932	License N 00624				
Scheduled Start Date (10) 11/19/2013	Scheduled Comple 11/21/2013	etion Date (11)		f OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacated		Y Hours City, State, Zip Code							
Other – Describe				Piscata	way, New Jerse		54		
Scope of Work (Check all that apply)	[] Peno	vation	[[r	Full Containmen Mini-Enclosure Glovebag Proced	t with Negative Pro ture	essure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	L 1	olition	[x	•	*) and Non-Friable	Procedi	ire		
						Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	al (i. in	Descript sbestos-Co Material (e., therma sulation, s VAT, ther misce	ontaining (ACM) Il systems surfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sid	ing		1350 sf	X		_	-
						-			+-
								-	-
	NJDEP Waste Hau	Jer ID No Cubic	Yards of W	aste Name of Regist	ered Landfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.	20223	2		T.R.R.F.				22	
City, State		posal Date /22/2013	City,	State ytown, Pennsylvani	a				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature -	14	1 - 1	110.	Date 11/	5/201	3	

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

Check #8777

					1 11/20		U 1	7 1	1	1
Date of Notification (1)		2 2	Building Owner/Or		++00			and the		
Agencies Notified Type Notification		Street Add		D T 0		NOV 8	3 . 20	13		
□ EPA ★ Initial		City, State	, Zip Code	KT 7		1	0 -			
DEP Amended Amendment #		July, Otale	/\	lar Rui	ጎ ,	NJO	80	42	الد	
DOH Emergency (in justification)	iciuaing	Name of C	Contact	57 SE 1525		Telephone N				
□ DCA □ Cancellation			Schel /	9660tt	· · · · · ·	'				
Name of Facility Where Abatement is Taking					Facility (4)					
Single Family S)	. □ Su	hool (K-12) bchapter 8	(Other than K-12)				
439 Cedae Rur	Dock	Roa	d	eto	:.)	vate & commercial				
City (5) West Creck,			092	Square		# of Floors		1g. Ag		
County (6)		County C				if being demolisher		ا ۱۰۰	r'ac	
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	No.	Name of Abate	ment Contr	ractor (9)	. 1	ا عرد	```	
EPC Technolo	gies		MA	EPC	Tee	hnologi	ies	J	in	6
Street Address Box 3	37			Street Address	Box i	337				
City, State, Zip Code	NZ	089	533	City, State, Zip	Code	ZIA +a	08	35	33	3
Project Manager for Modif ri .g Firm	/ / -	Telephon		Telephone No.	17767 1880 1880 1880	License No	2	0	Ц	
Steve Schenken	Scheduled C		758-3365	609 7.58 Name of OSHA		5 06	ت ر	17	1	
Start Date (10) Nov 22, 2013	Nov	22,	2013			mologies	T/	ic		
Occupancy Status During Abatement (Check	,			Street Address		•				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Abate	ement urs		City, State, Zip	Box	100				
Other – Describe:				New E		NJC	183	53	3	
Scope of Work (Check All That Apply)					7(1-		-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Rend Demo	ovation olition		☐ Mini	-Enclosure				9	
		atia-		NON	-Exempled) and Non-Friad	4	Abate	ment	
Location of	ls Loc Norn	nally	De	escription of			-	Ту	pe	
Asbestos-Containing Material (ACM)	Used S Mainte		Asbestos Cor	ntaining Material al systems insulai		Amount (Specify	Re	70	Enca	En
TO BE ABATED In Facility		al Staff? [surf	acing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-	lo N/A	- Cirier				<u>a</u>		ate	e
Exterior walls	1 1	×	Siding	Shinak	5.	1000 SF	K			
Extendic Mais		(,		J						
							-	-	-	
			1	c Yards	Name of	Registered Landfill		<u></u>		
Name of Registered Waste Hauler		NJDEP V Hauler ID	No. of W	aste A	. Artimaniano varioento	AND DO THE RESERVE OF THE PROPERTY OF THE PROP		L	ر 1	A _i C
EPC Technologie	\$	170	Disp	osal Date	City, Stat	e Manage	Medic co	ر	1 1	V
City, State New Egypt	NJ			25-13	Morn	isville 1	PA			
Completed by _	Title	ident		Signature	SAL		ate [~	6-	13)
Steve Schenker	rikes	iden		There !	- July	a re	• •			_

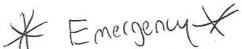
GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ November 4, 2013 Street Address Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. X EPA Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DCA ■ Amended Notification #1 X DOL new locations, materials, & City, State, Zip Code 8 2013 PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED quantity Telephone Number Name of Contact X DOH ■ Emergency (including MICHAEL SMITH, ENV. justification) **HEALTH & SAFETY** □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 305 COOPER STREET School (K-12) Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) CAMDEN CAMPUS # of Floors: 3 Bldg. Age: 100+ years Sq. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) CAMDEN CAMDEN Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/01/13 11/11/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Shift Hours: 8:00 AM - 5:00 PM (24Hr access as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure **X**Renovation Mini-Enclosure \geq 3 sf or \geq 3 lf ≥ 160 sf or ≥ 260 □ Demolition □ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO YES Basement and various X TRANSITE 735 SF X baths: 109, 203, 207, 208, 303, 307,7 308 X Room 202 X VAT 30 SF Rooms 207, 208,307,308 X 200 SF X LIGHTWEIGHT CONCRETE FLOORING UNDERLAYMENT NJDEP Waste Hauler ID # 15 CY Name of Registered Landfill Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill 11/11/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # SW2117 215-736-1700 Date Signature Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino November 4, 2013

MANAGER

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

GAC Project # 060-13													
Date of Notification (1) October	18, 201	3			Name of Building Owne RUTGERS, THE S			ERSI	TY OF	NJ			
Agencies Notified EPA DCA DOL		Notification Initial Namende Emerge	Notifica d Notif	ication#	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code	HEA 4086	LTH 8	SAF	ETY D	EPT.3		Little and the second s	
☑ DEP- No Longer REQUIRE ☑ DOH		justific Cancel			PISCATAWAY, NJ Name of Contact MICHAEL SMITH, HEALTH & SAFET	ENV.	4	Telen	hone Ni	ımbor	i k		
				FACILITY INF	AND THE RESIDENCE OF THE PARTY								
Name of Facility Where Abateme 305 COOPER STREET	nt is Takir	ng Place (3)			Type of Facility (4) School (K-12)								
Street Address CAMDEN CAMPUS					Subchapter 8 (other Dother (i.e. private & c Sq. Feet: N/A	ommerc	ial buildi			:.) 100÷ y	ears		
City (5) CAMDEN	CAM	DEN		Code (7) Jse Only)	Current Use (prior if bei					_			
Name of Monitoring Firm Hired b	y Bldg. Ov	wner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABA	TEME	NT C	ONSU	ILTAN	ΓS, INC	;		
3 TERRI LANE			11		Street Address 268 MAIN STREET								
City, State, Zip Code BURLINGTON, NJ 080					City State, ZipCode BUTLER, NJ 07405	5							
Project Manager for Monitoring F BRIAN KEARNY	<u>irm</u>	Telephone N 609-386-			<u>Telephone Number</u> 973-492-0477			Licen:	se Numb	er			
Scheduled Start Date (10) 11/01/13		Scheduled C 11/11/13		n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	IC.							
Occupancy Status During Abat	ing Entire	Period of A	batemer	nt	Street Address 20-21 WARGARAW ROAD								
□ Abatement Performed Outsi Describe ☑ Other – Describe: Shift H		100		M	City, State, Zip Code								
		cess as r			FAIRLAWN, NJ								
Scope of Work (Check all that ap	ply)				TS.	a Full	Contair	ment v	with Nea	ative Pre	essure		
∑ ≥ 3 sf or ≥ 3 □ ≥ 160 sf or ≥ 2						Min Glove	i-Enclos ebag Pr	sure ocedur	re	-Friable I		lure	
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu (12) NO			bestos Containing Material nal systems insulation, surfa ccell.)		Amoun (Specif or LF)	t	Abaten	nent Type Repair	<u>e</u>	900N 90	
Basement		TRANSITE			25	SF	X						
Room 202		X		VAT				SF	X				
Rooms 207, 208,307,308		X		FLOORING U	HT CONCRETE UNDERLAYMENT		200		X				
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was		· ID#	Cubic Yards of Waste:	15 C	Y			North		ill	
Hauler #1) Greenwood Abateme NJDEP # 12561 Hauler #2) S TG – 58 Pyles Lan NJ DEP # SW2117	e, New Ca	astle, De 1972		NJ 07405			osal Da 11/13			City, Sta 100 New Rd. Mor 19067 215-736-	Ford in Ford i		
Completed by (Print or Type) RAYMOND C. PEDALIN	io s	<u>tle</u> ENIOR PI IANAGER		т	Raymand C. Pedalino October 18, 2013								





Enel	genry	NO		ATION C	of New Jersey OF ASBESTOS A NJAC 8:60 and	ABATE		3701	1			
Date of Notification (1)				ame of E	Building Owner/C	perator	(2)		1			
Agencies Notified	Type Notification			treet Add	iress nn Plaza Eas	t	NOV 8	2013	-1			
EPA DEP DOL	Initial Amended Amendment	#	Ci	ity, State	e, Zip Code NJ 07105		140		4			
DOH DCA	Emergency (justification) Cancellation	including	1 100	ame of C	Contact			Telephone N				
				FACIL	ITY INFORMAT	ON						
Name of Facility Where NJ Transit Lower							Type of Facility (4 School (K-12	2)	2\			
Street Address Off of Coverd St J	ersey City side o	f bridge			38	4	Other (i.e. pretc.)	3 (Other than K-1 ivate & commerc	ial buildi		nice c	3,
City (5) Jersey City NJ 07	302						Square Feet 1000+	# of Floors N/A	35 35	dg. Age 5+		
County (6) Hudson	* 5	****		County C	ode (7) SE ONLY)		Current Use (Prio	r if being demolis	shed)	\$	200	
Name of Monitoring Fig TTI Environmenta		Owner (8)		ASCM	No.		e of Abatement Con naco Inc.	tractor (9)		٠	6	
Street Address 1253 North Churc	h Street			11			et Address Box 329					
City, State, Zip Code Moorestown NJ 0	8057						State, Zip Code st Berlin NJ 080	91				
Project Manager for M Jim Guilardi	onitoring Firm	2	100	elephon	e No. 0-8800	100000000000000000000000000000000000000	ohone No. -753-9800	License 00727	No.			
Start Date (10) 11/5/13		Scheduled 11/5/13		pletion D	Date (11)	Nam Sar	e of OSHA Monitor ne					
Occupancy Status Du	ring Abatement (Cher	ck Only One	e)	-		Stree	et Address					
Facility Closed/V	acated During Entire rmed Outside of Norr	Period of A	batem	ent	· · · · · · · · · · · · · · · · · · ·	City,	State, Zip Code	10 E				
Scope of Work (Check	All That Apply											
≥3 sf or ≥3 lf ≥160 sf or ≥260 l		Local -	enovat emoliti				Mini-Enclosure Glovebag Proc					
	Ligo Ligo		Location			loo orinti	on of			Abater Typ		
Asbestos-Contain TO BE	tion of ing Material (ACM) <u>ABATED</u> acility 3)	Use Mai	d Solel ntenar odial S (12)	y by nce/	Asbestos Co (i.e. therm sur	al syste facing, \	Material (ACM) ms insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Dir	Pipe insulation 6 LF x						-
side of	Bridge			X	- PIF	11150	iiatiOH		^			
				1								1

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	1	oic Yards Vaste	Name of F	Registered Landfill V.S.
City, State Elm NJ		1,000,000,00	posal Date 6/13	City, State Morrisvi	e lle PA 19067	
Completed by Anthony T Perna	ent		Signature	/	Date 11/4/13	

□ 23 of or 23 if ≥ 2160 of or 2250 if		Renova Demolit				Ini-Englosur				8	
V.	10.00	Locati Normal	21-8-90							ement rpe	
Location of Asbeston-Containing Material (ACM) TO BE ABATED In Facility (13) Contage exterior	Use Ma	ed Sole aintenu todial \$ (12)	ly by nce/	Asbes (1,e	Description of stos Containing Mater , thermal syntams instants of the other miscellaneous	uladon,	Amount (Specify SF or LF)	Remoyal	Repair	Encapsulate	Епсювите
	Yes	No	N/A]	n ver vers					(i)	
			X	Sic	line Shine	ks_	350 sf	X			
) 0						
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	.1		" ·								
Name of Registered Waste Hauter EPC Technologie	s		JDEP V lauter ID	No.	of Wasto 3		Registered Landilli te Managen	ጎ ር/ኅ	+ 0	e f	45
City, State			w	" (Disposal Date	City, Sta	ite	Α			

Check # 9061 Name of Building Owner / Operator (2) Date of Notification (1) Palisades Interstate Parks Commission November 5, 2013 Street Address Type Notification Agencies Notified 8 2013 Alpine Approach Road **EMERGENCY** NON **EPA** DEP City, State & Zip Code Initial ⊠DOL Alpine, NJ 07620 Amended Telephone Number Amendment #__ X DOH Name of Contact Cancellation DCA Christoph Szeglin FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Alpine Boat Basin Garage Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Street Address Alpine Approach Road Bldg. Age # of Floors Square Feet 55 2,000 Current Use (Prior if being demolished) City (5) Alpine Garage County Code (7) County (6) USE ONLY Name of Abatement Contractor (9) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Synatech, Inc. PM Environmental Street Address Street Address 829 Radio Road 170 Changebridge Road, Building C5-4 City, State & Zip Code Little Egg Harbor, NJ 08087 City, State & Zip Code License Number Montvale, NJ 07045 Telephone Number Telephone Number 00817 Project Manager for Monitoring Firm 609-296-6916 973-479-6475 William Mener Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Synatech, Inc. December 5, 2013 November 7, 2013 Street Address Occupancy Status During Abatement (Check only one) 829 Radio Road Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Hours Little Egg Harbor, NJ 08087 Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure \ge 3 sf or \ge 50 lf Glovebag Procedure Demolition Non-Exempted(*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement Type Description of Is Location Normally Used Amount (Specify Asbestos-Containing Location of Solely by Maintenance or SF or LF) Asbestos-Containing Material (ACM) Material (ACM) Custodial Staff? (12) (i.e., thermal systems TO BE ABATED Encapsulate insulation, surfacing, VAT Remova IN Facility Repair or other miscellaneous) (13)N/A No Yes X 120 LF Pipe Fittings/Insulation and Debris X Interior of Garage Door Openings Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Grows Landfill 27429 Synatech, Inc. City, State Disposal Date City, State Morrisville, PA December 6, 2013 Date Little Egg Harbor, NJ 08087 Signature Title Completed By November 5, 2013 **Executive Administrator** Diane Aloia

Fax:6098264981

Nov 6 2013 11:12am

P001/001 P.003/004

1110312013 13.43

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

To 1 110 11	4.										Check 非	906	1	
Date of Notification (November 5, 2013						/ Operator	(2)	APPR	OMED & Semor ser			Allin — Pos	
Agencies Notified	Type Notificat			Street	Address	, , , ,	110 001111	This gript	of Health	& Senior Ser	Aices			
⊠EPA □DEP	EMERGEN	ĊΥ			e Approa		. M	-	(signa	The state of the s				
⊠DOL	Initial			Olty S	tate & Zig	n Code		O Date:	110011	limn-	200			
	Initial	ded			, NJ 076									
⊠DOH	Amen	dment #_												
DCA	Cánc	ellation			of Contac		100			ľ	Telenhan	- Al	•	
				Christ	loph Szo	giln -							•	
				FA	CILITY	INFOR	MATION	l						
Name of Facility Who Alpine Boat Basin C	pre Abatemunt i Sarage	3 Taking F	Place (3)			.	ype of Fac	cility (4) ol (K-12)						
Street Address								apter 8 (Othe	r then K-12	D)				
Alpine Approach Ro	oad						induction .	775		-, ercial bulldir	nas hor	10 0	he l	
							Square Fee		of Floors		Ridg. Age	10, 0	,,,	-
City (5)							2,0	00	1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55		
Alpine								e (Prior if bein	g demol(s)	red)				
County (6)		C	ounty Code	77)			Sarage							
Bergen		U	SE ONLY.				N.							
Name of Monitoring I	Firm Hirad by Bi	ilding Ow	vner (B)		ASCM		Name of Al	optoment Cor	tractor (9)					A COLUMN TO THE PARTY OF THE PA
Street Address							Synatock, Street Addi					-		
170 Changebridge I City, State & Zip Coo	Road, Building	C5-4				10	129 Radio	Road						
City, State & Zip Cod Montvale, NJ 07046	le					19	ity, State	& Zip Code	2000			and a		
Project Manager for I	Monitoring Firm		Te	lephone l	Number		blaphona	Harbor, NJ (15057	Ligense No	umbar		-	
William Mener	***	- Andarine	97	3-479-64	75	6	09-256-69	16		7,100,100	0081	7		
Scheduled Start Date November 7	2013	Schedulo	d Completi	on Date (aber 5, 20	(11)	J. 13	Vame of O Synatech,	SI-IA Monitor						
Occupancy Status D	uring Abatemen	t (Check o	(eng ving			18	Stroot Addi 29 Radio	ress		-				
Notes and the second	Performed Outs							& Zip Code					_	
Other - Dos			AAA	5 0		- 1	5.50	Harbor, NJ (8087					
	upled During Ab					1								
Suope of Work (Chec	ck all that apply)			-			Г	75.40						
≥3 sf or ≥ 50 lf			\boxtimes	Renovet	on		L	Mini-Endo		Negative Pro	389Um			
≥160 of or ≥26				Demolitie	n			Glovebug						
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Loc	cation of				ally Used			lption of	-	- 110111110000	The second second	atem	ant T	VD8
Asbeatos-Conta	ilning Material (/ E ABATED	ACM)	Solely U	y Mainter diel Stelf	no equen	1		-Containing	A	mount (Speci	fy			
	Facility		Cubic		(12)		(i.e., thern	el (ACM) nai systoms		SF or LF)	-			
	(13)		1			l In	sulstion, s	urfacing, VAT			ام	_	5	m
			1			,	or other mi	(sucenalleco			Ramoval	Repair	aps	0
			Yes	No	N/A						wa la	al.	Encapsulate	Enclosure
Interior of Garage D								\perp		şt				
mikatot ot odtago p	ool obenings		-		X	Pipe i	ittings/ins	wation and De	ebris	120 LF	x			-
			-								_			
			-		-						-			
Name of Registered	Waste Haulor		NJDEP \						Registered	Landfill		-		
Synatech, Inc.	429	1			Grows L	ilibar								
City, State						al Date		City, Stat						
Little Egg Harbor, NJ '08087														
Completed By Title					Signati		013	Morrisvii	le, PA					
						1 -	11.11	7.	DEG					
Dlane Alola		ve Admini	strator	1. 1	Mene	(XXX)	Com	Messa	mber 6 2013	2				

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

Note	r			to NJAC 8				ork	124	79	<u>一</u>	-	7	
Date of Notification (1) 11/5/13		111111111111111111111111111111111111111	Name of Ms. Gr	Building (Owner/O	perator	(2)		() (.5	H	1	
Agencies Notified Type Notification		1000	Street Ad 23 Mou	ddress unt Paul	Road			— NC	W 8 2	013			1	
EPA Initial Amended DEP Amended Amendment #				te, Zip Co am NJ			i i			TEST.	-	-		
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	1.00	Name of Korina	Contact					Telenhono		<u></u>			
			FACII	LITY INFO	RMATIO	ON								
Name of Facility Where Abatement is Taking house	Place (3	3)					Type of Fa	acility (4)	•					
Street Address 23 Mount Paul Road							Subo	hapter 8	Other than ivate & comm			lings,	home	≥ S,
City (5) Mendham					<u> </u>		Square Fe 2000	eet	# of Floors		B 50	ldg. A	ge	
County (6) Morris			County (Code (7) JSE ONLY)	WALLS		,115-127112711711	se (Prior	r if being dem	olishe				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM				of Abateme							
Street Address	204					Street	Address		Services, L	LLC			10	
City, State, Zip Code				-			Box 483,		ate Drive					
						Glen	State, Zip Co wood, No		18					
Project Manager for Monitoring Firm			Telephor	ne No.			none No. 583-8500)	703	se No	•0			
	Schedule 11/13/		pletion (Date (11)		Name	of OSHA M	lonitor						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:					_	City, S	State, Zip Co	ode						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	507 300			<u> </u>	Mini-Er Gloveb	closure ag Proce	nt with Negati edure (*) and Non-F				e	
	1	Locati											ement pe	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normali ed Sole iintenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining N system cing, VA niscella	Material (AC is insulation AT, or	CM)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										е	
basement bathroom			X		pipe	insula	ation	-	5 LF		x			
Name of Registered Waste Hauler Freehold Cartage		Н	NJDEP Waste Cubic Ya Hauler ID No. of Waste 15939 10				140	ROWS	Registered Lar	ndfill		52 //		
City, State Freehold NJ			Disposal Date TBD					ty, State orrisvi						
Completed by Andrew Scott Higgins	Title Pres	ident			S		_		Dat 11/	e /5/13	3		100	

JAN 13

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

Date of Notification (1)	1,70045001	1877 - 57	Name	of Building	g Owner/Operator (2)	1	1
11 1 4 1 20	13		6	Nect	Liv Ener	GY- C.	ARLL 5	Lorner
Agencies Notified Type Notification			Street	Address		' 1	13.00	0 Z013
□ EPA □ Initial □ DOLWD □ Amended			0:1.	Our.	LINGTO	NRO	Ad	
DOH Amendment #			City, S	State, Zip C	en deen	field	1 45.1	18212
DCA Emergency (ir	ncludin	g		of Contac		_ , , C _ O	Telephone '	00019
(NJAC 5:23-8) Justification			1	20196	7 //	ARCO	1 TOR	
			-	-	FORMATION	+ RCO		
Name of Facility Where Abatement is Takin	g Place	(3)			0	Type of Facility	(4)	
Conectiv EnerG	y -	6	ARL	15	Laner	School (K-12		10)
Street Address	0	,				Subchapter 8	rivate and comr	nercial buildings,
BURLINGTON X	OA	-d	,	DUB	Station	homes, etc.)	-	To: .
City (5)	1	, ,	~/		11	Square Feet	# of Floors	Bldg. Age
UPPER deek -	778		Cour	ty Code /7)(STATE USE ONLY)	Current Use (Pri	or if being dem	35 +
CumherLANG	\checkmark		Cour	ity Code (i	NOTATE OSE ONET)	_ · ·	-	Sub station
Name of Monitoring Firm Hired by Building		(8)	ASCM	No.	Name of Abateme		ca c	0 .
AET, Inc.			000	1	Advanc	ed Spe	CIALTY	(Contract.
Street Address /	- /	2	,		Street Address	11-1		01.1
28 N. PENNEL	- K	OA	-d		30 1		wald	13110
City, State, Zip Code		101	70		City, State, Zip Co	1	1	19014
Project Manager for Monitoring Firm	- 4	100000	28 phone	No	HSTO.	NPI	License No.	19014
1) AVE TUROSTY			•	0114	610. 497.	1440	007	750
	duled C	-	tion Da		Name of OSHA M	AND THE RESERVE AND THE PARTY OF THE PARTY O	1 20 /	
11 1 19 1 13 11	/	14	? / _	13	AFT I	00.		4 <u>0</u>
Occupancy Status During Abatement (Chec	k only	one)			Street Address	, 0		0 1
Facility Closed/Vacated During Entire Pe					28 1	U. Per	UNEL	KOAd
Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30PI	Facilit W/	y Hour PM-	s - Des	cribe AM	City, State, Zip Co	/1		10 - 7 8
					Lim.	A. PA	}. /	19028
Scope of Work (Check all that apply)	1				☐ Full Cont	ainment with Neg	ative Pressure	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		novati			☐ Mini-Enc			
☐ ≥100 \$1 01 ≥200 II	Пре	Honuc)(1			mpted (*) and Nor	n-Friable Proce	dure
	1	Locat						Abatement Type
Location of Asbestos-Containing Material (ACM)	199	ed Sole	-	Asbes	Description o stos Containing Ma		Amount	Enclos Encaps Repair
TO BE ABATED.		intena todial			, thermal systems i	nsulation,	(Specify	Enclosure Encapsula Repair Removal
IN Facility (13)		(12)	Jian .		surfacing, VAT, other miscellane		SF or LF)	Encapsulate Encapsulate Repair
	Yes	No	N/A					
Transite side BldG	X			. 7.	RANSITE		2 SF	
(BOGHOUSE)				4:		29 10 10		
		П	П					
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regist	tered Landfill	,
SERVICE TRANSDE		- H	auler IE	No.	Waste /	SAlem	Count	k, LANdfill
City, State					Disposal Date	City, State	1	/
ALLOWAY TWP		N	J			5/1	4	
Completed By (Print or Type) Title	1	1			Signature	~		Date
HOBERT CAPALDI S	DA.	Hee	T.	HGR	The s	7 Van	1.	11-4-13
ASB-41 JAN 13 *.	Do not	use th	is form	for asbasto	os (icensyre exemp	ted activities.		ä

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* * * * * * * * * * * * * * * * * * *	TIFICATI	ON OF ant to N	LJAC C	60 and 12:1	EMENT	K#	2112	٦		
Date of Notification (1) Agencies Notified Type Notification TO THE NOTIFICATION (1)	Stre	et Addr	ress Zip Coo)× 12	59 du E	5+9	1es (1)		management was the state of the	
DEP DOL Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (5)		me of C	Contact C(n ITY INF	ORMATION	Cabool (K	-12)	r than K-12)			+
Name of Facility Where Abaching Colour Es Street Address TKINST City (A) + Charles Abaching Colour Es	_	_			Square Feet Our cont Use	# of	Floors Blo	ig. Age	mes,	
County (6) Name of Monitoring Firm Hired by Building Owner		(STATE	Code (7 USE ON M No.	J	Name of Abatement Ace Insulation C Street Address 95 Montrose R	Contracto Co., Inc.	101			
Street Address City, State, Zip Code Project Manager for Monitoring Firm		Telep	hone No).	City, State, Zip Cod Colts Neck, N., Telephone No. 732-294-1757	e J. 07722	License No. 00029			
Start Date (10) Sch	neduled C	24-	13_	(11)	Name of OSHA Mo					
Occupancy Status During Addition Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal Pother – Describe: Scope of Work (Check All That Apply)	P Rer	novation	1		Full Co	ontainmen	t with Negative Pre			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7 Is I	ocation	1		Non-E		Amount	П	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Solely ntenand odial St (12)	by cel	(i.e. the	Description of Containing Material (commal systems insulating surfacing, VAT, or other miscellaneous)		(Specify SF or LF)		Repair	Encapsulate
Outdoors	Yes	No	9	Sidia	piecesin do	+	300 58.44	12		
Name of Registered Waste Hauler Ace Insulation Co., Inc.	1	1	NJDEP I Hauler II 12086	Waste O No.	Cubic Yards of Waste	Grow				
Colts Neck, New Jersey Completed by	Title	esider			Signature		7 Wuest	Date	16	2 1

President

* Do net use this form for asbestos licensure exempted activ

George Wuest

Completed by

CK#2138

Date of Notification (1)		1	lame of	Building C	Owner/O	oerator (2)		:	·				
11-6-13			n	Ofto	2 2	KO/BR.	ショヒヤ						
Agencies Notified Type Notification		S	Street Ad	dress	. 7	perator (2) Kol P.R. F.RSX	Klis	1	PARK	Van.	94		
EPA Initial Amended		C	City, State	رع رے e, Zip Co	de						1		
DOL Amendment		- L		002	PAK	راه د			11001	0 0	~		7.6
DOH justification)		1	Name of	Contact	68			T-1					*
DCA Cancellation				ITY INFO	1.11			1	7			1	
Name of Facility Where Abatement is Taking							of Facility (4	4)		Ni.			
Ko ARSICK							School (K-1		- 45 1/ 1/				to the state of the
Street Address 1303 FRAM	Klin	F	RK	Lespy	2		Subchapter Sther (i.e. p etc.)				ings,	home	es,
City (5) OCEAN				- 1000			e Feet	# of	Floors		dg. A	ge	
			County C	odo (7)			nt Use (Pric	or if hoir	na demolist		60		
County (6)	6			SE ONLY)		— Curre			DE CE				
Name of Monitoring Firm Hired by Building (ASCM	No.		Name of Aba	- / -						
						Ace Insula		Inc.					
Street Address						Street Addres	NAME						
City, State, Zip Code		-				City, State, Z							
						Colts Nec	k, N.J. 07	722					
Project Manager for Monitoring Firm		7	Telephor	e No.		Telephone N 732-294-1			License N 00029	lo.			
Start Date (10)	Scheduled	Com	pletion [Date (11)		Name of OSI	HA Monitor						
Occupancy Status During Abatement (Chec	11-1	9-1	3			Observa Addison						1100000	
E 10 1000 18 10 100						Street Addres	SS						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of Al	Jours	atement dours City, State, Zip Code										
Scope of Work (Check All That Apply)		-											
≥3 sf or ≥3 lf	☐ Re	novat	tion			☐ Fu	II Containme	ent with	Negative f	Pressu	re		
2160 sf or ≥260 lf	200	emoliti	on				ni-Enclosure ovebag Prod						
							n-Exempte		d Non-Friat	1	90 (d) 100		
		ocatio									Abate Ty	ement rpe	Į.
Location of Asbestos-Containing Material (ACM)	Used	ormali Solel	y by	Ashes		scription of aining Materia	I (ACM)	А	mount			Е	
TO BE ABATED		ntenar odial S			thermal	systems insul- cing, VAT, or			Specify or LF)	Ren	Re	ncar	End
In Facility (13)		(12)	X8052X000		other n	niscellaneous)		O.	OI LI)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		ate	e
out peops		2	Si	מינם	6		20	TO ST	4				
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Name of Registered Waste Hauler		1000	JDEP W		Cubic of Wa	Yards ste	0.0000000000000000000000000000000000000	Registe	ered Landfi	H			
Ace Insulation Co., Inc.	2.00	2086			4	Chrins	2						
City, State					sal Date	City, Sta							
Colts Neck, New Jersey					19-13	Easton		1.5	ato				
Completed by George Wuest	Signature					Donas	01	hast !	ate i /~/	-/	3		
						89071	7 10	7 /		,			



Date of Notification (1) Name of Building Owner/Operator (2) 10 / 23 / 13 E.I. duPont de Nemours												, , , , , , , , , , , , , , , , , , , ,			
											0 N	1717			
1/2	ype Notificati	on		- 1		Address		. .		MOA	8 2)13			1
	☑ Initial ☑ Amended			1		Cheeseq		Road	_ 3 _ 1						1
⊠ DHSS	Amendmer	nt #1-	11/4/	13		tate, Zip C									
The state of the s] Emergency	200	1177777			in, NJ 08					1,3				
(NJAC 5:23-8)	justification				Name	of Contact				Telenhone	Mumhar				
] Cancellation	n			Nich	ol Reinh	old	92							
				-	FAC	ILITY IN	FOR	MATION							
Name of Facility Where Aba	atement is Ta	king F	Place	(3)					Type of Facility ((4)	31				
DuPont Parlin Facility	Exterior a	t Bld	lg 20	15					School (K-12						
Street Address									Subchapter 8			أسط ا	dina		
250 Cheesequake Ro	ad								Other (i.e., pr homes, etc.)	ivate and co	mmercia	i bui	ungs	>,	
City (5)				-					Square Feet	# of Floor	s	Bld	g. Ag	e	\neg
Parlin											E				
County (6)					Coun	ty Code (7)	VSTAT	E USE ONLY)	Current Use (Pri	or if being de	emolishe	d)			-
1 11					Coun	ty Code (1)	NOTAL	L OOL OIVET)	Exterior	or it boiling a	SITIONSITO	۵)			
Middlesex		_		ov T	A COM		Man	a of Abatama							-
Name of Monitoring Firm Hi	5.00	ng Ov	vner (8)	ASCM I	NO.			ent Contractor (9)						
Pennoni Associates I	nc.	12221111							VIRONMENTA	L, INC.				_	
Street Address								et Address							
515 Grove St #1B								23 BEAVE			4.5				
City, State, Zip Code							1000000	State, Zip Co							- 1
Haddon Heights, NJ (08035						BI	RISTOL, PA	19007		CONTROLL CONTROL				
Project Manager for Monito	ring Firm			Tele	phone I	No.	Tele	phone No.		License I	No.				
Tom Adams				85	6-656	-2875	21	5-788-6040		00509	l'				
Start Date (10)	So	chedu	led C	omple	tion Dat	te (11)	Nam	e of OSHA M	lonitor						
11 /04 /	13	11	/	05	_ / _	13	BI	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During A	batement (C	heck	only o	ne)			Stree	et Address							
☐ Facility Closed/Vacated					ment		11	23 BEAVE	R STREET						
☐ Abatement Performed C						cribe	City.	State, Zip Co	ode						
Time of Abatement: 7AM	MPM/	4PM-		_AM											
Scope of Work (Check all th	nat apply)		-										A 17.22		
Ocope of Work (Orlook un t	iat appiy)	0							tainment with Neg	gative Press	ure				
⊠ ≥3 sf or ≥3 lf			⊠ Re					Mini-Enc	closure g Procedure						
☐ ≥160 sf or ≥260 lf		ı	_ De	molitic	n			☐ Non-Exe	mpted (*) and No	n-Friable Pr	ocedure				
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Location of	;		1	lorma	lly			Description of	of		F		-		
Asbestos-Containing Ma					ely by			Containing Ma		Amou	0.000	em	Repair	nca	ncl
TO BE ABATI				intena odial	Staff?	(i.e		mal systems urfacing, VAT		(Speci SF or L	fy F)	Removal	₹	psı	Enclosure
IN Facility (13)				(12)				er miscellane		0. 0	- /			Encapsulate	O)
()			Yes	No	N/A										
Bldg 2015 Exterior Line	es					Pipe Ins	sulat	ion		29 L	F	\boxtimes			
Diag 2010 Exterior Enter		-		-											
												ш			ᆜ
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				П	\Box					- 4/2					
Name of Registered Waste	Hauler	- 1			JDEP V	Vaste	Cub	ic Yards of	Name of Regis	stered Landf	īll		5		
Bristol Environmenta				950	lauler II		Was		GROWS L		0.0000				
	31 1110				18706	3	5								
City, State						Disposal Date City, State 11/5/2013 Morrisville, PA 19067									
Bristol, PA	Bristol, PA						11	1/5/2013	Morrisville	, PA 1906	<i>'</i>	11.7			
Completed By (Print or Typ	e)	Title						Signature	0	1	Date	, /	11	2	
Gino Pizzigoni		Es	tima	tor				Gens 1	Pigzigon	c/sk	//	14	1/		

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