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

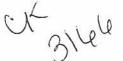
Durd Chick# 9/27/13

Bank of America   Street Address   Str	5 / M .::	4)		(PURSUAN			and the second s					
Street Address   Stre	Date of Notification (				Particular and Society and and		nei / Operi	101 (2)				
EPA   DEP   Amended # John Luxford J	//	/										
EPA   DEP   Amended # John Luxford J	Agencies Notified	Type of No	tification						*		4 1	
DON		T. C.						001	L	113 ,		
DOL     Emergency w justification   John Luxford   Sanch Luxford   Sanch Luxford   Sanch Camerial   Sanch Camerial   Sanch Camerial   Sanch Camerial   Sanch Camerial   Sanch Camerial   Subchapter 8 (Other than K-12)   Other (I.e., private & commercial   Other (I.e., private & commercial   Subchapter 8 (Other than K-12)   Other (I.e., private & commercial   Other (I.e., private & commercial   Subchapter 8 (Other than K-12)   Other (I.e., private & commercial   Other   Other (I.e., private & commercial   Other   Othe	☐ DEP		Amended					r				
Cancellation								,1	Telephon	o Numbe	ar i	
School (K-12)   School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Ot	☑ DOL			justification	John Luxfo	ord					4.4	
Type of Facility Where Abatement Is Taking Place (3)   Type of Facility (4)   Senk of America			Cancellation		ACILITY INC	OPMATIO	4		, N	-		
School (K-12)   Subchapter 8 (Other than K-12)   Other (I.e., private & commercial bidgs, homes, etc.)					ACILITI INF	OKIMATIO						
School (K-12)   Subchapter 8 (Other than K-12)   Other (I.e., private & commercial bidgs, homes, etc.)	Name of Eacility Whe	re Ahateme	ent is Taking P	Place (3)		Type of Fa	cility (4)					
Street Address 09 Livington Avenue Sitreet Address Suzure Feet 200,000	Bank of America	or radicing	ancio ranng .									
Other (Le, private & commercial bidges, homes, etc.)   County (6)   County (6)   County (7)   County (7)   County (8)						10000	뭐면하게 하고 네 [2 전투하다]					
Bidgs, homes, etc.	Street Address											
Square Feet   # Of Floors   Building Age   Add +	609 Livington Avenue				- 1	- Name of the last			ommerc	iai		
200,000   200,000   30	0:: /5\	[C(C)		County Codo /	(7)					Building	a Age	
Current Use (Prior if being demolished)  Sank  Current Use (Prior if being demolished)  Bank  Sank  Current Use (Prior if being demolished)  Bank  Sank  Current Use (Prior if being demolished)  Bank  Street Address  Stree				County Code (	(')					J. J	33*	
Same of Monitoring Firm Hired by Bidg. Owner (8)   ASCM NO	INCW DIGITSWICK	Middlesex							olished)	1	40 +	H
ASCM NO   LVI Demolition Services Inc.						California de la composición de			**************************************			
LVI Demolition Services Inc.	Name of Monitoring	Firm Hired	by Blda. Owne	er (8)								
Street Address  \$55 Third Avenue 12th Floor Tily, State, 2ip Code  \$55 Third Avenue 12th Floor Tily, State, 2ip Code  \$32 Williams Parkway  City, State, 2ip Code  \$33 Williams Parkway  City, State, 2ip Code  \$34 Williams Parkway  City, State, 2ip Code  \$35 Third Avenue 12th Floor  10				\$(0.50)								
Street Address  32 Williams Parkway  Lity, State, Zip Code  Lew York, NY  Project Mngr. For Monitoring Firm  Telephone Number  212-682-9271  Telephone Number  212-682-9271  Telephone Number  212-682-9271  Telephone Number  212-682-9271  Telephone Number  313	Arcadis	VII. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						es Inc.				
27   27   27   27   27   27   27   27	Street Address	9001645000				Street Add	ress					
City, State, Zip Code				·		20 /4"III"	Dorlasses					
Troject Mngr. For Monitoring Firm  Telephone Number 212-682-9271  Telephone Number 212-682-9271  Telephone Number 10  11  13  13  Telephone Number 11  13  Telephone Number 121-682-9271  Telephone Number 131  Telephone Number 141  Telephone Number 155-682-9271  Telephone Number 162-882-9271  Telephone Number 17-884-8682  00860  Doccupancy Status During Abatement (Check Only 1)  Abatement Abatement Abatement Abatement Abatement Outside of Normal Facility Hours - Describe: Friday 4:00 pm to 12:00 am Other - Describe: Saturday 2:00 pm to 10:00 pm Socope of Work (Check All That Apply)  Demolition  Soft or 2560 If  Pacility To Be ABATED Used In Facility Solely In Facility So												
				Tolophora N.	mher	city, State	Zih Code					
Scheduled Start Date (10)    10		onitoring Fi	rm		mbei	Fast Hanov	er. NJ 070	36				
10		(10)	Sched Comp		1)			1	License	Number		
Signature   Sig				/								
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility   Hours - Describe:   Friday 4:00 pm to 12:00 am   32 Williams Parkway   City, State, Zip Code   East Hanover, NJ 07036   City, State   Control of   Store   City, State   Control of   City, State   City, State   Control of   City, State   City, State   City, State   City, State   Control of   City, State   City, Sta	<del>-     -    </del>	/	/			973-88	4-8682			C	00860	
Abatement Performed Outside of Normal Facility Hours - Describe: Friday 4:00 pm to 12:00 am Other - Describe: Saturday 2:00 pm to 10:00 pm Sunday 9:00 am to 4:00 pm Sunday 9	Occupancy Status D	uring Abate	ement (Check	Only 1)					2011			
Abatement Performed Outside of Normal Facility Hours - Describe:Friday 4:00 pm to 12:00 am	Facility C	losed/Vacat	ed During Ent	ire Period of				es Inc.				
Hours - Describe:						Street Add	ress					
Other - Describe: Saturday 2:00 pm to 10:00 pm Sunday 9:00 am to 4:00 pm   City, State, Zip Code East Hanover, NJ 07036						32 Williams	Parkway					
Sunday 9:00 am to 4:00 pm    Sunday 9:00 am to 4:00 pm   East Hanover, NJ 07036	Hours - D	escribe:	Soturday 2:00	nm to 10:00 nm							-	
Demolition   Zero   Store of Work (Check All That Apply)   Demolition   Zero   Store   Zero   Store   Zero   Ze	Other - De	escribe	Sunday 9:00 a	m to 4:00 pm							594	
Demolition   Image: Safe or ≥3if   Image: Person   Image: P	Scope of Work (Che										NAME OF TAXABLE	
≥3sf or ≥3lf	(0.00		41.37									
Solution of   Solution   Solut	☐ Demolitio	n	✓	Renovation	V			th Negative	Pressure	9		
Non-Exempted (*) and Non-Friable Procedure    Location of Asbestos Containing   Location   Normally   Material (ACM)   Amount   E R   N   N   N   N   N   N   N   N   N												
Location of Asbestos Containing Normally Location Normally Material (ACM) Asbestos Containing Normally Material (ACM) Amount E R N N N N N N N N N N N N N N N N N N	☑ ≥160 sf or	r <u>≥</u> 260 lf				Non-Exam	procedure	d Non-Frial	hle Proce	dure		
Asbestos Containing  Asbestos - Containing Normally  Material (ACM)  (Le., thermal systems (Specify M E C C C SF or LF)  (13)  Walnitenance/ Custodial Staff (12)  YES NO N/A  Basement Boiler Room  Basement Boiler Room  NJDEP Waste Hauler ID No. 4509 of Waste  City, State NEWARK CARTING  Amount  R R R R N N N  R N N  R N N N  E C C C C C C C C C C C C C C C C C C					ш	NOII-EXCII	pieu ( ) ai	iu Non-i na	01011000	·uuic		
Asbestos Containing  Asbestos - Containing Normally  Material (ACM)  (Le., thermal systems (Specify M E C C C SF or LF)  (13)  Walnitenance/ Custodial Staff (12)  YES NO N/A  Basement Boiler Room  Basement Boiler Room  NJDEP Waste Hauler ID No. 4509 of Waste  City, State NEWARK CARTING  Amount  R R R R N N N  R N N  R N N N  E C C C C C C C C C C C C C C C C C C	Location	of	ls	Γ	Descripti	ion of			Abateme	ent Type		
Normally Used (I.e., thermal systems (Specify M E C C C Solely insulation, surfacing, VAT, or other miscellaneous)    Normally Used (I.e., thermal systems (Specify M E C C C C C C C C C C C C C C C C C C			1000	As	****				R			
in Facility (13)  Solely by Maintenance/ Custodial Staff (12)  Peipe Insulation, surfacing, VAT, or other miscellaneous)  Staff (12)  Pipe Insulation and Fittings  Basement Boiler Room Duct Insulation  Name of Registered Waste Hauler NEWARK CARTING  NJDEP Waste Hauler ID No. Yards 4509 of Waste  Disposal City, State NEWARK, NJ  Date		<b>J</b>	Normally						1000	0.000		
(13) by Maintenance/ Custodial Staff (12)  YES NO N/A  Basement Boiler Room  Pipe Insulation and Fittings  Basement Boiler Room  Duct Insulation  Name of Registered Waste Hauler NEWARK CARTING  NUDEP Waste Hauler ID No.  V A P O O O O O O O O O O O O O O O O O O									100	10000		
tenance/ Custodial Staff (12)  YES NO N/A  Basement Boiler Room Basement	55,000	/	A STATE OF THE STA				,	SF or LF)	0.000	100	10.000	
Custodial Staff (12)  YES NO N/A  Basement Boiler Room  Basement Boiler Room  Duct Insulation  Name of Registered Waste Hauler NEWARK CARTING  NAME of Waste  Hauler ID No. 4509 of Waste  City, State NEWARK, NJ  Completed by (Print or Type)  L R U L R  L R  U L R  L R  U L R  L R	(13)		2015 N 000 12 1 00 000	or	otner misc	elianeous)			1000	1000	1000	
Staff (12)  PES NO N/A  Basement Boiler Room  Basement Boiler Room  Duct Insulation  Name of Registered Waste Hauler NEWARK CARTING  Name of Registered Landfill NewARK CARTING  Disposal Disposal Date  Date  Date  Date  Date  Date									1000			
Basement Boiler Room									1000		L	
Basement Boiler Room				1								
Name of Registered Waste Hauler NEWARK CARTING  City, State NEWARK, NJ  Completed by (Print or Type)  Duct Insulation  Suppose Duct Insulation  NJDEP Waste Cubic Yards (Cubic Yards (A509) of Waste  Disposal Date  Disposal Date  City. State  BETHLEHEM, PA 18105  Date  Date	Basement Boiler Roo	m			and Fitting	S			-			
NEWARK CARTING  Hauler ID No. 4509 of Waste  City, State NEWARK, NJ  Disposal Date			THE PERSON NAMED IN COLUMN				and the state of t	300 SF	V			
NEWARK CARTING  Hauler ID No. 4509 of Waste  City, State NEWARK, NJ  Disposal Date										+		
NEWARK CARTING  Hauler ID No. 4509 of Waste  City, State NEWARK, NJ  Disposal Date						T						
City, State NEWARK, NJ  Completed by (Print or Type)  Disposal Date  Date  Disposal Date  Date  Date  Date  Date			ler				tegistered	Landfill				
City, State NEWARK, NJ  Disposal City. State BETHLEHEM, PA 18105  Completed by (Print or Type)  Title  Disposal City. State BETHLEHEM, PA 18105  Date	NEWARK CARTING					I.E.S.I.						
NEWARK, NJ  Date  BETHLEHEM, PA 18105  Completed by (Print or Type)  Title  Signature  Date	Olt - Ct - t			4505		City State		115-387-2	530			
Completed by (Print or Type)  Title  Signature  Date								105	1			
Completed by (Finit of Type)	NEWARK, INJ							. /	//			
1 1/h /h/ 20/27/12	Completed by (Print	or Type)		Title			Signature	AN NI	7	$\overline{}$	Date	
Ralph Barnhadt Operation Manager 1977 109/27/13	, , , , , , , , , , , , , , , , , , ,			1				JAh Ih	~~	/	1/2	20/07/15
	Ralph Barnhadt			Operation Mar	nager			1 /100				19/2//13
							/	/ /				

### Check# 1731

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

Date of Notification (1)		1872		Name	of Buildir	ng Owner/Oper	ator (2	2)	a a a se				
	/13	3		Karla	Dougher	rtv					E 1		
Agencies Notified Type	Notification				t Address		- 15			- 4			-
☐ EPA 🛛 🖾 Ini	tial			  5 Mel	las Diasa	2					- 1		
	nended				ley Place			0	<u>CT 1 201</u>	3			
☑ DHSS Am	endment #	ŧ		City,	State, Zip	Code			20		~~*		
☐ DCA ☐ En	nergency (ir	ncludin	g		clair, NJ					-			
(NJAC 5:23-8) jus	stification)		•	Name	e of Conta	ct			Telephone N	lumber			
Ca	ncellation			Karla	Dougher	rtv					١.		
			1722			NFORMATIO	N		-		-		_
Name of Facility Where Abateme	ent is Takin	g Place	e (3)				-	Type of Facility	y (4)				17.0
Private house								School (K-					
Street Address								Subchapter	8 (Other than K-	-1 2)			
5 Valley Place								Other (i.e.,	private and com	mercial t	uildin	gs,	
City (5)								homes, etc					
								Square Feet	# of Floors	E	Bldg. /	Age	
Montclair, NJ 07043					201-03				~				
County (6)				Cou	nty Code (7)	(STATE USE O	NLY)	Current Use (F	rior if being dem	nolished)			
Essex										,			
Name of Monitoring Firm Hired b	y Building	Owner	(8)	ASCM	No.	Name of Ah	ateme	ent Contractor (9	2)				
						1		in Contractor (s	7)				
Street Address		-		_		Gr Tech LI							
01100171041033						Street Addre	ess				100		
014 01 1						576 Valley	Rd #:	283					
City, State, Zip Code						City, State, 2	Zip Co	ode					-
						Wayne, NJ	0747	0					
Project Manager for Monitoring F	irm		Tele	phone	No.	Telephone N			License No.				
						- 2							
Start Date (10)	School	duled (	Comple	tion De	ate (11)	973-638-17			01127				
		10				Name of OS	HA M	onitor					
			- 1			Envirovisio	n Co	nsultants,Inc					
Occupancy Status During Abater						Street Addre							
Facility Closed/Vacated Durin	g Entire Pe	eriod of	Abate	ment		20-21 Wags	2011/	Dood Dide #	25 0				
Abatement Performed Outside	e of Norma	l Facilit	y Hour	s - Des	scribe	City, State, 2	Zin Co	Road, Bldg .#	33 E				
Time of Abatement:Al	MP	M/	PM_		_AM								
Scope of Work (Check all that ap	nlv)					Fair Lawn,							
	P13 /							and decontami	nation gative Pressure				
>3 sf or >3 lf			enovati			Min	i-Encl	osure	gauve Pressure				
2 160 sf or 2260 lf		☐ De	emolitic	n		⊠ Glo	vebag	Procedure	Tent with Nega	tive Pres	sure		
						Nor	n-Exen	npted (*) and N	on-Friable Proce	dure	1		1
		1	Locat							Al	atem	ent T	vpe
Location of Asbestos-Containing Material	(ACEA)	100	Norma ed Sole			Descript					_		
TO BE ABATED	(ACIVI)		intena			stos Containin			Amount	er	₹e	inc	1 10
IN Facility		Cus	todial S	Staff?	(1.6	e., thermal systems. surfacing.			(Specify	Remova	Repair	aps	Enclosure
(13)			(12)			other misce			SIF or LF)	à		Encapsulate	ure
		Yes	No	N/A								6	
Basement		П	П	X	Din a in a	.1-4:				120	1		
		=			Pipe inst	llation			40 LF	X	Ш	Ш	Ш
Basement				X	Boiler in	sulation			30 SF	X			
				П		2					1=		
			1										
		Ш					7.1					П	
Name of Registered Waste Haule	r		NJD	EP Waste	Hauler ID No.	Cubic Yards of	Waste	Name of Regis	stered Landfill				
r Tech LLC			0	02279	5	e de la companie		Annual Company of the					
City, State		•	0	03378	13	TBD		T.R.R.F. Inc					
						Disposal Date	е	City, State		New York	- 12 500		
Vayne, NJ 07470						TBD		Tullytown, P.	A				
Completed By (Print or Type)	Title				-	Signatur	1	4		Date			-
l.Jevtic	0						8.1	L	/				
SB-41	Owr	IEL	3				~ W4	-c Over	199	)9/25/20	13		
AY 11	ф	Do noi	use th	is form	for asbest	os licensure ex	rempte	d activities.					



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

Date of Notification (1) 9 /	19 /	13	(7			of Building ler Morga		perator (2	2)				1,14			-
Agencies Notified	Type Notification	on	-		(14) (15) (15)	Address afayette	Street	2000			OCT	1 20	113	, .		
⊠ DOLWD	☐ Amended				0.0000000000	State of the state	23.712.777									
☑ DOH	Amendmen	ıt #				ate, Zip Co									1	
DCA	☐ Emergency	(inclu	ding			eret, NJ (							1 14	£		
(NJAC 5:23-8)	_ justification					of Contact					Telephone	Number				
	☐ Cancellation	n			Matt	hew Man	ncheste	r		4	1					
					FAC	ILITY IN	FORMA	TION								
Name of Facility Where	Abatement is Tal	king P	lace (3	()					Ту	pe of Facility (4	4)					
Kinder Morgan										School (K-12)						
Street Address	-		727							Subchapter 8			التنظام	diago		
920 High Street			2000							Other (i.e., pri						
City (5)										quare Feet	# of Floors	3	8	g. Ag	е	
Perth Amboy	571-1172									3,600	0		4	0		
County (6)					Count	y Code (7)	(STATE L	SE ONLY)	CL	urrent Use (Prid	or if being de	molishe	ed)			
Middlesex County																
Name of Monitoring Firm	n Hired by Buildir	ng Ow	ner (8)	1	ASCM N	No.	Name	of Abateme	ent (	Contractor (9)						
Groundwater & En	vironmental S	Servic	es				Vers	iTech In	dus	strial Service	es of PA, Ir	nc				
Street Address							Street /	Address					I Carre	100	***	
1340 Campus Park	way, Suite B4	1					100	Alexande	er [	Drive						
City, State, Zip Code			- !	-77			City, St	ate, Zip Co	ode	n e						
Neptune, NJ 07753	<b>?</b>							aca, PA								
Project Manager for Mor				Tele	phone N	No.		one No.		<u> </u>	License N	0.				
Matthew Ferrari	iitorii ig i ii ii			Unescapital.	0-220-	NAME OF THE PROPERTY OF THE PARTY OF THE PAR		728-6144	4		01123					
AND STATE OF	190	hodule	ed Cor	600	ion Dat			of OSHA N	8	itor						_
Start Date (10)	1				_ / _		Charlest Assessed			strial Service	es of PA, I	nc				
Occupancy Status Durin	g Abatement (Cl	heck o	nly on	e)			Street	Address								
☑ Facility Closed/Vacat							100	Alexand	er I	Drive						
Abatement Performer								ate, Zip C								
Scope of Work (Check a	all that apply)					-										-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			☑ Ren					] Mini-End ] Gloveba	clos ag P	nment with Neg ure rocedure sted (*) and No						
			ls L	ocat	ion			No tale					Aba	ateme	ent Ty	vpe
Location Asbestos-Containing TO BE AB	Material (ACM)		Used Mair	tena	ely by nce/		stos Cor	escription on taining Ma al systems	ater		Amour (Specit		Remova	Repair	Encapsulate	Enclosure
IN Faci			Custo	dial 8 (12)	Staff?	1150		acing, VAT			SF or L	F)	/al		sula	ure
(13)		1	Yes	No	N/A	1	otner	miscellane	eous	5)					ate	
Maintenance Office	500.00					Black R	Roofing	Material	I		3,600	)	×			
		1														
		I.											ш	ш		П
		] [														
Name of Registered Wa Waste Managemen				1970	JDEP V lauler II 17273	O No.	Cubic Waste	Yards of		Name of Regis			atio	ı Ce	nter	
City, State					1121			al Date		City, State			Ol-William	12		
Newark, New Jers	ey						**************************************	8/13		Tinton Fall	ls, NJ 0775	3				
Completed By (Print or Jim Kreider		Title Pro	oject l	Vlan	ager		S	ignature		· ·		Date	e 1/10		,	
311111111111111111111111111111111111111								1	_	we	2			.,,=	>	

ASB-41 JAN 13

\* Emergency \*

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

CK 3603

Date of Notification (1) 9/25/13		•		lame of E NJ Tran	Building Owr Isit	ner/Operat	or (2)					1			
Agencies Notified	Type Notification		1 7	treet Add	dress nn Plaza	East		# 15. 9 72			- 1	and seeming			
EPA DEP DOL	Initial Amended Amendment				e, Zip Code NJ 0710	5-2246		ŋĊŢ	1 2	013	1	1			
DOH DCA	Emergency (i justification) Cancellation	ncluding	1 6	lame of ( Russel	Contact Samaroo		82		Tele	phone N	lumber				
	=			FACIL	ITY INFORM	MATION						7.1			
Name of Facility Where A Hoboken Terminal Street Address	Abatement is Taking	Place (3)			•			of Facility (4 School (K-12 Subchapter	2) 8 (Othe	r than K	-12)	48 77.24			
115 Observer Hwy							X e	other (i.e. potc.)			rcial bu		0.000 57.		5,
City (5) Hoboken NJ 07030							Squar 1000	e Feet +	# of 1+	Floors		35	lg. Ag +	je	
County (6) Hudson	•			County C STATE U	ode (7) SE ONLY) _		Curre	nt Use (Pric	r if bei	ng demo	lished)				
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No.		ne of Abat	tement Con	tractor	(9)				•	
Street Address					•	Stre	et Addres	is				500			
1253 N Church ST City, State, Zip Code							Box 32 , State, Zi							-	_
Moorestown NJ 080			- 1-	Falanhan	a Na		est Berli	n NJ 080	91	License	e No				
Project Manager for Mor Jim Guilardi	nitoring Firm			Telephon 609-30	4-3969	85	6-753-9	800		00727			-		
Start Date (10) 9/25/13		Schedule 9/26/13		pletion D	ate (11)	1 0200	ne of OSI I <b>me</b>	A Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only On	e)			Stre	eet Addres	SS							
Abatement Perform	ated During Entire I ned Outside of Norn After 4 PM 2nd Shift	nal Facility	batem Hours	ent		City	, State, Z	ip Code				755507			
Scope of Work (Check A	All That Apply)		-	-			П						- C-1		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		100	enova emoliti	T1070707000			Min	Il Containmoni-Enclosure ovebag Pro- n-Exempte	e cedure					2	
		Т-					iii No	n-Exemple	u ( ) ai	d NOIPE	Tiable			ement	
			Locati Iormali			Descrip	tion of						Ту	ре	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Ma	d Sole intenar todial S (12)	nce/	(i.e. th	s Containir nermal syst surfacing, other misce	ng Materia ems insul VAT, or	ation,	(	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
vacant Store	on platform		,,,,	x		Tran	site		-	10 SF	×	:			
															-
Name of Paristand Win	noto Unules		I N	JDEP W	laste	Cubic Yar	ie .	Name of	Regist	ered I ar	ndfill				
Name of Registered Wa United Containers	iste natilei		1	lauler ID 2459	No.	of Waste		G.R.O.		Ju Eul					
City, State Elm NJ				-		Disposal Dis	Date	City, Sta Morris		A 1906	 67				
Completed by Anthony T Perna		Title Pres	ident		L	Sign:	ature.	1			Date 9/24		3		



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

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		- 1	i.		
	24- /	13	7		New	Jersey	Turnpike Author	rity	50 0: 00-				
Agencies Notified	Type Notificat	ion				Address			I - 1 2013 -	1 7	7		7
⊠ EPA	Initial					Main Str		i					
DEP     DCA (NJAC 5:16)		nt #2		l da b		tate, Zip C		. <del></del>		- ::1	1 -	10.57	A . 1
⊠ DHSS	☐ Emergency		luding				, NJ 08863		Telephone Numb		1		
☐ DCA (NJAC 5:23-8)	justification  Cancellation					of Contact	The state of the s	300 3 C 1 C	l elephone Nums				11.54
							FORMATION			H-167			
Name of Facility Where	Abatament is Ta	kina	Diaco	(3)	1 //	JILIT III	ONMATION	Type of Facility (	(4)				-
Bridge Str. 58.10 o		0.70		(3)				School (K-12	)				
Street Address								Subchapter 8	(Other than K-12)	) داداد دادادا			
Yardville Allentown	n Road							homes, etc.)	rivate & commercia	ai bullai	ngs,		
City (5)		-1-11.110						Square Feet	# of Floors	Blo	g. Ag	e	
Hamilton Township	р							20,000			0+		
County (6)					Cour	ity Code (7	)(STATE USE ONLY)	I	or if being demolis	hed)			
Mercer							T	Public Road					
Name of Monitoring Firm		ing O	wner (	8)	ASCM			ent Contractor (9)					
Envirovision Cons	ultants, Inc				007	9		ntbach Constru	uction Corporat	ion			
Street Address							Street Address	<u> </u>					
20-21 Wagaraw Rd	. Bldg. 34 A						500 East Luz						
City, State, Zip Code							City, State, Zip C					50	
Fairlawn, NJ 07410				T-1	-1	Ma	Philadelphia	, PA 19124	License No.				
Project Manager for Mor	nitoring Firm			1000000	ephone 73-636		Telephone No. 215-739-8166	-1"	00646				-
Mark Stern Start Date (10)	Te.	chod	ulad C		etion Da	oralinenav.	Name of OSHA N		00040				-
09 / 05 /					1 /		SAME AS AE		D PC 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 50-	- H-YA	0.00	
Occupancy Status Durin							Street Address						-
☐ Facility Closed/Vacat					ment								
Abatement Performe	d Outside of No	rmal	Facility			scribe	City, State, Zip C	ode					
Scope of Work (Check a	ill that anniv)												
	iii triat appiy)		_					tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re ☑ De				☐ Mini-End	closure ng Procedure					
△ ≥100 Si di ≥200 II			<u> </u>	1110110		445-8411-000	⊠ Non-Exe	empted (*) and No	n-Friable Procedu	re			
				Loca Norma				-		Ab	atem	ent T	ype
Location Asbestos-Containing		,	Use	d So	ely by	Asbe	Description of estos Containing Ma		Amount	20	R	Щ	ш
TO BE AB	ATED	<b>'</b>			ance/ Staff?		rmal systems insul		(Specify	Remova	Repair	cap	Enclosure
IN Faci (13)			Ous	(12			VAT, or other miscellane	eous)	SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A							ite	
Under Bridge Struct	ure			$\boxtimes$		Transit	e Conduit Pipe		2,900 LF				
Under Existing Road	dway			$\boxtimes$		Transit	e Conduit Pipe		400				
	1922	311											
Name of Registered Wa	ste Hauler				NJDEP		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage					Hauler I 0226		Waste 28	Grows Lai	ndfill				
City, State							Disposal Date	City, State	_				
Freehold, NJ							11/15/13	North Tull	ytown, Pa				
Completed By (Print or	Туре)	Title	:				Signature	201	1 / D	ate /		1.	0
Charles F. Imbimb	0	P	roject	: Mai	nager		(In	5/M	WALL O	29/	29	11	5

\* Bldg. Owner is Amended. State of New Jersey NOTHICK (PURSUANT to NJAC 8:60 and 12:120)

**CHECK # 0307** 

Date of Notification (1)				f Building		perator	(2)			·		-	
9-25-2013				f East C	range					17			
Agencies Notified Type Notification	n		Street A		W					3	1		
EPA Initial				ty Hall P		117 27 10					.11		
DEP X Amended Amended				ate, Zip Co			UUT	1 2019			11		
	cy (including	_		Orange,	NJ 070	318					1		
DOH justification	n)		A COMPANY CONTRACTOR	f Contact				Telephone	Numb	er	s di		
DCA Cancellati	on			lackson				i .			_		
Nome of Coulity Minera Abstract in Ta	H Dl (	2)	FACI	ILITY INF	ORMATI	ON	\$		: 15"	-	1	-	
Name of Facility Where Abatement is Ta Property for Demo	ang Place (	3)					Type of Facility (4	•					
Street Address							Subchapter	8 (Other than	K-12)				
113 North 15th Street							etc.)	ivate & comm	nercial	buil	dings	, hom	ies,
City (5)					***************************************		Square Feet	# of Floors		E	ildg.	Age	
East Orange										1	<del>5</del> 0+		
County (6)		T		Code (7)			Current Use (Price	r if being dem	olished	<u>d)</u>	cc+::1400	->>-	
Essex				USE ONLY	?		House						
Name of Monitoring Firm Hired by Buildin			ASCI	M No.			of Abatement Con						
CSA - Consultin Services of Am	erica LLC						nica Manageme	ent Corpora	ition				
Street Address							Address						T-000-7-06-10
26 Lorenzo Court							roy Lane						
City, State, Zip Code							State, Zip Code						
Matawan NJ 07747						Linc	oln Park, NJ 07	035					
Project Manager for Monitoring Firm			Telepho				none No.		se No.	No.			(0.62==0.0E=
Michael Chain				21-9223	30	973	706-7950	0119	93				
Start Date (10)				Date (11)		11000000000	of OSHA Monitor	-some					
9-30-2013	10-31		3			Lozr	nica Manageme	nt Corpora	tion				
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street	Address						
Facility Closed/Vacated During Entir	e Period of	Abater	nent			22 T	roy Lane						
Abatement Performed Outside of No	ormal Facilit	y Hour	s		-	City, S	tate, Zip Code						
Other – Describe: Demolition			_			Linc	oln Park, NJ 07	035					
Scope of Work (Check All That Apply)							Transfer Fig.		1/2			- 4	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli					Full Containme Mini-Enclosure Glovebag Proc	edure					
			4000			-	Non-Exempted	( ) and Non-r	nable	PIO	3500 - 755	emen	
		Locat Norma										лре Пре	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Achoo		scription	of laterial (ACM)					İ	T
TO BE ABATED		intena todial					s insulation,	Amount (Specify		ZD	_	Encapsulate	9
In Facility	Cus	(12)			surfac	cing, VA	T, or	SF or LF)	-	Remova	Repair	aps	Enclosure
(13)	-				otner m	niscellar	leous)			Val	air	ula	Sure
	Yes	No	N/A									Φ.	
Entire House				W	Vill be d	lispose	ed of as						
				non-fr	iable a	sbesto	s materials.						
								~	$\Box$				
Name of Registered Waste Hauler		224	JDEP W		Cubic		Name of F	legistered Lar	dfill				1
Yannuzzi and Sons		100	lauler ID 7497	No.	of Was	ste	IESI						
City, State Hillsborough, NJ				410-1	Dispos	al Date	City, State Bethleh			100			
Completed by	Title					ianat		Jin, 1 7	Date				
E. Cirovic		etary	5%		3	ignature	anon		9-25	5-2	013		

\*Bldg. Owner is Amended State of New Jersey
No check (Pursuant to NJAC 8:60 and 12:120)

CHECK # 0306

Date of Notification (1)	-	i		Name o	f Building	Owner/O	perator	(2)		1	1 15	- F	뉴	
9-25-2013				City o	f East (	Orange		2						
Agencies Notified	Type Notification			Street A		No.						1		
☐ EPA	☐ Initial		- 1		ty Hall F				)CT	1 20	13	1		
DEP	X Amended				ate, Zip C						1134	SI .	1	
DOL	Amendment Emergency		-		SOUTH AND ADDRESS.	, NJ 070	)18					.e.	ĺ	
X DOH	justification)		1		f Contact				Teleph	one Nu	mber			= =====
☐ DCA	Cancellation				lackson				<u> </u>				031030	
Name of Facility Where	Ahatement is Takin	n Plana (1	3)	FAC	ILITY INF	ORMATI	DN	Type of Facility (4	**			374 3		
Property for Demo		y riace (	٥,						***					
Street Address						***************************************		School (K-12 Subchapter		nan K-1	2)			
45 N. 16th Str.							- 1	Other (i.e. pr				ldings	, hom	ies,
City (5)								etc.) Square Feet	# of Flo		- 1	Old-	A ===	9770
East Orange								Square reet	#01710	JOIS		3ldg. <i>i</i> 50+	age	
County (6)			-1	County	Code (7)			Current Use (Prio	r if boing	domolis		JU+		_
Essex					USE ONL			House	i ii being i	acitions	illeuj			
Name of Monitoring Firm	n Hired by Building	Owner (8		ASCI	M No.		Name	of Abatement Cont	ractor (9)					511-526 ··
CSA - Consultin Se				7.00	NICO A TO 2			ica Manageme			n			
Street Address			W 60					Address	о . р					
26 Lorenzo Court							22 T	roy Lane						
City, State, Zip Code		1	-					ate, Zip Code					77-716-1	
Matawan NJ 0774	7						100	oln Park, NJ 07	035					
Project Manager for Mor	nitoring Firm			Telepho	ne No.			one No.		cense i	Vo.			
Michael Chain				732-9	21-922	3	973-	706-7950	0	1193				
Start Date (10)		Schedul	ed Co	mpletion	Date (11)	)	Name	of OSHA Monitor						
9-30-2013		10-31		3			Lozn	ica Manageme	nt Corp	oratio	n			
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)	A BEST EVEN			Street	Address				V-15-15-6		
Facility Closed/Vac	ated During Entire	Period of	Abate	ment		- 1	22 Ti	roy Lane						
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	y Hour	8		I	City, St	ate, Zip Code						
							Linco	oln Park, NJ 07	035					
Scope of Work (Check A	li That Apply)	19										_	*	
23 sf or ≥3 lf			Renov					Full Containme	nt with Ne	gative	Pressu	ire		
≥160 sf or ≥260 lf			Demoli	ition			H	Mini-Enclosure Glovebag Proce	orlure					
								Non-Exempted		on-Frial	ole Pro	cedu	е	
		Is	Locat	tion							T		emen	t
Location		A 2000 0	Norma		l	Des	cription	of				Ty	pe	
Asbestos-Containing TO BE AB			ed Sole					aterial (ACM)	Amou	0000	_		m	_
In Facil		Cus		Staff?	(i.e		systems ing, VAT	insulation,	(Spec		Ren	R	Cap	ncl
(13)	ā.		(12)				iscellan				Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							1-		if o	O)
Entire Ho	ouse	7			٧	Vill be d	ispose	d of as						
					non-f	riable as	sbestos	s materials.		_	1			
						•					1			
											+-			_
Name of Registered Was	ste Hauler		1	WDEP W	/aste	Cubic \	Yards	Name of R	egistered	Landfil	1			<u> </u>
Yannuzzi and Sons			18.00	lauler ID 17497	No.	of Was	te	IESI	8					
City, State				7407			al Date	City, State						
Hillsborough, NJ						TBD		Bethlehe						
Completed by	<del></del>	Title				Si	gnature	1	, , ,	Da	ate			
E. Cirovic		(A) (A) (B) (B) (B)	etary	,			87	(A MAC)		1000	-25-2	013		

\*Bldg. Owner is Amended State of New Jersey
NO (Neck)

No check (Pursuant to NJAC 8:60 and 12:120)

CHECK # 0299

Date of Notification (1)		N	ame of Bu	uilding Owner	Operator	(2)			· ·	1		
9-25-2013		100000000000000000000000000000000000000		ast Orange					170			
Agencies Notified Type No	otification	Si	treet Addr	ess						1		:
□ EPA □ Ini	tial	4	4 City F	Hall Plaza								
DEP X An	nended	C	ity, State,	Zip Code		100	1 20	rio 👚		1		
	nendment # 1	E	East Ora	inge, NJ 07	7018	001				Ę.		
	nergency (including stification)	N	ame of Co	ontact	-	1992	Telept	none Nu	mber			
	ncellation	L	isa Jacl	kson			1					
			FACILIT	Y INFORMA	ПОИ							
Name of Facility Where Abatemen	nt is Taking Place (3)					Type of Facility	(4)				10-01092	
Property for Demo						School (K-	12)					
Street Address					5/2	Subchapte	r 8 (Other t	than K-1	2)	t-	<b>.</b>	
118 4th Ave.						etc.)	private & c	ommerc	iai dui	aings	, nom	ies,
City (5)						Square Feet	# of FI	oors		Bldg.	Age	
East Orange										50+		
County (6)			ounty Cod			Current Use (Pr	ior if being	demolis	hed)			
Essex		(5	TATE USE	: ONLY)		House						
Name of Monitoring Firm Hired by	U 750		ASCM No	0.	3000000	of Abatement Co						
'CSA - Consultin Services	of America LLC		_		Lozi	nica Managen	ent Corp	oratio	n			
Street Address			4,4			Address						
26 Lorenzo Court						roy Lane						
City, State, Zip Code		1.85			(C) (C) (C)	State, Zip Code				C-0-0111		
Matawan NJ 07747						oln Park, NJ (	7035					
Project Manager for Monitoring Fi	m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	elephone I		100000000000000000000000000000000000000	none No.	11 32	icense f	No.			
Michael Chain			32-921-		1	-706-7950	1	1193				
Start Date (10) 9-30-2013	Scheduled		letion Date	e (11)	1	of OSHA Monitor						
	10-31-2					nica Managem	ent Corp	oratio	n			
Occupancy Status During Abatem						Address						
Facility Closed/Vacated Durir Abatement Performed Outsid	ng Entire Period of Al	batemer	nt		400	roy Lane						
Other – Describe: Demolition		nours				tate, Zip Code	7005					
Scope of Work (Check All That Ap	inly)				Line	oln Park, NJ 0	7035					
		1927			-	<b>,</b> '.' , *		: 11:	. ت			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	AND COMMENTS	enovatio emolition			F	Full Containm Mini-Enclosur	ent with Ne	egative l	<sup>5</sup> ressu	re		
		ondoi	•			Glovebag Pro						
						Non-Exempte	d (*) and N	on-Friat	ole Pro	cedur	e	
20	5.4 XXXXX	ocation									ement pe	t
Location of		Solely	by		escription				-	1,	pe	
Asbestos-Containing Material ( TO BE ABATED	Main	tenance	e/ /			laterial (ACM) s insulation.	Amo (Spe	775.07	71		四	m
. In Facility		dial Sta (12)	ff?	` surfa	cing, VA	T, or	SF or		Remova	Repair	cap	ndc
(13)				other	miscellan	eous)			ova	ar	Encapsulate	Enclosure
	Yes	No	N/A								क	
Entire House				Will be	dispose	ed of as						
	<del></del>	_	n		•	s materials.			+-	-	-	
		-		OII III ADIC (	2300310	3 materials.			-	-		
Name of Registered Waste Hauler		- CONTRACTOR	EP Waste		Yards	Name of	Registered	Landfill				
Yannuzzi and Sons		174	ler ID No. 197	of Wa	100000	IESI						
City, State		1/4	-	100000	sal Date	City, Stat	е					-
Hillsborough, NJ				TBD			nem, PA					
Completed by	Title				Signature			Da	ite			
E. Cirovic	Secret	tary			6	Cinori	~	(1) 88	-25-2	013		

Check# 1730		NOT		ATIO	N OF AS	BESTOS AC 8:60 a	ABAT		Marie Blower	nt- nw		_	
Date of Notification (1)	77			Name	a of Buildin	g Owner/O	perator (	2)	Dept. of Health &		Com	200	
	25 / 13	3		Mara	ie Marino	. AH		ivo.	Wept. pri licardi di	ocinin.	الاالالاس	1603	
Agencies Notified	Type Notification				t Address	-ALZOUI)			(signatur				<i></i>
☐ EPA	X Initial			27 M	ountain L	iew Stree		Dr	ite: 9/24/6-	me:	K		
⊠ DOLWD	☐ Amended				State, Zip		L			- 10			
Ø DHS\$	Amendment #		Š	Marin -	Orange,			007	6 5010 V	· ·			
☐ DCA (NJAC 8:23-8)	Emergency (I   justification)	ncludini	9		e of Contac		•		Janet and Muse	1			
	Concellation				ie Marino				Talephone Nur	aper t			
				_			TION		1				
Name of Facility Where A	batement Is Takir	n Place	(E) 6		CELLIA	NFORMAT	HON	Type of Facility					(e
Private house		·9 · 100	. (-)					School (K-	5.0350.001				
Street Address					-,,			Subchapter	8 (Other than K-1	2)			
27 Mountain View Stre	et							Other (i.e.,	private and comme	ercial b	ulldin	<b>J</b> 9,	
City (5)								homes, etc		1-2			
West Orange, NJ 0705	,							Square Feet	# of Floors	В	ldg. A	ge	
County (6)				Cou	nty Code (7)	ISTATE IIS	E ONI VI	Current Has I	rior if being demal			100000	
Essex	50		1.75		, 5466 (.)	(OINIZ OD)	L OIGLIJ	Carrent Ose (F	uor it being gemai	isued)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of	Ahateme	ant Contractor (9	2)				
						Gr Tech		an contractor (s	")				
Street Address						Street A							
						576 Vall		202					
City. State, Zip Code						City, Stat	te Zin Cr	ode					
						4							
Project Manager for Moni	toring Firm		Tele	ephone	No.	Wayne,			Lippage No.				
					****				License No.				
Start Date (10)	Sche	duled C	omple	ilon Di	Ete (11)	973-638- Name of		Inhiter	01127				
09 / 26 /	13	09	2	7 /	[3								
Occupancy Status During	Abstement (Chec	k only	oné)			Street Ac	sion Co	nsultants, Inc					_
Facility Closed/Vacate	d During Entire Pr	edod of	Abate	ment		1	500700000000000000000000000000000000000						
Abatement Performed	Outside of Norma	d Facilit	v Idam	e Oo	scribe	City, Stat	agaraw	Road, Bldg .#	35 E				
Time of Abatement:	AIVIF	M/	PM_		AM								
Scope of Work (Check all	that apply)					Fair Law		/4)() and decontami		_		- 2000	
⊠ >3 sf or >3 lf		-					Full Cont	ainment with Ne	mation egative Pressure				
> 150 sf or >260 lf		Re	novati	on		IXI I	Mini-Encl	osure		11 1221 11			
				311		P :	Glovobag Non-Exer	Procedure L	Tent with Negativ	e Press	enus		1
			Local					(3 5	1 114010 1 100000			-	
Location of Enfolders Asbestos Containing M	of Interiol (Activity		Norma Id Sole			Desc	orlption o	f .		-	atem	Γ	-
TO BE ABA		Ma	intena	ncel	Asbe	stos Contai	ining Mat	erial (ACM)	Amount	Rer	Rep	50	Enc
IN Facility	7	Cus		Staff?	11.6	surfaci	ng. VAT,	nsuiation, or	(Specify SIF or LF)	Remova	Repair	aps	Enclosure
(13)			(12)	7	4	other mi	scellane	one)		=		Encapsulate	à
		Yes	No	N/A	<del> </del>							Ф	
Basement				Ø	Pipe inst	ulation			8 LF	X		П	
Basement				×	Boiler in	เรนไสน่อก			24 SF	Z)	言	<u> </u>	H
					-	(,)			24 Sr	- 2		<u></u>	닏
		1	-	+==	<del> </del>						Lil.		
None of D. V.								P Section and Approximate					
Name of Registered Wast	e Hauler	-	NJI	DEP Wast	e Hauler iD No.	Cubic Yard	s of Waste	Name of Regi	stered Landfill	-			
Gr Tech LLC		. 11	. (	00337	85	TBD	• 10 1.	T.R.R.F. Inc	7, 1				
City, State		41176				Disposal		City, State					
Wayne, NJ 07470						TBD		Tullytown, F	A.				
Completed By (Print or Ty	pe) - Tri	e	-		***************************************		ature	1		ate			
N.Jevtic	Ou	ner					1	L.			112		
ASB-41				2500 5			1/200	الم مام	M= -4 0)	1/25/20	113		
MAY 11	8	Do no	i une i	His for	n for wahas	tos Hegnaul	L'exempl	led activities.					

# jState of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ck#1497

0.000			Int.		ED. IIdi	- O	mer / Operator (	2)			200		D 28	1
Date of Notification	(1)		1			CONTRACTOR OF THE PARTY OF THE		-,						
	9/20/2013						al Center			1 0	012			T
Agencies Notified	Type Notifics	ition			\ddress				OCT	1 2	013			
			29	100 A	Vestco	at Dr	IVE							1
	initial 🖂				ate & Zi		ae	1		80	9 24 27			
☐ DEP	Amer	nded			ngton,				1	Telep	hone	Mann	her	$\forall$
⊠ DOH	☐ Emer	gency			of Conta					1 capp	110116	IVUII	in a	
☑ DOH ☐ DCA		ellation	B	W do	/Illiams	B				1				- 1
				-	00 0570// 0	NEO	RNATION							
						NFU	Tarrest Section	(4)						$\neg$
Name of Facility W	here Abatema	ent is Taking Pla	ce (3)	)			Type of Facility		5					
Hunterdon Medi	ical Center						School (K-		K 42)					
Street Address							Subchapte	r 8 (Other thi	BN N-12)	h		4-	`	
2100 Westcott D	leine Mine			3			Other (i.e.	private & cor	nmercial bulk	ings, n	Onne	الم	.)	
2 100 44000000 p	1100						Square Feet	# of Flo	ors	Bldg.	_			
A. 199		County (6)	Con	mhy C	ode (7)		200000		8		7	70		
City (5)			1	any o	(.,		Current Use (P	nior if being o	lemolished)					-
Flemington, NJ		Hunterdon							7.0					
							Hospital							_
	res	n. Dr. Hellings Oneste	or (R)		IASCM	No.	Name of Abate	ment Contra	ctor (9)	1				
Name of Monitorin	g i-mm Hired o	by Britishid Own	DI (O)		1		ALPHA ENVI							
							Street Address							
Street Address							2129 Rt 33							
							City, State & Z	in Codo			-			_
City, State & Zip C	ode	08-08-08-08-08-08-08-08-08-08-08-08-08-0												
,,							Hamilton, N.		II isama	e Numb	-		_	_
Project Manager fo	or Monitorina	Firm	Telep	hone	Numbe	Γ	Telephone Nui		Licens					
LIDICOLINGIAGO: 14	J. 10.0.111.co.111.g						215-295-100	4		U	1091			
Scheduled Start D	cdo (40)	Scheduled Corr	noletio	n Dal	e (11)	1 14	Name of OSH	A Monitor	111 6 6 99 9					
9/30/20		10/20/2013	sprowe				<b>EMSL</b> Analy	tical						
9/30/20			he one	2/	6.	-	Street Address			-	1.]	2.) 14	4 6	
Occupancy Status	During Abette	ment (Check on	ny orr	of Aho	domoni		107 Haddon							
Facility Ck	osed/Vacated	During Entire Po	BINOU I			2	City, State & Z							
Abatemen	it Performed C	Outside of Norma	al Ho	urs -	/am w .	apm			2.5					
Describe:	After 430s	om and weeks	nds				Westmont, P	(1) USTUS						
Facility Oc	cupied During	g Abatement												
Scope of Work (C	heck all that a	raply)								v. Nom	-ti [	0		
200ba oi anni (o	THOUSE CONTRACTOR		*					E	ontainment wil	u weds	iuve i	-1055	HUIQ	
□ ≥3 sfor≥3	2 NF		X	Rer	novation	1		/	nclosure					
			X		nolition			Glove	Bag Procedur	<b>es</b>				
⊠ ≥160 জা≥	COU III								mempted and	Non-Fr	iable	Proc	edu	18
				-				Second Se	Annour			teme		
	Location of			Local			Description	OI.	(Specif		וטעורו	ICHIO	***	/
Asbe	estos-Containi	ing	Non	mally	Used		Asbestos Conf	aining	SF or L		. 1		m	
	aterial (ACM)			coledy			Material (AC		SFUL	,	교	20	Encapaulate	1
	BE ABATED				ice or		(i.e., thermal sy	Sums inc VAT			Remova	Repair	를	Eliciadore
1	in Facility		Cust		Staff?	1	nsulation, surfac				8	목	=	2
	(13)			(12)			or other miscella	aneous)			=		8	9
	11-4-000-0		Yes	No	NVA						-	-		_
D Attached			$\Pi$	X	П		See Attacl	red	See Attac	hed		$\Box$	ш	
See Attached				X	1-1				1					
1			1	1							. 1			
				IN	JDEP W	landa	Cubic Yards	Name of Re	gistered Land	Hill				
Name of Register	red Waste Ha	uer			auler ID		of Waste			NW4000				
							20	Grows La	ndfill					
ALPHA ENVIRO	Onmental				033330				164911466			33		
City, State			16.1		-02000		Disposal Date	City, State						
	1	A Stanford myster	7.1		10.00			Differentian (ISS)	DA.					
Trenton			y . 1540			2227.50	10/30/2013	Morrisville	s, ra					
Completed By (P	nint or Tunol			Ti	tte	000000000000000000000000000000000000000	Signature	9 1		1 37	Date			
Rod Richards				No.	M		Red Richardson				9/20	120	13	
ROU RICHINGS	A11	1.462.0	- 20		F04		1.00							

### 6th floor Mechanical and adjacent side room

Duct Insulation - 400sf Pipe Insulation - 119h Fitting Insulation - 13

### 7th floor Mechanical/Elevator room/Corridor/Landing

Pipe Insulation - 15lf Fitting Insulation - 88

5th Floor

Phase 1 Materials

3540sf VAT/Mastic (Also carpet to gain access)

100 fittings

Phae 1A Materials

240 sf VAT/Mastic (Also carpet to gain access)

Phase 2 Materials

1380 sf VAT/Mastic (Also carpet to gain access)

52 fittings

#### NOTIFICATION OF ASBESTOS ABATEMENT

D.4 -631-46-41- (1)					NT	CD 1111 C	\	-1 (2)				-	
Date of Notification (1) 9/25/20	013				Name of	Building C		ole Construction	6	7	59	7.	7
Agencies Notified Type of N  [ X ] EPA [ ]	Initial N	lotificati	777		Street A	ddress	128 Ba	artlett Avenue				2_1	
[ ] DEP [ ] [ X ]	Amende Amendn Emerger	nent #_			City, Sta	te, Zip Cod		Creek, NJ 08092	OCT	1 20	013		
[x] DOH []	justificat Cancella	tion)			Name of	f Contact Joyce	Corliss	T	Telephone Number		-	* 17	400
				EAC	II ITV I	NFORM	ATION						a .
Name of Facility Where Abatement is Residence	Taking Pla	ace (3)		TAC	ILIIII	NFORM	ATION	Type of Facility (4)	School (k-12)				
Street Address 23 W. Caroli	na Awar	nua						[ ] [x]	Subchapter 8 (oth Other (i.e., privat		335	al build	ings,
								5 5	homes, etc.)				
City		County			County C (STATE	ode (7) USE ONLY	n	Square feet 1500 sf	# of Floors		. Age 6	0	
Holgate	1	Ocean					20	Current Use (Prior i Reside					
Name of Monitoring Firm Hired by Bu N/A	ilding Ow	vner (8)			ASCM N	lo.	Name of	Abatement Contractor		Inc			
Street Address							Street Ad	dress		me.			
City, State, Zip Code							City, Stat	e, Zip Code	Route 9, Unit 61	007	755 17	771	
Project Manager for Monitoring Firm		7	Telephone N	Number	100			e Number	River, New Jerse License N		/33-12	2/1	
Scheduled Start Date (10)		- 5	Scheduled C		on Date (1	1)	732-349 Name of	OSHA Monitor	00624				
9/26/13 Occupancy Status During Abatement (	Theck onl	ly one)	9/30/13	3			Street Ad		L. Analytical				
[ X ] Facility Closed/		9 11	ntire Period	of Abat	ement		Succific		telton Road				
Abatement Perfi			Normal Fac	(32)		-1	City, Stat	e, Zip Code	N. I.	. 000	<i>- - - - - - - - - -</i>		
Scope of Work (Check all that apply)							[ ]		way, New Jerse		54		
Scope of work (Check an mat apply)							[ ]	Mini-Enclosure	with Negative Fres	Suic			
$\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260$	1f		[ ] [x]	Renovat			[ ] [x]	Glovebag Proced	ure *) and Non-Friable I	Procedu	re		
[ 1 ] 2100 31 01 2200			[ 7 ]	Demon	T		[ 7 ]	Tron-Exempted (	) and Non-Thable I	Toccuu			
						20		_		Abat	ement 1	Гуре	
Location of			s Location ormally us				Descriptionestos-Con		Amount	R	R	Е	Е
Asbestos-Containing Material (A	CM)		Solely by	cu			Iaterial (A		(Specify SF	E M	E P	N C	N C
TO BE ABATED	1	Mainte	nance/Cu	stodial			, thermal s		or LF)	0	A	Α	L
in facility (13)			Staff (12)			insu	lation, sur VAT, o			v	I R	P S	O S
(13)			(12)			othe	er miscella			A	-	U	U
		YES	NO	N/A				9.55 Taxas Tayari 20 <b>₹</b> 001		L		L E	R E
Exterior			X		Asbe	stos sidin	g		1400 sf	Х			
						Verseine i							
Name of Registered Waste Hauler Guardian Contracting	Inc.	N	DEP Waste 20	)223		Cubic Ya	rds of Wast	T.R.R.F.	ered Landfill				
City, State Toms River, New Jers	ey			Dispos 10/1/			City, Sta Tullyto	<sub>ite</sub> own∤Pennsylvani	a				
Completed by (Print or Type) Nicholas Fernicola	- 1	Title Projec	t Manage	r	Signat	ure .	Mol	tel		Date 9/25	5/2013	3	

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building						
9/25/2013			Semin	ole Construction	2	70	THE	7
	ation ial Notification ended Notification	Street Address		artlett Avenue	(1) 1 3	0040		
[ 1 ] 502	endment # ergency (including	City, State, Zip Co		Creek, NJ 08092	ULI 1	2013		
I A I DON	ification) cellation	Name of Contact Joyce	Corliss	Те	lephone Number			
	F	ACILITY INFORM	MATION					
Name of Facility Where Abatement is Takir		TOIDIT THE OIL		Type of Facility (4)				
Residence				[ ]	School (k-12)			
Street Address 101 E. Schuykill	Road			[ ] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)		CONTRACTOR OF THE STATE OF THE	dings,
City	County (6)	County Code (7) (STATE USE ONI	V)	Square feet	# of Floors	Bldg. A		
Little Egg Harbor	Ocean	(STATE OSE ON	.1)	1500 sf Current Use (Prior if the Providence of the Prior			60	
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCM No.	Name of	Residence Abatement Contractor (		Tena		
N/A Street Address	THE STATE OF THE S		Street A		n Contracting,	mc.		
					oute 9, Unit 61			
City, State, Zip Code			City, Sta	te, Zip Code Toms Ri	iver, New Jerse	ev 0875	5-1271	
Project Manager for Monitoring Firm	Telephone Num	ber		ne Number 9-9932	License N 00624			
Scheduled Start Date (10) 9/26/13	Scheduled Com 9/30/13	pletion Date (11)		OSHA Monitor	. Analytical			
Occupancy Status During Abatement (Chec			Street A	ddress				
	ed During Entire Period of			1056 Ste	elton Road			
Abatement Performe Other – Describe	d Outside of Normal Facility	/ Hours	City, Sta	te, Zip Code		0005		
[ ] SMM 2500000				Piscataw	vay, New Jerse	y 08854	•	
Scope of Work (Check all that apply)			[ ]	Full Containment v	vith Negative Pres	sure		
[ ] >3 sf or ≥3 lf	ſ ] Rer	novation	L :	Mini-Enclosure Glovebag Procedur	·e			
$\begin{bmatrix} x \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$	5 5	molition	[x]			Procedure		
						Abatem	ent Type	
	Is Location		Description	on of				1.
Location of	Normally used		bestos-Co	ntaining	Amount	112399	R E E N	E N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custoo		Material (A		(Specify SF or LF)	I IVI	P C A A	C L
in facility	Staff	V	sulation, su		Of Lif	.O   ;	P.	o
(13)	(12)		VAT,	or		1 1	R S U	S
	YES NO N		her miscell	aneous)		A L	L	R
Exterior	X X	Asbestos sidi		ÚÍ	1300 sf	X	E	Е
Exterior	^	Asbestos sidi	ng		1300 81	^		$\vdash$
	+ + +		-	AND THE PARTY OF T				+-
	+							$\vdash$
Name of Registered Waste Hauler Guardian Contracting, Inc	NJDEP Waste Ha		ards of Was	te Name of Registere	ed Landfill			
City, State	Di	sposal Date	City, St	ate	3 (4)			
Toms River, New Jersey Completed by (Print or Type)	Title	0/1/13 Signature	Tullyl	own, Pennsylvania		Date		
Nicholas Fernicola	Project Manager	Mic	hol	tel		9/25/2	2013	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

					Nome of D	ilding O	mer/One	tor (2)						
Date of Notification (1)	eptember 25, 201	3			Name of Bu	iliaing Ov	R S De		ment	225	9	4	-	
Agencies Notified  [ X ] EPA	1 1	on Notificati led Notifi			Street Addr	22.000	62A 4 <sup>ti</sup>	Stree	et			5_17	Person services	
[ ] DEP [x] DOL [x] DOH	Amend	lment #_ ency (inc			City, State,	Zip Code		en, N.	07030		013		4	
[ ] DCA	justific				Name of Co		/IcFarlan	ıd	Те	ephone Number		<u> </u>		
				FAC	ILITY IN	FORMA	ATION				W.	of the same of		_
	abatement is Taking lesidence	Place (3)						Туре	of Facility (4)  [ ]  [ ]	School (k-12) Subchapter 8 (other				
Street Address	6 Park Avenue								[x]	Other (i.e., private homes, etc.)			buildin	gs,
City		County	(6)		County Cod (STATE US		)		re feet 1000 sf	# of Floors 2 being demolished)	Bldg	Age 60	)	_
Hoboken		Hudso	on						Residen	ce				_
Name of Monitoring Firm	n Hired by Building ( uardian Contract	owner (8)			ASCM No.		Name of	Abaten	nent Contractor ( Guardia	9) n Contracting, l	nc.			
Street Address							Street A	ddress	1889 Ro	oute 9, Unit 61				
City, State, Zip Code	389 Rte. 9, Unit (						City, Sta	te, Zip	Code	iver, New Jerse	v 087	755-12	71	
	oms River, NJ 08	3755	Telephone 1	Number			Telepho	ne Num		License Nu				
Project Manager for Mon Nicholas Fe			732-349-	9932			732-34	19-993	32	00624				
Scheduled Start Date (10 10/9/1			Scheduled 9/11/1		ion Date (11)	)	Name of	OSHA	Monitor E.M.S.I	. Analytical				
Occupancy Status During	g Abatement (Check	only one)					Street A	ddress	1056 St	elton Road				
[ X ] Fa	acility Closed/Vacate batement Performed	d During Outside o	Entire Perio of Normal Fa	a of Aba acility Ho	ours		City, St	ata 7in			_		-	
	ther - Describe						City, Su	ate, Zip	Piscata	way, New Jerse	y 088	54		
Scope of Work (Check a	ll that apply)						[		full Containment  Mini-Enclosure	with Negative Pres.	sure			
[x] >:	3 sf or ≥3 lf		[ ]	Renova	ation		[x	] (	Glovebag Procedi					
L 1	160 sf or ≥260 lf		[x]	Demol	ition		[	] 1	Non-Exempted (*	) and Non-Friable I				_
											Aba	tement '	Гуре	_
		١,	Is Location				Descripti bestos-Co		ng	Amount	R E	R E	E N	E
Location Asbestos-Containing		1	Solely by			1	Material (	ACM)		(Specify SF	M	P	С	С
TO BE AF	BATED	Mair	tenance/C	ustodial	l l		e., therma sulation, s			or LF)	0	A I	A P	L
in faci			Staff (12)			ins	VAT,		ıg,		v	R	S	S
(13)	)	1	(12)			otl	her misce		ıs)		A		U	U R
		YES	NO	N/A							L		E	Е
Exterior			X		Trans	ite				100 sf	X	-		
				-						+	+	<u> </u>	$\vdash$	$\vdash$
		+-		-							1		T	
Name of Registered Wa	ste Hauler	1	NJDEP Wa		er ID No.		ards of W	aste	Name of Regist	ered Landfill				
Guardian	Contracting, Inc			20223	ocal Data	2	City,	State	T.R.R.F.					
City, State Toms Riv	er, New Jersey	ew Jersey 9/14/13 Tullytown, Pennsylvania												
Completed by (Print or	Type)	Title Proi	ect Mana	ger	Signati	ire	ch	1	ter	1		16 25/201	3	

### NOTIFICATION OF ASBESTOS ABATEMENT

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

					N	. 71' 0		-4 (2)			7 0		+	$\neg$
Date of Notification (1)	ptember 25, 20	13			Name of E	Building O	wner/Oper Michae		naro					
Agencies Notified  [ X ] EPA  [ ] DEP		on Notifica ded Noti			Street Add	lress e, Zip Code		ark Ave	enue	OCT 1 2	2013	1		
[x] DOL	N 59 90	dment #			City, State	, Zip Cod		en, NJ	07030			1	4	
[ ] DCA	justific [ ] Cance				Name of 0		el Tenna	ro	Te	lephone Number				
-				FAC	ILITY IN	FORM	ATION							
	batement is Taking l sidence	Place (3)						Type	of Facility (4)  [ ]	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address	4 Park Avenue								[x]	Other (i.e., private homes, etc.)			l buildi	ngs,
City		Count	y (6)		County Co (STATE U		7)		1000 sf	# of Floors 2	Bldg.	Age 6	0	
Hoboken		Huds	son						Residen		=	-		
Name of Monitoring Firm					ASCM No	),	Name of	Abatem	ent Contractor (	9) n Contracting,	Inc			
Street Address	ardian Contract		с.				Street A	ddress		oute 9, Unit 61	me.			
City, State, Zip Code	89 Rte. 9, Unit (	01					City, Sta	ite, Zip C	Code				<del></del>	
To	ms River, NJ 08	3755					m 1 1	27 1		iver, New Jerse License N		55-12	271	
Project Manager for Moni Nicholas Fer			Telephone : 732-349-				Telephor	ne Numi 19 <b>-</b> 9932		00624	umoer			
Scheduled Start Date (10)			Scheduled 9/11/1	Complet	ion Date (1)	1)	Name of	f OSHA		Analytical				
Occupancy Status During	Abatement (Check		)	0.0000000000000000000000000000000000000			Street A	ddress	1056 84	elton Road				
	cility Closed/Vacated atement Performed									enon Road				
1 5 5	her – Describe						City, Sta	ate, Zip (		way, New Jerse	y 088	54	777	
Scope of Work (Check all	that apply)						[	•	ill Containment	with Negative Pres	sure			
[x] >3	sf or ≥3 lf		r 1	Renov	ation		[ x	, ,	lovebag Procedu	ire				
-	60 sf or ≥260 lf		[x]	Demol			j		on-Exempted (*	) and Non-Friable	Procedu	ire		
					T			J = 2822			Abat	ement	Гуре	
			Is Location				Descripti bestos-Co		2	Amount	R	R	Е	Е
Location Asbestos-Containing			Normally u Solely by				Material (		g	(Specify SF	E M	E P	N C	N C
TO BE AB.	ATED	Mair	ntenance/C				., therma			or LF)	O	A	A P	L
in facili (13)	ity		Staff (12)	500		ins	ulation, s VAT,		g,		v	R	S	S
(13)			(12)			oth	er miscel		s)		A		U	U R
		YES	S NO	N/A							L		E	E
Basement			X		Asbe	stos pipe	wrap			50 lf	X		<u> </u>	<u> </u>
Exterior			X		Roof	ing				1000 sf	X	-	-	-
		_	-	-							+	-	-	-
N	ta III-ule-		NJDEP Was	to Usul-	r ID No	Cubic V	ards of Wa	iste la	Name of Registe	red Landfill				
Name of Registered Wast Guardian C	te Hauler Contracting, Inc.			20223		10			T.R.R.F.					
City, State				Disp. 9/14	osal Date		City, S		Pennsylvania	a .				
Completed by (Print or T		Title			Signat	ure	1 /	)/	1 1	•	Date		2	101111
Nicholas Fe	ernicola	Pro	ject Manag	ger		VI.	chot		10		9/2	5/201	3	

### NOTIFICATION OF ASBESTOS ABATEMENT

			n		. 10			4-0-1-0-1		-	1-	
Date of Notification (1) 9/25/2013				Name of Building (			onstruction	2	7 2	59	1	
[ ] DEP [ ] Amer	ion Notifica nded Noti	ification		Street Address City, State, Zip Coo	le		- Sa.	DCT 1 20	13		The same of the sa	
[X] Emer	gency (in	cluding	1		west (	Creek	, NJ 08092			A.	A SA	
IX I DON	ication) ellation			Name of Contact Joyce	Corliss		Te	lepho <u>ne Number</u>		- ,	,_,_,	
			FACI	LITY INFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3)					Тур	5 5	School (k-12)	41	\$ 12\		
Street Address 904 Mill Creek Ro	oad						[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			ıl buildi	ngs,
City	County	y (6)		County Code (7) STATE USE ONL	Y)	Squa	are feet 1200 sf	# of Floors	Bldg	Age 6	0	
Beach Haven West	Ocea	n				Curi	rent Use (Prior if b Residen	peing demolished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	4	ASCM No.	Name of	Abate	ment Contractor (9		Inc.			
Street Address				100/60-00-00-00-00-00-00-00-00-00-00-00-00-0	Street Ac	ddress	V200-2000-2000-2000	oute 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip	Code	iver, New Jerse	v 087	55-12	71	- Cin-271
Project Manager for Monitoring Firm		Telephone N	Number		Telephor		nber	License No. 00624		00 12		
Scheduled Start Date (10) 9/26/13		Scheduled C 9/30/13		n Date (11)			A Monitor	. Analytical				
Occupancy Status During Abatement (Check	only one)				Street A	ddress						
[ X ] Facility Closed/Vacate							1056 Ste	elton Road				
Abatement Performed Other - Describe	Outside o	of Normal Fac	cility Hou	rs	City, Sta	ite, Zip		vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[ ]	<u> </u>		with Negative Press	sure			
[ ] >3 sf or ≥3 lf		[ ]	Renovati	ion	[ ]	<u>.</u>	Mini-Enclosure Glovebag Procedur	re				
[x] ≥160 sf or ≥260 lf		[x]	Demoliti	on	[x]	] 1	Non-Exempted (*)	and Non-Friable F	rocedu	re		
					200				Abat	ement 7	Гуре	
Location of	,	Is Location Normally us		As	Description bestos-Con		nα	Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)	1	Solely by			Material (A			(Specify SF	E M	E ·	N C	N C
TO BE ABATED	Main	tenance/Cu			., thermal			or LF)	0	A	A	L
in facility		Staff (12)		ins	ulation, su VAT,		ıg,		v	I R	PS	O S
(13)		(12)		oth	er miscell		is)		Α		U	U
22	YES	NO	N/A						L		L E	R E
Exterior		X		Asbestos sidi	ng			1000 sf *	X			
									_			
	-	-										-
Name of Registered Waste Hauler		NJDEP Waste	e Hauler l	D No.   Cubic Y	ards of Was	ste	Name of Register	ed Landfill				
Guardian Contracting, Inc.			0223	3			T.R.R.F.					
City, State Toms River, New Jersey		N. S.	Dispose 10/1/1		City, S		Pennsylvania					
Completed by (Print or Type)	Title	1		Signature	1	VI	T Truma	1	Date			
Nicholas Fernicola	Proje	ect Manage	er	$\perp$ $\leq$ $\leq$ $\leq$ $\leq$	cho		ter	1	9/2:	5/201	3	

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

### NOTIFICATION OF ASBESTOS ABATEMENT

D. 01.15 (1)		N	0	mtor (2)				<u> </u>	
Date of Notification (1) 9/25/2013		Name of Building		ole Construction	2	2/5	7.0	31	
1	ion Notification ded Notification	Street Address  City, State, Zip Co	1202	artlett Avenue	- OCT 1-	2013			
[X] Emerg	dment # gency (including	City, State, Zip C		Creek, NJ 08092			33		
	cation) ellation	Name of Contact Joyce	e Corliss	T	elephone Number			<u>.                                    </u>	
Lance Lance	F	ACILITY INFORT	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)	th l-	12\		
Street Address 25 W. 29 <sup>th</sup> Street	317			[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			l build	ings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1800 sf	# of Floors	Bldg. A	Age 60	)	
Beach Haven	Ocean			Current Use (Prior if Resider	THE PERSON AND PROPERTY OF THE PARTY OF THE				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.		R	
Street Address			Street A	ddress	oute 9, Unit 61				
City, State, Zip Code			City, Sta	te, Zip Code	Liver, New Jerse	ev 0875	55-12	71	
Project Manager for Monitoring Firm	Telephone Num	ber		ne Number 19-9932	License N 00624		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Scheduled Start Date (10) 9/26/13	Scheduled Com 9/30/13	pletion Date (11)		OSHA Monitor	L. Analytical				5:
Occupancy Status During Abatement (Check of X ) Facility Closed/Vacated	only one) I During Entire Period of		Street A	ddress	telton Road				
Abatement Performed (	Outside of Normal Facilit	y Hours	City, Sta	nte, Zip Code Piscata	way, New Jerse	y 0885	4		
Scope of Work (Check all that apply)	400		[	Full Containment Mini-Enclosure	with Negative Pres	sure			
[ ] >3 sf or ≥3 lf	L 3	novation	[	Glovebag Procedu		Draadure			
[ x ] ≥160 sf or ≥260 lf	[ x ] De	molition	[ x	Non-Exempted (	and Non-Friable l	rocedure			
						Abater	ment 7	уре	
	Is Location		Descripti		Amount	R	R	E	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by	A	sbestos-Co Material (		(Specify SF	E	E P	N C	N C
TO BE ABATED	Maintenance/Custo	dial (i	.e., thermal		or LF)	M	A	A	L
in facility	Staff	ir	sulation, s			o v	I R	P S	O S
(13)	(12)		VAT, ther miscel			A	K	U	U
	YES NO N	/A	mei miscei	ialicous)		L		L E	R E
Exterior	X	Asbestos sid	ling		1700 sf	Х			
						-			
						$\vdash$		_	-
				T., 00 :-	1 1011				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H 2022		Yards of Wa	ste Name of Registe T.R.R.F.	ered Landiiii				No. of London
City, State		Disposal Date	City, S			591851-55			
Toms River, New Jersey Completed by (Print or Type)	Title	0/1/13 Signature	1 Tully	V / Chilisyivania	1	Date			
Nicholas Fernicola	Project Manager		· Che	1 tec	/	9/25/	/2013	3	

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) September	25, 2013			Name of	Building O	wner/Oper Regal	ator (2) Restoration I	Demolit	ion 2	25	88		<u> </u>
Agencies Notified Type of I  [ X ] EPA [ X ]  [ ] DEP [ ]	Notification Initial Notif Amended N			Street Ad			eston Place	a			'	= , !!	
[x] DOT [X]	Amendmen Emergency	t # (including			e, Zip Cod		own, NJ 077		001	1 20	)13	1.3	
[ ] DCA [ ]	justification Cancellation			Name of	Robert	Puterma	n ·	Tele	phone Number				N. T. C.
			FAC	ILITY II	NFORM	ATION					9 75-500		
Name of Facility Where Abatement is Residence	Taking Place	(3)			Nist Hand		Type of Facili	] !	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 3641 Lawre	nceville Ro	oad					j	] (	Other (i.e., private nomes, etc.)	e & con	nmerci	al build	ings,
City	Cou	inty (6)		County Co (STATE U	ode (7) JSE ONLY	n	Square feet 7000 s		# of Floors		. Age 10	00	
Princeton		ercer					R	esidenc			6		
Name of Monitoring Firm Hired by B Guardian C				ASCM No	0.	A.S.W.Messes			Contracting,	Inc.			
Street Address 1889 Rte. 9	Unit 61					Street A	18	889 Rou	ite 9, Unit 61				
City, State, Zip Code Toms River	NI 09755				*	City, Sta	te, Zip Code	ome Riv	er, New Jerse	w 087	55-13	71	
Project Manager for Monitoring Firm	, NJ 00733	Telephone 1	Number			Telephor	ne Number	OIIIS ICI	License N		33-12	-/1	
Nicholas Fernicola		732-349-				2550 SE#10 - 52	9-9932		00624				
Scheduled Start Date (10) 9/25/13		Scheduled 9/26/1	-	ion Date (1)	1)	Name of	OSHA Monitor E		Analytical				
Occupancy Status During Abatement  [ X ] Facility Closed		ne) ng Entire Perio	d of Aba	tement		Street A		056 Ste	ton Road				
		ie of Normal Fa				C't St							
Other – Descri	be					City, Sta	te, Zip Code P	iscatawa	ay, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[ ]	Full Conta Mini-Encl		ith Negative Pres	sure			
[x ] >3 sf or ≥3 lf	0 lf	[ ] [x]	Renova			[x]	Glovebag	Procedure	and Non-Friable I	Procedu	re		
[ ] =100 31 01 =220		[,,]	Demoi	7				1			ement	Гуре	
		Is Locatio	n			Description				R	R	E	Е
Location of		Normally u				estos-Co			Amount	E	Е	N	N
Asbestos-Containing Material (A		Solely by aintenance/Cu		y.		Aaterial (A			(Specify SF or LF)	M	P	CA	C
in facility	IVI	Staff	istouiai	3		ilation, su			Of LIT)	0	A I	P	o
(13)		(12)			1505500	VAT,				V	R	S	S
,,,,,,,,		200000000000000000000000000000000000000			oth	er miscell	aneous)			A		U	UR
	YI		N/A	1		. 1.:			25.15	L X		Е	Е
Stairwell		X	-			insulatio	ш		25 lf			-	-
2 <sup>nd</sup> floor hallway		X	-	Tar fr	om acce	ss panel				X		_	
			+	+						1			
Name of Registered Waste Hauler Guardian Contractin	g Inc	NJDEP Was	te Haule:	r ID No.	Cubic Ya	ards of Was	te Name of		d Landfill	1		1	
City, State Toms River, New Je		2		osal Date		City, S							
Completed by (Print or Type) Nicholas Fernicola	Tit	le oject Manag		Signati	are (	dra	110		1	Date 9/2:	5/201	3	

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

UK#5505

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

Date of Notification (1)					Name	of Building	g Owner/	Operator (	2)		- 1	1			Ť
9 /	27 / _	13	_:			Transit				9-4692 Che	ck#	5505	5	*	
Agencies Notified	Type Notifica	ation			Street	Address				OCT -	- 1	2013		1	71
⊠ EPA					One	e Penn P	laza Eas	st	5 4 1 5 , 1 2	001	68	( <del>-1</del> 50)		Ü	1
☑ DOLWD	☐ Amended				City, S	State, Zip C	Code	100	t e	1 2	-	0.	***	-3	
□ DHSS     □	Amendme	200			The second second	wark, NJ			Ĭ,	I			<i>i</i> = '	4	
☐ DCA (NJAC 5:23-8)	☐ Emergene justification		ding			of Contac				Telephone N	lumbe	er		-	
(140/10 3.23-0)	☐ Cancellat					sell Sam									
					FAG	CILITY IN	IFORMA	TION		11			100		
Name of Facility Where A	batement is T	aking P	lace (3	3)			011		Type of Facility	(4)					
Bus Garage									School (K-12						
Street Address									Subchapter     Subchapter	8 (Other than K					
16 Market Street									Other (i.e., p		merc	ial bu	ilding	s,	
City (5)									Square Feet	# of Floors		Blo	dg. A	ge	
Paterson	· ·														
County (6)			-,,(		Cour	ty Code (7	)(STATE U	ISE ONLY)	Current Use (Pr	ior if being den	nolish	ed)			
Passaic								8.0	Garage						
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8)	T	ASCM	No.	Name o	of Abateme	ent Contractor (9)	)					
TTI Environmental			, ,		0003	3	1	teTech, li							
Street Address							100000000000000000000000000000000000000	Address						-	
1253 N. Church Stre	eet						0.0000000000000000000000000000000000000		e. PO Box 25						
City, State, Zip Code								ate, Zip Co			-				
Moorestown, NJ 080	057								NJ 08048						
Project Manager for Monit			Т.	Tele	phone	No		one No.	10 000 10	License No					
Jeff Seaman	ioning i iiiii				56-840			265-2107	,	00529	•				
Start Date (10)	To	Schedule	ed Con	7377-875			0.000	of OSHA M		00020	-				
10 /10 /				: 2	/ _	100000000000000000000000000000000000000		L Analyt							
Occupancy Status During	Abatement (0	Check or	nly one	e)			Street A	Address							
☐ Facility Closed/Vacate				7.50	ment		108	Haddon /	Ave.						
Abatement Performed	Outside of No	ormal Fa	acility H	lour		cribe	City. St	ate, Zip Co	ode		220100				
Time of Abatement:	AM	PM/ <u>5</u>	PM- <u>2</u>	ΑM				tmont, N							
Scope of Work (Check all	that apply)							1 F. II O	i dan and with Nin	ti D					
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Rend Dem				$\boxtimes$	Mini-Enc	g Procedure						
						т		Non-Exe	mpted (*) and No	n-Friable Proc	edure				
. •			Is Lo	ocat rma			-					Ab	ateme	ent T	ype
Location ( Asbestos-Containing N		n l	Used			Ashe		scription o	terial (ACM)	Amount	- 8	Re	Repair	Ē	E E
TO BE ABA	TED		Maint			(i.e	., therma	systems	insulation,	(Specify		Removal	oair	Saps	Enclosure
IN Facilit	y		Custod (	12)	Stail?			cing, VAT,		SF or LF)		<u>a</u>		Encapsulate	l re
(13)		Y		No	N/A	1	otheri	niscellane	ous)					te	
Maintenance Shop	18 118 118	D	<b>a</b> [	]		Pipe Ins	sulation	1	00.000000000000000000000000000000000000	25 LF		$\boxtimes$			
			7 [	_											
												П	П	П	
													] [		
Name of Registered Wast	o Hauler	L	7 1	ا ا ا	IJDEP \	Masta	Cubic Y	ards of	Name of Regis	stored Landell		Ц	Ц	Ц	
AbateTech, Inc.	e Hauler				lauler II	O No.	Waste	ards or	G.R.O.W.S						
City, State				-	18750	,	4 Disposa	al Date	City, State						100000
Lumberton, NJ							10/11		Tullytown,	PA					
Completed By (Print or Ty	ne)	Title	-					nature			Date		-		
Gwendolyn Trumbe		20000000	ratio	าร (	Coordi	inator		( )	11 A		Date		27/	13	
zzaoijii iiumbe		Ope						XI	WJ			1	-11		

ASB-41 MAY 11

### MOCK

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

Date of Notification (1)					Name	of Building	Owner/C	perator (2	2) "				7 1	D 7.	-
9 /	27 / _	13	_			nden Co			-,	Job #1309-	4690	Ch	eck	#_ }	
Agencies Notified	Type Notifica	tion			Street	Address			8 0						
⊠ EPA	☐ Initial				200	College	Drive			nct	- 1	20	13	3	
□ DOLWD   □   □   □   □   □   □   □   □   □	☐ Amended				City, S	tate, Zip C	ode		3						
☑ DHSS	Amendme				Blac	kwood,	NJ 0801	2				12		- 3	
□ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		uding	1		of Contact			:	Telephone N	umber	- 1		r,	
(145/10/5.25-6)	☐ Cancellati				Ron	Garbow	ski		•	Li					
						ILITY IN		TION					,		
Name of Facility Where A	Ahatement is T	aking F	Place (	3)					Type of Facility	(4)					
Camden County Co			1000 (	٠,					☐ School (K-12	5.39					
Street Address	Jilogo- Turci	idii			-75	-			Subchapter 8	Other than K	-12)				
200 College Drive									Other (i.e., pr homes, etc.)	rivate and com	mercial	bui	lding	s,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	je	=
Blackwood										074.000.000.000					
County (6)					Coun	ty Code (7)	)(STATE US	SE ONLY)	Current Use (Pri	or if being dem	olished	1)			
Camden									College Hall						
Name of Monitoring Firm	Hired by Build	ling Ov	vner (8	)	ASCM	No.	Name of	f Abateme	ent Contractor (9)						
Horizon Environme	ental				0007	3	Abate	eTech, lı	nc.						
Street Address					-		Street A	ddress							
301 9 <sup>th</sup> Street							30 Ma	aple Ave	e. PO Box 25						
City, State, Zip Code							City, Sta	te, Zip Co	ode				2- 4-1111		000=115
West Deptford, NJ	08086						Lumb	perton, N	J 08048						
Project Manager for Mon	itoring Firm			Tele	phone.	Ŋo.	Telepho	ne No.		License No					
Steve Flanigan				85	6-848	-0800	609-2	65-2107		00529			250	- 200	
Start Date (10)	0.000.00	/		100 mg	tion Da	/		FOSHA N							
9 / 30 /		/_11	/	29	_ / -	13	EMSI	_ Analyt	ical						
Occupancy Status During	- 1					/	Street A	ddress							
☐ Facility Closed/Vacate							108 F	laddon	Ave.		1975				
Abatement Performed Time of Abatement:								ite, Zip Co mont, N							
Scope of Work (Check a	ll that apply)	-			-72	- 17			tainment with Neg	estivo Proscurs		- 12-			
≥3 sf or ≥3 lf			⊠ Ren	ovati	on		-	Mini-End		jative Flessule					
≥160 sf or ≥260 lf		Ī	_ Den	nolitio	n			Gloveba	g Procedure	- Friskle Dese					
					•			Non-Exe	mpted (*) and No	n-Friable Proc		A L -		- A T	
Location				_ocat orma			Dos	scription c	,f		-			ent T	_
Asbestos-Containing	100000	)	Used	Sole	ly by	Asbe	stos Cont	aining Ma	terial (ACM)	Amount		Removal	Repair	Enc	Enclosure
TO BE ABA	ATED	´			nce/ Staff?	(i.e.			insulation,	(Specify		Š	a.	aps	lso
IN Facil (13)	ity		Ousid	(12)	Stail!			cing, VAT niscellane		SF or LF)		<u> </u>		Encapsulate	F
(13)			Yes	No	N/A	1	outer it	nocenario	000)					Ф	
PLEASE SEE ATTAC	HED ORANG	GE									1				
HIGHLIGHTED AREA	ls.										1				
				П							1				
				П							1				
Name of Registered Was	ste Hauler				JDEP \	Vaste	Cubic Ya	ards of	Name of Regis	tered Landfill				_	rolls, <del>e</del> rd.
AbateTech, Inc.					auler II	No.	Waste		G.R.O.W.S						
City, State		-			18750		40 Disposa	I Date	City, State						
Lumberton, NJ							11/29		Tullytown,	PA					
Completed By (Print or T	vne)	Title				Υ.		nature			Date	1			
Gwendolyn Trumbe	F1		eratio	ne i	Coord	inator	loig				a	12	7/1	3	
Owendoryn Humbe		_ Op	Siaul		Jooru			101	1	- 22 / 22 / 2		1	.//	~	

ASB-41 MAY 11

## 10 de

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

Date of Notification (1)					Name	of Buildin	a Ow	ner/Operator (	2)			s./mmm.ri/F		
9 /	27 /	13			X23.74.74-17.050			y College	<i>(-)</i>	/ Job #1309	4690	Che	k #55	71
Agencies Notified  ⊠ EPA	Type Notifica	ation				Address College	Driv	/e	1000		·	1 0/	10	
☑ DOLWD		7.55			City, S	State, Zip (	Code			<del>¹⊓ ≻:</del> 06	- 1	1 4	13	-
☑ DHSS	Amendm	100			4	ckwood,								
☐ DCA (NJAC 5:23-8)	☐ Emergen justification	cy (inc	cluaing	3	Name	of Contac	t			Telephone 1	Number	·,		9
(10/10 0.20 0)	☐ Cancellat			1	Ro	n Garbov	vski			1		_		
					FA	CILITY IN	IFOF	RMATION				Ø,		
Name of Facility Where A	batement is 7	aking	Place	(3)		200000000000000000000000000000000000000			Type of Facilit	y (4)				
Camden County Co	llege- Taft l	Hall							School (K-		P2002420			
Street Address										r 8 (Other than I private and con		l build	nas	
200 College Drive									homes, etc		iniciola	Duna	ngs,	
City (5)						3-3-30	W. 34 - 12		Square Feet	# of Floors		Bldg.	Age	
Blackwood														
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (F	Prior if being der	molished	d)		
Camden									College Ha	all				
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (	9)	-			
Horizon Environme	ntal				000	73	1	AbateTech, I	nc.					
Street Address	-						Str	eet Address						
301 9 <sup>th</sup> Street							3	0 Maple Ave	e. PO Box 25					
City, State, Zip Code		V-10-12-17-1				53.5	Cit	y, State, Zip C	ode					
West Deptford, NJ	08086						L	umberton, l	NJ 08048					
Project Manager for Moni	itoring Firm			Tel	ephone	No.	Tel	ephone No.		License No	э.			
Steve Flanigan			_	8	56-848	-0800	6	09-265-2107	•	00529				
Start Date (10)	1			200		ite (11)/	Na	me of OSHA N	Monitor					
9 / 30 /		1	1_ /	_2	9 /	13	E	MSL Analyt	ical					
Occupancy Status During			2000		/		Str	eet Address						
☐ Facility Closed/Vacate							1	08 Haddon	Ave.					
☐ Abatement Performed Time of Abatement: _							City	y, State, Zip Co	ode					
199					1	, Alvi	V	Vestmont, N	J 08108					
Scope of Work (Check all	that apply)							□ Full Con	tainment with N	egative Pressur	_			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re □ De	****				Mini-End     Gloveba		272				
	-W-14000-11-11-11-11-11-11-11-11-11-11-11-11-			Loca								Abate	ment T	уре
Location		,		Norma	ally ely by			Description of	of			R Z	, m	Щ
Asbestos-Containing I TO BE ABA		"	Ma	inten	ance/			Containing Ma rmal systems		Amount (Specify		Removal	Encapsulate	Enclosure
IN Facilit			Cus	todial (12	Staff?	,	9	surfacing, VAT	, or	SF or LF	)	<u>a</u>	sula	ure
(13)		-	Yes	No	N/A	1	ot	her miscellane	ous)				ate	
PLEASE SEE ATTAC	HED VELLO	VAZ						****				7/-		
HIGHLIGHTED AREA	27	744				-					1			
THOTIEIGHTED AIREA	<u> </u>	-	౼		뉴	-	-				1			H
A					1					-	-	-		
Name of Decistors d March	to the dee			ㅁ.		M1-	10.1	i- Vdf	N	internal Landell			ЦЦ	ΙШ
Name of Registered Wast AbateTech, Inc.	le nauler			100	NJDEP N Hauler II	O No.	Wa			istered Landfill S. Landfill				
City, State					18750	)	Dis	0 posal Date	City, State			30000		
Lumberton, NJ								1/29/13	Tullytowr	ı, PA				
Completed By (Print or Ty	me)	Title			-			Signature		- <del> </del>	Date	- 700 - 1000		
Gwendolyn Trumbe		(Striction	oerati	ons	Coord	inator		J. G. J.	MX		10/20/06/06/06	12.	1/13	,
									1004		1	10	1'	

ASB-41 MAY 11

NO OK

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1309-4688 Check #

1										F-22.0						
Date of Notification								ner / Operato	r (2)						- 1	-
Agencies Notified	9/27/13 Type Notific	ation			neay t Add		n Fa	acilities								
☐ EPA	Type Notific	alion	100			s Driv	re.			1.1	5 00	-	9			
☐ DEP	☐ Initia	Ī				& Zip		9		- 19	₹ 00	1 -	42	010	- 6	انعا
□ DOL		nded #3	1.5			ille, N										
□ DOH	☐ Eme	rgency				ontact			2420-00		F*	Te	elepho	ne N	lumb	er
DCA		ellation	0	Geo	rge L	odish	1			Ť	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	غلم				-
				FΔ	CILIT	TY INF	FOR	MATION	-			_	- 41			
Name of Facility Wh	nere Abatem	ent is Taking P	lace (3		OILI	1 1101		Type of Facil	itv (4)					0.0		
Kennedy Memori			(-	,				School (								
Street Address			N-12-18					Subchap	oter 8 (	Other than	K-12)					
2201 Chapel Ave	nue West							Other (i.e	e. priva	ate & comr	nercial bui	Idings	s, hom	ies, e	etc.)	
							5	Square Feet		# of Floor	s	Blo	dg. Ag	е		
City (5)		County (6)	Co	unty	Code	(7)							oeso ves	-		
Cherry Hill		Camden					(	Current Use	(Prior i	f being de	molished)	250				
							ŀ	Hospital								
Name of Monitoring		y Building Owr	ner (8)		AS	CM No		Name of Aba		t Contracto	or (9)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Criterion Laborat	ories, Inc.							AbateTech,								
Street Address 3370 Progress Di	di.co						100	Street Addres	SS							
City, State & Zip Co								PO Box 25 City, State &	Zin Co	do				-		
Bensalem, PA 19								Lumberton								
Project Manager for		irm	Telep	hone	Num	ber		Telephone N			Licens	se Nu	mber			
Michael Panepres			215-2					309-265-210					0052	29		
Scheduled Start Dat	te (10)	Scheduled Cor	npletio	n Da	te (11	)	1	Name of OSH	IA Mor	nitor						
9/5/13			10/31				E	EMSL Anal	ytical							
Occupancy Status D	Ouring Abater	ment (Check or	nly one	)	./			Street Addres								
		During Entire P				ent		108 Haddor		-						
Name of the last o		utside of Norm	ai <del>no</del> t	ırs –				City, State &	-							
	4PM - 12						l <sub>A</sub>	Westmont,	NJ 08	108						
Scope of Work (Che	upied During	SECTION REPORT OF SECURIOR		-												
ocope of work (one	ick all that ap	ipiy)							M	Full Conta	ainment wit	th Ne	gative	Pres	sure	4
23 sf or ≥3 lf			X	Rei	novati	on			Ħ	Mini-Enclo			J	10 00000		
≥160 sf ≥260	) If		П	Der	molitic	n			Ħ	Glove Bag	Procedur	es				
											npted and		Friable	Pro	cedu	ıre
	cation of	6.		ocat			2317	Description			Amoun		Aba	teme	ent T	уре
	os-Containin	g			Used		As	sbestos-Con			(Specif					Г
	erial (ACM) E ABATED			olely	by ice or		/i /	Material (A0 e., thermal sy			SF or LI	<b>-</b> )	77	16	四	ш
	Facility		Custo					lation, surfac					l em	Repair	cap	nclo
5200	(13)			(12)				other miscella					Remova	oair	Encapsulate	Enclosure
			Yes	No	N/A										te	Ø
Hallway outside o	e vecv			$\boxtimes$		-		Diantes Cal	11		400.01	-				
Tialiway outside (	л хіау		H	H	H			Plaster Cei	iiiig		100 SF			H	H	H
			H	H	H	-	-						ㅐ	ㅐ	片	H
			H	H	H								ᆂ	Ħ	Ħ	H
			Ħ	Ħ	П							13	H	Ħ	Ħ	Ħ
				Ī	П		1-7-7-11-							Ī	Ħ	Ī
Name of Registered	Waste Haule	er					Cut	oic Yards	Name	of Regist	ered Landi	fill				
AbeteTeel				Ha	uler II		of V	Vaste		<b>-</b>						
AbateTech, Inc.					187	50		10		F Landfil	ı				_	
City, State Lumberton, NJ								posal Date 10/31/13	City,	State ' <b>town, P</b> A						
Completed By (Print	or Type\			Tit	اما		_	nature	runy	7	•	- 1	Date			
Gwen Trumbetti	or rype)			10000000		oord.			Y				9/27	/13		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1305-4638 Check#

100		,				_			1350	,			,			
Date of Notification						of B		Owner / Operato	r (2)		i i		1 11	ì		
Agencies Notified	9/27/13 Type Notifica	ation		_			ress		1 11	-1.		1	1		4-	_
☐ EPA	Type Notifica	ation		1 2 3		ox 0					1 2012	, !				
☐ DEP	. Initial			Cit	y, S	tate	& Zip C			<del>- 00T -</del>	1 2013	<del>} ``</del>		1		
⊠ DOL		nded #4					NJ 086	025	1			Tol	anhai	ao M	umh	or -
☐ DOH☐ DCA		gency ellation					ontact	-L	<u>ا</u>	<del>-</del>		1166	-13(1/3)	אבשנ		
☐ DCA	L Cano	enation		Ge	oré	getti	e Bun				'v	٦				
			******		FAC	CILIT	TY INF	ORMATION		12)						
Name of Facility Wh			lace	(3)				Type of Facili								
NJ Training Scho	ool for Boys	5						School (F								
Street Address										her than K-			1		4- \	
1 State Street								Other (i.e			cial bulld				tc.)	
			- 1-					Square Feet	#	of Floors		Blag	J. Age	9		
City (5)		County (6)	10	Cour	ity C	ode	(7)		(D.) (C)				70/2		-	
Jamesburg		Middlesex						Current Use (		eing demol	ished)					
								Training Sc						-		
Name of Monitoring			ner (	8)		AS	CM No			ontractor (	9)					
Environmental C	onnection,	Inc.						AbateTech,	to the same of the					-		
Street Address	- C44							Street Addres PO Box 25	SS							
120 North Warrer City, State & Zip Co								City, State & 2	Zin Code							
Trenton, NJ 0860						_		Lumberton,								
Project Manager for		irm	Tel	enho	one	Num	her	Telephone Nu			License	Num	ber		-	-
Jim Frisbee	wormorning i					200		609-265-210					0052	9		
Scheduled Start Dat	te (10)	Scheduled Cor						Name of OSH	A Monito	or						
5/29/13				31/		•		EMSL Analy	ytical			7-90				
Occupancy Status I	Ouring Abater	ment/(Check o	nly o	ne)				/ Street Addres	SS							
Facility Clos	ed/Vacated I	During Entire P	erio	d of	Aba	tem	ent /	108 Haddor								
Abatement I	Performed O	utside of Norm	al H	lours	S			City, State & 2	Zip Code	1						
Describe:								Westmont,	NJ 0810	08						
	upied During															
Scope of Work (Che	eck all that ap	ply)							П г.	.II Cantoinn	aant with	Noa	ations.	Droc	ouro	
			NZ	7 1	Don	ovati	ion			ull Containn ini-Enclosu		rivega	alive	ries	Suie	,
≥160 sf ≥26				7		ovad				love Bag Pi						
2 100 SI 220	O II			1 ,	ווסכוו	iOiiti	511		Monament	on-Exempte			riable	Pro	cedu	ıre
10	ocation of		1	s Lo	cati	on	T	Description			Amount				ent T	
	os-Containin	a				Jsed		Asbestos-Con			(Specify	51				76-
Mate	erial (ACM)			Sole				Material (A		;	SF or LF	)	70		En	ш
	BE ABATED					ce or		(i.e., thermal sy					em	Repair	cap	1 Clo
ir ir	n Facility (13)		Cus		iai s 12)	Staff?		insulation, surfactor or other miscella					Removal	ar.	Encapsulate	Enclosure
	(10)		Yes		Vo	N/A	7	or ourse missouri	arroodoj						te	0
Building #9 Basem	ent Mechan	ical Room	$\boxtimes$		7	П		Pipe Fittir	าตร		75 total			П	П	П
Building #9 1st &		iodi ricomi	H		Z	H		Pipe Fittir			285 tota			Ħ	Ħ	Ħ
Building #7	2 11001		H		Ž I	片		Plaster			10 SF	-		Ħ	Ħ	П
Building #7 Perin	neter		H		Ž	H		Window Ca			12 LF			Ħ	Ħ	П
Building #31 Bas		re .	H		Ž	Ħ		Pipe Insula			20 LF			Ħ	П	I
Building #32	cinoni om		H		Ž I	Ħ		Window/Door			30 SF			Ħ	Ħ	Ī
Name of Registered	Waste Haul	er		1   2		DEP	Waste			f Registere		11				
3					0.0000000000000000000000000000000000000		ID No.	of Waste		•						
AbateTech, Inc.					18	750		12	TRRF	Landfill	- 4					
City, State								Disposal Date	City, Sta					-38-74		
Lumberton, NJ								10/31/13	Tullyto	own, PA						
Completed By (Print	or Type)				Title			Signature				-	Date			
Gwen Trumbetti					Op	ps. (	Coord.	( )	11/2			ć	3/27	113		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1305-4638 Check#5256

Date of Notification (1)				ilding	Owner / Operato	or (2)	-= 6	TI I	I M	E		
9/27/13 Agencies Notified Type Notification		IJ DE	Addre	ess		1		17		<u></u>	- 1	
Ĭ EPA			ox 03								11:	111
☐ DEP ☐ Initial ☐ Amended 4		-		Zip (		¥ 1	001	-	2013	}	iL.	-
☑ DOL ☑ Amended 4   ☑ DOH ☐ Emergency				IJ 080 Intact	525	11	1 001	M	elepho	ne N	lumb	er
DCA Cancellation	1			Bune	ch	-	ļ	لعلط 	<u> </u>	IC IV	LEATING	CI
		X2-			ORMATION	1	F - N		- '-			-
Name of Facility Where Abatement is Taking	Place (3)		االاار	TINE	Type of Facil	ity (4)				-	3	_
NJ Training School for Boys	, (0)				School (							
Street Address						oter 8 (Other th						
1 State Street						e. private & co					etc.)	
City (5) County (6)	I Cou	nt. C	ada /	(7)	Square Feet	# of Flo	oors	BIG	dg. Age	€		
City (5) County (6)  Jamesburg Middlese	0.000,000,000	iiity C	ode (	(1)	Current Use	(Prior if being of	demolished)					
Jamesburg	^				Training So		demonsticu)					
Name of Monitoring Firm Hired by Building O	Owner (8)		ASC	M No		tement Contra	ctor (9)					
Environmental Connection, Inc.	. ,				AbateTech,							
Street Address					Street Addres	SS						
City, State & Zip Code					PO Box 25 City, State &	Zin Code					V 18 V 18 EE	
Trenton, NJ 08608					Lumberton							
Project Manager for Monitoring Firm	Teleph	none	Numb	oer	Telephone N		Licer	ise Nu	mber			
Jim Frisbee	609-3		-		609-265-210	- Committee			0052	9		
Scheduled Start Date (10) Scheduled (5/29/13	Completion 10/31		e (11)	)	Name of OSI EMSL Analy							
Occupancy Status During Abatement (Check					Street Addres	SS						
Facility Closed/Vacated During Entire  Abatement Performed Outside of No			teme	nτ	108 Haddor City, State &				2010			
Describe:	imai riou	15			Westmont,							
Facility Occupied During Abatement					Trootinont,							
Scope of Work (Check all that apply)									240			
≥3 sf or ≥3 lf	$\square$	Don	ovatio	'n		J	ntainment w nclosure	rith Ne	gative	Pres	ssure	Í
≥160 sf ≥260 lf	Ħ		ovation				Bag Procedu	ıres				
							empted and		Friable	Pro	cedu	ire
Location of		ocatio			Description		Amou		Aba	teme	ent T	уре
Asbestos-Containing Material (ACM)	Norm	ally U lely b			Asbestos-Con Material (A		(Spec				ш	65700
TO BE ABATED	Mainte				(i.e., thermal s	ystems	0, 0, 1	-1 /	Rer	Re	Encapsulate	Enclosure
in Facility	Custo		taff?		insulation, surfactor or other miscella				Removal	Repair	psul	osu
(13)		(12) No	N/A		or other miscens	aneous)			=	2.0	ate	9
Building #8			П		Plaster	•	10 S	F		П	П	П
Power House					Pipe Insula		9 LF					
		Ш	Ц						1111	닏		
	$\dashv  otag$	H	H						-  -	H	H	H
Name of Registered Waste Hauler		N.J.	DEP V	Vaste	Cubic Yards	Name of Reg	istered Lan	dfill	الال	Ш	Ш	Ш
		Hau	ıler ID		of Waste							
AbateTech, Inc.		187	750		2	TRRF Land	lfill					
City, State Lumberton, NJ					Disposal Date 10/31/13	City, State Tullytown,	PA					
Completed By (Print or Type)		Title			Signature	10/			Date			
Gwen Trumbetti		Opp	os. Co	oord.	M	JV			9/27	113	į	

1	10 CT	l			NOT	State of New Jersey IFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 5:16)
te of	Notification	on (1)				Name of Building Owner/Operator (2)
	9	_ / _	19	_ / .	13	NJ Turnpike Authority

NO CIL		N	ITO		MOITA		BES	TOS ABAT 60 and 5:10		[:-					Ę	17
Date of Notification (1)					Name	of Building	g Owi	ner/Operator (	2)	1					1	
9/	19 /	13	_		NJ	Turnpike	e Au	thority			/ Job #130	6-4662		Chec	k#	
Agencies Notified	Type Notifica	tion			Street	Address				£		i	L	710		
⊠ EPA	☐ Initial				PO	Box 505	0			ĺ	·		- 2			- 1
⊠ DOLWD					City, S	State, Zip C	Code		- CK - STH		ೂ ರದ್ದು :			12-140		
□ DHSS	Amendme		ludina		Wo	odbridge	, NJ	07095		t.,,	t-4		V /			
☐ DCA (NJAC 5:23-8)	justification		luding		Name	of Contac	t	3700			Telephone N	lumber		23		0
(110/10/0.20/0)	☐ Cancellati				Ste	ven King	Ĺ				ſ					*
				CC HOSE OF	FA	CILITY IN	IFOR	MATION						_		
Name of Facility Where	Abatement is T	aking l	Place	(3)					Type of Fac	cility (4	4)					
NJ Turnpike Exit 8	Α								School (			20020				
Street Address									Subchar	oter 8	Other than k vate and com	(-12)	hui	ldina	c	
7048 Station Road									homes,		vate and con	IIIICICIAI	Dui	luling	٥,	
City (5)									Square Fee		# of Floors		Blo	lg. Ag	ge	
Hightstown		- 12		مرزران												
County (6)					Cou	nty Code (7	)(STA	TE USE ONLY)	Current Use	e (Prio	r if being den	nolished	)			
Mercer						, (.	NC	/	Exterior				•			
Name of Monitoring Firm	Hired by Build	ling Ov	wner (	8)	ASCM	No	Nar	me of Abatem			J-		OC STA			$\neg$
USA Environmenta		aning O	wiici (	,	7100111	140.		bateTech, I		,, (0)						- 1
Street Address	A I		-					et Address								-
344 West State Str							1	0 Maple Ave	DO Boy	25						
	eet	00000								25			-			
City, State, Zip Code Trenton, NJ 08618								, State, Zip C umberton, I	1							
Project Manager for Mon	nitoring Firm			Tel	ephone	No		ephone No./			License No	).		_		-
Nora Pearse	intorning 1 intri				09-656		32.000	09-265-2107	7		00529					
Start Date (10)	S	Schedu	iled C	omple	etion Da	te (11)	Nar	ne of ÓSHA N	Monitor						- 20	
9 / 23 /	13	9	/	_ 2	7_ /	13	E	MSL Analyt	tical							
Occupancy Status Durin	g Abatement (0	Check	only c	ne)	1.00.2010.00		Stre	eet Address								
☐ Facility Closed/Vacat	ed During Entir	re-Peri	od of	Abate	ment		1	08 Haddon	Ave.							
Abatement Performed Time of Abatement: _						scribe	1000000	, State, Zip C								
			/ <u>J</u>    V	0.00			V	Vestmont, N	J 08108							
Scope of Work (Check a	ii that apply)							☐ Full Con	tainment with	Nega	ative Pressure	е				
≥3 sf or ≥3 lf			⊠ Re					Mini-End		20-1-0 m 1-00-4 <del>00</del> 0 m <sup>3</sup>						
≥160 sf or ≥260 lf		1	☐ De	moliti	on				g Procedure	d Non-	-Friable Proc	edure				
		T	ls	Loca	tion	T	-						Aba	ateme	ent T	ype
Location	n of		١	Norma	ally			Description of	of				-			-
Asbestos-Containing		)			ely by ance/			Containing Ma			Amount		Removal	Repair	nca	Enclosure
TO BE ABA	1100				Staff?	(1.6		rmal systems urfacing, VAT			(Specify SF or LF)	,	SV2	₹.	psu	unsc
(13)	iity	L		(12)				ner miscellane		-	01 01 11	'   ·			Encapsulate	9
,			Yes	No	N/A										(0	
Exterior Underside of	of Bridge				$\boxtimes$	4" Tran	site	Conduit		500 LF	0	3				
Name of Registered Was	ste Hauler			1.0	NJDEP		0.000	oic Yards of	Name of F	Registe	ered Landfill					
AbateTech, Inc.				ŀ	lauler l 1875		Wa 1	ste 2	G.R.O.	W.S.	Landfill					
City, State								posal Date	City, State	)			30.000			
Lumberton, NJ							9	/27/13	Tullyto	wn, F	PA					
Completed By (Print or T	vpe)	Title						Signature	\ \ \ \ \			Date	,			
Gwendolyn Trumb			erati	ons	Coord	linator		( )	med			Date 9	/1	9/	13	
		1							100				W. 7			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #5572

1303-4613

Date of Notification	(1)			IN	lame	e of	Build	ina O	wner / Operator	(2)			-		-			2 11
Date of Hotimodilon	9/19/13								gy Company	(-)			00	Т				
Agencies Notified	Type Notifica	ation					ddres						00	T -	1 20	13		
⊠ EPA									Building A									
DEP	☐ Initial						te & Z										-87	
□ DOL		nded #9		_					7960		1,0	200		То	epho	- N	ımh	or
□ DOH □ DCA		gency ellation		100			Contact							16	ерпо	TE IA	JIIID	
															040			
Name of Facility Wh	nore Abatem	ent is Takina D	lace	2 /3		CII	LIIY	INFC	Type of Facilit	w (A)		7	-		*			
JCP&L/FirstEner		and is raking F	iact	e (3	,				School (K									
Street Address	3)			- "						7.5	Other than	K-12	2)					
90 Ridgedale Ave	enue								Other (i.e	. priva	te & comm	nercia	al buil	ldings	, hom	es, e	tc.)	
									Square Feet		# of Floor:	s		Bld	g. Age	9		
City (5)		County (6)		Cou	unty	Co	de (7)				- 202					50+		
Morristown		Morris							Current Use (I		being der	nolis	hed)					
									Utility Build		4							
Name of Monitoring		y Building Owr	ner	(8)		1	ASCM	No.	Name of Abat AbateTech,		Contracto	or (9)						
1 Source Safety Street Address	оспеани								Street Addres				_		-			
140 South Village	e Ave. Suite	130							PO Box 25									
City, State & Zip Co		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							City, State & Z			V.E.S. 4456.44						
Exton, PA 19341			,	,,,					Lumberton,		3048							
Project Manager for	Monitoring F	irm	0.000				umbe	r	Telephone Nu			L	Licens		nber <b>0052</b>	0		
Brian Hovendon	luled Start Date (10) Schedule 3/25/13				24-				609-265-210 Name of OSH		itor				0052	9		
	3/25/13				113	ale	(11)		EMSL Analy		iitoi							
	cupancy Status During Abatement (Che				2)				Street Addres				65.0118065					770.50
71							ement		108 Haddon									
	Performed O	utside of Norm	al	Ηοι	ırs –				City, State & Z									
Describe:	unied Dusies	A b a tam a m t							Westmont, I	NJ 08	108							
Scope of Work (Che	upied During															1000		
ocope of Work (on	con all that ap	) Piy)									Full Conta	inme	ent wit	th Neg	gative	Pres	sure	)
≥3 sf or ≥3 l	f			$\leq$	Re	nov	ation/				Mini-Enclo							
≥160 sf ≥26	0 If				De	mo	lition			-	Glove Bag							
										Kannada .	Non-Exem							
	ocation of tos-Containin	g.	N		oca				Description Asbestos-Cont				Amoun Specif		Aba	teme	ent I	ype
	erial (ACM)	g	IN		olely				Material (AC				F or Li				ш	
<u>TO I</u>	BE ABATED		10000000	aint	ena	nce	or		(i.e., thermal sy	stems					Re	Z	nca	E
i	n Facility		Cı	usto	dial		aff?		sulation, surfactor of the surfactor of						Removal	Repair	Encapsulate	Enclosure
	(13)		Y	es	(12) No		N/A	3	or other miscens	aneous	"				/al	=	late	l e
Crawlspace						1.			Transite Duct	Sleeve	•	•	12 SF	•				
1 <sup>st</sup> Floor							$\boxtimes$		Mastic			6,9	900 S	SF.	$\boxtimes$			
1 <sup>st</sup> Floor							$\boxtimes$		Pipe Fittin	gs			68 LF	77.75	$\boxtimes$			
2 <sup>nd</sup> Floor									Floor Tile & N	CONTRACTOR STATE	:	6,	900 S	SF		Ц	Ц	Щ
2 <sup>nd</sup> Floor			Ļ	4	닏				Roof Drai				11			부	片	님
2 <sup>nd</sup> Floor			Ļ	4	뷰	1	X		Pipe Fittin	-			17 LF			뷰	井	님
Exterior					L N	IDE	D W		ndoned Pipe Cubic Yards		of Regist		20 LF			Ш	Ш	Ш
Name of Registered Waste Hauler							er ID I		of Waste	Ivame	e or Regist	erea	Land	11111				
AbateTech, Inc.	AbateTech, Inc.						8750		12	TRR	F Landfil	I						
City, State									Disposal Date	City,	State							
Lumberton, NJ									9/30/13	Tully	town, PA	4						
Completed By (Prin	t or Type)					tle			Signature	1	_	1.50			Date			Section Edition
Gwen Trumbetti					0	pps	s. Cod	ord.	$\bigcirc$	1 1					9/19	/13		

# State of New Jersey 1303-4613 NOTIFICATION OF ASBESTOS ABATEMENT Check #

Date of Notification (1) 9/19/13						Owner / Operato					VI **1	-	
Agencies Notified Type Notific	cation	-			rst⊑n dress	ergy Company							
⊠ EPA	Jation					e- Building A		OPT -	. 1	113			
☐ DEP ☐ Initia	al				& Zip								
DOL Ame	ended #9					J 07960							
☑ DOH ☐ Eme	ergency				Contact				Te	lenha	n- N	L	
	cellation		Kev	in Co	offey			· . ·					
			E/	CILI	TV INI	COMMITION	3						1000
Name of Facility Where Abatem	ent is Taking Pl	ace (		-\CILI	I I IINI		ity (A)						
	ion io raking i	, 200	٥,										
Street Address								an K-12)					
90 Ridgedale Avenue									uildinas	. hom	es. e	etc.)	
												,	
City (5)	County (6)	ICo	ounty	Code	(7)			34.5		3 3			
AND THE RESERVE OF THE PARTY OF					(.)	Current Use	(Prior if being d	emolished)			00.		
	III.OTTIO							00000,					
Name of Monitoring Firm Hired	by Building Own	er (8	)	IA.	SCM No			rtor (9)			_		
	a, banang om	.0. (0	,	, ,,	001111110			201 (0)					
Street Address													
140 South Village Ave. Suit	e 130					PO Box 25							
City, State & Zip Code							Zip Code						
Exton, PA 19341						Lumberton	, NJ 08048						
	Firm					Telephone N	umber	Licen	ise Nur	mber			
	,									0052	9		
	Scheduled Con			ate (1	1)								
	ment (Check or												
				oatem	ent								
<u> </u>									T-5-22				
Describe:													
Facility Occupied During	Abatement					Westinoni,	140 00 100						
							Full Con	tainment w	ith Neg	gative	Pres	sure	
≥3 sf or ≥3 lf		$\boxtimes$	Re	nova	tion		Mini-End	closure					
≥160 sf ≥260 If			De	moliti	on			ag Procedu	ıres (w	rap &	cut)		
Location of										Aba	ateme	ent T	уре
	ng				1							0.000	
					r			SF OF L	_⊢)	70		E	Ш
										em	Rep	Encapsulate	Enclosure
(13)			(12)							ova	)air	sula	nus
		Yes	No	N/A				V 012026	2002	_		te	Ф
		_	_	-						57			
		$\vdash$	H						F		Ц		H
	nd	닏	H	_		The state of the s					Ц	Щ	Ц
	& 2" Floors	井	님				-				ᆜ	닏	ᆜ
Crawispace		$\vdash$	H	1 🔀		Pipe Fittir	ngs	38 L	F	TX.	님	님	님
		H	님	1						1	님		닏
Name of Desistant 4384 - 4-11-			IЦ		111	10 11 W 1	N (5)		1611		Ш		Ш
Name of Registered Waste Hau	ier						Name of Regi	stered Land	dfill				
AbateTech, Inc.			17			12	TRRF Lands	fill					
City, State								7					-
Lumberton, NJ						9/30/13		PA					
Other (i.e. private & commercial buildings, homes, Square Feet					8								
Gwen Trumbetti			0	pps.	Coord.		$\mathcal{W}$			9/19	/13		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Agencies Notified Type Notification  [ ]EPA [X]Initial Notification  [ X]DOL [Amended Notification  [ ]DCA [ ]Cancellation  Name of Facility Where Abatement is Taking Same as above  Street Addres  City (5   County Name of Monitoring Firm hired by Building Owner (8) N/A Street Address  City, State, Zip Code	Name of Contact Tom Dona  FACILI ing Place (3)	Street Zip Code r,NJ,07042 ct hue  TY INFORMATION  County Code (7) (STATE USE ONLY)  Name of Abate AZTECH N Street Addres 86 Chris City, State,	Type of Facili [ ]School (	ty (4) (K-12) er 8 (Otherse, privalidings, 1  # of Flo 3 Prior if b	er thate & homes	Bld	mer- c.) g. A	ge
[ ]EPA [X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation  Name of Facility Where Abatement is Taking Same as above  Street Addres  City (5 County  Name of Monitoring Firm hired by Building Owner (8) N/A  Street Address	13 James City, State, State, Montclai Name of Contact Tom Dona FACILI ing Place (3)	Street Zip Code r,NJ,07042 ct lhue TY INFORMATION  County Code (7) (STATE USE ONLY)  Name of Abate AZTECH N Street Addres 86 Chris City, State,	Type of Facili  [ ]School ( [ ]Subchapt [X]Other (i	ty (4) (K-12) er 8 (Otherse, privalidings, 1  # of Flo 3 Prior if b	ate & homes ors	Bld	(-12) mer- cc.) g. A	ge
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Name of Facility Where Abatement is Taking Same as above  Street Addres  City (5 County  Name of Monitoring Firm hired by Building Owner (8) N/A  Street Address	ing Place (3)	County Code (7) (STATE USE ONLY)  Name of Abate AZTECH N  Street Addres 86 Chris City, State,	[ ]School ( [ ]Subchapt [X]Other (i cial bustoned by cial bustoned by contract of the contractor of th	(K-12) ter 8 (Other in the control of the control o	ate & homes ors	Bld	mer- c.) g. A	ge
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City (5  Name of Monitoring Firm hired by Buildin Owner (8) N/A  Street Address		Name of Abate AZTECH N Street Addres 86 Chris	[X]Other (i cial bu Square Feet 2900 Current Use (I ment Contractor ANAGEMENT	# of Flo 3 Prior if b	ate & homes ors	Bld	mer- c.) g. A	ge
Name of Monitoring Firm hired by Buildin Owner (8) N/A Street Address		Name of Abate AZTECH N Street Addres 86 Chris	2900 Current Use (Figure 1) Ement Contractor MANAGEMENT	3 Prior if b		1	10	
Name of Monitoring Firm hired by Buildin Owner (8) N/A Street Address		Name of Abate AZTECH N Street Addres 86 Chris	Current Use (I	erior if b	eing			ned)
Owner (8) N/A Street Address	ng ASCM No.	Street Addres 86 Chris	ment Contractor MANAGEMENT	(9) , Inc.	erng			
Owner (8) N/A Street Address	ASCM No.	Street Addres 86 Chris	MANAGEMENT	, Inc.				
Owner (8) N/A Street Address	ng ASCH NO.	Street Addres 86 Chris	MANAGEMENT	, Inc.				
Street Address		86 Chris						
		City, State,	stopher St					
City State Zin Code				•				
City, State, Mip code		Montcla:	Zip Code ir, NJ 070	42				
Troject immeger	elephone Number	r Telephone Num			Lice:	371		er
10-3-13 10-4  Month Day Year Month  Occupancy Status During Abatement (Chec	Day Year	Name of OSHA  N/A  Street Addres						
[X]Facility Closed/Vacated During F of Abatement []Abatement Performed Outside of F Hours - Describe: «OffHours Descri	Normal Facility	City, State,	Zip Code		Paris I			
[ ]other - Describe: «Other Occupance	Cy Descripe#				-			
Scope of Work (Check all that apply)  [X] \geq 3 sf or \geq 3 lf  [ ] \geq 160 sf or \geq 260 lf	[X]Renovation []Demolition	[ ]Mini [X]Glov	Containment wi -Enclosure ebag Procedure Friable Procedu		ve Pr	essu	re	
	Is Location					Aba	teme	nt Ty
,,	Normally Used Solely By Main- tenance/ Custodial Staff (12)	Descripti Asbestos-Co Material (i.e., thermalinsulation, sur or other misc	ntaining (ACM) al systems facing, VAT,	Amoun (Speci SF or LF)	fy	R E M O V A L	R P A I R	NCAPSUL .
Basement	X X	Pipe Insula	tion	175	1f	X		
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Region G.R.O.W.		ndfil	.1		
City, State Montclair, NJ 07042		Disposal Date	City, State Morrisvi	lle/P	A 1		57	
Completed By (Print or Type) Title Constantine Vivian President	dent	Signatu	M Can we	Kelin	1000	ate 9-24-	-13	

REMEMBER - MAIL IN HARD COPY

NOTIFICATION OF ASBESTOS ABATEMENT

	(Pt					nd 12:120				-			
Date of Notification 9-19-13	(1)	1	me of B Cassi			iei. Jeilobeist	tos (2	)	DOL	-10	DA	Υ	
Agencies Notified	Type Notification [X] Initial Notification			lony	y Dr	ive Ea	st					-	
[X]DOL	[ ]Amended Notification	DE   Cr	v - 0 - 0	Oraz	ıge,	de .NJ,070 		1,100,000					
[ ]DCA	[X]EMERGENCY	(	me of C Cassi	3 2		rey		* Teleditore	÷inempeat-	* N/15.E			)
			F	ACILIT	Y INE	FORMATION				0.2			
Name of Facility Wh		Taking	Place	(3)			123	ppe of Facili	ty (4)				
Same as above								[ ]Subchapt	et 8 Tothe	OCT than	K-1	2)	13
Street Addres									iildinga, h	CIES,	etc.		<del></del>
City (5	Cou	nty (6)	)Essex			y Code (7 E USE ONL	)	quare Feet 2100 urrent Use (I	of Floor 2-		80	V	
Name of Monitoring Owner (8) N/A	Firm hired by Bui	lding	ASCM N	√ο.	N. Carrier			nt Contractor NAGEMENT		and the same of th			
Street Address						86 Chi		opher St	•				
City, State, Zip Co	ĆP					ity, stat Montel		Code , NJ 070	42				
Project Manager for	Monitoring Firm	N/A	phone N	naper		(973)				003		ber	
Scheduled Start Dat 09-20-13	end and a contract the contract of the contrac	Comple -21-1		ite (1)	7 11	Name of OS	SHA Mo	nitor	***************************************				
	Year Month	and the second second second Second	THE REAL PROPERTY.	cear									
of Abatele []Abatement P Hours - Des	osed/Vacated Duri nt orformed Outside oribe: <u>«OffRours D</u>	of Non escrip	mal Fac	riod mility		Street Add		p Code					
[ ]other - Des	cribe: Other Occu	pancy i	Descrip	t»				and the second			-111		
Scope of Work (Chec [X] >3 sf o: [ ] >160 sf		[x]	Renova Demoli			[ ]M [X]G	ini-Er loveba	ontainment wi aclosure ag Procedure ieble Procedu		e Pres	acze		
	1		Is cation	- 1			A			123	aten	ent E	Eype
Location Asbestos-Co Material TO BE A In Fac: (13	ontaining (ACM) BATED Lity	No. Sy te Cus	rmally Used olely Main- nance/ stodial ff (12)	š/A	ins	Descri Asbestos Materi (i.e., the ulation, s r other m	-Conta al (A armal : surfac	ining (M) systems ring, VAI,	Amount (Specif SF or LF)	A P	DEPER	ZOAPOZ	ROHOND
Basement			X		Pipe	e insu	lati	on	18 L	F X	1	-	
	1										1	<u> </u>	
Name of Registered	Waste Hauler		DEP Was			ic Yards		Name of Regi	stered Lan	dfill	_1_		i
AZTECE MANA	GEMENT, INC		1040	No.	of 1	Waste 1.	5	G.R.O.W.	S.				
City, State					S 100 m 100	posal Date	e	City, State			<b>C</b> E		
Montclair, N	J 07042				9	-23-13		Morrisvi	11e, 21	7 TAC	0/		
Completed By (Prin Constantine		side	nt			Signa	1011	1 Care lies	Milles	Dat	e -19-	13	

### U# 1415

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

Date of Notification (1) 09/24/2013		Name of B Mr. Hari	uilding Owner s Krsic	/Operator	(2)	- TE			W	匠	110	11	
Agencies Notified Type Notification		Street Add 135 Pat	lress erson Aven	ue		刊具					11		
□ EPA     □ Initial     □ Amended     □ Amendment #     □ Amendment #			, Zip Code ew Jersey 0	7644			OCT		1 20		· ·		
Emergency (includi justification)  DCA  Emergency (includi justification)  Cancellation		Name of 0 Mr. Har			∜.	1	Teleph	one	Numbo			TREES, PART	1
	(0)	FACIL	ITY INFORMA	TION	Type of F	acility (4)							$\dashv$
Name of Facility Where Abatement is Taking Place Residential	e (3)				Sch	nool (K-12)	(Other I	han I	K-12)				
Street Address 135 Paterson Avenue					Oth etc.		ate & c				gs, ho		-
City (5) Lodi					2,500		2			70			_
County (6) Bergen		County C (STATE U	ode (7) SE ONLY)		Reside				olished	,			
Name of Monitoring Firm Hired by Building Owner TBD	r (8)	ASCM	No.			nent Contra ting, LLC		)					
Street Address					t Address 5 Valley	Road, S	uite K	9					
City, State, Zip Code					State, Zip yne, Nev	Code v Jersey	07470	)					
Project Manager for Monitoring Firm		Telephor	ne No.	111111111111111111111111111111111111111	hone No. 3) 928-5	040	1.3	Licen	se No. 74				
Otali Date (10)	eduled Co 07/2013		Date (11)		e of OSHA Contrac	Monitor cting, LLC	2					2)	
Occupancy Status During Abatement (Check On					et Address	Road, S	uite K						1
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Facility Other – Describe:	d of Abate acility Hou	ement		City,	State, Zip								
Scope of Work (Check All That Apply)					_	H							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renov Demo	2000 CO			Mini- Glov	Containme Enclosure ebag Proce Exempted	edure	9.53					
		1247			NOT	Lxempled	1 / 4114	14011	11100		Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Is Loc Norm Used So Mainter Custodia (12	nally blely by nance/ al Staff?	(i.e. the	Descripti Containing ermal syste surfacing, \ ther miscel	Material of the Material of th		(S	noun pecif or Lf	y	Removal	Repair	e Encapsulate	Enclosure
	Yes N			it - Cidin	a China	loo	1.5	00 5	SE.	×			
Exterior - Siding	×		Trans	site Sidin	ig Sning	les	1,0	000	эг 				
Name of Registered Waste Hauler		NJDEP	12:35 T. (15:05)	Cubic Yard	s	Name of	Registe	red L	andfill				
Service Transport Group, Inc.		Hauler I 20990	1	of Waste		Minerva		rpris	ses, L	LC			
City, State New Castle, Delaware		90 102	Disposal D FBD		City, Stat Wayne		, Oh						
Completed by Predrag Sarcev	Title Vice Pr	esident		Signa	ure	>		N	09 09		2013	3	

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

AN ION							(0)		1 -	- 10		-	-	$\neg$
Date of Notification (1) 9-18-2013				lame of B Daniel C	Building Owner/ Osnato	Operator	(2)		Un É		·			
Agencies Notified	Type Notification			Street Add	iress gewater Ave	nue			DCT	- 1 20	15	-		
DEP  DOL	Initial Amended Amendment #				e, Zip Code eld, NJ 0765	7						,-1 1	September 18	
DOH DCA	Emergency (in justification)  Cancellation	ncluding		Name of O				A	Telep	hone Num	ber			
DOA				FACIL	TY INFORMA	TION								
Name of Facility Where Residential	Abatement is Taking	Place (3)					Sc Sc	Facility (4) chool (K-12) ubchapter 8	(Other	than K-12	)			
Street Address 659 Edgewater Ave	enue						et	ther (i.e. priv	vate &			ngs, h		
City (5) Ridgefield, NJ 076	57						Square 1535		1		80			
County (6) Bergen				County C (STATE U	ode (7) s <i>E ONL</i> Y)		Curren	t Use (Prior	if being	g demolish	ed)			
Name of Monitoring Firm	m Hired by Building (	Owner (8)		ASCM	No.			ement Contr ronmenta			C			
Street Address	<del> </del>					171100000000000000000000000000000000000	t Address Virginia	a Avenue	li de la companya de					
City, State, Zip Code							State, Zip	Code NJ 0730	4					
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.	Telep	hone No			License N 01174	0.			
Start Date (10)		Schedule		npletion [	Date (11)	Name		A Monitor						
9-20-20113		9-21-20	100				t Addres		-				_	
Occupancy Status Duri						Suec	i Addics	3						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire I	nal Facility	Hours	s		City,	State, Zij	Code						
Scope of Work (Check	All That Apply)						H25.540							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Total Control of the	enova emoli				Min Glo	Containme i-Enclosure vebag Proc	edure					
							∐ Nor	n-Exempted	(*) and	Non-Fria	ole Pro		ement	-
	F1 17 (A.		Local										ре	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (1:	ng Material (ACM) <u>BATED</u> cility	Use Mai Cust	intena odial (12)	ely by ance/ Staff?	Asbestos C (i.e. therr	Description containing mal syste urfacing, \ er miscell	Material ms insula /AT, or	(ACM) ation,	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Floor	ile		55	50 SF	×	-		$\vdash$
Base	X	-	P	ipe insu	2000			5 LF	x			T		
Base	ment	-	Х	+		ipe inse	idion							
				+										
Name of Registered V Tri- State Transfer				NJDEP V Hauler ID 2A456		ubic Yards Waste	3	Name of Minerva		ered Landf erprise	ill			
City, State Bronx, NY						sposal Da 21-2013		City, Stat Wynesi		Ohio				
Completed by Liliana Serrano		anager		Signat	ure Le	i Se	RR		oate 9-18-2	013				

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

### NOOF

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

Date of Notification (1) 927-13				Building Ov an Dem			2)	[:	7.	Ē.C.		7.7		F. ST.
Agencies Notified Type Notification			treet Add	dress sh Lane	E	9					1	0010		
DEP Amended Amendment		C	ity, State	e, Zip Cod rbor NJ		08234			¥	001		ZU13		
DOH justification) DCA Cancellation			lame of G Benard	S	200 6 77	ion.			Tel	enhoue Nur	nher		<u></u>	er , 427
Name of Facility Where Abatement is Takin House	g Place (3)		FACIL	ITY INFO	KMAII		× s	of Facility (4 chool (K-12	!) 3 (Oth	er than K-1	2)			
Street Address 228 Wissahickon Ave							× C e	other (i.e. pr tc.)	ivate 8	& commerci	al build			5,
City (5) Ventor					And the second		1800	723	2	f Floors	6	ldg. A		
County (6) Ocean	10		County C	ode (7) SE ONLY)	-	_	Currer	nt Use (Prio	r if bei	ng demolis	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		Name o		ement Conf LC	ractor	(9)				
Street Address			<u> </u>	2		Street A		s ngton Ave	)					
City, State, Zip Code					-	City, St	ate, Zi							
Project Manager for Monitoring Firm		T	Telephon	ne No.	aller and the same of the same	Telepho 856-8	one No	).		License N 07010	lo.		-	
Start Date (10) 9-9-13	Scheduled		pletion E	Date (11)	3	Name o	of OSH	A Monitor						
Occupancy Status During Abatement (Che	ck Only One	)				Street /	Addres	s			10			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Atmal Facility I	oatem Hours	ent		-	City, St	tate, Zi	p Code						
Scope of Work (Check All That Apply)	10.33	744				-	,			F. 129 F				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	The same of the sa	enovat emoliti				×	Min	ii-Enclosure	edure	h Negative nd Non-Fria			e	
	Т						1 INOI	1-Exempled	( ) al	IU IVOITI IIA	1	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ne Used Mair Custo	ocationmall Sole ntenar idial S (12)	y ly by nce/ staff?	Asbest (i.e.	os Cor therma surfa	escription ntaining M al systems acing, VA miscellan	laterial s insula T, or	(ACM)	(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
outside	Yes	No	N/A X		(A	CM)sidi	ng			3400lf	x			
						- Ve-d-		Nema af	Degis	ered Landf	н			
Name of Registered Waste Hauler J Robinson Waste		Н	JDEP Wauler ID 3687		of Wa			Wm Of	10.00	Siou Lundi				
City, State Bellmawr NJ						osal Date	N,	City, Stat		J				06 (100)
Completed by Joseph T Hill	Title VP					Signature	9			1000	ate '-16-1	3		

New Jersey Department of Health	
Consumor, Environmental & Occupational Health	Servi
FO Box 369, Trenton, NJ 08625-0389	*
Telaphone: 609-826-4950 Fax: 609-826-49	75

APPROVED ND Dept. of Health & Senior Services

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES Must be submitted 10 beys brior to the beginning of work. Please type or print legibly. Type of Notification (oneck one) and Date Submitted. Emergency (must include justification) Date of Nicitication Building Information Cherry Hill Public Schools Name of Building Owner/Operator: Street Address; 1157 Marlkress Road chy: Cherry Hill State: NJZin: 08034 Name of Contact Marco Fernandez-Obregon Telephone No Facility information Carusi Middle School Name of Facility Where Work Activity is to Take Place: Describe' Facility Use: School 315 Roosevelt Drive Cherry Hill state:NJ Zip: 08002 Street, Address: Camden County Name: County Code (state use only).:\_ Scheduled Start Doto: 09/27/2013 Scheduled Completion Date: 09/28/2013 Occupancy Status During Activity (check only one): Pacifity Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours-Describe: Other-Describe Scope of Work (check all that apply): Square Footage: 936 SF Float Tile Percentage Asbellos: \_ Square Footoge: 936 SF Mastic Percentage Asbustos: Square Footage: Other:\_ Percentage Ashestos: Contractor Information Company Name: Shade Environmental, LLC Telephone No.: (856)755-0099 oity: Maple Shade 623 Cutler Avenue Strool Address: New Jersey Asbestos Licensia Number (if applicable): 00842 Monitoring Firm (if applicable): TI Environmental, Inc. Telephone No.: 856-840-8800 " Signature " Completed by (type or print legibly): Christina Lynch mile: Office Manager Date; 09/25/2013

#### CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (cont'd) Company's History of Legal Actions If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances, and attach the statement to this form. Has the company or any person identified on this form: been subject to, or has pending, any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any ad ministrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP, NJDCA or NJDHSS? now or has been subject to any order resulting from any criminal, civil or administrative proceeding brought res against such company, persons or parties by any administrative, governmental or regulatory agency? been denied any license/certification/approval, or had it suspended or revoked by any administrative, governmental or regulatory agency? been disbarred, suspended or disqualified by any federal, state or municipal agency? been a defendant in any civil or criminal litigation? Historical Data (check most appropriate) intend to use the data provided by the RFCI which indicates that no significant exposure exists during the removal of asbestos containing floor tiles, when their methodology is applied to their described situation. The RFCI data is not applicable to the floor tile removal I am undertaking. Attached is data for the removal method which will be employed. This data represents dirborne asbestos levels generated during and after the removal, and is proof that no significant exposure exists. I am undertaking the removal of (check one): transite roofing siding Attached is historical or current data for this type of removal h indicate It no significant exposure exists during or after the removal of the material. Statement and Signature Lagree that the information contained herein is accurate, true and complete, to the best of my knowledge. Lunderstand that if such information contained herein is found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60. I understand that this information is subject to verification and that I agree to provide any additional documentation, as required. For the same purpose, I also understand that outside sources may be contacted, therefore I hereby give permission for disclosure of any information which may be needed to determine if the contents of this document is valid and/or eligible. I also understand that failure to provide full disclosure of any of the requested or required information may result in the rejection of this request. I also understand that completion of this form does not guarantee approval of this Request. By signing this form, I understand that, should this request be approved, I am required to follow any and all procedures prescribed by the New Jersey Department of Health in regulation and/or guidance documents as provided. I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company identified in this document. Title: Office Manager Name (Print): Christina Lynch

Directions for the Completion and Submission of Contractor Information for Non-Friable Asbestos Work Activities—Exemption Request form

Date: 09/25/2013

X# 9201	2	NO	OTIFIC (Pur	ATION C	F ASBES	TOS A	BATEM 12:120)	IENT						7
Date of Notification (1) 9/25/13					Building Ov KURMIN		erator (	(2)			570-03			
Agencies Notified	Type Notification			treet Add	dress RNINGS	SIDE A	AVE.			0CT -	1 20	13		
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code BEACH		7735				76		k.	The second second
☑ DOH DCA	Emergency (in justification) Cancellation	cluding		lame of 0	Contact KURMIN	ISKY				Telephone N	umbhel			
L bon				FACIL	ITY INFOR	RMATIO	N							
Name of Facility Where RESIDENCE	Abatement is Taking	Place (3)						S S	f Facility (4 chool (K-12	?) 3 (Other than K-	12)			
Street Address 146 MORNINGSID	E AVE.	***						⊠ o e	ther (i.e. pr tc.)	ivate & commer	cial build	ings,		s, 
City (5) UNION BEACH, N	J							Square 2,000	)+/	# of Floors	30	) +/-		
County (6) MONMOUTH				County C STATE U	ode (7) SE ONLY)	***	_		t Use (Prio DENCE	r if being demol	ished)			
Name of Monitoring Firm ACVTIVE ENVIRO	m Hired by Building O	wner (8)		ASCM	No.			of Abate PRO, I	ement Con NC.	tractor (9)				
Street Address 209 WESTFALLS								Addres	s US AVE.					
City, State, Zip Code DINGMANS FERR								state, Zip DDBRI	p Code IDGE, No	07095				
Project Manager for Mo NORMAN BALDW	nitoring Firm			Telephor				none No 726-31		License 0065	No.			
Start Date (10) 10/9/13		Schedule		pletion [	Date (11)		Name	of OSH	A Monitor					
Occupancy Status Duri		Only On	e)				Street	Addres	s					*
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire P med Outside of Norm	eriod of A al Facility	Hours	ent		_	City, S	State, Zi	p Code					
Scope of Work (Check	All That Apply)				1									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	,		Renova Demolit				3	Min Glo	i-Enclosure				Α.	
		T							1-Exemple	( ) and (von-)	lable i to		ement	t
			Locati Normal			_						Ty	/ре	
Location Asbestos-Containing TO BE A In Fact (13)	Use Ma Cus	ed Sole intena todial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfac	scription taining I system cing, VA niscella	Material ns insula AT, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No		-	LIEDM	IAI DI	DE IN		150 LF	X	1	-	1	
CRAWL	SPACE			X	11	HERM	IAL PI	PE IN	5.	150 LF				
		-												
						Y								
Name of Registered W	aste Hauler			NJDEP W		Cubic of Wa	Yards			Registered Lan	afill			
NEWARK CARTIN	IG, INC.		11 11200	509	140.	2	sal Date	Α	G.R.O.	W.S., INC.				
City, State NEWARK, NJ		T market				10/10	0/13		MORR	ISVILLE, PA	Date			
Completed by DAVID T. TOLCHI	N	PRE	SIDE	NT			Signatu	فسكا	27.7	old	9/25/1	3		

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

CHECK#: 3777.

Agencies Notified  Type Notification  Street Address  Street Address  Sos Main ST  City, State, Zip Code  Hacken Sacc N.J 07602 OCI - 1 2010  Name of Contact  Name of Contact  Telephone Number 2010	Data of Matification (4)			I N	ame of B	uildina Ow	mer/Op	erator (2	2)					-		
Separation   Cambellation   Cambel	Date of Notification (1)			1 140		Her	ELLIA.	3 (	Co	NC-						
Separation   Camelation   Cam		Type Notification		St	reet Add	ress	MIHI	<u> </u>		. 1	1 12	12	7 [		7	7
DEP     Amendant	- <del></del>	,				505	L	lain	ST				-1		15	
South   Canadiston   Canadist	20 <del>0   100  </del>			C	ity, State,	Zip Code					2					
Source   County   C	⊠ DOL	Amendment #		· L	Hac	Konsa	cc	N.	)	0760	C Tala	nhore Numb	1 20:	3	-	4
Name of Facility Where Abatement is Taking Place (3)  COMUCELION  Store Address  336  MAIN  T-  County (6)  ACKEN SACK  County (7)  Super Facility (1)  Store Address  336  MAIN  T-  County (8)  Store Address  Store A	IXI DOH		lodding	N	ame of C	ontact	_			ŧ.	I ele	phone Muni	<i>J</i> Ci			
Name of Facility Where Abetament is Taking Place (3)  COMUCKELON  Street Address  336 MAIN ST  Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12	□ DCA	☐ Cancellation		L				The state of the s		-	7703		-\-	_		
Street Address 336 Main ST-  Street Address 336 Main ST-  Square Feet Square F	Name of English Where	hatement is Taking	Place (3)		FACILI	I Y INFOR	MATIC	1	Type of	Facility (4)		1	WG.			1
Street Address  336 Main  Telephone No.  City, State, Zip Code  Completed by  Completed by  City City City City City City City City			(0)						□ Sch	ool (K-12)	)					7
Square Feet   # of Floors	Street Address								☐ Sub	chapter 8	(Other	than K-12)	buildin	as, ho	mes,	. 1
Cay   County (8)   County (9)	336 1	UMN ST							etc	:.)						_
County (Social County Code (7)   Cod		Tune .		-							# of					
Start Use of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   A MAC Contracting Inc.		Suck									if boin			730		
Street Address   Str	County (6)						سنن		Current	USE (PROF	ii Delil	y demonstre	۵,			
Street Address  105 Lowell Road  City, State, Zip Code Glen Rock, NJ 07452  Telephone No. 201-262-5841  Cotty State, Zip Code Glen Rock, NJ 07452  Telephone No. 201-262-5841  Cotty State, Zip Code Glen Rock, NJ 07452  Telephone No. 201-262-5841  Cotty State, Zip Code Glen Rock, NJ 07452  Telephone No. 201-262-5841  Cotty State, Zip Code Glen Rock, NJ 07452  Name of OSHA Monitor Omega Environmental Services Inc.  Street Address  State Address  Street Address	REACHEN	).				-		Name	of Abater	ment Contr	actor (	9)				$\neg$
City, State, Zip Code	Name of Monitoring Firm	Hired by Building O	wher (9)		MOUN	140.								0853— <u>7</u> 5		
City, State, Zip Code  City City City City City  City City City City City  City City City City City  City City Ci	Street Address															
Cien Rook, NJ 07452	Olicel Vinicos							105 L	.owell Ro	ad						
Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Dolor	City, State, Zip Code															
Start Date (10) / o / o / 1/3 Scheduled Completion Date (11) / o / 3o / 1 / 2.  Occupancy Status During Abatement (Check Only One Signature) Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rackensack, NJ 07606  Street Address 280 Huyer Street Gity, State, Zip Code Rethelem, PA 18015  Street Address 280 Huyer Street Gity, State, Zip Code Rethelem, PA 18015  Street Address 280 Huyer Street Gity, State, Zip Code Rethelem, PA 18015  Street Address 280 Huyer Street Gity, State, Zip Code Rethelem, PA 18015								Glen	Rock, N.	07452						
Start Date (10)   10   01   13   Scheduled Completion Date (11)   10   01   13   Name of OSHA Monitor Omega Environmental Services Inc.    Occupancy Status During Abatement (Check Only One)   Stracility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   Street Address   280 Huyer Street   City, State, Zip Code   Hackensack, NJ 07606   City, State, Zip Code   Ci	Project Manager for Mor	nitoring Firm			Teleph	one No.							).			
Occupancy Status During Abatement (Check Only One)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ City State, Zip Code ☐ Hackensack, NJ 07606 ☐ Street Address 280 Huyer Street ☐ City, State, Zip Code ☐ Hackensack, NJ 07606 ☐ City State, Zip Code ☐ City State, Zip Code ☐ Hackensack, NJ 07606 ☐ Pull Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Asbestos-Containing Material (ACM) ☐ Facility ☐ In Facility ☐ (12) ☐ Yes No N/A ☐ Pige INSULATION ☐ 187LF ☐ Name of Registered Waste Hauler ☐ Now Tale ☐ Now Tale ☐ Now Tale ☐ Cubic Yards ☐ City, State, Zip Code ☐ Renovation ☐ Description of ☐ Asbestos Containing Material (ACM) ☐ Surfacing, NAT, or ☐ other miscellaneous) ☐ Is Location ☐ Description of ☐ Asbestos Containing Material (ACM) ☐ Specify ☐ Tale ☐								-		-		00100				
Occupancy Status During Abatement (Check Only One)  If aclithy Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours    Other - Describe:	Start Date (10)	1.2	Scheduled	Com	pletion D	ate (11)		Name	of OSHA ega Envi	Monitor ronmental	Service	es Inc.				
Occupancy Status During Abatement (Check Child Order)    Facility (Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours     Other - Describe:					70/17			-								
Abatement Performed Outside of Normal Facility Prouis   Hackensack, NJ 07606	Occupancy Status Duri	ng Abatement (Che	ck Only One Period of Ah	) ateme	ent			280	Huyer St	reet						
Other - Describe:   Scope of Work (Check All That Apply)   ≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Demolition   Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and	■ Abatement Perform	ed Outside of Norm	al Facility H	ours	M(5) 4			City, S	state, Zip	Code NJ 07606						
Sality	☐ Other - Describe:							Hack	onsaun,							
23 st or 23 ft   2160 sf or ≥260 ff   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify Surfacing, VAT, or other miscellaneous)   Specify   SF or LF)   Demolition   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify Strength Specify   Demolition   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Descripti	Scope of Work (Check	All That Apply)	,	600								Namatica Pa	0001150			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  No N/A  Normally Yes No N/A  Name of Registered Waste Hauler Rovic Transport  Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Completed by  Is Location Normally Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e.								1	Mini-E	Enclosure		Negative Pr	Coould			
Secondation of Normally Used Solely by Maintenance/ Custodial Staff? (12)   Secondation of Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A	☐ ≥160 sf or ≥260 lf		L De	HOHU	A1			-	Glove	han Proce	edure	Non-Friable	e Proce	dure		
Location of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   NVA		·						1	_ NON-E	Aempled	Jane	TOTT TROOP	T	Abate		ŧ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing M														Ту	ре	
Yes   No   N/A   P19E   NSULUTION   187LF   Name of Registered Waste Hauler   NJDEP Waste Hauler ID No. 20785   Disposal Date			Used	d Sole	ly by	Asbes	tos Co	ntaining	Material	(ACM)	3.5		_		m	m
Yes   No   N/A   P19E   NSULUTION   187LF   Name of Registered Waste Hauler   NJDEP Waste Hauler ID No. 20785   Disposal Date			Mai	ntenai	nce/	(i.e.	therma	al systen	ns insulat	ion,		(Specify	180	8	deo	nak
Yes   No   N/A   P19E   NSULATION   187LF   Name of Registered Waste Hauler   NJDEP Waste Hauler ID No. 20785   Disposal Date	In Fac	cility	Custo		Julii :		surf	acing, V miscella	AI, or aneous)	- 1		3, U.L.)	BYO	pair	alua	Seun
Rovic Transport    Pige INSULATION   187LF	(13	5)	Yes	Ma	N/A		20.01						=		8	0
Name of Registered Waste Hauler Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Completed by  NJDEP Waste Hauler ID No. 20785  Cubic Yards of Waste Z_ IESI PA Bethlehem Landfill Corp.  City, State, Zip Code Bethlehem, PA 18015  Date			Yes	NO	INA		2 -					187,6	17			
Name of Registered Waste Hauler Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Completed by  NJDEP Waste Hauler ID No. 20785  Cubic Yards of Waste LESI PA Bethlehem Landfill Corp.  City, State, Zip Code Bethlehem, PA 18015  Completed by  Title  Date	BUSEMENT				1		PIPE	IN	Sucar	100		0/25	Ť		-	1
Name of Registered Waste Hauler Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Completed by  Title  Rovic Transport  IESI PA Bethlehem Landfill Corp.  City, State, Zip Code Bethlehem, PA 18015  Date													+	-		-
Name of Registered Waste Hauler Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Completed by  Title  Rovic Transport  IESI PA Bethlehem Landfill Corp.  City, State, Zip Code Bethlehem, PA 18015  Date													+-	_	-	-
Name of Registered Waste Hauler Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Completed by  Title  Rovic Transport  IESI PA Bethlehem Landfill Corp.  City, State, Zip Code Bethlehem, PA 18015  Date												11 10				
Rovic Transport  City, State, Zip Code Riverdale, NJ 07457  Completed by  Ratilet id No. 20785  LESI PA Bethlehem Landfill Corp.  City, State, Zip Code Bethlehem, PA 18015  Date	Name of Registered W	aste Hauler														
City, State, Zip Code Riverdale, NJ 07457  Disposal Date City, State, Zip Code Bethlehem, PA 18015  Completed by  Disposal Date City, State, Zip Code Bethlehem, PA 18015				1		140.	01.44						Согр.			
Riverdale, NJ 07457  Completed by  Title Signature Date						Disp	osal Dat	e	City, Stat	e, Zip	Code					
Completed by Title	Riverdale, NJ 07457								Bethlehe	em, PA		-4-				
	Completed by							Signatu	ire ſ	1	_	l D	ate			
/			Opera	uons					4.	/ otale	uo.					

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

Date of Notification (1)		1	Name of	Building C	wner/O	perator	(2)				2 5	1	W	
9/26/13			$C_{i}$	HARL	és	13.	MO	RAN	1					
Agencies Notified Type Notification  EPA  Initial								AUE.			T -	1.	2013	
DEP Amended  DOL Amendment	<b>#</b>	- 1	City, State	e, Zip Coo 5.A.V.E	ie CK	NO	TC	7666						
Emergency (	ncluding	1	Name of	Contact					Teleph	none Nu	mber	Ch.		£
DOH justification) DCA Cancellation				ARLE										F
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMAII	ON	Type o	f Facility (4)	)					
MORAN								chool (K-12						
Street Address 1006 PALISADE 1	4UE						× 0	ubchapter 8 ther (i.e. pri				ings,	home	s,
City (5) TEANECK							Square	tc.) Feet	# of F			dg. A		
		- 17	2	ada (7)			,	du it Use (Prior	if boins			5 8		
County (6) BENCEN				SE ONLY)			1	res			neu)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.				ement Cont ntracting		)				
Street Address							Address Lowell	s I Road						
City, State, Zip Code							tate, Zip Rock	Code , N.J. 074	452					
Project Manager for Monitoring Firm		T	Telephor	ne No.			one No 262-5			icense 1	No.			
Start Date (7 - / 13	Schedule			Date (11)		U.S. C. W. CO. J. C. W. C.		A Monitor vironmer	ntal Sei	vices I	nc.			
Occupancy Status During Abatement (Chec							Addres							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	baterr Hours	nent			City, S	state, Zij							
Scope of Work (Check All That Apply)						Hac	kerisa	ck, NJ 07	000					
23 sf or ≥3 if ≥160 sf or ≥260 if	- Comments	enova emolit				X	Min	Containme i-Enclosure vebag Proc i-Exempted	edure				e	
	Is	Locati	ion					LXOTABLE	7 0.10	10111110	T	Abate	ement	
Location of	N	ormal	ly	22-22-2		scription					-	Ty	pe	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used S  Mainte					taining N I system icing, VA miscellai	s insula AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT			X		VA:	T	-		36	,0 s F	X			
7,57,000					0		-							
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registere	ed Landf	ill			
Rovic Transport		F	lauler ID 20785		of Wa	1		IESI PA	A Bethle			l Co	p.	
City, State Riverdale, New Jersey 07457					Dispo	Sal Date	300	City, State Bethleh	e nem, P	A 1801	5	,	,	
Completed by R. McDonald	by Title								1		Pate 9	)6°	/13	

CK # 25312

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

Date of Notification (1)	26/13		T	Name o	of Building	Owner/Operator	(2) David Lampn		ď,	į į		
Agencies Notified	Type Notification		+	Street	Address	40	06 Chestnut S	treet OCT	_ 1	201	2	1,1
EPA DEP DOL	Initial Amended Amendment #_		-	City, St	ate, Zip C	ode	donfield, NJ	-		<u> 201</u>	ű –	-
MOH DCA	☐ Emergency (inc justification) ☐ Cancellation	cluding	F	Name (	of Contact Day		E S	Telephone Numb	er :		الم الم	4
			-	FAC		ORMATION						1
Name of Facility Where		g Place dentia					Type of Facility  School (K-12		·			
Street Address	406 Ches	stnut S	Stree	t			Other (i.e., property homes, etc.)	rivate & commercia	ıl build			
City (5)	Haddon	field	NI				Square Feet 3000	# of Floors	Bio	ig. Ag 70		
County (6)	amdem	Hera,	110		ty Code (7	7) (STATE	Current Use (Pr	ior if being demolis Residential	hed)			
Name of Monitoring Firm	n Hired by Building C	Owner	-	ASCM I	Vo.		nent Contractor (9		- T	^		$\neg$
(8)	MECS		_].			Street Address	vens Environi	nental Service	s, In	c.	_	_
Street Address	PO Box 341	1				Street Address	PO E	322 Sox 322				
City, State, Zip Code						City, State, Zip C	Code	n, NJ 08501				
	crosswicks, NJ	08515		phone I	No.	Telephone No.	Allelitow	License No.				=
Project Manager for Mo William W	onitoring Firm Veisgarber Jr.				3-4070	The second secon	59-9688		0493	3		_
Start Date (10)		duled C			te (11)	Name of OSHA		ECC				
10/9/13			0/10/	13		Street Address	IVI	ECS	_			-
Occupancy Status Dur  Facility Closed/Vaca				ment		Street Address	PO E	341				_
Abatement Performe Other - Describe:	ed Outside of Norma	l Facility	/ Hou	rs		City, State, Zip C		cs, NJ 08515				
Scope of Work (Check  23 sf or 23 lf  2160 sf or 2260 lf	all that apply)		novati molitic			Mini-En	ag Procedure	gative Pressure on-Friable Procedu	re			
			ocatio						A	bater Typ		
Locatior Asbestos-Containing TO BE AB/ IN Facil (13)	n Material (ACM) ATED lity	Used Mair Cu	Solel itenan istodia staff? (12)	y by ice/		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No					10 41	1.4	10 of	0			
Basen	nent			×	Th	ermal Duct In	isulation	10_sf	×	-		
				LIDED	A/	T Cubic Yards	Name of Pag	istered Landfill				
Name of Registered W	/aste Hauler Environmental			NJDEP I Hauler II		of Waste	Name of Neg	T.R.R.F., I	nc.			
City, State	LHVHOIMICHIAI			10.	<i>L7L</i>	Disposal Date	City, State	7				
	Allentown, NJ					10/11/13	A/	/ Tullytown,	PA			_
Completed By Mahlon E. S	tevens Title		rojec	t Mar	nager	Signature	(-1/	Date	9/2	6/13		

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

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

Agencies Notified    Page	Date of Notification (1)	126/12		Т	Name	of Building	Owner/Operator	(2) Jenny Roge	ic	7.7	厚		7
Table				_	Street	Address		1 - 7	.13			3	#
DOL		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Street	Address	1		ve.				1
Name of Contact   Jenny Rogeis   Telephone Number   1   Jenny Rogeis	DEP DOL	Amended Amendment #		.	City, S	tate, Zip C	ode	111	<del>- 901 - 1</del>	2013	,	2	1
DEA	₩ DOH	Emergency (in	cluding		Name	of Contac				ber			+
Name of Facility Where Abatement is Taking Place (3)   Residential   School (K-12)   School	DCA				Ivallie	20 20 0			S. Copilore Tan				<b>-</b>
Street Address   Stre					FAC	ILITY INF	ORMATION			***		RAIL FRONT	J
Street Address   113 Fowler Ave.   Subchapter 8 (Other than k-12)   Subchapter 8 (Other than k-12	Name of Facility Where							Type of Facility	(4)				
Street Address		Resi	dentia	ıl						2)			
County (6)   Camdem	Street Address	113 Fo	wler A	Ave.				Other (i.e., p	rivate & commerc	ial build			
County (6)   Camdem   County Code (7) (STATE   Current Use (Phor if being demolished)   Residential	City (5)		227-247-00						# of Floors	BI	1550 mm		
Camdem   USE ÖNLY    Residential		Haddor	ifield.	NJ					2	چاج	9	0	_
Name of Monitoring Firm Hired by Building Owner (8) MECS  Street Address  PO Box 341  PO Box 342  City, State, Zip Code Crosswicks, NJ 08515  Project Manager for Monitoring Firm William Weisgarber Jr. (609) 298-4070 (609) 298-4070 (609) 299-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  Coupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours Cother - Describe: 8am to 4pm  Stevens Environmental  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Mini-E		amdem					7) (STATE	Current Use (P					_
Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Project Manager for Monitoring Firm William Weisgarber Jr. (609) 298-4070 (609) 298-4070 (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 322  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State City, State Allentown, NJ 08501  City, State City,			Owner	T	ASCM	No.		[[[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [			2000000		
PO Box 341  PO Box 322  City, State, Zip Code Crosswicks, NJ 08515  Project Manager for Monitoring Firm William Weisgarber Jr.  City State, Zip Code Allentown, NJ 08501  Telephone No. (609) 298-4070 (609) 259-9688  City State During Abatement (Check only one)   Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Staff Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State  NIBE Address PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State  Abatement Type  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  NIBE Address PO Box 341  City, State  Abatement Type  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  NIBE Address PO Box 341  City, State  Abatement Type  A	(8)	MECS					Stev	ens Environ	mental Service	es, Ir	ıc.		
City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 298-4070 (609) 298-4070 (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Telephone No. (609) 259	Street Address	PO Box 34	1				Street Address	PO F	30x 322				
Crosswicks, NJ 08515   Telephone No.   C609 298-4070   Telephone No.   C609 259-9688   C10690 259-9	City State Zin Code	TO BOX 5 T					City, State, Zip C						_
William Weisgarber Jr.   (609) 298-4070   (609) 259-9688   00493		rosswicks, NJ	08515	5					n, NJ 08501				_
Start Date (10)  10/7/13  Scheduled Completion Date (11)  10/10/13  Street Address  Street Address  PO Box 341  City, State, Zip Code  Crosswicks, NJ 08515  Scope of Work (Check all that apply)  Scope of Work (Che	Project Manager for Mo	onitoring Firm		Tele	phone	No.			The state of the s	202010000			
Tournament   To	William W			_	-					00493	3		_
Cocupancy Status During Abatement (Check only one)   Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   Crosswicks, NJ 08515	12 10	Sche				te (11)	Name of OSHA		TECS.				
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   Crosswicks, NJ 08515					13		Ctrant Address	IV	IECS		_	_	_
Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code		일본 계계 시간 경기를 가게 보다면 되었다면 하는데 보기했다.			ment		Street Address	PO F	3ox 341				
Crosswicks, NJ 08515							City, State, Zip C						_
Second procedure   Second pro	<ul> <li>************************************</li></ul>								ks, NJ 08515				
Second part   Demolition   Demolition   Calculation   Normally   Used Solely by   Maintenance   Custodial   Staff? (12)   Yes   No   N/A	Scope of Work (Check	all that apply)			1104 i		☐ Full Co	ntainment with Ne	egative Pressure				
Second to the complete (*) and Non-Friable Procedure   Abatement Type	≥3 sf or ≥3 lf						☐ Mini-En	closure					
Normally   Used Solely by   Description of   Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)   Yes   No   N/A     N/A   Normally   Used Solely by   Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/A   N/A   SF or LF   No   N/A     N/A	≥160 sf or ≥260 lf	Ŷ.	Пре	molitic	n				on-Friable Proced	ure			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Basement  Name of Registered Waste Hauler Stevens Environmental  City, State  Allentown, NJ 08501  Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Amount (Specify SF or LF)  Registered (Acm) (Specify SF or LF) (SF or LF)  Registered (Acm) (Specify SF or LF) (SF or LF)  Registered (Acm) (Specify SF or LF) (SF o										1			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Pes No N/A  Name of Registered Waste Hauler Stevens Environmental  Stevens Environmental  City, State  Allentown, NJ 08501  Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Amount (Specify SF or LF)  For LF)  Amount (Specify SF or LF)  For LF	Location	of					Description o	f		_	1 1/1	,e	
No N/A   Basement   X   Thermal Pipe Insulation   100 lf   X	Asbestos-Containing	Material (ACM)			15					R	Re	E	Ē
No N/A   Basement   X   Thermal Pipe Insulation   100 lf   X				Staff?	"	(1.6.,	surfacing, VAT	, or		Mov	pair	caps	clos
Name of Registered Waste Hauler   NJDEP Waste Hauler ID No.   Stevens Environmental   NJDEP Waste Hauler ID No.   18292   2 CU   T.R.R.F., Inc.	(13)			(12)			other miscellane	ous)		<u>a</u>		sulat	ле
Name of Registered Waste Hauler Stevens Environmental  City, State  Allentown, NJ 08501  NJDEP Waste Hauler ID No. 18292  Cubic Yards of Waste 2 CU T.R.R.F., Inc.  Disposal Date City, State  10/11/1/3  Tullytown, PA  Date		No	N/A					-		е			
Stevens Environmental  City, State  Allentown, NJ 08501  Completed By  Take Signature  Allentown Stevens Environmental  Disposal Date City, State  10/11/1/3  Tullytown, PA  Date O(20/13)	Basem	ent			×	Th	ermal Pipe In	sulation	100 lf	×			
Stevens Environmental  City, State  Allentown, NJ 08501  Completed By  Take  Allentomental  Disposal Date  10/11/13  Tullytown, PA  Date  Date													
Stevens Environmental  City, State  Allentown, NJ 08501  Completed By  Take  Allentomental  Disposal Date  10/11/13  Tullytown, PA  Date  Date													
Stevens Environmental  City, State  Allentown, NJ 08501  Completed By  Take  Allentomental  Disposal Date  10/11/13  Tullytown, PA  Date  Date								I Name of Dec					
City, State  Allentown, NJ 08501  Disposal Date, City, State  10/11/1/3  Tullytown, PA  Completed By  Title  Disposal Date, City, State  Tullytown, PA	19-77				łauler ID	No.	of Waste	Name of Reg		r			
Allentown, NJ 08501 10/11/1/3 Tullytown, PA  Completed By Title Signature Date		environmental		_L.	182	292		City State	1.R.R.F.,	inc.	_		
Completed By Title Signature Date		llentown NI	08501					City, State	Tullytown	PA			
7/1/11				-			1110	11/					
Y		tevens	Pı	ojec	t Mar	nager	///			9/2	5/13		_

ASB-41

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

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

NOTIFICATION OF AS (Pursuant to NJ

130										-		
Date of Notification (1) 9 /	30 / 13	75	1		_	Owner/Operator (2 orporation Inc.	(2)	= 10 0	<u> </u>	3 .	7	
				10000000000000000000000000000000000000			1111	7	1,	2 ·	- 1	$\dashv$
Agencies Notified	Type Notification		1	Street A		<b>-</b>	II LYT			. ,		
⊠ EPA	☐ Initial ☐ Amended				Legacy		7	OOT 1	2012	- 11		$\dashv$
☑ DOLWD ☑ DHSS	Amendment #5		-   '	Section 2	te, Zip Co			OCT I	2013	-	2	
☑ DCA	☐ Emergency (inc				o, TX 75	024		Telephone Numb	or	1		$\vdash$
(NJAC 5:23-8)	justification)			2000	f Contact		-	i elephone id		ie	*	1
	☐ Cancellation				Thomas							1
			31	FACI	LITY INF	FORMATION						_
Name of Facility Where	Abatement is Taking	Place (	3)				Type of Facility (					
Ocean County Mal	l						School (K-12)	(Other than K-12)				
Street Address							Other (i.e., pr	ivate and commer	cial build	dings		
1201 Hooper Aven	ue						homes, etc.)		Lau			$\dashv$
City (5)							Square Feet	# of Floors		g. Age	9	
Toms River							150000	2	7	0		_
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	nea)			
Ocean												_
Name of Monitoring Firm	n Hired by Building (	Owner (8	) /	ASCM N			ent Contractor (9)					
Hillmann Consulting	ng LLC			62252	2	JVN Restora	tion Inc					_
Street Address						Street Address						
1600 Route 22 Eas	st					47 Foster Ro						
City, State, Zip Code						City, State, Zip C						
Union NJ 07083						Staten Island	<u> </u>					
Project Manager for Mo	nitoring Firm			phone N		Telephone No.	21	License No.				
Tom Rubino				8-956-		718-605-625		00774				
Start Date (10)		duled Co				Name of OSHA						
<u>7</u> / <u>10</u> /	/ _13_	9 /	30	_ / _	13	Testor Tech						
Occupancy Status Durir						Street Address						
☐ Facility Closed/Vaca	ted During Entire Pe	eriod of A	bater	ment		10 59 Jackso						
Abatement Performe Time of Abatement:	ed Outside of Norma P	I Facility M/ <u>10:00</u>	Hour PM-	s - Desc 6:00AN	<u>I</u> AM	City, State, Zip C						
Scope of Work (Check :	all that apply)											
Decision Alexander and the second				la an		☐ Full Cor ☐ Mini-En	ntainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Rer				☐ Gloveba	ag Procedure					
ZZ 2100 SI OI 2200 II		2000 A				⊠ Non-Ex	empted (*) and No	n-Friable Procedu				0.000
			Locat			_			Aba		ent Ty	/pe
Locatio				ely by	Ashe	Description estos Containing M		Amount	Reg	Repair	En	Enclosure
Asbestos-Containing		Mai	ntena	ance/	(i.e	thermal systems	s insulation,	(Specify	Removal	air	aps	lsok
IN Fac	cility	Cust	odial (12)	Staff?	12000	surfacing, VA		SF or LF)	<u>a</u>		Encapsulate	ıre
(13)	)	Yes	No	N/A		Other miscellan					ē	_
2nd FI Dressing Ro	om		$\boxtimes$		VAT/M	ASTIC		200SF				
	**************************************											
			П	1								
Name of Registered W	acte Hauler		<u> </u>	NJDEP !	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Global Waste Ind			1.00	Hauler II	D No.	Waste	G.R.O.W.S					
				NJ-22	2147	5 Disposal Date	City, State	The state of the s				
City, State						9/30/13 A	ony, orace	e PA				
Hackettstown, NJ						/ )	/)		Date	-		-
Completed By (Print or	176-7	tle	_			Signature	Pauch	1   1		0	13	<u>.</u>
John Tardy		Senior	Proj	ect Ma	nager		Carre	4	110	$\preceq$		
ACD 44						X		1	15	- 1		

ASB-41 MAY 11

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

CK#253//

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

Date of Notification (1)	20.6/12		T	Name	of Building	Owner/Operator	(2) AK Land Cor	nnany	-11 -1		3	Ì
Agencies Notified	26/13 Type Notification		+	Street	Address		13 8	- UCT -	1 201,	3		7/
☑ EPA □ DEP	Initial Amended		-	City St	ate, Zip Co		135 Spruce S	treet		_		<u>~  </u>
<b>DOL</b>	Amendment #_  Emergency (in					Phil	adelphia, PA		); 	1	-J	_[
M DOH □ DCA	justification)  Cancellation			Name	of Contact Rich	nard Pressma	n	Telephone Num	ber-			7
				FAC		ORMATION		_				-
Name of Facility Where							Type of Facility					
Street Address	Former Tir	e War	ehou	ise			School (K-1) Subchapter	8 (Other than K-1	2)			
	1555 Suck	de Hi	ghwa	ay			homes, etc.					
City (5)	Pennsa	uken.	NJ				Square Feet 20,000	# of Floors	Blo	lg. Ag 6		
County (6)		dicon	110		ty Code (7	) (STATE		rior if being demol	ished)			_
Name of Monitoring Firm	amden  n Hired by Building (	Owner	-	ASCM I	-		nent Contractor (9					=
(8)	MECS		_ .				vens Environ	mental Service	es, In	c.		_
Street Address	PO Box 34	1				Street Address		30x 322				
City, State, Zip Code						City, State, Zip		n, NJ 08501				
Project Manager for Mo	rosswicks, NJ	08515		phone I	No.	Telephone No.	Allemow	License No.		_	_	-
	Weisgarber		(60	9) 298	8-4070	(609) 2	59-9688		00493			_
Start Date (10)	Scheo	duled Co	omple 0/11/		te (11)	Name of OSHA		rironmental				
10/7/13 Occupancy Status Duri	ing Abatement (Che		-	13		Street Address						_
★ Facility Closed/Vaca Abatement Performs						City, State, Zip		eley Place				_
Other - Describe:	ed Odiside of Norma	ii r doiiit	7 1 10 01			Oity, Otate, Zip		d, NJ07728				_
Scope of Work (Check	all that apply)	Про	novati	ion			ontainment with Ne	egative Pressure	560			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molitio			☐ Glove	pag Procedure exempted (*) and N	on-Friable Proced	ure			
			ocatio							bate		
Location		Used	Solel tenan	y by	Achae	Description of tos Containing Ma		Amount				
Asbestos-Containing TO BE ABA	ATED	Cu	istodia Staff?		(i.e.,	thermal systems surfacing, VA	insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
IN Facili (13)	ıy		(12)			other miscellane	eous)	GI GI ZI /	ova	_	sulat	sure
		Yes	No	N/A							æ	
Boiler R	Room	×				Boiler Insul	ation	120 sf	×	-		
			-	-					+			
Name of Registered W				JDEP \ Hauler  [	No.	Cubic Yards of Waste	Name of Reg	istered Landfill T.R.R.F.,	Tno			
Stevens I	Environmental		-1.	182	292	4 CU Disposal Date	Qity, State	1.R.R.F.,	IIIC.			_
	Allentown, NJ	1000				10/11/13/		Tullytown	, PA			_
Completed By Mahlon E. St	tevens		ojec	t Mar	nager	Signature		Date	9/2	5/13		
			_		-	-						

ASB-41

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

						Sei	24 20	113 O1:49pm	P00	1/00			
D&S Proj. #: 2013-353		Noti (Purs	ficatio suant	n of Asbes to NJAC 8	stos A ::60 ar	batement		APPROV	Senior Se		1		7
Date of Notification (1)	JOHN B.	ARRY	wner/O	perator (2)			Date	a Pin	Time:	47	AM	The second secon	
Agencies Notified Type Notification  EPA Initial  DEP Amended  Amendment #:	Street Address 15 AMI: City, State,	IERST Zip Cod	0						OT - 1	20	13 ROI	1	
DOL Emergency (including justification)  Canoellation	Name of Co	ontact		NJ 07928				Telephone N		-	-		
, , , , , , , , , , , , , , , , , , , ,		F	ACILIT	YINFORMA	TION				<u>,, </u>				
Name of facility where abatement is to	king place (3)						Турс	of Facility (4) School (I		ir than	K-12	<b>)</b>	
JOHN BARRY Street Address								Other (Pri	vate/Com	merol	al		
							Sal		of Floors	7	Bldg.	Age	-
15 AMHERST ROAD	County (6)	<del>-</del>		<del></del> 7	Count	y Code (7)					-		
City (5)	County (v)	1				use only)	CL	irrent Use (Prio	r If being c	iemol	shed)		
CHATHAM BORO	MORRIS	1				Name of Abateme		Adlar (O)					-
Name of Monitoring Firm Hired by Blo	ığ, Owner (8)	:	F	SCM No.	11'								
					_	D & S RESTO	KALIC	JN, INC.				- MARCH	
Street Address		1		-	11	20 California	Ave						
111		سحف				City, State, Zip Coo							
City, State, Zip Code						Paterson, NJ							
Project Manager for Monitoring Firm		Phone I	Vumber	***************************************	-	relephone Numbe			License N		r		-
Froject Maringor for Monthering 1 201				*	- 11	973-345-80			01	169			
Start Date (10)	Sched. Comp	etion Da	ite (11)		-	Name of OSHA M		7.00					
					- 11	D & S Restor	ation, J	inc.		***			-
09/30/13 Occupancy Status During Abatement	10/10/13 (Check only one	, <del>;</del>			-11	20 California	Avenn	e ·					2004-03-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
Facility closed/vacated during e Abatement performed outside of Describe: NORMAL HO	ntire period of ab of normal facility b	atement	L		_	City, State, Zip Co	ode 07503				N. S.	· Carrier	
	Renovation Demolition	2					Mini Glov	Containment w/ -enclosure /ebag procedur -Exempted (*) a	В	lable	proce		
Location of asbestos-containing material (aom) to be abated in facility (13)	te location normality maintenance, staff(12) Yes No.	siboteuo\	l solely al N/A	Descript material	ion of a (ACM)	sbestae-containin	g	Amount (Specify S LF)	For	a < o 3 e 3	Repal	Encap	Heol
				DUCTWO	ORK	WRAP&CUT)		225 SQ FT		X			
FIRST FLOOR  IST FLOOR BY FIREPLACE						TION (WRAPP	ING)	4 SQ FT			X		
BASEMENT 2 LOCATIONS	-			A CONTRACTOR OF THE PARTY OF TH		TION (WRAPP	OVER 11 TO SERVICE	8 SQ FT					
201300000000000000000000000000000000000													
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hai 13506			ible Yards of	Waste	TULLYTÖV	orod La VN, KE	ndill SOURCE RI	COVER	Y			
City, State	A STATE OF THE PARTY OF THE PAR	Dia	posal D 08	ale		City, State TULLYTO	WN. P.	A					
PATERSON, NJ 07503  Completed by (Print or Type) BOGDAN JOLIDZIC	Title PRESIDENT	<u> </u>		Signature		T. TODIATO	77 1 79 2 2		Date 2013	*	VID.	-	
	Do not use this	form for	asbest	e licensure	exempt	d activities.				E+1H(But)			

#### State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2013-353				(Pur	suai	nt to NJAC	8:60	ar	nd 12:120)	EGE	1				
			( D	-11-11 O		(Operator (O)			\$ 1 <b>\$</b>	1	1 70	3	11.1	1	
Date of Notification (1)	ı			ARRY		Operator (2)				OCT	- 1 20		1	1	
Agencies Notified Type Not	tification		et Addr					_	1,3	1		ROL	(H		
EPA Initial Amende	od	1	5 AMI	ERST	ROA	AD			· ·	المنات	- v			es-	
DEP Amendme				Zip Cod					į	- Mark Carlin - Market - Market					
DOL Emerge			CHATI	HAM B	ORC	), NJ 07928	3		7	water to the same of the same					
DOH (includi	ng	_	ne of Co			,				Telephone	Number	*/			
justifica	23	11	IOLINI	BARR	v						Ga .				
Cancel	lation		OIN			ITY INFORMA	ATION	V							
Name of facility where abatem	nent is tak	ing plac	e (3)	-	AOIL		.,		.     T	ype of Facility (4	1)				
	none to tare	9 p	- \-/							<u> </u>	(K - 12)		.,		
JOHN BARRY								_		Subcha	apter 8 (Oti Private/Co			12)	
Street Address										Bldgs./	Homes, etc	o.			
15 AMHERST ROAD										Square Feet	# of Floors		Bld	g. Ag	е
City (5)		County	y (6)		85.1.0			200	Code (7) use only)	Current Use (Pr	ior if boing	dem	oliche	4/	
CHATHAM BORO		MOR	RRIS				(516	aic	use only)	Current Ose (Fi	ioi ii beilig	dem	Jugue	<i>-</i> ,	
Name of Monitoring Firm Hire	d by Bldg				T	ASCM No.	1	N	ame of Abatement Co	ntractor (9)					
									D & S RESTORAT	ION, INC.					
Street Address								S	treet Address						
								L	20 California Ave.					_	-
City, State, Zip Code		1.						Ci	ty, State, Zip Code						
_			-				_	Ļ	Paterson, NJ 0750 elephone Number	3	License	Numb	er		
Project Manager for Monitoring	g Firm			Phone N	umbe	er		'	973-345-8020			169	OI .		
					72.2		_	N	lame of OSHA Monitor						
Start Date (10)		Sched.	Comple	etion Dat	e (11	)			D & S Restoration	, Inc.					
09/30/13		10/10/						S	treet Address						
Occupancy Status During Aba								L	20 California Aven	ue			_		
Facility closed/vacated of Abatement performed or	during enti utside of n	re perio iormal fa	a of aba acility ho	itement. ours-				C	ity, State, Zip Code						
Describe:					-		-		Paterson, NJ 0750	3					
Scope of Work (check all that								1	☐ Fu	I Containment v	v/negative	press	ure		
>3 sf or >3 lf		novatior	1						🔀 мі	ni-enclosure					
>160 sf or ≥260 lf		molition								ovebag procedu on-Exempted (*)		riable	proce	edure	
			normal	ly used s	solely	Г	_	-44		) - Exempled ( )	and Hom	R	R	E	Е
Location of asbestos-containing	by	mainter	nance/c	ustodial	•	1	on of	ast	pestos-containing	Amount		e m	e	n c	n
material (acm) to be	-	aff(12)		$\neg$	_	material	(ACM	1)		(Specify S	SF or	0 V	a	a	C L
abated in facility (13)		Yes	No	N	I/A							е	r	р	
FIRST FLOOR			X						RAP&CUT)	225 SQ FT		N N		브	님
1ST FLOOR BY FIREPL	ACE		X						ION (WRAPPING)	4 SQ FT		ዙ		片	片
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D & S RESTORATION,	INC.	135							TULLYTOWN, R	ESOURCE R	ECOVER	Y			
City, State				Dispo		ate			City, State						
PATERSON, NJ 07503				_ _	08	Cignoture	_		TULLYTOWN, F	A	Date				_
Completed by (Print or Type) BOGDAN JOLDZIC		tle RESID	FNT			Signature					2013				
ASR-41				rm for as	sbest	l os licensure e	xemp	ted	activities.						

ASB-41

## State of NJ Notification of Asbestos Abatement

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ASB-41

D&S Proj. #: 2013-355			(Pursua	nt to NJAC	8:60	and 12:120)	1-	-		n	7,3		1
(	114	1051	90				1.	)!		<u>W.</u>	L,		
Date of Notification (1)	Nai	ne of Buil	ding Owne	r/Operator (2)						10.000			
0 9 / 2 4 / 1 3		ACK SA	UNDERS				The second	OCT	- 1 2	013	, i	1	
Agencies Notified Type Notification	on Stre	eet Addres	SS			10000	1				į		
DEP Amended	3	71 CLA	REMONT	ROAD			5	france in the second	- "-	5.	لج ـ		
Amendment #:	City	, State, Z	ip Code						5-1: \2\ <b>v</b> :	,			
DOL Emergency	<u> </u>	BERNAF	RDSVILL	E, NJ									-
DOH (including justification)	Nan	ne of Con	tact	- 60				Telephone	e Number				
☐ DCA ☐ Cancellation		IACK SA	AUNDER	S				_\_		-			
*			FACIL	ITY INFORMA	MOITA							wasses	
Name of facility where abatement is	taking place	e (3)	-				Ty	pe of Facility (	4) (K - 12)				
JACK SAUNDERS							Ш	=	apter 8 (Of	her th	an K	12)	
Street Address							11	Other (	Private/Co	mmer		:=/	
371 CLAREMONT ROAD									Homes, et	_	Blo	dg. Ag	je
City (5)	County	(6)			Cou	nty Code (7)						8 38	
					(Sta	te use only)	7	Current Use (Pr	ior if being	demo	olishe	ed)	
BERNARDSVILLE  Name of Monitoring Firm Hired by E		ERSET		ASCM No.	_	Name of Abatemer	nt Con	tractor (9)		_			
Traine of Montesting 1 mm 1 m ou by a	ag. c.m.c.	(-)		/ICCIII IIC.		D & S RESTO		-576					
Street Address				-	-	Street Address		011, 210.					
						20 California	Ave.						
City, State, Zip Code						City, State, Zip Cod	ie				of series a		
						Paterson, NJ		3					
Project Manager for Monitoring Firm		Pho	one Numbe	er		Telephone Number			License	Numb L169	er		
	2000					973-345-802 Name of OSHA Mo			1	1109	_	_	
Start Date (10)	Sched.	Completio	n Date (11	)		D & S Restora		Inc.					
010/04/13	10/24/	13	921-2-2-2			Street Address							
Occupancy Status During Abatemen	- 1 san ne-managing			100		20 California A	Avenu	ie					
Facility closed/vacated during Abatement performed outside						City, State, Zip Coo	de	- W					
Describe: NORMAL H		- Inty Hour			-	Paterson, NJ	07503	ı					
						Taterson, 143		Containment w	/negative	nrace	ura		_
Scope of Work (check all that apply >3 sf or >3 lf	) Renovation					-	===	i-enclosure	megalive	press	uic		
	Demolition					₫		vebag procedu					
	Is location	normally	read solely				Nor	n-Exempted (*)	and Non-1	R	Proc	E	
Location of asbestos-containing	by mainten			Description	n of a	sbestos-containing		Amount		e m	e ·	n	E n
material (acm) to be	staff(12)		т—	material (				(Specify S LF)	F or	0	a	c a	C
abated in facility (13)	Yes	No	N/A					L1 /		v e	i r	р	_
BASEMENT		X		PIPE INSU				<3 L FT		X			
BASEMENT 5 LOCATIONS		X		BARE HEA	TIN	G PIPES		8 L FT				N N	
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										님	뷰	片	#-
Registered Waste Hauler	INIDE	P Hauler I	D# 1 C	ubic Yards of V	Vaste	Name of Register	red I a	dfill			Ш_	Ш	
D & S RESTORATION, INC.	1350		200	YDS	.4016	TULLYTOW			ECOVER	Y			
City, State	34		Disposal D			City, State							
PATERSON, NJ 07503			10/07/13			TULLYTOW	N, P/	A	Locate			_	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT		Signature					Date 09/24/	2013			
			for asbesto	s licensure exe	empte	ed activities.			1-33.211				

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

D&S Proj. #: 2013-356

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Date of Notification (1)    0   9   /   2   4   /   1   3	jennifer	Building Owner r diamond	er/Operator (2)					3 /3		y,		剂
Agencies Notified   Type Notifica   Initial   Initial   Amended	307 HI	EIGHTS RO	AD				, i o	CT -	1 20	13		]][
DOL Amendment #		e, Zip Code EWOOD, N	J 07450				A.L.			171 6		
DOH (including justification	Name of C				*		Telephone	Number	· V .			J
Cancellation	on <u>Jennife</u>	er diamond	LITY INCORNA	ATION			_9					_
Name of facility where abatement	is taking place (3)	FACI	LITY INFORMA	ATION			Type of Facility (	4)				
jennifer diamond	is taking place (c)					П	School	(K - 12) apter 8 (C	thar th	on K	10\	
Street Address						11	Other (	Private/C	omme		12)	
307 HEIGHTS ROAD						_		Homes, e # of Floor	_	BI	dg. A	ge
City (5)	County (6)				nty Code (7) te use only)	7 F	Current Use (Pr	ior if bein	a dem	olishe	ed)	
RIDGEWOOD	BERGEN					Щ		101 11 00111	9 00111		,a,	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatem D & S RESTO							
Street Address				-	Street Address		Hort, Etc.					
City, State, Zip Code				_	20 California City, State, Zip Co		<u> </u>					
City, State, Zip Code					Paterson, NJ		03					
Project Manager for Monitoring Fire	m	Phone Numb	er	_	Telephone Numb	er		License		er		
					973-345-80 Name of OSHA N		r		1169			
Start Date (10)	Sched. Comple	etion Date (11	)		D & S Resto							
09/26/13 Occupancy Status During Abateme	10/04/13 ent (Check only one)			_	Street Address 20 California	Ave	nue					
Facility closed/vacated durin Abatement performed outsid	g entire period of above of normal facility he	atement.			City, State, Zip Co	Carle Con Transcr	nue					
Other-Describe: NORMAL			***********	_	Paterson, NJ							_
Scope of Work (check all that app  3 sf or >3 lf  ≥160 sf or ≥260 lf				ith ook — o		∏ м ⊠ GI	all Containment wini-enclosure lovebag procedur on-Exempted (*)	re	friable		edure	e
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normal by maintenance/ostaff(12)  Yes No		1		sbestos-containin	g	Amount (Specify S LF)	F or	e m o v	R e p a i	E n c a p	E n c L
FIRST FLOOR	X		PIPE INSU	LATI	ON		16 L FT		e			
SECOND FLOOR			VINYL AS	BEST	OS TILE		90 SQ FT		X			
									믂	무	무	무
									#	片	片	旹
Registered Waste Hauler D & S RESTORATION, INC	NJDEP Haule 13506		ubic Yards of V 2 YDS	Vaste	Name of Registe		andfill ESOURCE RE	COVE	RY	_		
City, State PATERSON, NJ 07503		Disposal D 09/27/1			City, State TULLYTOV							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	- 372111	Signature		TOLLITON	114, 1	11	Date 09/24	/2013			
ASB-41	* Do not use this for	rm for asbesto	os licensure ex	empte	d activities.	-		1				

D&S Proj.	#: 2013-354			Notific (Pursu	cation of Ast lant to NJAC	00at( 8;6	os Abatement 0 and 12:120)	N. Deptyof Hea	PROVED Ith & Senio	or Ser	vices		
_		#00	)SISC	1			8 G	TOUX C	· KOV	ne	4		
Date of Notification	(1) ]/]1  3				er/Operator (2)			Date: 9 34	(3 Time:	2:1	519	h	
Agencies Notified EPA	Type Notifice	tion	Street Addr	IA BOOK	NIGHT				II. Þ	1	W/		
DEP	Amended		Mindred Colored C	TON ST	REET							4	11 111
☑ DOL	Amendment to		City, State,	A SUPERIOR OF STREET				jal ite il	JCT -	20	013		IJ
MOD 🔀	Emergency (including	- 11	newark, Name of Co	nj 07106				1 Transfer	54 Jan 1				
D DCA	Justification	,		HA BOO	IZATI CIYYOT	-		1 elepnon	e Number		1	 - &	
·	Cancellatio	<u> </u>	CINII		ILITY INFORM	ATIO	<u> </u>	<del></del>			Ī		
Name of facility wh	ore abatement	is teking i	olace (3)	170	ILIT INFORM	A HU	-	Type of Facility (	(A)				
CYNTHIA BOO		io miratgi						School	(K - 12)			41	
Street Address			The second second	į				Other	apter 8 (Ot (Private/Co	mme		-12)	
86 DAYTON S	TREET			54 20)					Homes, et	-	В	dg. A	ae
Oity (5)		Co	unty (පි)				unty Code (7)	040410 7 001					
NEWARK		E	SSEX	<u>'</u>		(St	ate use only)	Current Use (P	rior if being	dem	olish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	-	Name of Abatement C	ontractor (9)			-17-11-11		
				y 4			D & S RESTORA	TION, INC.					
Street Address			3111	į ·			Street Address	1111					
City, State, Zip Code						_	20 California Ave City, State, Zip Code						-
							Paterson, NJ 0750	าง					
Project Manager for	Monitoring Firm	1	FI	none Numb	er		Telephone Number		License I	lumb	er		
							973-345-8020		01	169			
Start Date (10)			d. Completi	on Date (1	1)		Name of OSHA Monito D & S Restoration						
09/27/13 Occupancy Status D	Iring Abetomo		04/13				Street Address	* - **		-	_		
Facility closed/	vacated during	entire pe	riod of abate	ment.	•	- 1	20 California Aver	nue					
Abatement per Describe:	formed outside	of norma	l facility hou	ia-			City, State, Zip Code						
Other-Describe		101 111111				-	Paterson, NJ 0750	)3					
Scope of Work (che				,	·		Fu	I Containment w	/negative p	resau	ire		
≥160 ef or ≥26	olf 🔲	Renovati Demolitic	ภา				X a	nl-enclosure ovebag procedur on-Exempted (*)		lahle i	hroni	arlı Inc	
Location of asbestos-conte	lnina	ls location	on normally i	used solely todial	1		i	1	T	Re	R	E	E
material (acm) abated in facilit	to be	staff(12)	т	<del></del>	Description material (A	n of a	sbestos-containing	Amount (Specify S	For	m	p	n	n
	y (10)	Yes	No	N/A				ĽF)		v	a	a	Ľ
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DYSCIATE I BO	LER				BOILER IN	SUL,	ATION	30 SQ FT		X		宣	
				-									
						-				4	빆	부	<b> -</b>
legistered Waale Har D & S RESTORA	uler TION, INC.	NJD 13:	EP Hauler I 506	100 March 100 Ma	bic Yards of W	aste	Name of Registered La TULLYTOWN, RI	andfill	COVER	<u> </u>			<u> </u>
ity, State PATERSON, NJ	07503		1	Disposal Di	ate		City, State		COVER				-
Completed by (Print o	r Type)	Titlo		09/30/13	Signature		TULLYTOWN, P.	A	WATER BOOK	-			Patilipations.
BOGDAN JOLD	ZIC	PRESID	the same of the same of the same of				1		Date 09/24/ 2	013			
ASB-41		Do not us	e this form	or asbesto	s licensure exe	moter	activities		1212 17 2	V A N		park, mark	Manny,

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

D&S Proj. #: 2013-354

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Date of Notification (1)	Name	of Building O	wner	Operator (2)	1040	i i	.1			3		
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Agencies Notified Type Notification	n Street	Address					. 01	۱ – ار	2013			
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Amendment #:	City, S	tate, Zip Cod	е						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	i. O		
☑ DOL ☑ Emergency	nev	vark, nj 0710	06							u-		, est
DOH (including justification)	Name	of Contact					Telephor	ne Number				
DCA Cancellation	ll CY	NTHIA BO	OK	NIGHT								
— Cancellation				ITY INFORMA	TION							
			ACIL	ITT INFORMA	TION	1 17	ype of Facility	(4)	- 1			
Name of facility where abatement is	taking place (3	3)				'	School	ol (K - 12)				
CYNTHIA BOOKNIGHT							Subch	napter 8 (O	ther tha	an K-	12)	
Street Address							Other	(Private/Co	mmer	cial		
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86 DAYTON STREET	10 10				0		Square Feet	# 01 F10013	•	Dic	9.71	,0
City (5)	County (6	))		191		ty Code (7)	Current Use (F	Prior if being	a demo	olishe	d)	
NEWARK	ESSEX				(Olali	, add d,)	Odirent Ose (i	TIOT II DOING	, 40	J	-,	
Name of Monitoring Firm Hired by B			T	ASCM No.	-11	Name of Abatement Co	ntractor (9)		_			
						D & S RESTORAT	ION, INC.					
Street Address						Street Address	and the second					
Oli oct / Idal oco						20 California Ave.						
City, State, Zip Code					-	City, State, Zip Code						
•						Paterson, NJ 0750	3					
Project Manager for Monitoring Firm		Phone No	umbe	er		Telephone Number		License		er		
						973-345-8020		0	1169			
Start Date (10)	Sched. Co	mpletion Date	e (11	)	$\exists$	Name of OSHA Monitor						
**************************************					-	D & S Restoration Street Address	, Inc.			-		
09/27/13 Occupancy Status During Abatement	10/04/13		-			20 California Aver						
Facility closed/vacated during					1	City, State, Zip Code	iuc		_==	_		
Abatement performed outside	of normal facili	ity hours-				ony, otato, zip oodo						
Describe: NORMAL Ho	OURS				-	Paterson, NJ 0750	13					
Scope of Work (check all that apply			_				Il Containment	w/negative	press	ure		
	Renovation						ni-enclosure		45			
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≥160 sf or ≥260 lf	Demolition no	rmally used -	olah			L No	on-Exempted (	) and Non-	R	Proc	E	
Location of asbestos-containing	Is location no by maintenan	ice/custodial	olely	1	on of a	sbestos-containing	Amount		e m	e	n	E n
material (acm) to be	staff(12)			material (		bestos-containing	(Specify	SF or	0	a	a	c
abated in facility (13)	Yes	No N	/A				LF)		v e	i	р	-
BASEMENT		<del></del>		PIPE INSU	LATI	ON	40 L FT		×			
BASEMENT BOILER				BOILER IN			30 SQ FT		X			
DAULITIANI DOLLER												
Registered Waste Hauler	NJDEP	Hauler ID#	10	ubic Yards of	Waste	Name of Registered L	andfill					
D & S RESTORATION, INC.	13506			YDS		TULLYTOWN, R	ESOURCE I	ECOVE	RY			
City, State		Dispo				City, State						
PATERSON, NJ 07503		09/3	30/1			TULLYTOWN, F	'A	Date			77.	
Completed by (Print or Type)	Title	T		Signature					/ 2013	3		
BOGDAN JOLDZIC	PRESIDEN  Do not use th		best	os licensure ex	cempte	d activities.	-	27.21				
4 CR_//1	Do not ago tri				A PARTY OF THE PAR	1000						

#### New Jersey Department of Health

Consumer, Environmental & Occupational Health Service PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly. OCT - 1 2013

	* * * * :	*	Type of Notification	(check one)	and Date Submi	tted
✓ Initial	Amended	Cancell	ation Emergen	cy (must includ	le justification) [	Date of Notification: 09/26/20/13
4° . 5 . 5 . 6			Bui	lding Informa	tion	· · · · · · · · · · · · · · · · · · ·
Name of Build	ing Owner/Ope	erator:		Dela	ware River P	ort Authority
Street Address	2 Riversi	ide Drive		Cit	<sub>y:</sub> Camden	State: NJ <sub>Zip:</sub> 08101
Name of Conta	act: Horace	John Ne	elson, Jr.		J.	Telephone No.:
4 + 50 H	Y	2 2 2	Fac	cility Informat	ion	
Name of Facili	ty Where Work	Activity is to	Take Place: To	li Trainin	g Center, A	nnex Building, 2nd Floor
Describe Facili						
Street Address		420 N	I. 6th Street	Cit	. Camden	State: NJ Zip: 08101
County Name:	Cam	nden			Cou	nty Code (state use only).:
Scheduled Sta	rt Date: 10/	08/2013	3	9	Scheduled C	Completion Date: 10/1/0/2013
Occupancy Sta	atus During Act	tivity (check	only one):			
	√ Facilit	ty Closed/Va	cated During Entire A	activity		
	Activ	ity Performe	d Outside Normal Fac	ility Hours—De	scribe:	8
	-			N. 5/85-25 22		
Scope of Work	(check all that	t apply):				
	✓ Floor	Tile	Square Footage: 22	20 SF		Percentage Asbestos:
	Masti	С	Square Footage:			Percentage Asbestos:
	Other	:	Square Footage:			Percentage Asbestos:
2 W I a 2		3 ¢ ;	Conti	actor Inform	ation	
Company Nam	e: Shade E	Environm	nental, LLC	Secretary de		Telephone No.:(856)755-0099
Street Address	:	623 Cut	ler Avenue	City	. Maple Sh	00050
New Jersey Ast	oestos License	Number (if a	applicable): <u>00842</u>			
Monitoring Firn	n (if applicable	): EHS E	nvironmental, l	lnc.		Telephone No.: 856-224-0080
	r a réir			Signature		
Completed By (	type or print le	gibly): Chr	istina Lynch	- B 10 - 10 - 10	Title: Office I	Manager
Signature:	DIEN	Rel	1		Date: 09/26/	/2013

#### New Jersey Department of Health

Consumer, Environmental & Occupational Health Service

PO Box 369, Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES Exemption Request Please Type or Print Legibly Type of Exemption Request Floor Tile Roofing Siding ransite Other, explain: General Information Shade Environmental, LLC Name of Company Type of Company: Corporation Individual Partnership city: Maple Shade Mailing Address: 623 Cutler Avenue Company Name: Shade Environmental, LLC Telephone No Telephone No.: (856)755-0099 87-0721731 Fax No.: (856)482-5879 Federal I.D. Number Corporation Number (if applicable): n/a Date Incorporated: State Incorporated In: Primary Company Contact (856)755-0099 Name: William J. Lynch Owner Telephone No.: City: Maple Shade Address: 623 Cutler Avenue Company (as identified above) Information How long has the company/agency been in existence? \_\_\_ Years Months Has the company's name changed within the past two (2) years? If yes, explain below: Is the company/agency an affiliate or subsidiary of any other organization? es\* \*If you answered yes to the above question, list the name(s) and address(es) fo the related organization(s) and explain the relationship on a separate piece of paper. List all owners, partners, shareholders (10% or more), officers, and directors of the company (use a separate piece of paper if necessary): Name (Last, First, Middle Initial) Address Office/Title % Ownership 80% Lynch, Diana B. Owner 623 Cutler Avenue Maple Shade, NJ 08052 Lynch, William J. 623 Cutler Avenue 20% Owner Maple Shade, NJ 08052 Go To Page 2 to Complete This Application

Directions for the Completion and Submission of Contractor Information for Non-Friable Asbestos Work Activities—Exemption Request form

CONTRACTO	OR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (contd)	CEIVE
t felix a record	Company's History of Legal Actions	
If you answer "yes" to any of the follow the statement to this form.	ving questions, you must provide a detailed statement to fully explain the circ	cumstances, and attach
Has the company or any person identi	fied on this form:	15-73 L &
been subject to, or has pending, an ministrative, governmental or regula NJDCA or NJDHSS?	disciplinary action(s), suspension(s), or citation(s) of violation(s) by any adtory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP,	No ✓ Yes
now or has been subject to any order against such company, persons or p	r resulting from any criminal, civil or administrative proceeding brought arties by any administrative, governmental or regulatory agency?	No Yes
been denied any license/certification tall or regulatory agency?	n/approval, or had it suspended or revoked by any administrative, governme	en- No Yes
been disbarred, suspended or disqu	alified by any federal, state or municipal agency?	No res
been a defendant in any civil or crim	inal litigation?	No res
	Historical Data (check most appropriate)	
exposure exists.	the floor tile removal I am undertaking. Attached is data for the removal me irborne asbestos levels generated during and after the removal, and is proceed to the control of the control	of that no significant
	Statement and Signature	
I understand that this information that the same purpose, I also understant information which may be needed to deprovide full disclosure of any of the requestion of this form does not guarant By signing this form, I underst scribed by the New Jersey Department	ontained herein is accurate, true and complete, to the best of my knowledge und to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60.  tion is subject to verification and that I agree to provide any additional docurated that outside sources may be contacted, therefore I hereby give permission termine if the contents of this document is valid and/or eligible. I also understed or required information may result in the rejection of this request. It also approval of this Request.  and that, should this request be approved, I am required to follow any and a of Health in regulation and/or guidance documents as provided.  in behalf of persons listed as owners, partners, shareholders, officers and the state of the state of the second se	mentation, as required. In for disclosure of any erstand that failure to also understand that
Name (Print): Christina Lynch	Title: Office Manager	
Signature:	Date: 09/26/20	)13
Directions for the Completion and Submission of Co	intractor Information for Non-Friable Asbestos Work Activities—Exemption Request form	Page 3 of 3

CHECK #

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Nouncation (1) 1-su FE CIY Type Hotification Sveel Address Agencies Nouned 155 ⊠ jwas City. State. Zip Code Debnerra [ 5-08-230 mile ancen =15LD Amendment # Emergency (including Name of Contact justification) \_ 00n Cancella ocn KEUNIC Bruce  $\overline{\bigcirc}$   $\infty$ FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12)

Subchapter 8 (Other than K-12) PESIDENCE One (i.e., private & commercial buildings Siree: Address homes, etc.) Bldg Age Square Feel 828-30 40 F 2 1000 Ciry (5) OCEONCITY Current Use (Prior I being demokshed) County Code (1) (STATE VACANT County (6) USE ONLY) Hame of Abatement Convegor (9) ASCA HO Name displayloning Firm Hired by Building Owner LNCI SUGMOO Sugel Address SPRUCE 369 Sireet Agoress City. State. Zip Code DDE MAPL City State Lo Code Heptone No. Telephone No Project Hanage: la Monitaing Firm 856-779 Name of OSHA Monito Scheduled Completion Date (11) JOSE PK Sian Daie (10) -10/13 13 Sueel Address 2 10% Occupain Status During Abatement (Check only one) 3695 E Facility Closed Vacaled During Entire Pence of Abatement City. State, To Code Aparement Performed Outside of Normal Facility Hours Our Describe ] Full Containment with Negative Pressure Scape of Work (Check all that apply) Mn. Enclosure Glovebag Procedure Renovation Non-Exempled (') and Non-Frank Procedure 23 51 or 23 II Ø 00mai∞ AD a : erme ? TICE Is Location Harmah Description of Amount Asbesios Containing Material (ACM) Used Solely by (Specity Hermova (i e viermal systems insulation. Location of Maintenancel As Desios - Containing Material (ACM) SF a LF; Cusiodial 10 TAY onoshus TO BE ABATED Statt one miscellaneous) IN FAOLY (12) (13) NIA HO TE 2000 \$ TRANSITE X 517 mia Name of Registered Landill , M, C, M.U. S. Cubic Yards MOED Wase Name of Registered Wasie Hauler 01 Was10 1790 Y KLÉMCO INC. City, State Demosal Dale Siare Signature MAPLE Compresso By 105EPH · Do not use this form for aspessos licensure exempled activities

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

No CY			(Pu	rsuant t	o NJAC 8	8:60 and	F	AFCEIMED								
Date of Notification (1) September 25th,2013	}				Building Clayne To						=	E!	U	5		
	ype Notification		- 5	Street Ad	Idress			-		and the second	OCT -	. 1	2012			
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	Emergency (				Contact	0,000			nhonh Mil		**	<u> </u>				
☑ DOH ☐ DCA	justification) Cancellation			Mark M	lessier					-						
Name of Facility Where Ab	Name of Facility Where Abatement is Taking Place (3)						ON	Tim	a of Engility	4)						
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Passaic	(4)			STATÉ U	SE ONĹY)	9		Va	cant-Retai	l Store	· ·	icu)				
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Street Address							Street									
280 Huyler Street							Section 1		y Ave.							
City, State, Zip Code South Hackensack, N	lew Jersey						City, State, Zip Code Clifton, New Jersey 0				1-1802				39	
Project Manager for Monito		elephor			Teleph				License N	0.						
Mr. Gary Mellor			9-8700			1919 (2)	-4848		00724							
Start Date (10) September 11,2013		Scheduled Decemb					The state of the		SHA Monitor Constructio	n Inc.						
Occupancy Status During A	Abatement (Chec	k Only One	)	164 G												
Facility Closed/Vacate Abatement Performed				ement					y Ave.							
Other – Describe: Mo	nday-Friday 7:00a	am-3:30pm	10015			<u></u>	Vew Jerse	y 0701	1-1802							
Scope of Work (Check All 7	That Apply)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		-	novat			×	7 '	ull Containm Ini-Enclosur		with Negative Pressure						
2 100 31 01 2200 II		N 00	HOIL	olition					Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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Slavco Construction Ir	H	auler ID		of Was			G.R.O.									
City, State				- 10000000	Disposal Date City, State											
Clifton, New Jersey 07					Na1			Morrisville, Pa								
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## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notifica	tion (1)		Olovania a partici	ANN		NOTIFICATION E										
	4 / 13					yne Town (		erator (2)	***							
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	¥			F	ACILITY II	NFORMATI	ON									
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Street Address							Subchap	ter 8 (Other	than K-1	2)						
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City (5)	County (6	5)	2.0000	County Code	(7)	Square F		mes, etc.)	the second second	Pulldi	ng Age		-			
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Nome of Blanks	nia Fina Ista	11. DI					Retail Store		work - same							
Name of Monito		Dy Blo	dg. Own	er (8)	ASCM NO	Name of	Abatement	Contractor	(9)							
Omega Environm	ental Services					Slavco Co	instruction I	nc.								
Street Address			112		4	Street Ad	dress					2000000				
280 Huyler Street City, State, Zip C		-		-		164 Gettv	Avenue									
South Hackensac						City, State, Zip Code										
Project Mngr. Fo		irm		Telephone Nu	mber	Clifton, NJ 07011										
Gary Mellor				201-489-8700		Clifton, N.	07011				6 9					
Sheduled Start I	, ,			letetion Date (1	/	Telephon	e Number		License I	Number			-			
$\frac{-09}{-11}$	_ /13	-	12 /		13	973-478-4	848		00724							
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☑ Facili			nstruction In													
Abate	HISTORY TO THE STATE OF THE STA					Street Ad	dress			100			-			
☐ Abate	ment Performe - Describe:	ed Outs	side of N	ormal Facility		164 Getty	Avenue									
	- Describe:	Mon -	Fri 7:00	am to 3:30pm		City, State	, Zip Code				- Later					
						Clifton, NJ										
Scope of Work (	Check All That	Apply)											-			
☐ ≥3sf o	r >3lf	r		Renovation		Full Conte	immam4*4	b N	_							
	of or ≥260 If	ľ	7	Demolition		Mini - End	inment wit	n Negative	Pressure							
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Completed by (P	rint or Type)			Title			Signature	7	0		Date					
Vivian Jurcevic				OFFICE MGR.			Signature Upuna	n A.	Lection	ر نو د ا	Septe	mber 4, 20	13			
ASB-41							7 550	.,,,,,,,,,	and the	~~~	<u></u>					

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

Ck# 1977

Date of Notification (1)			TI	Name of	Building O	wner/Ope	erator (	(2)	F:	11.00	(a) (a)							
9/23/2013				Ana Go	mez				<b>;</b> ; ;					$\mathbb{W}$	E	1		
Agencies Notified	Type Notification		7	Street Ad	dress					1	-				7			
□ EPA				30 Cle	veland A	Ave						S. 1985.			i			
DEP	Amended	6		City, Stat	e, Zip Cod	ie			į.	1	UCI	-	1 2	013	4 1	3		
DEP X DOL	Amendment		-	Harriso	n NJ				1	f 1				925	į			
П рон	Emergency ( justification)	including	П	Name of	Contact				4	Tele	nhone h	Jumh	er	· · · · · · · · · · · · · · · · · · ·				
DOH DCA	Cancellation			Ana Gomez											. &			
				FACIL	ITY INFO	RMATIO								THE ROOM	-			
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Facility (4)											
Private Property									School (K-12)			( 10)						
Street Address									Subchapter 8 Other (i.e. priv	(Othe % ate	comme	ercial	build	inas.	home	s.		
30 Cleveland Ave						E 6	etc.)											
City (5)								e Feet		Floors			dg. A	ge				
Harrison NJ								1000		2	2		1	50				
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Essex				(SIAIE U	SE UNLT)		- 1											
Name of Monitoring Firm	n Hired by Building	Owner (8)	22	ASCM	No.	1			tement Contr		(9)							
N/A				N/A			First	Phas	e Group In	C								
Street Address							Street Address									.83		
N/A									Street Suit	e#16	i							
City, State, Zip Code							City, State, Zip Code						75-5					
N/A							West New York NJ 07093						24 3255					
Project Manager for Mon	nitoring Firm		T	Telephor	ne No.	1	Teleph				Licens							
N/A				N/A			201-7	758-7	158		00114	14						
Start Date (10)		Scheduled	Con	npletion [	Date (11)	1			A Monitor									
10/3/2013	-	10/5/201					J&S	Envir	onmental (	Corp								
Occupancy Status Durin	ng Abatement (Chec	k Only One	)			1	Street											
Facility Closed/Vac	ated During Entire	Period of Ab	aten	nent		1			e 22 West	8						11100000		
Abatement Perform	ned Outside of Norr						City, S	tate, Z	ip Code									
Other - Describe:	8 hours					-	Unio	n NJ	07083				-0001000					
Scope of Work (Check A	All That Apply)					WAY STATE OF THE S												
≥3 sf or ≥3 if			enovation						I Containmen	nt with	Negativ	ve Pr	essur	e				
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City, State	1	JUJ 1		Disposa	al Date													
1199 Randali Ave E				2.5000		waynesburg OH 44688												
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Edwin Precilla		Projec	t M	anager		J	51	i	///	0		-	700	2013				
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State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2013-189 B & G proj. #: Check #6154 Date of Notification (1) Name of Building Owner/Operator (2) 0 9 / 2 7 / 1 3 Judith Von Itter Agencies Notified Type Notification Street Address OCT 2013 EPA 7 Menaugh Avenue Initial ☐ DEP City, State, Zip Code Amendment DOL Denville, NJ 07834 DOH Name of Contact Cancellation Judith Von Itter ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Judith Von Itter Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 7 Menaugh Avenue Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Denville Morris residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 973-696-6869 0378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/07/2013 10/08/2013 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Demolition Full Containment w/negative pressure Renovation Mini-enclosure Non-friable procedure >3 sf or >3 If ≥160 sf or ≥260 lf E Is location normally used solely E Location of by maintenance/custodial e п Amount asbestos-containing Description of asbestos-containing m n (Specify SF or C staff(12) material to be C material (ACM) 0 a a abated in facility (13) Yes No N/A pipe insulation 94 If basement

Cubic Yards of Waste

10/08/2013

Signature

Disposal Date

Name of Registered Landfill

City, State

Tullytown, PA

Ciordana Luna

Tullytown Resource & Recovery Center

Date

09/27/2013

NJDEP Hauler ID#

19563

Secretary/Treasurer

Title

Registered Waste Hauler

City, State

B & G Restoration, Inc.

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

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

B & G proj. #:

2013-182

Check #6155

B & G proj. #:														-		
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		_11_=		FACILI	TY INFORMA	ATION				(4)				7/		
lama of facility with	ere abatement is tal	king place	(3)					Туре	of Facility School	ol (K - 12)						
							Subch	napter 8 (Ot	her than	1 K-12	2)					
Christina Cros	55					11	Other	(Private/Co /Homes, et	mmerci	al						
Street Address				Sa	uare Feet	# of Floor:		Bldg	. Age	_						
144 Ward Str	eet			Caund	y Code (7)	-     ~	uaio i soi		_			_				
City (5)		County	(6)		The Contract of the Contract o	use only)	Ci	rrent Use (I	Prior if being	g demol	ished	)				
Orange		Essex						residential								
Manitarir	ng Firm Hired by Bld	g. Owner	(8)		ASCM No.	1	Name of Abateme									
Name of Monitorii	N/A		***				B & G Restor	ation, Ir	nc.					_		
Street Address							Street Address	D d								
Slider Vagress							105 Ryerson : City, State, Zip Co									
ity, State, Zip Co	de						Lincoln Park		035							
			N. make			Telephone Numb	er			Numbe	er					
Project Manager for	or Monitoring Firm		Pho	ne Numbe	:1		973-696-686	59		0378		_				
				Deta /11			Name of OSHA									
Scheduled Start D	ate (10)	20.000000000000000000000000000000000000	Completion	Date (11	,		B & G Resto Street Address	ration,	nc.					_		
10/08/2013			09/2013				105 Ryerson	Dood								
Occupancy Status	s During Abatement	(Check on	ily one)	eent.			City, State, Zip C									
Facility clos	ed/vacated during e performed outside o	ntire perior	d of abaten	nen. S-			Oity, Otato, Ep -	37.600m								
Abatement Describe:	performed duside c	i nomia i					Lincoln Parl	k, NJ 07	7035					_		
Other-Desc	cribe:										p & cu		_			
	check all that apply)	Renovation				₩ F	ull Containment	w/negati	ve pressure		ebag pr					
☐ Demolition		160 sf or					Mini-enclosure			☐ Non-	-friable		-	_		
>3 sf or >3	<u> </u>	le location	normally u	sed solel	y						e R	R	E n	1		
Location o	f containing	by mainte	nance/cust	odial	Descrip		sbestos-containi	ng	Amour (Speci	nt fy SF or	m	p	c a			
material to	be	staff(12)		T	materia	al (ACM)			LF)		V	i	P	1		
abated in t	facility (13)	Yes .	No	N/A					24 lf		e	台		t		
basement				X	pipe insu				40 sf					1		
basement				X	boiler in	sulatio			1001					][		
				-	+											
					-											
		181/5	EP Hauler	ID# T	Cubic Yards	of Waste	Name of Regi	stered La	andfill	.am. Canta	or.	-065				
Registered Was B & G Restor	te Hauler		563		1		Tullytown	Resourc	e & Reco	very Cente	1					
City, State	and the same			Disposal	Date		City, State Tullytown	PA		7,45 - 2,000						
Lincoln Park		ω.		<u> </u>	0/09/2013					Date						
Completed by (	Print or Type)	Title	/T	rer	Signature		Gordana D	una		09/	09/27/2013					
Gordana Lui	na	Secretar	ry/Treasu	(CI					0-2002							

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

B & G proj. #: 2013-193

Check #6156

						F		75.77		0.44-1	-				
Date of Notification (1)	Name of I	Building Own	er/Operator (2)		198			W	E	17					
0 9 1 2 7 1 1 3	Auris F	(vetkus	ly.			112		107 (0)							
Agencies Notified   Type Notificatio	n Street Add	dress				00	T 1	0.01	1		III				
EPA Initial	7 Gles	s Avenue	v.			OC OC	1 1	201	3	1	/				
□ DEP □	City, State	e, Zip Code								,	1				
DOL Amendm	ent Bellev	ille, NJ 07	109		The state of the s	A.c. ab	4 200	·	JL 8						
DOH	Name of 0	Contact			Telephone Number										
☐ DCA ☐ Cancellat	ion Auris	Kvetkus													
		FAC	ILITY INFORM	IATION											
Name of facility where abatement is	taking place (3)					Type of Facility (4									
Auris Kvetkus						Subcha	(K - 12) pter 8 (Oth			12)					
Street Address							Private/Cor lomes, etc		cial						
7 Gless Avenue							of Floors	_	Bld	g. Ag	e				
City (5)	County (6)			Count	y Code (7)	_									
Belleville	Essex		14		(State use only)  Current Use (Prior if being demolished) residential										
Name of Monitoring Firm Hired by B	ldg. Owner (8)		1	Name of Abatement Contractor (9)											
N/A		- 4			B & G Restoration	n, Inc.									
Street Address					Street Address										
					105 Ryerson Roa	d .									
City, State, Zip Code				C	ity, State, Zip Code										
					Lincoln Park, NJ	07035	T	Lunah							
Project Manager for Monitoring Firm		ber		973-696-6869		License N 0378	dumo	er							
					Name of OSHA Monit	or	0570	_	_						
Scheduled Start Date (10)	Sched. Comp	letion Date (1	1)		B & G Restoration										
10/09/2013	. 10/10/20	13		3	Street Address										
Occupancy Status During Abatemen	t (Check only one	)			105 Ryerson Road										
Facility closed/vacated during Abatement performed outside	entire period of at of normal facility l	oatement. nours-			City, State, Zip Code										
Describe:					Lincoln Park, NJ	07035									
Scope of Work (check all that apply	)						wrap &			_	22				
☐ Demolition ☑	Renovation			☐ Fu	II Containment w/neg	ative pressure	Gloveb								
>3 sf or >3 lf	≥160 sf or ≥260 lf			M	ini-enclosure		Non-fri	able p	oroce	dure					
Location of	Is location norma	ally used sole	ly					R	R	E n	E				
asbestos-containing	by maintenance, staff(12)	custodial			bestos-containing	Amount (Specify S	For	m	р	c	n				
material to be abated in facility (13)	Yes No	N/A	- material	(ACM)		LF)		v	a i	a p	Ľ				
	165							e	-		-				
basement			pipe insula	ation		63 lf			H	片	H				
			4					片	片	H	H				
		4-	-					H	H	Ħ	Ħ				
			4					H	Ħ	百	盲				
Parishard Monte Hauler	NJDEP Hau	ler ID# T	Cubic Yards of	fWaste	Name of Registered	Landfill		ш.		_					
Registered Waste Hauler B & G Restoration, Inc.	19563	10, 15,1	1		Tullytown Resor	irce & Recovery	Center								
City, State		Disposal			City, State										
Lincoln Park, NJ 07035			0/10/2013   Signature		Tullytown, PA		Date	-	_						
Completed by (Print or Type)	Title Secretary/Trea	curer	Signature	(	Gordana Luna		09/27	/201	3	0					
Gordana Luna	Secretary/11ca	is di Ci		A STATE OF THE PARTY OF THE PAR				_							

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

Ck# 2499

Date of Notification (1) 9 /	27 /	13				Name of Building Owner/Operator (2)  HDM Micro Systems										
			-					11 11 11		-			11			
Agencies Notified  EPA	Type Notifica	ition			10.000	Address Cheese	quake Road	1 1 1	0.07	1 00	10	1		and the second s		
□ DOLWD	☐ Amended					tate, Zip C	• 1880	14 14	OCT	1 20	13					
☑ DHSS	_ Amendme	6. HIPOSOS	-			lin, NJ 08										
DCA	☐ Emergend justification		ıding		2000	of Contac	2500 E	13	Telenhone	Numbe	5	2	-	-		
(NJAC 5:23-8)	☐ Cancellati					hol Reinl										
	Cancenat		7.70									-	THE PO	•		
					FAC	CILITY IN	IFORMATION	· · · · · · · · · · · · · · · · · · ·			3					
Name of Facility Where A		0.000	lace	(3)				Type of Facility (4	1)							
DuPont Parlin Faci	lity Bldg. 18	20				بالجو جاء المحادث		School (K-12) Subchapter 8	Other tha	n K-12)						
Street Address								Other (i.e., pri			al bu	ilding	S,			
250 Cheesequake I	Road							homes, etc.)								
City (5)								Square Feet	# of Floo	ors	Blo	lg. A	ge			
Parlin																
County (6)		- 500 1 1/4-0	/// // / / / / / / / / / / / / / / / /		Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Prio	r if being o	demolishe	ed)					
Middlesex								Warehouse								
Name of Monitoring Firm	Hired by Build	ling Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-			- 18		
Pennoni Associate	s Inc.						BRISTOL EN	VIRONMENTAL	, INC.							
Street Address							Street Address									
515 Grove St #1B							1123 BEAVE									
City, State, Zip Code							City, State, Zip Co									
Haddon Heights, N	.1 08035						BRISTOL, PA									
Project Manager for Mon				Tele	phone	No	Telephone No.	. 10007	License	No						
Tom Adams	noming i iim			100000000000000000000000000000000000000	6-656		215-788-6040		00509							
Start Date (10)	Te	Schedule	od C			STOTISTS TO STRUCT	Name of OSHA M		0000.							
10 / 7 /					1011 Da			VIRONMENTAL	INC							
								VINORIAILIAIAL	, 1140.							
Occupancy Status During					- 6		Street Address									
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>						a with a	1123 BEAVE									
Time of Abatement: 7						cribe	City, State, Zip Co									
							BRISTOL, PA	19007								
Scope of Work (Check al	I that apply)						□ EII Co.s.	talamant with Name	ativa Danaa							
☐ >3 sf or >3 lf		×	d Re	novati	on		☐ Full Con	tainment with Nega closure	itive Press	ure						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Ē	De	molitic	on		☐ Gloveba	g Procedure			*					
							Non-Exe     Non-Exe	mpted (*) and Non	-Friable Pr	rocedure	e					
	-			Locat Iorma						- 1	Abatement Typ			-		
Location Asbestos-Containing		n		d Sole		Ashe	Description of estos Containing Ma		Amou	unt	Re	Re	5	Enclosure		
TO BE ABA	ATED	٠ .		intena		(i.e	e., thermal systems	insulation,	(Spec		Removal	Repair	Encapsulate	င္ပင္ပ		
IN Facili	ity		Cust	odial (12)	Staff?		surfacing, VAT		SF or I	LF)	/al		sula	ure		
(13)		Ι,	Yes	No	N/A	1	other miscellane	ous)					te	1000		
Bldg 1820		_				Transit	e Panel		960 8	SF	$\boxtimes$		П			
Bldg 1820							v Caulk		650 L	1005 JU						
													П			
			=										П	Ħ		
Name of Registered Was	te Hauler			TN	JDEP \	Naste	Cubic Yards of	Name of Registe	ered Landi	fill				1-		
E	SERVICE TRANSPORT GROUP, INC.							GROWS La								
City, State						West 1	10 Disposal Date	City, State								
NEW CASTLE, DE 19720							10/11/2013									
Completed By (Print or T				Signature	7.	. 1. 1	Date	/	1	1200	-					
Gino Pizzigoni		Title Est	imat	or			Bino	D. 1 1 0 16711								

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) **PSEG** 26 13 1 Agencies Notified Type Notification Street Address □ EPA 80 Park Plaza **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DHSS Newark, NJ 07102 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Kelly McKinney FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) **PSEG Nuclear** Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, End of Alloway Creek Neck Rd. homes, etc.) Square Feet # of Floors Bldg. Age City (5) Hancocks Bridge County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Exterior work on interior of cooling tower Salem ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00509 215-788-6040 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 10 / 14 / 13 10 / 28 / 13 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Repair Removal Encapsulate Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED **Custodial Staff?** surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A  $\boxtimes$ П M Transite panels 400 SF Hope Creek Cooling tower П X П 200 SF  $\boxtimes$ Transite debris clean up Genreal Area beneath tower П П П П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste Salem Co Improve. Auth. Solid Waste Div C&H Disposal Service Inc. 7903 15 Disposal Date City, State City, State

ASB-41 CI 13161 **MAY 11** 

Gino Pizzigoni

Completed By (Print or Type)

Title

Estimator

Elmer, NJ

10/28/13

Signature

Alloway, NJ

9/26/13

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