

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

Date of Notification (1)	Job #:	9549.1		Name of	Building	Owner/C	perator (2)		OCT	2 20	15						
September 29, 2015				Stocktor	n Seavie	w Hotel	& Golf Club		0.01		1675		- 4				
Agencies Notified Notifica	ation Type			Street Ac	ddress							-					
⊠ EPA ⊠ Initi	al Notification			401 S. N									-				
□ DEP □ Am	ended			City, Sta													
	Amendment#_ ergency (inclu	dina		Gallowa					Telephor	o Nium	hor	_	_				
☐ DCA jus	tification)	3		Name of	Contact				releption	ie ivuii	ibei						
☐ Ca	incellation			Keith F.	Vreelan	d Jr.			_ `		_						
				FACILIT	TY INFO	RMATION	١		14254								
Name of Facility Where Abate	ement is Takin	g Place	(3)				Ty	ype of Facility	(4)								
Stockton Seaview Hotel & 0	Golf Club							School (K-1		V 40)							
Street Address							L	Subchapter Other (i.e. r	8 (Other than rivate & (comr	nercial	buildi	nas.					
401 S. New York Road								homes, etc.									
City (5)								quare Feet	# of Floors		Bldg.						
Galloway								,000	3		40 ye	ars					
County (6)						(STATE	E C	urrent Use (p	rior if being de	molishe	ed)						
Atlantic County				USE ON				chool									
Name of Monitoring Firm Hire	ed by Building	Owner	(8)	ASCM No	o. N	lame of C	Contractor (9)									
Indoor Environmental Cond							oup Remedi	ation, Inc.									
Street Address					1 5	street Ado											
286 Sunset Road								uite I, P.O. B	ox 6								
City, State, Zip Code					C	City, State	, Zip Code										
Barrington NJ 08007							i, PA 19020										
	Project Manager for Monitoring Firm Telephone Nur					nber Telephone Number Lic						cense Number					
Michael Menz	Michael Menz 856-628-6020					215-533-3503 00											
Scheduled Start Date (10)	Schedul	ed Com	pletion	(11)	N	Name of C	OSHA Monito	or									
	October 9, 2015 December 9, 2015					Indoor Environmental Concepts											
Occupancy Status During Ab	Occupancy Status During Abatement (Check only one)				Street Address												
☐ Facility Closed/Vacated During Entire Period of Abate				ment	2	286 Suns	et Road										
☐ Abatement Performed Ou	☐ Abatement Performed Outside of Normal Facility Hou				C	City, State	e, Zip Code										
Other – Describe:					E	Barringto	n NJ 08007										
Source of Work (Check all th	at apply)																
☐ >3 sf or >3 lf			⊠ Re	novation					Negative Press	ure							
⊠ >160 sf or >260 lf			☐ De	molition			Mini-Enclo	osure Procedure									
10000 Fee F 100						F			Non-Friable Pr	ocedur	е						
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		Locatio										ement /pe					
Location of Asbestos-		nally U			Des	cription o	of		Amount			ро					
Containing Material (ACN		ntenan			tos Conta	aining Ma	iterial (ACM)		Specify			ш					
TO BE ABATED	´ C	ustodia	d	(i.e.,			insulation,	S	F or LF)	Re	Z,	nce	Enclosure				
IN Facility		Staff?				ing, VAT iscellane				Remova	Repair	psu	sols				
(13)		(12)			Outer in	nochario	.003)			val	=	Encapsulate	ure				
	Yes	No	N/A									(D					
1 st Floor, Room 112	165	X	13//	VAT				350 SF		X							
1 st Floor, Room 149		Х		VAT				350 SF		X			+				
1 st Floor, Room 156		Х		VAT				350 SF		X		-	+				
Name of Reg. Waste Haule		- N	JDEP V	Vaste	Cubic Y	ards	Name of F	Reg. Landfill			_						
Name of Reg. Waste Fladie		150.50	auler ID		of Wast			5	itir I andfill	/DED#	1007	30)					
The Prime Group Remedia	ation	19	272		D:	-I D-t			unity Landfill	(DEF#	1007						
City, State					Disposa		City, State										
Bensalem, PA	T-10				12/30/1		Birdsbor	o, PA	n	ate							
Completed by	Title					Signature		\supset		eptemb	ner 20	2014	5				
Vincent Primavera	Project Ma	nager							9	hrenir	701 AC	, _ 0 1					

*Do not use this form for asbestos licensure exempted activities

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

Check # 10187 Date of Notification (1) Name of Building Owner / Operator (2) September 29, 2015 John D. Pittenger Builder, Inc. Street Address Agencies Notified Type Notification EPA 2260 State Highway 33 DEP XIDOL Initial City, State & Zip Code Amended Neptune, NJ 07753 MDOH Amendment # DCA Cancellation Name of Contact Telephone Number James Pittenger FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) 235 Melody Lane Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 1,140 50 years Lavallette Current Use (Prior if being demolished) County (6) County Code (7) Monmouth USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 9, 2015 October 29, 2015 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure \boxtimes \geq 3 sf or \geq 3 If Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Removal Repair or other miscellaneous) N/A Yes No X Exterior - around air conditioner Exterior Caulk 8 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 <1 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ October 30, 2015 Morrisville, PA Completed By Title Signature Date Diane Aloia **Executive Administrator** September 29, 2015

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	140	(Pu	rsuant to	NJAC 8	:60 and	12:120)	(-	hi	Cott	- <u> </u>	H	13	(2)	5
Date of Notification (1) 9/29/15		833	lame of I Ron Wi	Building O ley	wner/O	perator	(2)		- U	OCT	2	20	15		
Agencies Notified Type Notification	on	S	Street Ad	dress					60					4	
EPA X Initial Amended Amendment	ent #		City, State	e, Zip Cod	ie			72	-						
DOH justification Cancellate	and the second s	1 3	Name of	Contact					Tele	ephone Nu	ımber				
			FACIL	ITY INFO	RMATI	ON								_	
Name of Facility Where Abatement is Tahouse	king Place (3)						Туре	of Facility (4 School (K-12	50						
Street Address							×	Subchapter Other (i.e. pr	8 (Oth			ildir	ngs,	nome	s,
104 State Street City (5)		-						etc.)		Floors			g. Ag		
Union Beach							270		2			68			
County (6) Monmouth			County C STATE U	Code (7) ISE ONLY)		_	se	ent Use (Prio			shed)				
Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASCM	No.				atement Con ronmental			С				
Street Address						Street PO E		ess 83, 4 E Ga	ate D	rive					
City, State, Zip Code	S-WIR 95			de Para State de Val				Zip Code d, NJ 0741	8						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-	none N 764-2			License 703	No.		82-7-7		
Start Date (10) 10/7/15	Schedule 10/31/1		pletion [Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abatement (C	heck Only On	e)	6			Street	Addre	ess						8	
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: exterior	ire Period of A lormal Facility	batem Hours	ent			City, S	State, 2	Zip Code		3700.50.994					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	enova emoliti					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure)	
		Locati										F	Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Use Ma Cust	lormali d Sole intenar odial S (12)	ly by nce/ Staff?		tos Con thermal surfa		Materia ns insu AT, or		(Amount Specify F or LF)	Zemoval		Repair	Encapsulate	Enclosure
	Yes	No	N/A				.0			00.05					
exterior			X		exte	erior si	ding		2	88 SF	X	+			
Name of Registered Waste Hauler Freehold Cartage		Н	IJDEP W lauler ID 5939		of Wa	Yards iste		20000		ered Land ks Land					
City, State Freehold,, NJ					Dispo TBD	sal Date	е	City, Stat Birdsbo		A			2		
Completed by A. Scott Higgins	Title Presi	dent				Signatur	e /		_		Date 9/29/	15			

CK. 5828

BEST REMOVAL INC

Sep 25 2015 01:06pm

P001/001

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

Date of Notification (1)			11	Name o	d Buildin	g Owneri Operator	(2)			-ir-lu-		
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Nume of Facility Where	Abatement is Yaking Pl	ido (3)					Type of F	cility	(4)			
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Street Address							D Subchs	phor E	Other than K-12			
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City (6)			-			1.7	Square Fr	-	# of Floors	Bldg. As	ja	
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County (6)		-	1	County	Code (7	STATE USE		745-1 W.	nor if boing demoli		+	
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(8)	APPROV					Best Re			ACC 0.00		11	
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7.000.		401				450 Sou			. 0.4			8
City, State, Zip Codu	(Signatur		Plant II	-		City, State, Zip C	Dodo	to T	N.L			
	Date 9/25/15	. 1:	00	PM		Hackens	ack. 1	J.J	. 07601		-	
Project Manager for Moi		TIME:		RETWO.		Telephone No:		-	License No.	*****		
						201-329	-7444	-	00388		ar 1	
Start Date (10)	Scheduled C	ompletio	a) Dai	is (11)		Name of OSHA	Monibur	-	- 'r'trw'ssauer	MATERIAL PROPERTY.	is .	
4/29/1	1/4	- 1	T			Onega 1	Envir	nme	ental			
Occupancy Status Durin	g Abatement (Check or	dy one)	*	-		Street Address						
☐ Facility Closed/Vecate	ed During Entire Period	of Abatel	ment		80	280 Ht		St		2	:-	
C Abstornent Performed		ality Hour	3			City, State, Zo C						
E Other - Describe: 7		*****				S. Had	ckensa	ck	,N.J. 07	606		-
Scope of Work (Chock of	it mat ebid)					D Full	Coritalianen	t with	Negotiva Pressum			
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(us		•	(12)			other miscellane		Ì	<u> </u>	100	F	星音
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Completed by	Title					Signature /				Darts .	1	
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ASB-41	" LIO TIC	r use und	i josti	1101.32	postos (k	susmi exemple	activities.			•	5	

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

Check# 12 104

Date of Notification (1)			11.5	Name	of Building	a Own	er/Operator (2	2)	July	11	10	X I		/ .
9 /	28 / _	15						nent of Human	Services 🕕		2	201	5	
Agencies Notified EPA	Type Notifica	tion		125.000.00.00	Address South W	Varre	n Street		17	-		*/		,
☑ DOLWD	☐ Amended			City, S	State, Zip C	Code							- 2	
☑ DOH	Amendme		-	Tre	nton, NJ	0862	5-0700							
□ DCA (NJAC 5:23-8)	☐ Emergend justification		9	Name	of Contac	t .			Telephone Nu	mbe		_		
**************************************	☐ Cancellati	on		Joe	DeAnge	elo			A					
				FA	CILITY IN	VEOR	MATION	i	ii					
Name of Facility Where	Abatement is T	aking Plac	e (3)	,,,,				Type of Facility (4)					-
Woodbine Develop			100	/ & Hos	spital Bu	ildino	1	☐ School (K-12)	98					
Street Address	- Internet				opital Da		,	Subchapter 8	(Other than K-	12)				
1175 DeHirsh Aver	nue							Other (i.e., pr homes, etc.)	ivate and comm	ercia	al bu	lding	s,	
City (5)								Square Feet	# of Floors		Blo	lg. Ag	16	_
Woodbine								50,000	1		1000	55	, -	
County (6)				Cour	nty Code (7	7)(STAT	E USE ONLY)	Current Use (Pri	or if being demo	olishe	ed)			
Cape May County								institutional	/hospital					
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)						
Whitman						PI	ymouth En	vironmental Co	o. Inc.					
Street Address						Stre	et Address							
7 Pleasant Hill Roa	ad					92	23 Haws Av	е						
City, State, Zip Code						City,	, State, Zip Co	ode						
Cranbury, NJ 0851	2					No	orristown, F	PA 19401						
Project Manager for Mor	nitoring Firm		Tel	ephone	No.	Tele	phone No.		License No.					
Kevin Lovely			(732) 39	0-5858	61	10-239-9920	ř.	00398					
Start Date (10)	, S	cheduled	Comple	etion Da	ate (11)	Nam	ne of OSHA M	lonitor						
10 /13 /	15	10	/ _ 3	0 /	15_	El	HS Environ	mental Inc.						
Occupancy Status Durin	g Abatement (0	Check only	one)			Stre	et Address							
☐ Facility Closed/Vacat	ted During Entir	e Period o	f Abate	ement		41	11 Southga	te Court						
Abatement Performe							, State, Zip Co							
Time of Abatement:	AM- <u>5:00</u>	<u> </u>	_PM- <u>2</u>	:00AM		100	ickleton, N.							
Scope of Work (Check a	ill that apply)													_
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emoliti				☐ Mini-End☒ Gloveba	tainment with Neg closure g Procedure empted (*) and No		duro				
			s Loca	tion			M NOII-EXE	impled () and No	II-I Hable Floce	uure		atem	ont T	
Location	n of		Norma	ally			Description of	of		-	200000		05264	1
Asbestos-Containing		1 1 200	ed So ainten	ely by			Containing Ma	iterial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE AB		10.0		Staff?	(1.€		rmal systems urfacing, VAT		(Specify SF or LF)	9	ova	air	psu	uso
(13)	1.00		(12)			er miscellane		01 01 21)		-		ılate	G,
8 6		Yes	No	N/A						_				
Galley Mechanical R	loom				vibratio	on co	llar .		4SF		\boxtimes			
Hospital closets/cor	ridors				pipe fit	ttings			10LF					
Name of Registered Wa	ste Hauler		1.0	NJDEP		Cub	ic Yards of	Name of Regis	tered Landfill					
Robinson Waste D	isposal			1730		_	CY	Grows Lar	dfill					
City, State Voorhees, NJ 0804	13						oosal Date 0/30/15	City, State Tullytown,	DΛ					
						10		i ullytown,	ra .			#/F		
Completed By (Print or 1	ype)	Title					Signature			Date	9/	FIL		
James M. Kelly		Vice F	resid	ent							1/3	-8/	17	

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

OIA U.S. HAT

Date of Notification (1) Agency Notified Type Notification DEPA DEPA
Agency Notified Type Notification Street Antiress 178 High 51 City, State, Zip Code C
DEPA B tritical DOEP Conventient Astronoment # DOOL DE mergency (including pustification) DOOL DE mergency (including pustification) DE mergency (including pustification) DE conventient DE morganism (including pustification) DE conventient DE morganism (including pustification) DE conventient DE morganism (including pustification)
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Aport Description PLS SANIAMARIA 110-10-
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1 Time of Comme (d)
Name of Facility Where Abatement is Taking Place (3)
Street Address Cl Subchapter 8 (Other than K-12) Cl Subchapter 8 (Other than K-12) Cl Other (i.e. private 8 commercial buildings, homes, etc.)
Street Address 178 High ST Squere Feet # of Floors 155 230 750 750 750 750 750 750 750 7
1 2 0 0 V 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
COUNTY (6) HOUSE
Name of Abatement Contractor (9)
Street Address
Street Address : P.U. 13 OX 814
City, State, Zip Code
Project Manager for Monitoring Firm Telephone No. 123 238×7500 CC2CG
Scheduled Completion Date (11) Name of OSSIA Monitor
11/08/15
Occupancy Status Buring Abatement (Checkonly one) If Facility Classed Variated During Entire Period of Abatement City, State, Zip Code
C Aharement Personnes
Scrope of Work (Check at that apply)
Q 23 sf or 23 ff Q Demotion Q Non-Exampled (*) and Non-Frights Procedure:
is Location .
Location of Used Solety by Ashestus Containing Material (ACM) (Specify 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Assessed Containing Manual (ACM) Custodial (Le., Sterilla Spanial (ACM) TO REABATED Custodial surfacing, VAT. or SFORLE)
(13)
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