Date of Notification (1) 11/20/14			74.355		Building Owner/ Brown	Operator ((2)	-	VOV 2	5 or	114		Jjj		
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X DOH X DCA	Emergency (justification) Cancellation	including	Na	ame of	Contact		- e	Tele	phone Nur	nber					
	_			FACI	ITY INFORMAT	ION			_	- 18	-				
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Facility (4)								
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Street Address								Subchapter 8 (Other than K-12)							
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.	Name	of Abatement Cor	ntractor (9)						
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#### NOTIFICATION OF ASBESTOS ABATEMENT MO#22302818188 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 21 14 Mr.&Mrs. Wickens Agencies Notified Type Notification Street Address ☐ EPA X Initial 18 Glenwild Road X DOLWD Amended ASSESTOS CONTROL & City, State, Zip Code X DHSS Amendment # LICENSING ☐ DCA Emergency (including Madison, NJ 07940 (NJAC 5:23-8) justification) Name of Contact elephone Number Cancellation Mr.&Mrs. Wickens FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, 18 Glenwild Road homes, etc.) City (5) Square Feet # of Floors Bidg. Age Madison, NJ 07940 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12 /_01 / 14 __12__/_02__/_14 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or 260 if ■ Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Asbestos Containing Material (ACM) Encapsulate Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement X Boiler insulation 34 SF П Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 T.R.R.F. Inc TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 11/21/2014 ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities,

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Date of Notification (1) 11/21/14	Name of Building Owner/Operator (2) 262 Main Realty Corp.  Street Address							V 22-36							
Agencies Notified	Type Notification		500000	eet Address 112 Broadwa	av 3rd	l Floor			ASBEST	OS CO	NATR	OL &			
EPA DEP DOL	Initial Amended Amendment		Cit	y, State, Zip Co ew York, NY	ode		100	<u> </u>	-	IOLIVO					
DOH DCA	justification) Cancellation		0.000	me of Contact ack Cohen	)				Telephone	Number	7 7 1 7 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1				
				FACILITY INFO	ORMAT	ION									
Name of Facility Where Street Address	Abatement is Takir	ng Place (3)						of Facility (4) School (K-12)		ther than K-12)					
262 Main Street							×	Other (i.e. privetc.)			ilding	s, home	es,		
City (5) Paterson							Squar 15,0	re Feet 00	# of Floors 6		Bldg. 1940				
County (6) Passaic				unty Code (7) FATE USE ONLY			Curre	nt Use (Prior	if being dem	olished)					
Name of Monitoring Firm	n Hired by Building	Owner (8)	1	ASCM No.				tement Contra onmental S		LC.			- 179		
Street Address						Addres Sate D	s Orive, PO E	3ox 483							
City, State, Zip Code							p Code NJ 07418	3							
Project Manager for Monitoring Firm				lephone No.			one No 583-8		Licens	se No.			55 - H		
Start Date (10) 12/1/14		Scheduled	Comple	etion Date (11)		Name	of OSH	A Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only One	)			Street	Addres	s		-		-			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of Ab	atemen	t				p Code							
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Location	n of	No	rmally		De	escription	of				17	уре			
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Main floor & ab	250		_	X	- 01000000	e insula			200 LF	x	+	+			
Name of Registered Was Freehold Cartage	ste Hauler		Haul	EP Waste ler ID No.	of Wa		18 15	Name of Re	egistered Lan	ndfill					
City, State Freehold, NJ			15959 TBD Disposal Date TBD			sal Date									
Completed by A. Scott Higgins  Title Preside				Signature											
	1, 100101	J.,,t			11/21/14										

NOCK

Name of Facility Where Abatement is Taking Place (3)

Type Notification

Amended

justification)

Cancellation

Amendment # 5

Emergency (including

Initial

Date of Notification (1)

11/20/2014

**EPA** 

DEP

DOL

DOH

DCA

City (5)

Canal Bridge Area Street Address

Route 130 & Canal Road

X

Agencies Notified

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

CATION	OF AS		ey S ABATER nd 12:120		T (		C E	[ ] [	/ /	P	rint
			Operator		**		<del>10√ 2</del>	5 20	14		7
Street A Route City, Sta	130 &	Canal	Road			ASBI	ESTOS ( LICEN	DONTE SING	IOL	g S	
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Name of John K		t				Te	lephone N	lumber			West - D
		FORMAT	ION								
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				Squ 0	are Feet	# 0	f Floors	1.121	Bldg.	Age	
County C	ode (7)				rent Use (P	rior if be		ished)			
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ASCM	I NO.				atement C			Inc.			
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		ts	si pipe			9	40 lf	Х			
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Use (Pri	ior if being demolish Steel Bridge fo	ned)
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Monitor , Inc.		
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Date of Notification (1) 11/20/2014				Name	of Building Owne	er/Operato	r (2)	1 460	3 11/08	Q1	6	V 14	-
Agencies Notified	Type Notification				Dupont De Ne	mours 8	Со		SDEST	001	771	rparis	لـــ ع
EPA DEP DOL	Initial Amended Amendme			Rout City, S	Address e 130 & Cana state, Zip Code owater, New Jo		2022		L	ICEN	SINC	3	
DOH DCA	Emergenci justificatio Cancellati	y (includin n)	g	Name John	of Contact Kyritsis		5023	Telep	hone N	umbe	nr ,		
Name of Facility Where Canal Bridge Area Street Address Route 130 & Canal		ing Place	(3)	FAC	CILITY INFORMA	TION	Type of Facility School (K	(-12) ter 8 (Other	than K-	12)		****	
City (5) Deepwater	Koad						Square Feet	e. private & of F		cial b		s, ho	mes
County (6) Salem		-		County	Code (7) USE ONLY)		Current Use (F	Prior if being	demolis	shed)	50		
Name of Monitoring Firm Harvard Environme	Hired by Building	Owner (8	)	ASC	M No.	Name	Pipe Lines & of Abatement Coper Environment	ontractor (9	)		ping		
Street Address 760 Pulaski Highwa	ay .					Street	Address idge Road	ental Sel	vices,	inc.			
City, State, Zip Code Bear, DE 19701				· · · · · · · · · · · · · · · · · · ·		City, S	tate, Zip Code nixville, PA 1	9460					
Project Manager for Moni Wesly Morrison	itoring Firm	<u></u>		Telepho 302-3	one No. 26-2333	Teleph	one No.	TL	icense N	No.	1		
Start Date (10) 06/11/2014	art Date (10) Scheduled (			mpletion	Date (11)	Name	of OSHA Monito ard Env., Inc.	r					_
Cocupancy Status During Facility Closed/Vaca Abatement Performe	ted During Entire	Period of	Ahater	ment s		760 F	Address Pulaski Hwy ate, Zip Code						
Other - Describe: _	T						DE 19701						
Scope of Work (Check All ≥3 sf or ≥3 if ≥160 sf or ≥260 if	тпат Арріу)		enova emoli			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				re ·	
Location	of	N	Locati	ly	De	scription o					Abat	emen /pe	t
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	TED	Mai	d Sole ntenar odial S (12)	nce/	Asbestos Con (i.e. thermal surfa	taining Ma	iterial (ACM) insulation, , or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Constituing	D. 1	Yes	No	N/A						_		ate	ē
Canal/Pipe I		X			Pipe	Insulati	on	600 L	.F	X			7.
S / Canal/Pipe F	Kack	X			Pipe	Insulation	on	606 L	.F	X			
		X								X			
ame of Registered Waste  J Transportation	Hauler	X	Ha	JDEP Wa auler ID N 217			Name of F	Registered I	Landfill	Х			
ity, State oodstown, NJ					Dispos 7-8-9/		City, State Morgani	town, PA	$\top$	,		-	
ompleted by atrick Larney		Title Projec	t Mar	nager	31	gnature	m	my	Date 11/	e 20/2	014		

MOCK

						<u>C.</u> 8:60 and			n)_E	C E		$\mathbb{V}$	E
Date of Notification	(1) 11-21-2014					Owner / Operato		1		1101/ 0	-	2014	
Agencies Notified  EPA  DEP  DOL	Type Notification	ation aded (ADDITIONA to be worked)	Str 15 Cit	reet A 0-170 ty, Sta	Address  Main Streate & Zip ( sack NJ, (	eet Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASE	BESTOS LICER	CON		L&
□ DOH □ DCA	☐ Emer	gency ellation	0.7000		f Contact n Alkilani	-				Telepho	ne N	umbe	er
				FAC	CILITY INF	ORMATION	_			1	-		
Name of Facility W Retail Building Street Address	here Abateme	ent is Taking Pla	ce (3)			Type of Facil  School (	K-12)	Other than K-	12)				
170 Main Street			T			Other (i. Square Feet	e. priva	te & commerce # of Floors	cial buildi	ngs, hom Bldg. Ag	е	tc.)	
City (5) Hackensack NJ, 07	Hackensack NJ, 07601 Bergen  Name of Monitoring Firm Hired by Buildir				ode (7)	20,000 Current Use Retail Buildin	(Prior if	shed)		100			
Name of Monitoring Criterion Labora	y Building Owne	r (8)		ASCM No		tement							
Street Address 3370 Progress D	J				Street Addres 2115 Hamilto		Suite 202						
City, State & Zip Co Bensalem, Pa. 1						City, State & Zip Code Trenton, NJ 08619							
Project Manager for Mr. Mike Panep		1	elepho 15-24		lumber 300		Telephone Number Lic 609-977-6159						
Scheduled Start Da 11-21-20	14		-21-20		(11)	Name of OSI J&S Environr	Inc.						
Abatement Describe:	sed/Vacated [ Performed Du	During Entire Per Iring 1st Shift Ad ::30am(1st & 2nd	riod of ded:2	nd Shi	ft & Wknd	Street Addres 2333 Route 2 City, State & Union, NJ 07	22 Wes Zip Co						
Scope of Work (Che	eck all that ap	ply)											
<ul><li>≥3 sf or ≥3 l</li><li>≥160 sf ≥26</li></ul>				Reno	vation olition			Full Containm Mini-Enclosus Glove Bag Pr Non-Exempte	re ocedures	3			
	ocation of			catio		Description			Amount	Aba	teme	ent T	уре
Mat TO E	tos-Containing erial (ACM) BE ABATED in Facility (13)	N	Mainter Sustodi (1	ely by nance ial Sta 12)	e or	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	CM) ystems cing, V/	AT S	(Specify SF or LF)	Removal	Repair	Encapsulat	Enclsoure
Rooms #: 28, 29, 31						Wall Boa	rd	2	2,229 SF				
Rooms #: 24, 26, 27		Hallway 7&8				Mastic			,356 SF				
Room #'s: 15, 16 & Roof Top	22			X   X		Floor Till Roofing Mat			599 SF , 268 SF				븜
Name of Registered				Haul	er ID No.	Cubic Yards of Waste		of Registere	d Landfill				
Resource Managem	nent Group, L	_C		0035	5218	TBD		Landfill					
City, State Trenton, NJ						Disposal Date	City, S Morris	State sville, PA		11			
Completed By (Print Mr. Brian J. Haney	t or Type)			Title Pres	ident	Signature	$\sqrt{/}$	12 01		Date 11/21	/2014	1	

	1) November 21, 201 ovember 10, 2014	4		of Buildin	g Owner / Operato	or (2)	I D)	0 F	200			
Agencies Notified	Type Notification			Address vingston	Avenue			25				
□DEP ☑DOL ☑DOH	☐ Initial ☐ Amended		City, S	State & Zip			ASBEST	OS CON CENSIN		L &		
DCA	Amendmen Cancellation		Name Dino I	of Contac	et		Ī	Telephon	e Nu	nbe	r	
					INFORMATIO	N'		-		-		
	ere Abatement is Taki	ng Place (3)			Type of F	1960						
Street Address					Subo	ool (K-12) chapter 8 (Other tha						
609 Livingston Aver	nue				Square Fe	eet # of F	1, (14, 11) 1, (14, 14, 14, 14, 14, 14, 14, 14, 14, 14,	ngs, hon 3ldg. Age		tc.)		
City (5) New Brunswick						,000   1 se (Prior if being de	+ Basement emolished)		56			
County (6) Middlesex		County Code										
	irm Hired by Building	Owner (8)		ASCM	5.							
Street Address 413 North Black Hor					Street Add 829 Radio	Road						
City, State & Zip Cod Runnemede, NJ 08	078				Little Egg	e & Zip Code g Harbor, NJ 0808	7					
Project Manager for N Howard Zenobi		85	ephone I 5-482-13	11	Telephone 609-296-6		License No	umber 0081	7			
Scheduled Start Date November 22					Name of 0 Synatech	OSHA Monitor . Inc.						
Occupancy Status Du	uring Abatement (Che ed/Vacated During En	ck only one)			Street Add	dress		0.000				
Other – Des	Performed Outside of cribe: upied During Abateme					e & Zip Code Harbor, NJ 0808	7					
Scope of Work (Chec						_						
≥3 sf or ≥ 50 lf ≥160 sf or ≥26	O If	=	Renovati Demolitic			Mini-Enclosure Glovebag Proc	cedure					
Loc	ation of	Is Location	on Norma	ally Used	Desc	ription of	d(*) and Non-Friable		re ateme	ent T	ype	
TO BE	ining Material (ACM)  ABATED  Facility		y Mainter dial Staff		Mater	s-Containing ial (ACM) mal systems	Amount (Specification SF or LF)					
	(13)	Yes	No	N/A	insulation,	surfacing, VAT niscellaneous)		Removal	Repair	Encapsulate	Enclosure	
Lobby				х	Floor Tile & Le	eveling Compound	140 SF	X				
Name of Registered \	Waste Hauler	NJDEP V Hauler ID	No.		ards of Waste		stered Landfill					
Synatech, Inc. 2742 City, State				3 Disposi	Grows Landfill osal Date City, State					111000		
Little Egg Harbor, NJ 08087  Completed By Title				Signati	ber 11, 2014 ire	Morrisville, P	PA Date				-	
Diane Aloia	Exec	utive Admini	strator	100	ani alor		November 2 November 10, 201		020			

						ASBESTOS AB JAC 8:60 and 1	—	MEC		M	E	Ī
Date of Notification	n (1) November 2'				of Building	g Owner / Operator	(2)	IID) Ched	k#9			
Agencies Notified				-	Address	a .		TI II NOV	25	201/	-	7-
□EPA □DEP ☑DOL	☐ Initial				vingston	5-8-9-90 C-9-8-90 C-9-6-90 C		ASBESTO	S CC		OL 8	<u>]</u>
⊠рон	Amend Amend	dment #_2		New E		x, NJ 08901						
DCA	Cance	llation		Name Dino I	of Contac Nappi	t		Te	lephor	e Nu	nbe	r
				FA	CILITY	NFORMATION					witens	
Name of Facility V Bank of America	Vhere Abatement is	Taking Place	ce (3)			Type of Fac	ility (4) I (K-12)					
Street Address 609 Livingston A	venue							n K-12) ommercial building	s, hon	ne, e	c.)	
City (5) New Brunswick						Square Fee 3,00 Current Use		+ Basement	lg. Age	56		
County (6) Middlesex			ty Code	(7)		Bank						-
Environmental Te	g Firm Hired by Bu esting Consultants	ilding Owner		200	ASCM I	Synatech, I		or (9)				
Street Address 413 North Black I City, State & Zip C						Street Addr 829 Radio	Road		10			
Runnemede, NJ Project Manager fo	08078			ephone i			larbor, NJ 08087	License Num	ber			
Howard Zenobi Scheduled Start D	ate (10)	Scheduled C		5-482-13 on Date (		609-296-69 Name of OS	16 SHA Monitor		0081	7		
November			Decemb	per 10, 2		Synatech, I						
Facility C	losed/Vacated Duri	ng Entire Pe	riod of A		nt	829 Radio	Road					
Other - D	escribe: ccupied During Aba	atement				Little Egg I	larbor, NJ 08087					
Scope of Work (Cl	heck all that apply)					, <u> </u>	7 Full Containmen	nt with Negative Pres	euro.			
≥3 sf or ≥ 50 ≥160 sf or ≥				Renovatio Dėmolitio			Mini-Enclosure Glovebag Proce	edure				
Asbestos-Co	Location of ntaining Material (A BE ABATED		Solely by	on Norma Mainter		Asbestos-	otion of Containing I (ACM)	Amount (Specify SF or LF)		re ateme	ent T	уре
	IN Facility (13)				(,	(i.e., therm insulation, su	al systems urfacing, VAT cellaneous)	3. 3. 2. 7	Remova	Repair	Encapsulate	Enclosure
Lobby			Yes	No	N/A X	Floor Tile & Lov	eling Compound	140 SF	X		ate	re .
LODDY					^	TIOUT THE & LEV	ening Compound	140 31	^			
Name of Registere	ed Waste Hauler	ECS.	JDEP V lauler ID		Cubic Y	ards of Waste	Name of Regis	tered Landfill			لـــا	
Synatech, Inc. City, State			27	429	3 Disposa	al Date	Grows Landfill City, State	II.				
Little Egg Harbor	, NJ 08087	Title				ber 11, 2014	Morrisville, PA					_
Completed By Diane Aloia		Title Executive	Adminis	strator	Signatu	ani alor-		November 21 November 10, 2014	2014			

### State of New Jersey NOT... CATION OF ASBESTOS ABATEMENT

Date of Notification (1)  Norwamber 19, 2014  Agencies Notification    EPA				(Pursu	ant to NJA	AC 8:60 and 1	2:120)		6 E	<u>II W</u>		Ē
Apencies Notified   Type Notification   Street Address	5 / / / / / / / / /							기본( ci	heck #	9298	-	
Street Address   Street Address   ASSESTOS CONTROL	N			Name Bank	of Building of America	Owner / Operator	(2)	III N	OV 25	201	4	
DoD	Agencies Notified	Type Notification		Stree	Address	19						
Initial Amendment   Amendmen	200000000000000000000000000000000000000	× -		609 L	ivingston A	venue		ASBE			ΘL	8
Amended Amended   New Brunswick, N. 06891   Name of Contact   Dino Nappi   Telephone Number		. □ Initial		City	Chata P 7in C	'ada			LICENS	SING		-
DicA		Amended	+#	11.000.53034								
FACILITY INFORMATION	DCA								Telepho	ne Nur	nber	r
Type of Facility (4)   School (K-12)   Schoo				Dino	маррі							
Sank of America   Sachool (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Other (I.e., private & commercial buildings, home, etc.)   Square Feet   Fer Floors   Square Feet   Forms   Bidg. Age   Square Feet   Squ	,			FA	CILITY IN	FORMATION						
Subchapter 8 (Other Han K-12)   Other (i.e., private & commercial buildings, home, etc.)   Other (i.e., private & commercial buildings, home, etc.)   Square Feet   3,000   f 1 + Basement   56	Name of Facility Who Bank of America	ere Abatement is Takir	ng Place (3)									
Signature   Sequence   Square   Square   Sequence   Square								K 40)				335
Sily (6)   County Code (7)   USE ONLY	09 Livingston Aver	nue					(i.e., private & co	770	ings, hoi	ne, et	c.)	
County Code (7)   Current Use (Prior if being demolished)   Bank	City (5)						일이다	50.74	Bldg. Age			
County Code (7)   County Code (7)   County Code (7)   County Code (7)						Current Use	00   1+ (Prior if being dem	Basement   lolished)		56		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC Street Address \$13 North Black Horse Pike \$15 North Black Alpha North Black Alpha North Pike Pike \$15 North Black Alpha North Pike Black Alpha North Pike Pike \$15 North Black Alpha North Pike Black Alpha North Pike Black \$15 North Black Alpha North Pike Black Alpha			County Code	e (7)		Bank						- 67
Environmental Testing Consultants, LLC  Synatech, Inc.  Synate A ZP Code  Little Egg Harbor, NJ 08087  Title  Synate A ZP Code  Little Egg Harbor, NJ 08087  T		in the dt. D. n.	USE ONLY		7							
Manager for Monitoring Firm   Telephone Number   Government   Govern	Environmental Test	ing Consultants, LLC	Owner (8)		ASCM No	Synatech, I	nc.	(9)				
State & Zip Code   City, State & Zip Code   City, State & Zip Code   City State		rse Pike										
Little Egg Harbor, NJ 08087    Complete Manager for Monitoring Firm   Telephone Number   S56-482-1311   S69-296-6916   License Number   609-296-6916   Complete   609-296-691	City, State & Zip Cod	е										
Content   September   Septem	Runnemede, NJ 08	078				Little Egg F	larbor, NJ 08087					
November 10, 2014   December 10, 2014   Synatech, Inc.	loward Zenobi		850	6-482-13	11	609-296-691	16	License N		7		
Street Address   Stre			led Completion	on Date (	11)	100		Ī			282	
Abatement Performed Outside of Normal Hours Other - Describe: Facility Occupied During Abatement    City, State & Zip Code	Occupancy Status Du	uring Abatement (Chec	k only one)			Street Addre	ess					_
Other - Describe: Facility Occupied During Abatement   Full Containment with Negative Pressure									-			_
Second of Work (Check all that apply)			nt.									
Salar Sal				-								
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Lobby  X Floor Tile & Leveling Compound  Amount (Specify SF or LF)  Yes No N/A  Lobby  X Floor Tile & Leveling Compound  Amount (Specify SF or LF)  To BE ABATED IN Facility (13)  Yes No N/A  Lobby  X Floor Tile & Leveling Compound  140 SF  X  Jordan Grows Landfill  Disposal Date  City, State  Little Egg Harbor, NJ 08087  Completed By  Title  Signature  Date			=	acconduction and			Mini-Enclosure Glovebag Proced	lure				
Asbestos-Containing Material (ACM)  IN Facility (13)  Yes No N/A  Solely by Maintenance or Custodial Staff? (12)  Yes No N/A  Solely by Maintenance or Custodial Staff? (12)  Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Yes No N/A  Lobby  X Floor Tile & Leveling Compound  140 SF  X  June of Registered Waste Hauler  NJDEP Waste Hauler ID No. 27429  Jisposal Date  Disposal Date  City, State  December 11, 2014  Morrisville, PA  Signature  Date			Is Location	on Norma	ally Used	Descrin		) and Non-Friable			nt T	_
Yes No N/A insulation, surfacing, VAT or other miscellaneous)  Yes No N/A  Lobby  X Floor Tile & Leveling Compound  140 SF  X  JOHN ST STREET	TO BE	ABATED	Solely by	y Mainter	nance or	Asbestos-0 Material	Containing (ACM)		ify /	atomo		)P
Lobby  X Floor Tile & Leveling Compound  140 SF X  Alame of Registered Waste Hauler  NJDEP Waste Hauler ID No. 27429  3 Grows Landfill  Disposal Date  Disposal Date  December 11, 2014  Signature  Date						insulation, su	rfacing, VAT		Remo	Repa	Encapsu	Enclos
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 27429  Synatech, Inc.  Disposal Date  Disposal Date  December 11, 2014  Signature  Date			Yes	No	N/A			8	val	=	late	ure
Bynatech, Inc.	Lobby				х	Floor Tile & Leve	eling Compound	140 SF	X	-	$\dashv$	_
ignatech, Inc.  Hauler ID No. 27429  3 Grows Landfill  Disposal Date  City, State  December 11, 2014 Morrisville, PA  Signature  Date												
ynatech, Inc.  27429 3 Grows Landfill  Disposal Date City, State  ittle Egg Harbor, NJ 08087 December 11, 2014 Morrisville, PA  Signature Date	ame of Registered \	Waste Hauler			Cubic Yar	ds of Waste	Name of Registe	ered Landfill				
ittle Egg Harbor, NJ 08087  Disposal Date  Disposal Date  City, State  December 11, 2014  Morrisville, PA  Signature  Date	ynatech, Inc.		100000000000000000000000000000000000000		3		Growe Landfill					
Completed By Title Signature Date		39	1 2			ate					410/00-0	
Completed By Title Signature Date	ittle Egg Harbor, N	J 08087			December	11, 2014	Morrisville, PA					
tane Aloia Executive Administrator All Who November 40, 2044	ompleted By	Title						Date				
	Diane Aloia	Execu	utive Adminis	strator	1 din	i klor	N	lovember 10, 20	14			

November 10, 2014

		(Purs	mant	EO N	JAC 6.0	U CHIU IZ-12	110	ال عدال	- A E - AA	4.8	-11	+
rate of Notification (1)	4		Nam/	ne of i	Building Ov	ner/Operator	(2) NN     L	NUV	2 5 20	14	1	
gency Notified	Type Notification		Stre		Idress	ATH AU	JE I		OS CONTI	ROL	&	
EPA	D Initial		City	Over	- T- Code				JENOING			
DEP DOL	Amended Amendment#		1 U	Λu	18 NA 14 TO	E. N.	J. 0750	6				
,	☐ Emergency (including	g	Nan	ne of	Contact			Telephone N	lumber			
рон	justification)  □ Cancellation				QUI	COU	1					
I DCA	Californation				TY INFORM				<del></del> )			
	At the sale Taking Dist	~ (3)		40111	11 mroid		Type of Facility (	4)				
	Abatement is Taking Place	æ (5)				1						
MR Q	21110			~~			☐ School (K-12) ☐ Subchapter 8	(Other than I	(-12)			
treet Address	74						Di Other (i.e. pri	vate & comme	ercial buildin	gs.		
284 4	AUE AUE						homes, etc.)	# of Floors	Bldg.	Age		
ity (5)					* 20.7	- 4	Square Feet	# Of PIOOIS		for	كوست	20
+ Hurry	in E						2000.	2	4	10 6	_	** (
cianty (6)					Cods (7) (S	TATE USE	Current Use (Pri	ior if being de	molisned)			
PASSA	tic		ON	ILY)	100-			DENC	<u>~</u>			
	n Hired by Building Owne	F AS	CM No	).	N	ame of Abaten	nent Contractor (9	)				
3)					1	Best Re	moval Ind	2				
treet Address				-	S	treet Address						
alleet Audi ess				*	1	50 Sou	th River	St				
ity, State, Zip Code						ity, State, Zip						
ry, State, Zip Code					1	Hackens	ack, N.J	. 07601				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-it-ring Erro	Teler	phone	No.		elephone No.		License No				
Project Manager for Mo	uimini Lieni	1.00				201-329	-7444 -	0038	38			
	Scheduled Co	omnletion	Date	(11)	- N	ame of OSHA	Monitor	1				
Start Date (10) 12/9/14		110/		()		Omega	Environme	ental				
12/ 4/14	ng Abatement (Check on		/		- 18	Street Address						
	•		* * * * *	4		280 H	uyler St					
☐ Facility Closed/Vaca	ted During Entire Period	of Abatem	nent		(	ity, State, Zip				a		
Abatement Performe     Other – Describe: 7	d Outside of Normal Fac	any nours		-		S. Ha	ckensack	,N.J.	07606			
Scope of Work (Check			-				Containment with					
_			- 2	Ren	ovation		i-Enclosure	, regauve i i	,			
☑ ≥ 3 stor ≥ 3 lf □ ≥ 160 stor ≥ 260 lf					notition	Z Glo	vebag Procedure	1 51 - Prinkle	Dracoduite			
Q 2 100 St 01 2 200 II						□ Nor	n-Exempted (*) an	d Non-Priable	Piocedure	At	ate	me
		Is Lo	ocation	n							Тур	pe
			mally		1 : :	Description	n of	" "		+ 1		-
	tion of sing Material (ACM)		Solely tenano		Asbesto	s Containing I	Material (ACM)		ount eafy	2	=	Encapsulate
TO BE	ABATED	1 7	stodial	Ī	(i.e., t	inermal system surfacing, V			r LF)	Removal	Ropair	Bdi
	acility 13)	10 60	Staff? (12)		1	other miscella	neous)			S S	7	a
,	13)		(12)		4							
9		Yes	No	N/A				-	- 10-	×		-
BASSILENT					THERMA	l system in	USU LATIO N		SLF	X	$\vdash$	$\vdash$
BUZMENT					THERMAL	SURTACI'N	c	A	o sf	12	Н	-
Was I EN		1							عارش			L
		+-+			<b>†</b>							L
** ** *** *** *** *** *** *** *** ***	Vacto Hauder	N.II	DEP W	aste	Hauler	Cubic Yards o	of Name of Reg	istered Landf	剖			
Name of Registered V	noval Inc	ID N	637			Waste /	Minerv	a Ente	rprise	s .	, LI	L
Rest Ken	IOVAL THE		171	109		2420	11		- F			
Oik Shaka						Disposal Date	City, State			2 3 <u>200</u> 200	_	Ť
City, State	ack , N.J. 0	7601			1	12/10/16	)   Wayne	sburg,	Oh, 44	1688	3	_
	Title					Signature	0		1 Pain	1/2		1
Completed by	)				1	1.1	المام مرادية	?	( 1	10	. (	1
J.Maiorar	( 4 ~ +	<i>imat</i>	Ox			11 (	0	)				_

#### State of New Jersey

			to NJAC 8:60 an						- (	101 A		
Date of Notification (1) 11/20/2014			f Building Owner/O sheimer Glass				i KO	2	5 -	101/1		
Agencies Notified Type Notification  EPA Initial		Street A 537 C	ddress rystal Ave				ASBES	TOS	CON	TRO G	L &	
DEP Amended Amendment			nte, Zip Code nd, NJ 08360			÷ · · · · ·						
Emergency ( justification)  DCA  Cancellation	•	Name of Gene	f Contact Volpe				Telephone	Num	ber			
N	DI (0)	FACI	LITY INFORMAT	ION			******					_
Name of Facility Where Abatement is Taking Gerresheimer Glass, Bldg 109 Frit					Type of F	F4 1000						
Street Address 537 Crystal Ave	1				Sub Othe		Other than vate & comr			dings,	home	es,
City (5) Vineland					Square F 15,000	eet	# of Floors	S		ldg. A 0+	ge	
County (6) Cumberland			Code (7) USE ONLY)		Current U		if being den	nolish	ed)			
Name of Monitoring Firm Hired by Building 6 EHS Environmental, Inc.	Owner (8)	ASCN	/I No.		of Abatem per Envir		actor (9) al Service	es, In	c.			
Street Address 411 Southgate Court			135 - 350		Address idge Roa	ıd						
City, State, Zip Code Mickelton, NJ 08056					tate, Zip C enixville,		60					
Project Manager for Monitoring Firm Jack Carney		Telepho 856 22	ne No. 24-0080	180000000000000000000000000000000000000	one No. 933-4332	!	Licer 0083	ise No 36	).			
Start Date (10) 12/02/2014	Scheduled 0 12/04/201		Date (11)		of OSHA N er Envir		al Service	es, In	C.			
Occupancy Status During Abatement (Chec	k Only One)				Address							
Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Abatement Performed Outside of Norm Other – Describe:	Period of Abat nal Facility Ho	ement urs		Same City, S	tate, Zip C	ode					93	
Scope of Work (Check All That Apply)								_		7-500		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Beautiful Co.	ovation olition		×	Mini-Er Gloveb	iclosure ag Proce	nt with Negar dure (*) and Non-				e	
8	Is Loc						/			Abate		9
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Maintel Custodia (1)	olely by nance/ al Staff?	Asbestos Con (i.e. therma surfa		laterial (A0 insulation T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Building 109, Frit Room	Yes N	o N/A	Pine	Insula	tion		185 LF		X		Ф	1000
Sanding 100, Filt Nooili			1 ipe	modia			.00 [		**			
Name of Registered Waste Hauler		NJDEP W Hauler ID		Yards	-		egistered La					
Giordano's Recycling		05353	~ 5 C	u Yds	- 1		and Coun	ty La	ndfil	l ———		
City, State Vineland, NJ	Title		12/20	555725	M	ty, State illville, I	New Jerse	9				
Completed by Patrick Larney	Manager		Signature		m	7	Dat 11	e /20/2	014			

**MAY 11** 

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

11				-		(D ""	0 10 1	111	-			- 1	1 1 1
Agencies Notified   Service   Agencies Notified   DoLWD   Cancellation   Cancel	Date of Notification (1)  11 /	19 / 14	4					2)	NOV 2	5 2	014		
Amended							an Building		look.			j	
DISS		☐ Amended		ŀ					ASSESTOS	CONT	HOL	<del>- 4</del>	
DAG	☑ DHSS	Amendment #	<u> </u>					2 " 2 L	LICE	ISING	<u> </u>		
Cancelation   Bob Ortega   FACILITY INFORMATION   Type of Facility (4)   School (K-12)   Sch			ncluding	+	1757				Telephone Numbe	er			
Name of Facility Where Abatement is Taking Place (3)   Residence   Street Address   S25 Alexander Rd.   School (K-12)   Subchapter 8 (Other than K-12)   School (K-12)   Schoo	(NJAC 5:23-8)								Test services	01			
Name of Facility Where Abatement is Taking Place (3)		Cancellation											
School (K-12)   Subchapter 8 (Other (han K-12)   Subchapter 8 (O		-			FAC	ILITY IN	IFORMATION						
Street Address   Square Feet   # of Floors   Blidg, Age   50	•	Abatement is Takir	ng Place (	(3)				School (K-12	)				
City (5)	Street Address									rial bui	ldings		
County (6)	525 Alexander Rd.								ivate and commercial	Jiai bai	9	1	
Princeton	City (5)							Square Feet	# of Floors	Blo	lg. Ag	е	
County (6)   Mercer								1200	2	5	0		•
Mercer   Name of Monitoring Firm Hired by Building Owner (8)	4 Mil. 2000 Miles Control Cont				Count	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Cardino ATC	5 MI 1					, ,	,,	and restriction of the control of the control	2001 - 1004 1000 1000 <del>- 1</del> 000 1000 1000 1000 1000 1000 1000 10				
Cardino ATC		Hired by Building	Owner (8	3)	ASCM N	No.	Name of Abateme	ent Contractor (9)					_
Street Address   3 Terri Lane			serversens V	,	0009	8	State of the second control of the second co	• •					
3 Terri Lane										-			
City, State, Zip Code Burlington NJ. 08016  Project Manager for Monitoring Firm Michael R. Keehn  Start Date (10)  12 / 8 / 14  1 / 10 / 15  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Time of Abatement 7:00AM-4:00PW PMAM  PMAM  PMAM  PMAM  First Floor Mud Room & Bedroom  Location of Asbestos-Containing Material (ACM) 10 BE ABATIO Normally 10 BE ABATIO Normally 10 BE ABATIO Normally 10 BE ABATIO Normally 10 Set of ≥26 If  Window Glazing & Caulk  Asbestos Concrete  In Facility (13)  Window Glazing & Caulk  Moisture Barrier Coating  Moisture Barrier Coating  Name of Registered Waste Hauler Luzon, Inc.  Name of Registered Waste Hauler Luzon, Inc.  Signfature  City, State, Zip Code Philadelphia, Pa. 19153  City, State Policy State, Zip Code Philadelphia, Pa. 19153  City State Staff Executive Avenue  City, State Philadelphia, Pa. 19153  City State  City State Philadelphia, Pa. 19153  Name of City Adares P								ve Ave.				10	
Burlington NJ. 08016					1 1				,				
Project Manager for Monitoring Firm   Go9-386-8800   Telephone No.   267-284-1050   Date   100		16											
Michael R. Keehn   S09-386-8800   267-284-1050   01109     Start Date (10)				Tolo	nhono I	No.		, i a. 10100	License No				
Start Date (10)  12		itoring Firm					1		13 12 15 16 10 12 12 12 12 12 12 12 12 12 12 12 12 12				
12	The Charles Section 2015 And Advantage Control of the Charles Contro								01103			_	-
Second							A STATE OF THE STA						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PW	Occupancy Status During	g Abatement (Che	ck only o	ne)			Street Address					535784	
Time of Abatement: 7:00AM-4:00PM/ PM- AM Philadelphia, Pa. 19153  Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempte	☐ Facility Closed/Vacate	ed During Entire P	eriod of A	bate	ment		8451 Executi	ve Avenue					
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  □ Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempt						cribe	III CONTRACTOR CONTRAC						
≥3 sf or ≥3 lf	Scope of Work (Check a	Il that apply)					<u> </u>						
Sacription of Asbestos-Containing Material (ACM)   Secription of Asbestos-Containing Material (ACM)   Secription of Asbestos-Containing Material (ACM)   Secription of Asbestos Containing Material (ACM)   Amount   Secription of Asbestos Containing Material (ACM)   Secription of Asbestos Containing Material (ACM)   Amount   Secription of Asbestos Containing Material (ACM)   Secription of	☐ >3 sf or >3 lf						☐ Mini-End ☐ Gloveba	closure g Procedure		e			
Location of Asbestos-Containing Material (ACM)   Seed Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A		<u>,</u>	le	Loca	tion	I				1	atem	ent T	vne
First Floor Mud Room & Bedroom	Asbestos-Containing TO BE AB IN Facil	Material (ACM) ATED	Use Mai	lorma d Sole ntena odial	ally ely by ance/ Staff?		estos Containing Ma e., thermal systems surfacing, VAT	aterial (ACM) insulation, , or	(Specify		_	Encapsulate	Enclosure
Basement		0.00				1677	01	-tte	160.65				
Foundation Walls    Moisture Barrier Coating   1050 SF	First Floor Mud Roo	m & Bedroom		Ц	M	vvindo	ow Glazing & Ca	uik	100 55	-		ш	<u> </u>
Name of Registered Waste Hauler Luzon, Inc.  NJDEP Waste Hauler ID No. 32587  City, State 8451 Executive Avenue, Phila., PA 19153  Completed By (Print or Type)  NJDEP Waste Hauler ID No. 32587  Cubic Yards of Waste 20 CYS.  City State Disposal Date 1/10/15  Tullytown, PA  Date								a justice a		+-			
Name of Registered Waste Hauler Luzon, Inc.  City, State  8451 Executive Avenue, Phila., PA 19153  Completed By (Print or Type)  NJDEP Waste Hauler ID No. 32587  Disposal Date 1/10/15  Cubic Yards of Waste 20 CYS.  Disposal Date 1/10/15  Tullytown, PA  Date	Foundation Walls					Moistu	ire Barrier Coati	ng	1050 SF				
Luzon, Inc.  Hauler ID No. 32587  City, State  8451 Executive Avenue, Phila., PA 19153  Completed By (Print or Type)  Hauler ID No. 32587  Disposal Date 1/10/15  Tullytown, PA  Signature							501	1				Ш	Ш
City, State  8451 Executive Avenue, Phila., PA 19153  Completed By (Print or Type)  Disposal Date  1/10/15  Tullytown, PA  Date		ste Hauler			Hauler II	O No.	Waste	The State of the Care of the C					
Completed By (Print or Type)  Title  Signature  Date	10 (752)	enue. Phila PA	A 19153		J230		Disposal Date	A CONTRACTOR OF THE CONTRACTOR	, PA				
Completed by (1 mile of 1996)								///		ate /		,	
riyusii ratei // / / / / / / / / / / / / / / / / /	Piyush Patel	( ype)		n Ma	anager		Mych	Yatab		1/1	9/	4	

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

#### HOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:1120)

NO	1/ 0		201/	
NU	V /	7	/1114	

			2000			6.00 and 13	NUV /	5 2014 110	4	
Date of Notification (1)	1 /			Name o	l Buildin	g Owner/Operator	(2)		1	
. 11	126/14					LAMPS! CO			+	==
Agencies Natified	Type Notification			Street	Address		ASBESTOS C	CONTROL&		
7	[2] Initial				300		4 ST LICEIV	SING	-	
DE DOL	Amended		-	City St	ане. Др (	∑∞de ,		**** 117		
2 DOI	Amendment #_		. 1	′ <	750	TYLF CI	MY, NI).	08243		
A 000	Emergency (incl	luding	1		d Contac			Telephone Numbe	1	
DOH	justification)  Cancellation			Name o	X CONTIAC	EDUDIE	)	609-423	-6	12
] <del> </del>	cancelator		-					<u> </u>		
				FACE	או אדע	ORMATION				
	Taking	Place	(31.				Type of Fadility	(4)		
Name of Facility Where	e Abatement is Taking						School (K-12	?)		
866	FSIDENCE	===					Subchapter	8 (Other than K-12) nyate & commercial	buildir	195,
Street Address							homes, etc.)	IVERE & WITHOUT		
111	38 TH ST:				_=		Square Feel	# of Floors	Bldg	2 AS
City (5)	- /									
5 3	ed Isce C	IM					Current like /br	ior If being demoksh	60)	
(2)				County	y Code (	T) (STATE	Current use (F)	CANT	o-out.	
County (6) CAME	NAY		1	USE C	XYLY)					
	The Dullidian Out	vn er	= +	SCHIN	0	Name of Abatem	ent Contractor (9	)		
lame of Monitoring Fin	m Hired by Building Ov		1			K L	EMCO EN	JC,		
B) A	V/A		حلت			Super Address				
ireel Address						369	S, SPRUC	€ 10°		
	*									1927
iry, State, Zip Code						City, State. Op C	0, - SUA-	DEINITI	000	2 3
.ry. State. 210 come							766 77-	License No.		
	anilogina Firm		Tele	shone N	ю	Telephone No.	6 01177	0044	14	1.13
roject Manager for Mi	OUTOUR A L.	1					9-0472			
	Schedu		model	no Dale	- (11)	Name of OSHA	Monitor			
Start Date (10)	1	1	. 1		1000	20	SEPH KL	EMM		
17/ 2 /12		1/8		14		Sueel Address		3.5. [		
Service Div	ing Abatement (Check	only	one)			3 69	S, SPA	Lucià duci		
	Tind Dunne Frage Pell	W VI	~	nent						
A tacily cosed year	sed Outside of Normal F	acility	Hour	5		City, State, Zip (	- C	LODE, N.	J. (	28
Abatement Penoriti	£0 000.000 -					M	APLE S	1000		
Other - Describer				-			ntainment with Ne	native Pressure		
Scope of Work (Check	k all that apply)					Ful Co	iclosure	gauteriose		
T 2 -1 -1 2 11	, (		novali			= -	Donandura	Ddu/		
≥3 \$1 or ≥3 II ≥160 \$1 or ≥260 H	8	∑ Der	matica	n		Non-E	cempted (') and N	on-Friable Procedur	1	Date
75,000 31 01 2001			ocalio		-				~	Ty
			xmaly						-	
		Used	Soleh	y by		Description	olerial (ACM)	Amount		
Location	n of	Main	lenan	œ/	Asbe	stos Containing Ma thermal systems	insulation	(Specify	Removal	P
Asbestos-Containing	MATER		s looks	d .	(1 <b>e</b>	surfacino. VA	. 01	SF & LF)	l gg	Repair
IN Faci	in		(12)			other myscellane	eous)		Val.	-
(13)			(12)				8		1 1	
		Yes	No	NIA					-	
•				1	7	0 11/6 ITE		20004	X	
SID	IN CL			X		RANSITE				
318	11. V								+	
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							I Name of Day	gistered Landfill		
	U is United		TA	JOEP Y	Yaste	Cubic Yards	Notice of Ne	1, C, M.U. A	١.	
Name of Registered Y	Yaste Hauler		۱ ۲	buter D	No	of Waste	U.10	1, 0,7,000		
KLOMCO	INC.			1798	14	Disposal Date	City, State		7	
		_	. (	, J		00,000.00.0	Lui	OFBINE	1:0	
Ciry. State	E SHAD	5	2					Date	1	1
	Title		,	0		Signature	a 100.	m 11/	21/	14
Completed By		1	111	12	24	Joen	in Jacon			
JOSEPH	K-LEMY -		1		1					

		(P	ursuant to N	JAC 8:60-7 and	12:-120	0-7)	VE (	· JE	A NA	15 T.
Date of Notification (1) 11/24/14 Month/Day/Veer				Building Owner Univesity	/Operat	tor (2)		1 0 5		
EPA	Notificatio Initia		Street Ad P.O. box			1	NO.	<u>V 25</u>	2014	
DEP		fication		te, Zip Code		1	ASBES	ios co	UTho.	ا الآ
DCA DOH	Amen	ded fication	Name of 0	NJ 08543		<del></del>	Telephone	ICEN	NO.	
		ellation	Robert O			1	1 elepnone	Number		
			FACILI	ITY INFORMA	TION	-				
Name of Facility Where Abatement Princeton University - WAWA	is Taking P	lace (3)				Type of Facility School	(K12)			
Street Address							ter 8 (Oth			
140 University Place - Princeton NJ							gs, homes,		uci ciai	
C:t-: (5)		- 10		la	-		of Floors		,	
City (5) Princeton	Count	y (6)		County Code (STATE USE ONL		N/A Current Use (Pric	or if being	100 + demolish		
Name of Monitoring Firm Hired by Pennoni Associates Inc	Building O	wner (8)		ASCM No.		of Abatement Cont				
Street Address 515 Grove Street Suite 1B	1000					t Address Crue Avenue		1111		
City, State, Zip Code Haddon Heights NJ						State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Firm Alan Lloyd	n		Telephone 856-547-0			hone Number 64-9622		Licen 110	ce Num 3	ber
Scheduled Start Date (10) 12/09/14 Month/Dav/Year	5	Sched. Co	mpletion Dat 12/31/14			of OSHA Monitor		1		
Occupancy Status During Abatemen Facility Closed/Vacated Duri  X Abatement Performed Outsid Hours - Describe: 7:00 A Other - Describe:	ng Entire P le of Norma	eriod of A			3370 I City, 5	Address Progresive Drive State, Zip Code Ilem PA 19020				
Scope of work (Check all that apply) Demolition x >3 sf or >3 if >160 sf or >260 lf		x	Renovatio	n	x	Full Containment Mini - Enclosure Glovebag Procedu Non-Friable Proce	re	tive Press	sure	
Y	I							Abatemer		
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Norn Use Sole by M	ely Iain- nce/ odial (12)	Asbest Mate (ie. Th insulation	cription of os-Containing crial (ACM) hermal systems in, surfacing, VA' miscellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P	E N C A P S U L	E N C L O S U R E
WAWA- exterior walls	x		paint			3240 SF	x			
	++									
Name of Registered Waste Hauler		100000000	EP Waste	Cubic Yards		Name of Registere	d Landfill			
Horizon Disposal		. Haul	er ID No.	of Waste		GROWS				
City, State Frenton NJ				Disposal Date As needed		City, State Morrisville PA		-		
Completed By (Print or Type) Mark Goshow		Title Proje	ect Manager		Signat	The second secon			Date	
ABS-41 JUN 95					1110	mosma				Y-201

D&S Proj. #: 2014-485

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

												_	194724	
Date of Notification		Nan	ne of Building	Owner/Op	erator (2)				1	- N	W 2 !	20	17	T
1 1 1/2 1		ST	TEPHANIE I	PULLIA	M						re disample of a second	*****		
Agencies Notified EPA	Type Notificati	Stre	et Address						17007		LICENS		HUL	Š.
☐ DEP	Amended		MILDRED '		Œ				<u></u>			) <u>,</u>		
☑ DOL	Amendment #:		, State, Zip Co											
☑ DOH	Emergency (including		NION, NJ 0	7083				an key	Tolon	none Num	hor	VIII.		
□ DCA	justification)								Telepi	ione mun	Dei			
	Cancellation	<u> </u>	TEPHANIE	PULLIA	AM								_	
				FACILITY	INFORM	ATION								
Name of facility wh	here abatement is	s taking place	(3)	211427-244				Ty	pe of Facil	ity (4) nool (K - 1	12)			
STEPHANIE P	ULLIAM							П	=	ochapter 8	121	han K	-12)	
Street Address								11	<b>⊠</b> Oth	er (Private	e/Comm		/	
6 MILDRED T	ERRACE							<del> </del> s	Bid Equare Feet	gs./Homes		В	dg. Ag	ae
City (5)		County	(6)		T	Cou	nty Code (7)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			855		
						(Sta	te use only)		Current Use	(Prior if b	eing der	nolish	ed)	
UNION Name of Monitorin	g Firm Hired by I	UNIO		LASC	CM No.	_	Name of Abateme	nt Con	tractor (0)			_	-	
reame of wormonin	g r iiiii r iii od by i	Jidg. Owner (	0)	ASC	JIVI INO.		D & S RESTO							
Street Address						-	Street Address	KAII	ON, INC.					
							20 California	Ave.						
City, State, Zip Cod	е						City, State, Zip Coo	de						
	<del></del>						Paterson, NJ							
Project Manager for	r Monitoring Firm		Phone N	lumber			Telephone Numbe 973-345-802			Licer	nse Num 01169			
01-15-1-(10)		Interior		- (44)		_	Name of OSHA Me				01102			
Start Date (10)		Sched. C	ompletion Dat	te (11)			D & S Restora	ation,	Inc.					
11/22/14	5 - 1	12/04/1			-	_	Street Address							
Occupancy Status I	d/vacated during	- P					20 California A	-	ie					
Abatement pe	erformed outside						City, State, Zip Coo	ue						
Describe:	be: NORMAL H	OURS		- Company			Paterson, NJ	07503						
Scope of Work (ch		')			-			Full	Containme	nt w/negat	ive pres	sure		
$\boxtimes$ >3 sf or >3 lf	$\boxtimes$	Renovation							enclosure	al con				
≥160 sf or ≥2	60 If	Demolition					Ĕ		-Exempted		on-friable	e proc	edure	
Location of			ormally used s nce/custodial	solely	//W/						R	R	E n	E
asbestos-con material (acm	n) to be	staff(12)			Description material (		sbestos-containing		Amour (Speci	nt fy SF or	m	р	С	n
abated in faci	ility (13)	Yes	No N	I/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			LF)		V	i	a p	L
BASEMENT		_	X	PIF	E INSU	LATI	ON		55 L FT		e	1	П	$\Box$
							-					愩		盲
Registered Waste H	aulor	INIDED	Hauler ID"	1 Cubia V	Yards of V	Vacto	IName of Pariet	odla	dfill					
D & S RESTOR		13506	Hauler ID#	_ l yd	i aius Oi V	vasie	Name of Register TULLYTOWN			RECOV	ERY			
City, State				sal Date		-	City, State							
PATERSON, N		<u> </u>	11/2	24/14	notive.		TULLYTOW	N, PA						
Completed by (Print BOGDAN JOL)		Title PRESIDEN	NT	Sig	nature					Date 11/	e /21/14			
ASB-41	*		nis form for as	bestos lice	ensure exe	empte	d activities.							

#### State of NJ Notification of Asbestos Abatement (Pursuant to N.IAC 8:60 and 12:120)

D&S Proj.	#: <u>2014-485</u>			(Pursua	ani io noac	0.00	and 12.120)				59 It=		\.d				
Date of Notification	(1)	] N	ame of Buil	ding Own	er/Operator (2)					N N	IOV 2	5	2014	1			
1 1 1/2 1			STEPHAL	NIE PUL	LIAM					- '	10. 2						
Agencies Notified	Type Notificati		reet Addres								ESTOS	00	STRO	DL &			
☐ EPA	☐ Initial ☐ Amended		6 MILDR	ED TER	RACE					ASS	LICE	NSI	VG.				
DEP	Amendment #:	ci	ty, State, Z	ip Code													
<b>⊠</b> DOL			UNION,	NJ 07083	3												
☑ DOH	(including justification)	Na	me of Con	tact					Telephor	e Numbe	er						
☐ DCA	☐ Cancellation		STEPHA	NIE PUI	LLIAM												
				FACI	LITY INFORMA	ATION	l										
Name of facility wh	ere abatement is	s taking pla	ce (3)					T	ype of Facility								
CONTRACTOR D	*** * * * * *							П		ol (K - 12							
STEPHANIE P	ULLIAM							41	Street, Street	apter 8 (			-12)				
Street Address							· ·	Ш	Other (Private/Commercial Bldgs./Homes, etc.								
6 MILDRED T	ERRACE					agreen e.			Square Feet	# of Floo	ors	Ble	dg. Ag	ge			
City (5)		Coun	ty (6)				nty Code (7) te use only)	-	0 111 /	, , , , , , , , , , , , , , , , , , ,		-11-1-	-1/				
UNION		UNI	ON			(Ola	ite use only)	П	Current Use (F	rior it bei	ng aem	OIISNE	ea)				
Name of Monitorin	g Firm Hired by I	3ldg. Owne	r (8)		ASCM No.	$\top$	Name of Abateme	nt Co	ntractor (9)								
							D & S RESTO	RAT	TON, INC.								
Street Address			#0.4A				Street Address										
							20 California										
City, State, Zip Cod	е						City, State, Zip Co		•								
Project Manager for	Monitoring Firm		Ph	one Numb	ar .	-	Paterson, NJ Telephone Number		3	Hicense	e Numb	er					
1 Tojoot Manager Tol	Worldon and A with		1	one reamb	GI.		973-345-802			1.11.11.11.11.11.11.11.11.11.11.11.11.1	01169						
Start Date (10)		ISched	Completio	n Date (11	1	-	Name of OSHA M	onitor									
				= a (			D & S Restor	ation	, Inc.								
11/22/14 Occupancy Status I	Juring Abatemer	12/04				-	Street Address										
	d/vacated during		- 73	ment.			20 California City, State, Zip Co		ue				_				
Abatement pe	erformed outside				6		Oity, State, Zip Oo	ue									
Describe:  Other-Describ	oe: NORMAL H	OURS				-1	Paterson, NJ	0750	3								
Scope of Work (ch	eck all that apply	<i>(</i> )	- Southern		<del>****</del>			Ful	Containment	w/negativ	e press	ure					
$\boxtimes$ >3 sf or >3 lf	$\boxtimes$	Renovation	า				Ţ		ni-enclosure								
≥160 sf or ≥2	60 lf	Demolition					l l		ovebag procedu on-Exempted (*)		-friable	proc	edure				
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asbestos-con		staff(12)	nance/cust	odial			sbestos-containing		Amount (Specify	SE or	m	e p	n c	n			
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D&S Proj. #: 2014-483

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

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JK 00570m Nov 20 2014 03:52pm State of NJ Notification of Asbestos Abatement Na Dept. of Health & Senior Services D&S Proj. 4: 2014-479 (Pursuant to NJAC 8:60 and 12:120) (signature) Name of Building Owner/Operator (2) Date of Notification (1) 11/20/14 KEN JARVIS Type Notification Agencies Natified Street Address Initial **⊠** EPA CONTROL& LICENSING Amended 119 UPPER MOUNTAIN AVENUE DEP City, State, Zip Code Amendment #: DOL DOL **Emergency** MONTCLAIR, NJ 07042 (including justification) NO DOH Name of Contact Telephone Number ☐ DCA KEN JARVIS Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K-12) KEN JARVIS Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bidgs./Homes, etc. 119 UFFER MOUNTAIN AVENUE Square Feet # of Floors Bldg, Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MONTCLAIR ESSEX Name of Monitoring Firm Filled by Bidd, Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 12/01/14 12/30/14 treet Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zlp Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 # Mini-enclosure Renovation Glovebag procedure 2160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure is location normally used solely Location of E by maintenance/custodial Ε 8 0 asbestos-containing Amount n Description of asbestoc-containing staff(12) n material (acm) to be abated in facility (13) m (Specify SF or LF) P ċ material (ACM) c Ω a Yes N/A No V ī JOINT COMPOUND IST FLR. GARAGE BASEMENT 7,200 SQ FT X MASTER BATH MASTIC ON CERAMIC TILE 55 SF ft BASEMENT VAT 1,200 sq ft PIPE INSULATION BASEMENT BOILER ROOM 31ft 図

NJDEP Rauler ID# Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 15 yds TULLYTOWN, RESOURCE RECOVERY City, State Discosal Date

11/20/14 2014

PATERSON, NJ 07503 12/05/14 TULLYTOWN, PA Completed by (Frint or Type) Signature Title

BOGDAN JOLDZIC PRESIDENT Do not use this form for asbestos licensure exempted activities. ASR-41

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BOGDAN JOLDZIC	Title PRESID	ENT		Oigilatale					11/20/	14 20	)14		
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#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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Name of Monitoring	Firm Hired by	Bldg. Owne	er (8)		ASCM No.	1	Name of Abatement C	ontractor (9)				-	
							D & S RESTORA	TION, INC.					
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City, State, Zip Code							City, State, Zip Code		15		*		
Decise May 1						_	Paterson, NJ 075	503					
Project Manager for	Monitoring Firm		Ph	one Numb	er		Telephone Number 973-345-8020		License		er		
							Name of OSHA Monit	or.		1169			
Start Date (10)		Sched	. Completic	on Date (11	1)		D & S Restoration						
12/02/14		12/30	/14				Street Address	,					
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Registered Waste Ha	uler	INJDF	P Hauler II	D#   C	Lubic Yards of W	aste	Name of Registered I	andfill			Ш	Ш	1
D & S RESTORA		135	06	1	yd		TULLYTOWN, F		COVER	Y			
City, State	07502			Disposal D			City, State						
PATERSON, NJ		7:4		12/31/14			TULLYTOWN,	PA	7			du de	
Completed by (Print of BOGDAN JOLD		Title PRESIDI	ENT		Signature				Date 11/20/2	2014			
ACD 44				or apposts	liconouro eve		al a sali data -		11/20/	5014			

16 1 ft Radistered Waste Hauler AJDEP Hauler IDA Cubic Varde of Waste ame of Registered Landfill D&S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY City, State Discone Date City, Slate PATERSON, NJ 07503 11/22/14 TULLYTOWN, PA Completed by (Print or Type) Signature BOODAN JOLDZIC PRESIDENT 11/20/2014 Do not use this form for asbestos beensure exampled activities. ARR.41

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-482						and 12:120)			5 6	<u>[]</u>						
Date of Notification (1)   1   1   1   2   0   / [1   4		ame of Bui		er/Operator (2)	70				140V -	2.5	20	14				
Agencies Notified   Type Notificat   Initial   DEP   Amended		treet Addre 106 adam ity, State, 2	is avenue					<i>F</i>	ASBEST LI	OS C CENS	ONT SING	ROL	&			
DOL Amendment #:  DOH Emergency (including justification)  DCA □ Occupation		CRANFO	ORD, NJ	07016				Telephone	Numbe	r						
Cancellation		robert m		LITY INFORM	ATION		_	<del>-</del> -			_					
Name of facility where abatement	is taking nia	ce (3)	FACI	LITTINFORM	ATION		T 1-	Type of Facility (4	1)		-					
robert moore	is taking pla							School	(K - 12) opter 8 (C		nan K	-12)				
Street Address							71		Private/C Homes, e		rcial					
106 adams avenue							-  -		# of Floo		Bl	dg. Aç	ge			
City (5)		ty (6)			100000000000000000000000000000000000000	nty Code (7) te use only)	]	Current Use (Pr	ior if bein	ng dem	olishe	ed)				
CRANFORD  Name of Monitoring Firm Hired by	UNI Bldg Owne			ASCM No.		Name of Abatem	ent Co	ontractor (9)				_				
value of wormoning runn ruica by	Diag. Owne	(0)		ASON NO.		D & S REST		47 A								
Street Address					-	Street Address	01011	TOTY, EVC.				-				
						20 California	_									
City, State, Zip Code						City, State, Zip Co Paterson, NJ		)3								
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Numb 973-345-80		License Number								
Start Date (10)	Sched	. Completic	on Date (11	)	$\neg$	Name of OSHA										
11/21/14	12/10	/14				D & S Resto Street Address	ration	i, inc.								
Occupancy Status During Abateme						20 California	Aver	nue								
☐ Facility closed/vacated during ☐ Abatement performed outside Describe:	of normal f					City, State, Zip Co	ode									
Other-Describe: NORMAL F	IOURS				=	Paterson, NJ	0750	)3								
Scope of Work (check all that appl							∏ Mi ⊠ Gi	Il Containment woni-enclosure ovebag procedur	e	•						
Location of		normally i	used solely	·				on-Exempted (*)	and Non-	R	R	E				
asbestos-containing material (acm) to be abated in facility (13)	by mainte staff(12) Yes	nance/cust	todial N/A	Description material (		sbestos-containin	g	Amount (Specify S LF)	For	e m o v	e p a i	n c a	E n c L			
BASEMENT			1	PIPE INSU	π ΔΤΊ	ON		161 ft		e	<del>-</del>		h			
DASEMENT		X		THEINSC	LAII	ON	-	10110		H	H	H	H			
												百	一			
		P Hauler I														
Registered Waste Hauler D & S RESTORATION, INC.		ubic Yards of V yd	Waste			andfill ESOURCE RE	COVE	RY								
City, State PATERSON, NJ 07503	ate 4		City, State TULLYTOV	VN. P	'A											
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 11/20	)/2014	1					
40D 44	for achost	e licensure ev	omnto	d activities				_	-		-					

### State of NJ

D&S Proj.	#: 2014-484	_					s Abatement and 12:120)		D.F	, (G		<u>W</u>		
Date of Notification		II N	ame of Bui	lding Owne	er/Operator (2)					NOV	25	2014	1	3
Agencies Notified	Type Notificati		nancy rya									-	لــــــــــــــــــــــــــــــــــــــ	
EPA	Initial	on   St	reet Addre	SS					A	SBEST	OS COI CENSIN	a no G	Lox	
☐ DEP	Amended			oe avenu	e						OL 10			
☑ DOL	Amendment #:	Ci	ty, State, Z	ip Code										
	Emergency			FF, NJ 0	7481									
<b>⊠</b> DOH	(including justification)	Na	me of Con	tact					Teleph	one Nun	nber			
☐ DCA	☐ Cancellation		michael	de pasqua	le				_					
				FACI	LITY INFORM	ATION	l .							
Name of facility wh	nere abatement is	s taking pla	ce (3)					Ту	pe of Facilit	y (4)	10)			
nancy ryan										ool (K -		le	10)	
Street Address								-			8 (Other te/Comm		-12)	
									Bldg	s./Home	es, etc.			
291 monroe av	enue							_ s	quare Feet	# of F	loors	В	ldg. A	ge
City (5)		Coun	ty (6)		**		inty Code (7) ite use only)	-	Current Use	(Prior if I	being de	nolish	ed)	
WYCKOFF		berg	en											
Name of Monitorin	g Firm Hired by E	3ldg. Owne	r (8)	T	ASCM No.		Name of Abateme	ent Con	tractor (9)					
							D & S RESTO	DRATI	ON, INC.					
Street Address						_	Street Address							
					The second second second second	_	20 California							
City, State, Zip Cod	е		30-31				City, State, Zip Co	ode						
							Paterson, NJ						37	
Project Manager for	r Monitoring Firm		Ph	one Numb	er		Telephone Number			Lice	nse Num			
							973-345-80	-			0116			
Start Date (10)		Sched	Completio	n Date (11	)		Name of OSHA N D & S Restor		Inc					
12/03/14		12/24	/14				Street Address	ration,	IIIC.	10 - 10		_	-	
Occupancy Status I	During Abatemen						20 California	Avenu	ie					
	d/vacated during						City, State, Zip Co							
Abatement per Describe:	erformed outside	of normal f	acility hour	s-		- 1								
Other-Descri	be: NORMAL H	OURS				_	Paterson, NJ	07503						
Scope of Work (ch	eck all that apply	/)						Full	Containmen	t w/nega	ative pres	sure		
$\times$ >3 sf or >3 lf	$\boxtimes$	Renovatio	n					lament .	-enclosure				w.	
≥160 sf or ≥2	260 If	Demolition							ebag proce -Exempted		Jon-friah	e proc	edure	
Location of		Is location	normally	used solely		7				( )	R	R	E	E
asbestos-cor		by mainte staff(12)	nance/cus	todial	Descripti	on of a	asbestos-containing	9	Amoun		e m	e p	n	n
material (acn abated in fac				T	material	(ACM)			(Specif	y SF or	0	a	a	C L
. abatos irriao	y (10)	Yes	No	N/A							v e	l r	р	Ĺ
BASEMENT			X		PIPE INSU	JLAT	ION		1201ft					
														Ш
			li de la colonia											
					L	W		أجب	Ten.		□			
Registered Waste F D & S RESTOR		NJDE 135	P Hauler I 06		ubic Yards of yd	vvaste	Name of Registe TULLYTOW			RECOV	VERY			
City, State				Disposal D	ate		City, State							
PATERSON, N				12/04/1			TULLYTON	VN, PA		7 =			_	
Completed by (Prin BOGDAN JOL		Title PRESID	ENT		Signature					Da	te /21/201	1		
ACD A1	DEIC ,			for asbesto	s licensure ex	cempte	ed activities.			11	21/201	-		

Agendas Notified    PAPA   PAPA Notification   Street Acidness   PAPA			•		12.12	,			1	11/1	10	prime in
PART   Initial Amendment   Part   P	Date of Notification (1)				r/Operato		5.	<u> </u>	1	11/	IC.	
DCA	Agencies Notified / Type Notificati	on	Street	Address	15/fc	170	ien ti	Fic				
Amendment & Amendment & Structure No		1	RA	- 909	华	755	!!	1101 2	Ο,	ZU14	-	رك
Death Color   Distribution   Distr	DOL Amendm	ent#	RA	CAS MIALE	A 1	TO	PP	TOS	CON	TRO	I	
Name of Facility Whyer Abetiment is Taking Place (3)  GHC In It Situates a Continue Server Address  City (3)  Server Address  City (3)  Server Address  Courty (6)  Courty (7)  Courty (7)  Courty (8)  Courty (8)  Courty (9)  Courty (9)  Courty (9)  Courty (10)  Cour	DOH justification	on)	Name	of Contact			Tel	enhane N	SINC	3		-
Street Address  District County (8)  County (9)  Count	Name of Facility 198				TION	TOWN A						
Substanter & Country Code (7) Square Feet & of Floors Bidg. Age And And Andrews Street Address  Street Address  Street Address  Street Address  Scrib (3) Salak 2D Code Street Address  Street Address  Scrib (3) Scrib (3) Street Address  Street Address  Scrib (3) Street Address  Street Address  Street Address  City, State, 2D Code  City, State	Ittermo Histor J.		ric									
Square Feet	755 lt 402					Subchar Other (i.	oter 8 (Othe	er than K-1	(2) dal bu	ildinge	, hor	nes,
County Code (7)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Absignment Contractor (9)  AscM No.  Street Address  City, State, Zip Code  Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Absestos-Contacting Material (ACM)  (a.e. thermal and Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Absestos-Contacting Material (ACM)  (a.e. thermal and Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Absestos-Contacting Material (ACM)  (a.e. thermal and Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Absestos-Contacting Material (ACM)  (a.e. thermal and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Absestos-Contacting Material (ACM)  (a.e. thermal and Non-Friable Procedur	Bris sewater					Square Feet	# of		T			
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Ad	0						Prior if being		hed)	PU	R	
City, State, Zip Code  City State, Zip Code  City, State	Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.	Name	of Abatement (	Contractor	(9)	- 4	C	>	
City State, Zip Code	Street Address	124.1			Street	Address	TASE	COA.	SF.	ال	M	NC4
Project Manager flor Monitoring Firm Project Manager flor Monitoring Manager flor Monitoring Firm Project Monitoring Abatement (City State, Zip Code    Full Containment with Negative Pressure	City, State, Zip Code	( ACALL C			City	JOX J	<u>)</u> d					
Start Date (10) Start Date (10					HA		Anus	NA	) .		20	9/
Scar Date (11)  Scheduled Completion Date (11)  Name of OSHA Monitor  Street Address  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code  City, State  City, State	Rill Kerbel		Telepho	one No.	Teleph	one No.		License N		0		I Y
Occupantly Stiffus During Abatement (Check Only Gne)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other - Describe:	A	Scheduled C	ompletion	Date (11)	Name		~ 1	00	19			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Ci	Occupancy Status During Abatement (Che	eck Only One)	114		Street	Address	•					
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State	☐ _ Facility Closed/Vacated During Entire	Dariad of Abot	ement		Oneer,	nuui ess						1000
Scope of Work (Check All That Apply)    Signature   Si	Abatement Performed Outside of Nor  Other Describe:	mal Facility Hou	hiz	<b>y</b>	City, St	ate, Zip Code						-
Menovation   Demolition     Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abstement Type   Asbestos Containing Material (ACM)   Amount (Specify Sport)   Non-Exempted (*) and Non-Friable Procedure   Abstement Type   Asbestos Containing Material (ACM)   Amount (Specify Sport)   Non-Exempted (*) and Non-Friable Procedure   Asbestos Containing Material (ACM)   Amount (Specify Sport)   Non-Exempted (*) and Non-Friable Procedure   Asbestos Containing Material (ACM)   Amount (Specify Sport)   Non-Exempted (*) and Non-Friable Procedure   Asbestos Containing Material (ACM)   Amount (Specify Sport)   Non-Exempted (*) and Non-Friable Procedure   Asbestos Containing Material (ACM)   Amount (Specify Sport)   Non-Exempted (*) and Non-Friable Procedure   Asbestos Containing Material (ACM)   Amount (Specify Sport)   Asbestos Containing Material (ACM)   Amount (Sport)   Asbestos Containing Material (ACM)   Amount (Sport)   Asbestos Contai	Scope of Work (Check All That Apply)	11/0		1								
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Abstestos Containing Material (ACM)  Yes No N/A  CCMC+  Abstestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Abstestor  Title  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Abstestor  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor  Abstestor  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abstestor						Mini-Enclosu Glovebag Pr	ocedure					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Asbestos Containing Material (ACM) Waintenance/ Custodial Staff? (12)  Yes No N/A  CCMC FAM  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  CCMC FAM  To be a systems insulation, surfacing, VAT, or other miscellaneous)  Type  Type  Type  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  To the systems insulation, surfacing, VAT, or other miscellaneous)  To the systems insulation, surfacing, VAT, or other miscellaneous)  To the systems insulation, surfacing, VAT, or other miscellaneous  To the systems insulation, surfacing, VAT, or other miscellaneous  To the systems insulation, surfacing, VAT, or other miscellaneous  Type  Asbestos Containing Material (ACM) (Specify SF or LF)  To the systems insulation, surfacing, VAT, or other miscellaneous  Type  T		· Is Loca	ation		<u> </u>	Non-Exempt	ed (*) and	Non-Friabl	e Pro			
TO BE ABATED In Facility (13)  Yes No N/A  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  Cement  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  Cement  Asbestos Containing Material (ACM) (Specify SF or LF)  To thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  Cement  Asbestos Containing Material (ACM) (Specify SF or LF)  The other miscellaneous of the state of the st	Location of	Norm	ally	De	scription o	of						1
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ANC PAIM  OMF TANK  CEMENT  CEMENT  SIGNATURE  Name of Registered Landfill  OBC DISPOSES OF BY THEMSO FILES  Disposal Date  OMS TANK  Date  OMS TANK  Disposal Date  OF DATE  O		Yes No	N/A	Outer ti	iiscellane	ious)			oval		sulati	euns
ame of Registered Waste Hauler  OBC DISPOSED OF BY THEMSO FILES  Disposal Date  D	TANK FRAM	1	1.27	117			101	E		_		
ame of Registered Waste Hauler  OBC DISPOSED OF BY THEMSO FILES  Disposal Date  D	OME TANK	1	+-	Cana			13 4	7				
Hauler ID No of Waste  Of Waste  Of Waste  Disposal Date  City, State  Date  Date  Of Waste	- LUDK			Conga			2 29	F	-	-	-	$\dashv$
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ity, State  Disposal Date  City, State  Disposal Date  City, State  Date  Date  Office WASHAM IN PRESIDENT  Date  Office WASHAM  Date  Date  Office WASHAM  Date  Date  Office WASHAM  Date  Date  Office WASHAM  Date	1.04	_		No of Was		Name of	Registere	d Landfill				$\dashv$
Offer WASHAMIN PRESIDENT Signature Western Coffee (1841/1841/1841/1841/1841/1841/1841/1841	City, State	BY 74	AMO	fisther								
other WASHAMIN PRESIDENT SIGNATURE Western Children				Dispos	al Date	City, Stat	te /	7		-		$\neg$
R.41 (P. 00. 00)	Completed by WASHAM JM	Title	SIAPE	f Si	gnature	2 /1/2	, k	Date	1/2	. /	- A	$\dashv$
/ T Da and one all the second of the second	SB-41 (R-06-08)	pia	1 49 600		Don	we will	mes !	J a	/ole	41	4	ل

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								FOS AE 60 and		f :	) [	CE		7 [6		J		
Date of Notification	(1) 11/21/14						ng Ow urling	ner / Ope	rator (2	2)		<u>ド</u> (	5 201	A		#		
Agencies Notified	Type Notific					ddress		1011	No.			10 F Z	J 201	4	1	4		
⊠ EPA	_						Road					*****	THE WAY AND ADDRESS OF		_ل			
☐ DEP ☑ DOL	☐ Initia						ip Cod				ASB		CONTR VSING	OL 8	Ž.			
☑ DOH	TO SERVICE DESCRIPTIONS	rgency				Conta	0806	U		b			Telepho	no N	umb	<u></u>		
□ DCA		ellation					ypins	ki				1	releprio	ile iv	umb	31		
Name of Facility Wh	ora Abatama	et is Takina D	1 (2)		CILIT	Y INF		ATION	Pr (4)									
Burlington Coun			lace (3	)			l yr	e of Faci School (										
Street Address	.,						ᅥ片			Other tha	n K-12)							
49 Rancocas Roa	ad							Other (i.					gs, hom	es, e	tc.)			
					100000000		Squ	uare Feet		# of Floo	ors	В	Idg. Ag	е				
City (5)		County (6)	Cou	unty C	code (	7)		80,000			4	60 Years						
Mt. Holly		Burlington						rent Use	(Prior if	being de	emolishe	ed)				ele med		
Name of Marital	Fi 1 fi 4 f	D 11.11 O	(0)		Tago			urts										
Name of Monitoring Environmental C	onnections	ner (8)		ASC	M No.		ne of Aba stol Env											
Street Address	eet Address							eet Addre	V-11-0-7-100-10-10-10-10-1	emai, ii	16.							
120 North Warrer	n Street					10000000	23 Beave	The state of the s	et									
City, State & Zip Co	de						, State & stol, PA											
Project Manager for		irm	Telen	hone	Numb	er		ephone N			II ic	ense N	umber		_			
Rollie Jones	o.momig .		609-3					5)788-60				509	umber					
Scheduled Start Dat 12/8/14		Scheduled Co	mpletio uary 1					ne of OSI stol Env			<u> </u>							
Occupancy Status D					713		_	eet Addre	VIII.1.115004,0100,0111	entai iii	<b>.</b>			- 210				
		During Entire F			temer	nt	(0.000 to 0.000 to 0.	23 Beave	M. T. O	et								
Abatement I	Performed O	utside of Norm	al Hou	rs – 7	am to	3pm		, State &										
	upied During	Abatement					Bri	stol, PA	19007									
Scope of Work (Che																		
		- ,,							$\boxtimes$	Full Cont	tainmen	t with N	egative	Pres	sure			
≥3 sf or ≥3 lf			$\boxtimes$		ovatio					Mini-Enc								
≥160 sf ≥260	O If			Dem	olition	1			-	Glove Ba	•			_				
	cation of		la L	ocatio				\i		Non-Exe								
	s-Containing		Norma					escription estos-Con				ount	Aba	teme	enti	/pe		
	rial (ACM)			ely by				aterial (A				or LF)		- 1				
	E ABATED		Mainte		1			thermal s					Ren	&	Cap	nc		
in	Facility (13)		Custo	iiai St 12)	aπ?	1		on, surfacell					Removal	Repair	Encapsulate	Enclsoure		
	(10)		Yes	No	N/A		OI OUI	ei iiiiseeii	ancous	"			=		ate	9		
Board Room and	Offices				П	Br	own/f	inish co	at plas	ster	140	0 SF		П	П	П		
Board Room and	Offices			X				Vat/mas				0 SF						
Board Room and	Offices			$\boxtimes$		Con	tamin	ated 1x1	l ceilir	ng tile	300	) SF						
Board Room and	along the second second second			$\boxtimes$		Wa		neling w				0 SF	$\boxtimes$					
Board Room and	Offices			X			FG p	ipe/acm	fitting		300	) LF						
lame of Registered	Waste Haule	ar l	Ш	NII	)EP W	Vasto	Cubic	Yards	Name	of Regis	tered I	andfill			Ш	Ш		
tame of Negistered	vvasie naule	-1		10000000	ıler ID		of Wa		INATITE	or Regis	icieu Li	ariullii						
Service Transpor	t Group, In	c.		1000000	990		50			rva Lan	dfill			-30				
City, State lew Castle, DE							Dispos	sal Date	City, S	State nesburg	. Ohio							
completed By (Print	or Type)			Title			Signat	ture		_	, onlo		Date					
Patrick T. DeCaro					: imat	or		<u> </u>	1	Jep	1	0	11/21	11A				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner / Operator (2)

County of Burlington

												19:	d	
Date of Notification	(1) 11/21/14			Name of Building Owner / Operator (2)										
Agencies Notified					eet Ad		riington				NOV 3	5	2014	
EPA	Type Notific	auon		1			Dood			and the control of th				
	□ Initia					. 11.300.000-00.000.000	Road					-		
☐ DEP ☑ DOL	│ │ │ │ │ │ Ame	nded		1000000000			Code			AS	BESTOS			DL &
		ADDITION OF THE PARTY OF THE PA					08060				LICE		-	
□ DOH     □ DCA		rgency cellation		1500	me of even		n pinski			1	Telepho	ne N	umb	er i
		<del></del>					DRMATION							
Name of Facility WI	here Ahatem	ent is Taking Pla				1141	Type of Facili	ity (A)	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )					
Burlington Coun			10C (U)				School (							
Street Address	ty ocurric	430	-					9 2	(Other than K-	.12\				
49 Rancocas Ro	a d								ate & comme		as hom		۱ ۵۰	- 1
43 Nancocas No	au						Other (i.e Square Feet	and the State of the state of	# of Floors		Bldg. Age	- 10	10.)	-
City (5)		County (6)	Cou	ntv C	Code (7	7)	80,000		J. O. I 10010	1		Yea	re	
Mt. Holly		Burlington	1000	, -		,		-	if being demo	lichad\	. 00	100		-
ierc. 1 lony		Burnington					Courts	(1 1101	ii being demo	iiorica)				
Name of Monitoring	Firm Hired I	y Building Owne	er (8)		ASC	M No.		temer	nt Contractor (	9)		-		
Environmental C							Bristol Env							
Street Address	04	11.52 1.32.4 1.32.7 1.32.					Street Addres							
120 North Warre	AND AND STREET, THE STREET, AND STREET, AN						1123 Beave	EQ.14 - Selfe Seption	1000 Page 1000 P					
City, State & Zip Co							City, State &							
Trenton NJ 0860			Talaab		Missanh		Bristol, PA			License N	li imala a a			
Rollie Jones						er	Telephone No. (215)788-60			00509	number			
	duled Start Date (10) Scheduled Completi						Name of OSI							
12/8/14 Occupancy Status I			ary 10	_	)15	-	Street Addres		nental Inc.					
		During Entire Pe			temer	nt	1123 Beave	70170	oot					- 1
		utside of Norma					City, State &		0.652.037.5410					_
	WEEKEND		i i ioui	3 – 1	ann to	opin	Bristol, PA	3000						
	upied During						DIISIOI, FA	1300						- 1
Scope of Work (Che		-												
	oon an anat a	PP-37						M	Full Contains	ment with N	legative	Pres	sure	
≥3 sf or ≥3 l	f		$\boxtimes$	Ren	ovatio	n		Ħ	Mini-Enclosu	ire				
≥160 sf ≥26	O If		$\Box$	Dem	olition			図	Glove Bag P	rocedures				- 1
_								$\boxtimes$	Non-Exempt	ed and No	n-Friable	Pro	cedu	re
	cation of		Is Lo				Description			Amount	Aba	teme	ent T	ype
	os-Containing	g   1	Norma				Asbestos-Con			(Specify		o		
	erial (ACM)		Sole				Material (A			SF or LF)	ام	-	띩	T.
	E ABATED Facility	100	/lainter Sustodi		A	ir	(i.e., thermal s				Remova	Repair	ap	icis
	(13)			2)	an.		or other miscell				ova	a.	Encapsulate	Enclsoure
	, ,	7		No	N/A						-		te	ω
Basement mecha	anical chas						Fitting insul	lation	1	2 If				
First floor mecha	anical chas						Fitting insul	latior	1	17 If				
Second floor me		nase	X				Fitting insul			10 If				
Third floor mech				$\sqcup$	Ш		Fitting insul			1 If		Ц	Ш	Ш
Stairwell adjacen	nt bathroon	ns	X		Щ		Fitting insul	lation	1	20 If		$\sqcup$	丩	닖
Name of Registered	Masta Harr	lor		NU	DEB W	lacto l	Cubic Yards	Nom	e of Registere	ad Landfill		Ш	Ш	Щ
Name of Registered	i waste nau	lei		950200	uler ID		of Waste	INAII	ie di Registere	au Lanuilli				
Service Transpor	rt Group, Ir	ic.		209	990			Min	erva Landfil	I				
City, State							Disposal Date		State					
New Castle, DE								Way	nesburg, O	hio				
Completed By (Print				Title			Signature	0	0.0	,	Date			
Patrick T. DeCaro Estima					timato	or	Patrick	1	D'Care/.	il	11/21	/14		
			Marine Marine	-				CONTRACTOR OF THE						

# State of New Jersey

Ck # 2738

						ESTOS ABATE <u>.</u> 8:60 and 12:1		DE	C	] q. 3	W	E
Date of Notification (1)			Name of Building Owner / Operator (2)  County of Burlington					<del></del> √	25	2014	4	
Agencies Notified Type Notification				Street Address								
⊠ EPA				49 Rancocas Road								
☐ DEP ☐ Initial ☐ Amended					City, State & Zip Code  ASBESTOS CONTROL LICENSING							
					Wit. Holly, NJ 08060							
□ DOH     □ Emergency     □ Cancellation				2,000,000	e of Contac	Table 1995		Te	lepho	ne N	umbe	er
☐ DCA	ellation		Stev	ven G. Sty	pinski		T.					
			F	FACI	LITY INFO	RMATION						
Name of Facility Where Abatement is Taking Place (3)  Burlington County Courthouse						Type of Facility (4) School (K-12)						
Street Address						Subchapter 8						
49 Rancocas Road				Other (i.e. pr			ate & commerc	ial buildings	, hom	es, e	tc.)	
				Square Feet	# of Floors	Blo	lg. Ag	е				
City (5)	County (6)	ty Code (7)		80,000	4		60	Yea	rs			
Mt. Holly	Burlington			Current Use (Prior	if being demoli	shed)						
				Courts				8				
Name of Monitoring Firm Hired by Building Owner (8)				1	ASCM No.	Name of Abatemen	nt Contractor (9	)			-	
Environmental connections					In the Process Construction	Bristol Environn						
Street Address						Street Address				2		
120 North Warren Street						1123 Beaver Stre						
City, State & Zip Code						City, State & Zip Co						
Trenton NJ 08608						Bristol, PA 1900						
				one Number		Telephone Number	License Number					
Rollie Jones 609-3						(215)788-6040 00509						
			ary 10	), 201		Name of OSHA Mo Bristol Environn						
Occupancy Status I						Street Address						
Facility Closed/Vacated During Entire Period of						1123 Beaver Str						
Abatement Performed Outside of Normal Hours				s – 7a	ım to 3pm	City, State & Zip Co						
Describe:  Facility Occupied During Abatement						Bristol, PA 1900	7					
	-					<u> </u>						
Scope of Work (Che  ≥3 sf or ≥3 I  ≥160 sf ≥26	lf	іріу)		Renov Demo	vation olition		Full Containm Mini-Enclosur Glove Bag Pre	e ocedures				
						$\boxtimes$	Non-Exempte					
Location of			Is Loc		201	Description of		Amount	Aba	ateme	ent Ty	/pe
Asbestos-Containing Material (ACM)		, r	Normall Solel		<b>3</b> 0			(Specify SF or LF)			m	
TO BE ABATED		N	/lainten		or	(i.e., thermal systems		,	Re	刀	ng:	Enclsoure
in	Facility	С	Custodia			sulation, surfacing, V			Remova	Repair	psc	Iso
	(13)		(12			or other miscellaneou	is)		<u>/a</u>	=	Encapsulate	Гe
		Y	es N	No N	N/A							
Offices off board room						Vat/mastic		650 sf				
Closets in hallway off board room			$\boxtimes$			Vat/mastic		50 sf	$\boxtimes$			
									$\boxtimes$			
Name of Registered	1 Waste Haule	er			EP Waste (		e of Registered	d Landfill				

20990

Title

**Estimator** 

Disposal Date

Signature

Minerva Landfill

Waynesburg, Ohio

Date 11/21/14

City, State

PD 14107

City, State

New Castle, DE

Patrick T. DeCaro

Service Transport Group, Inc.

Completed By (Print or Type)