CK 7000892

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

			(P	Pursuant to N.J.A	<u>C.</u> 7:26-2.12)		6	2/1/0	Ī			
					Name of Building	Owner/Op	erator (2)		See 8 V	1.2 1,		
Date of Notification (1)				İ	Paulsboro Refini	ng Compan	IV					
9/29/14		Notification T	vne		Street Address		2014	COT	0 0			
Agencies Notified		-		=	800 Billingsport I	Rd	5014	CET -	J	11:3	3	
(X) EPA		(X) Initial Not	itication	H.	City, State, Zip C	Code	/\·=	·				
() DEP		() Amended	Certification	1	Paulsboro, NJ 0	8066		- 13		1.0	•	
(X) DOL		() Cancelled	1	1	radispolo, No o	0000	Č	Lin	F 7 1.12	14.00	2.0	
(X) DOH				-	Name of Contac	+	T.	Tel Num	nhor			
() DCA				100	Ravi Jarecha	<u></u>				00 200		
				FACILITY INFO								
					Type of Facility	(4)					peca for	
Name of Facility Where Al	patement is T	aking Place (3)		() School (K-12							
Paulsboro Refining Compa	any				() Subchapter 8	8 (other tha	n K-12)					
					(X) Other (i.e. p	rivate & cor	mmercial bldg	s., home	es, etc.			
Street Address												
800 Billingsport Rd					Sq. Feet N/A		_ # of Floors	N/A				
	. (0)		County Co									
City (5)	County (6)		(State Use	0 1 1	Bldg. Age N/A	\	_					
Paulsboro	Gloucester		(State Use	Omy	Current Use (pr	ior if being	demolished)_	Oil Refi	inery			
		0(0)	ASCM No.				Name of Con	tractor (S	9)			
Name of Monitoring Firm	Hired by Blag	. Owner (8)	98	<u> </u>			K A Industria	Service	s LLC			
Cardno ATC			90		Street Address							
Street Address					800 Billingsport							
3 Terri Lane					City State, ZipC							
Burlington, NJ 08016					Paulsboro, NJ (
		Telephone !	Number		Telephone Num	nber		License	Numbe	er		
Project Manager for Moni	toring Firm	609-386-88			856-224-4392		1	00857				
John Lutz		609-300-00	00									
10 10 10		Scheduled	Completion	Date (11)	Name of OSHA	Monitor						
Scheduled Start Date (10	1	11/10/14	Completion	Duto (1.17	K A Industrial S	Services, LL	C					
10/13/14	Ab atomont /	A CONTRACTOR OF THE PARTY OF TH	10)		Street Address	 						
Occupancy Status During	Abatement (iro Pariod of A	hatement		800 Billingsport							
() Facility Closed/Vacate () Abatement Performed	Outside of M	ormal Facility	Hours -	²²								
() Abatement Performed	Outside of N	Office a County	110010	İ	City, State, Zip	Code						
Other - Describe - Remo	wal within res	tricted work a	rea in outsid	le areas	Paulsboro NJ 0							
Other - Describe - Remo	oval within rec	alliotod Wolli d		Seas and a contract of the con								
5104 1 (0)	II that apply	-										İ
Source of Work (Check a	ili that apply)											
() Demolition (X) Rend	avation						- an Culture Miller 07 1		01.0			
(X) Large Proj. (>160 S	F or >260 LF	ACM) () SM P	roi. (>25<16	60 SF or >10 <26		Minor Proj	. (<25 SF or <	10 LF A	CM)			
(X) Full Containment wit	h Negative Pr	ressure () I	Mini-Enclosu	lie () Glove	bay i loccuule			. = \	A 14	ment Ty	20	
Location of Asbestos-	Is Loc	cation Normall	y Used	Description of A	ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment ry	<u>Je</u>	
Containing Material (ACI		y by Maint./Cu	stodial	thermal system	is insulation,							
Facility (13)	Staff	? (12)		surfacing, VAT	, or other				Rem.	Rep.	Encap	Enclose
1 domey (10)	YES	NO	NA			A	E0 CE		X			
Coker Unit - Combinatio	n	X		Vessel Insulat	ion	Approx 75	50 SF					
Tower	100											
		Tile										
										1		
						(10/		Nama	of Rec	Landfill		
Name of Reg. Waste Ha	uler	NJDEP Wa	aste Hauler	ID#	Cubic Yards o	vvaste		Glouce	ester Co	ounty La	ndfill	
Waste Management, Inc	<u>.</u>	17273			~ 20 CY			Giodo	CSICI OC	Julity La		
		<u> </u>					Disp. Date			City, Sta	te	
City, State							Various			South H		NJ
South Harrison, NJ							Various		1	000		
					I a:			Date				
Completed by (Print or T	(vpe)	Title			Signature			Date				
Completes of the same			gest in page pronouncers		11	1.		9/29/1	4			
ANDREW GREEN		MANAGER	R – KA Indu	strial Services	1 / links	1, M1.	20.	3/23/1	0.04.00			
					14/00	perations	Supervieor					
					Site	operations a	super visor					
		1			1 //							
					,							
								1				

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414

Trenton, NJ 08625-0414

SHW-BRRTP Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

ch# 25288

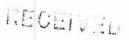
Date of Notification (1) September 30, 2014 Agencies Notified [X] EPA [September 30, 2014 Name of Building Owner/Operator (2) Dainius Daugela Street Address 41 Willow Ct Agencies Notified [X] EPA [X] E		
Agencies Notified Type of Notification Street Address 2014 CCT - 3 FM 1:50		
[] DEP [] Amended Notification City, State, Zip Code		
[x] DOL [x] DOH [x] Emergency (including Waretown, NJ 08758 LICE Waretown, Waret		
[] DCA justification) Name of Contact Dainius Daugela Name of Contact Pelephone Number of Contact Dainius Daugela	-	
FACILITY INFORMATION	-	
Name of Facility Where Abatement is Taking Place (3) Residence Type of Facility (4) [] School (k-12)		
Street Address [] Subchapter 8 (other than k-1 [X]) Other (i.e., private & common co		
buildings, homes, etc.)		
City County (6) County Code (7) Square feet # of Floors Bldg. Ag (STATE USE ONLY) 1518 sf 1	e 45	
Toms River Ocean Current Use (Prior if being demolished) Residence		-
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address Street Address		
City, State, Zip Code City, State, Zip Code		
Toms River, New Jersey 08755-	-1271	
Project Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number 732-349-9932 00624	2222	
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) Street Address [x] Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road		
[] Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		
Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)] [] Full Containment with Negative Pressure [] Mini-Enclosure		
[] ≥3 sf or ≥3 lf [] Renovation [] Glovebag Procedure		
[x] ≥160 sf or ≥260 lf [x] Demolition [x] Non-Exempted (*) and Non-Friable Proceed	dure	
Abatemen	nt Type	
Is Location Description of R R	Е	Е
Location of Normally used Asbestos-Containing Amount E E E Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P	N C	N C
TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF)	A	L
in facility Staff insulation, surfacing,	PS	O S
(13) VAT, or other miscellaneous) VAT, a	U	U
YES NO N/A	LE	RE
Exterior X Asbestos siding 1050 sf X		士
		1
		+
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill		
Guardian Contracting, Inc. 20223 3 T.R.R.F.		
City, State Disposal Date City, State Toms River, New Jersey 10/03/2014 Tullytown, Pénnsylvania		
Completed by (Print or Type) Title Signature Date		
Nicholas Fernicola Project Manager 9/30/14 *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)

Date of Notification (1)	eptember 30, 20	014			Name	of Building			or (2) Horvath	11	Elij	115	£,	-	,
Agencies Notified [X] EPA [] DEP		l Notifica	ation tification		Street	Address	1813]	Loc	okout Drive	2014 0	CT -3	PM	1:5	0	
[x] DOL	Ame [x] Emer	nded Not ndment # rgency (in ication)	<u>. </u>			State, Zip Co		Riv	ver, NJ 08753	ع	Lice	001	TKC		
[] DCA		ellation			Name	of Contact Willia	ım Horva	th	Т	elephon	e Number			-	£\
				FAC	ILITY	INFORM	IATION				-			_	
Name of Facility Where Al	batement is Taking sidence	Place (3)		< · ·			T	Type of Facility (4)		l (k-12)				
Street Address	3 Lookout Dri	ve							[x]		apter 8 (otl (i.e., privat				dings,
City		Count	y (6)			Code (7) E USE ONL	Y)	S	Square feet 2000 sf		Floors	Bld	g. Age	50	
Toms River		Ocea	in					С	Current Use (Prior if Residen		emolished)			30	
Name of Monitoring Firm		Owner (8	3)		ASCM	No.	Name of	Aba	atement Contractor	(9)	tracting,	Inc		-	
Street Address							Street Ac	ddre	ess	80	Unit 61	me.			
City, State, Zip Code					City, Stat	te, Z	Zip Code		New Jerse	oz. 08	755 1	271			
Project Manager for Monit	oring Firm	Number			Telephon 732-34		lumber	ivei, i	License N 00624		155-1	2/1			
Scheduled Start Date (10) 10/1/14		Completion 14	on Date ((11)			HA Monitor E.M.S.I	Ana					145.000		
	Abatement (Check lity Closed/Vacated tement Performed	d During	Entire Perio	od of Abat			Street Ad		1056 St						
[] Othe	er – Describe			100			City, Stat	te, Z	38.70	way, N	ew Jerse	y 088	54		
· Scope of Work (Check all t	hat apply)						[]		Full Containment	with Ne	gative Pres	sure			
2 4	f or ≥3 lf 0 sf or ≥260 lf		[] [x]	Renovat Demolit			[x]		Glovebag Procedur Non-Exempted (*)		n-Friable F	rocedu	те		
					I	100						Abat	ement	Туре	
Location of Asbestos-Containing M TO BE ABA' in facility (13)	faterial (ACM) FED	N	Is Location Is Location Is Location Is Location Is Is Is Is Is Is Is Is Is Is Is Is Is	sed y		Ash N (i.e.	Description pestos-Con Material (A , thermal sullation, sur	ntair CM syst rfac	ning (1) tems	(Spe	mount ecify SF r LF)	R E M O	R E P A I	E N C A P	E N C L O
(13)		YES	NO NO	N/A		oth	VAT, o er miscella		ous)			A L	R	S U L E	S U R E
Exterior		Asbe	estos sidin	g			1700) sf	X			J. 72			
			-		-										
Name of Registered Waste I		N	JDEP Was	te Hauler I	ID No.	Cubic Ya	rds of Waste	e	Name of Register	ed Land	fill				
City, State	ntracting, Inc.		2	0223 Disposa		3	City, Sta		T.R.R.F.						
Toms River,		Tiel.		10/3/1	Signat				n, Pennsylvania						
	Ompleted by (Print or Type) Nicholas Fernicola Title Project Manager						cho	P	te	1		Date 9/30	/14		
		o not use	this form	for asb	estos licen	sure exem	ptec	d activities.			000000000000000000000000000000000000000		***************************************		





Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) ADATH YISROEL 2014 CET -3 PM 1: 5:									5			
Agencies Notified EPA	Type Notification	э	Street A 565 BI	ddress ROADW	AY A\	/ENUE	:							
DEP × DOL	Amended Amendment			ate, Zip Coo AIC, NJ (j			1300A	LICE	10	11.1	3	
DOH DCA	Emergency (i justification) Cancellation	ncluding		f Contact CHWAR	TZ			1-	Telephone	Nimbe	_	•		
			FACI	LITY INFO	RMAT	ION								
Name of Facility Where ADATH YISROEL	Abatement is Taking	Place (3)						ool (K-12)						
Street Address 565 BROADWAY A	VENUE							er (i.e. priva	Other than ite & comm		ibliu	ngs,	home	s,
City (5) PASSAIC, NJ							Square Fe	200.000	# of Floors 3		Blo	lg. A	ge	
County (6) PASSAIC COUNTY	1			Code (7) USE ONLY)			Current U SYNAG		being dem	olished)				
Name of Monitoring Firm	Hired by Building C	wner (8)	ASCN	I No.		A	of Abateme							
Street Address		U.					Address	VE COU	RT					
City, State, Zip Code							state, Zip Ci EWOOD,		01					
Project Manager for Mon	itoring Firm		Telepho	ne No.			none No. 668-9078	3	Licens 1200	se No.		8		
Start Date (10) 10/23/14		Scheduled 0 10/26/14	completion	Date (11)		12	of OSHA N LEAD PI		SIONALS					
Occupancy Status Durin	g Abatement (Check	Only One)				Street	Address							
Facility Closed/Vac Abatement Perform	ated During Entire P ed Outside of Norm	eriod of Aba al Facility Ho	ement urs				HITE DO		RT					
Other – Describe:					-	LAKE	EWOOD,	NJ 0870	01					
Scope of Work (Check A	II That Apply)						m)							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			ovation olition			L	Mini-Er Gloveb	iclosure ag Procedi	with Negati ure and Non-F				S	
		1-1-	-0				14011 22	l l	una mon	Tiubic i			ment	
Location	of		cation nally		Do	scription	of				- 100	Ту	oe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Mainte Custodi	olely by nance/ al Staff? 2)		os Con thermal surfa	taining M	Material (AC s insulation T, or		Amount (Specify SF or LF)	Neilloval	Domousi	Repair	Encapsulate	Enclosure
FIRST FL	OOR	Yes N	o N/A		N.	MASTIC	2		3,000 SF	= x	+		(D	
FIRST FL		700			OOR TI			1,500 SF		-	-			
1110111	OOK				FLC				1,300 31	1				
Name of Registered Was	ste Hauler		NJDEP W	/aste	Cubic	Yards	Na	ame of Rec	istered Lar	ndfill				
NEWARK CARTING		36	Hauler ID 04509	No.	of Wa 10	ste	IE	SI						
City, State NEWARK, NJ					Dispo 10/26	sal Date 6/14		ty, State ETHLEH	EM PA					
Completed by JOSEPH PERLSTE	N	Title OWNER	2		8	Signature				Date 9/9/1	4			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

RECEICK# 024694 (Pursuant to NJAC 8: 60-7 and 12: 120-7) Name of Building Owner/Operator (2) Date of Notification (1) 0 9 2 9 / 1 4 NOUVELLE ASSOCIATES LLC Street Address Agencies Notified Type of Notification P.O. BOX 853 [X] EPA City, State, Zip Code [X] Initial Notification FRANKLIN LAKES, NJ 07417 [X] DOL [] Amended Notification Amendment Name of Contact Telephone Number [X] DOH Cancellation MR. LUCIANO BRUNI [] DCA [] Emergency FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL [] School (K-12) Subchapter 8 (Other than K-12) Street Address 11 Other (i.e., private & commercial [X] buildings, homes, etc.) 33 PASCACK ROAD County Code (7) # of Floors Bldg. Age County (6) Square Feet City (5) (STATE USE ONLY) Current Use (Prior if being demolished) BERGEN WESTWOOD Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC. Street Address Street Address 1141 ROUTE 23 City, State, Zip WAYNE, NJ 07470 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00408 973 628-9500 Name of OSHA Monitor Scheduled State Date (10) Scheduled Completion Date (11) ENVIRO VISION CONSULTANTS INC. 1 1 0 7 1 0 0 9 1 Day Month Year Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 WAGARAW ROAD, BLDG. #34A of Abatement Abatement Performed Outside of Normal Facility 11 7:00 a.m. - 3:30 p.m. [X] Hours - Describe: FAIR LAWN NJ 07410 Other - Describe: Scope of Work (Check all that apply) [X] Demolition Full Containment With Negative Pressure Renovation Mini-Enclosure 1 [] $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ Glovebag Procedure Non Exempted (*) and Non-Friable Procedure $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Abatement Type Is Location E N C A Description of Asbestos-Containing Material (ACM) R E M NCL Normally Used Location of Amount (Specify Asbestos - Containing SF or LF) o V Solely by (i.e., thermal systems O S U R Material (ACM) insulation, surfacing, VAT, or other miscellaneous) TO BE ABATED in Facility (13) Maintenance / Custodial A Staff (12) E Yes No N/A TEXTURED CEILING 200 SF X X KITCHEN X VAT 200 SF KITCHEN X X JOINT COMPOUND 2,000 SF 1ST FLOOR - THROUGHOUT X 2ND FLOOR - EXTERIOR X TRANSITE SHINGLES 800 SF X ROOF X ROOFING TAR/FLASHING 800 SF X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. SW2912 Minerva Landfill 150 Weigle Trucking Company Disposal Date City, State City, State Wayneburg, Ohio Linden, PA Date Completed by (Print or Type) Title Signature 09/29/14 Project Manager Jerry Bijelonic

ASB-41 Jun-95





~ 1 .	1.1.11
CK	4416
3000 N N N	1/1-1/17

Date of Notification (1) 10/1/14				uilding Ov I aniuk F											
Agencies Notified Type Notification		0.75000	eet Add South	iress h Spinna	aker Dri	ive			⊎14 U	8T - 3	3 F	H	: 3	9	
DEP Amended Amendment #_		Cit	y, State ttle Eg	, Zip Code g Harbo	e or NJ O	8087		T,	2	1 1			110	•	
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding	Na Da	me of C an	Contact					Tele	phone N	umbé	er · J			
			FACILI	TY INFOR	RMATION				2			r.			
Name of Facility Where Abatement is Taking P Dan Wolaniuk Private Home	lace (3)] Sch	Facility (4 nool (K-12 ochapter i	2)	r than V	12)				
Street Address 53 South Spinnaker Drive							Oth etc.	er (i.e. pr)	ivate &	comme	rcial l		100 100		3,
City (5) Little Egg Harbor NJ 98087							Square 1 1 000+		1	Floors		35	lg. Ag +	е	
County (6) Ocean			ounty Co	ode (7) SE ONLY)			Current House	Use (Prio	r if beir	ng demol	lished	i)			
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)	1	ASCM	No.			f Abaten co Inc.	nent Con	tractor	(9)					
Street Address					1000	Street A	ddress								
City, State, Zip Code	-						ate, Zip (Berlin	Code NJ 080	91	C.C. STORES					
Project Manager for Monitoring Firm	· · · · · · · · · · · · · · · · · · ·	Te	elephon	e No.		Telepho	ne No. 53-980	00		License 00727				-	
	cheduled 0	Comp	letion D	ate (11)		Name o		Monitor							
Occupancy Status During Abatement (Check							Address					-			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Aba	itemei	nt				ate, Zip	Code			,				
Scope of Work (Check All That Apply)									-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7/31207	ovatio nolitio				×	Mini- Glove	Containme Enclosure Ebag Prod Exempte	e cedure						
	E accessor						NOIT	LACITIPIE	<u>u () ui i</u>	Q I VOIT I	I			ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nor Used S Maint Custod	enanc	by ce/	Asbest (i.e.	os Conta thermal s	ystems ing, VA	aterial (/ insulati T, or	ACM) on,	(5	mount Specify or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
(1.5)	Yes	No	N/A											ate	œ'
on slab			x		flo	or tile			un	known		x			
								-			-				-
							-			-		-			
Name of Registered Waste Hauler		31000	IDEP W		Cubic		T	Name of		ered Lar	ndfill		L		
United Containers		7.000	uler ID 459	NO.	of Was			G.R.O.							
City, State Elm NJ			6)	t):	Dispos 10/3/1			City, Sta Morris		A 1906					
Completed by Anthony T Perna	Title Presid	ent			Si	gnature			`		Dat 10	ie /1/14	1		





CK 4415

Date of Notification (1) 10/1/14			of Building Ow ence Kiely		ome		v.iL					
Agencies Notified Type Notifi			Address Vest 18th S	street	2014 [CT -3 F	H 1:4	0				
	nded ndment #		tate, Zip Code Bottom NJ		4.25	TESE	? Tile	,				
DOH justific	rgency (including ication) cellation	Name Lawre	of Contact ence				Telenhone	e Numbe	er	_		
		FAC	CILITY INFOR	MATION								
Name of Facility Where Abatement i Lawrence Kiely Private Hon					☐ Sch	Facility (4) nool (K-12)						
Street Address 205 West 18th Street		4.0				ochapter 8 (0 ner (i.e. priva .)			ouildi	ngs, t	omes	3,
City (5) Ship Bottom NJ 08008					Square 1000+	Feet	# of Floor: 2	s	35	ig. Ag	e	
County (6) Ocean			y Code (7) E USE ONLY)		Current House	Use (Prior if	being der	molished	i)			
Name of Monitoring Firm Hired by B N/A	Building Owner (8)	ASC	CM No.	7 2000	of Abater	ment Contra	ctor (9)					
Street Address			*	71	t Address Box 329	*						
City, State, Zip Code				City, S	State, Zip							
Project Manager for Monitoring Firm	n	Teleph	none No.	Telep	hone No.		Lice	nse No.	*			
Start Date (10)	Scheduled	Completio	n Date (11)		-753-980 e of OSHA		007	21				
10/2/14	10/6/14			Sam								
Occupancy Status During Abatemen	nt (Check Only One)			Stree	t Address							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	g Entire Period of Ab e of Normal Facility F	atement lours		City,	State, Zip	Code						
Scope of Work (Check All That App	oly)		1		_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 2	novation molition			Mini- Glove	Containment Enclosure ebag Proced	ture					
					Non-	Exempted (*) and Nor	I-FIIable		personal division	ment	
**		ocation ormally			and the					Ту		
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	ACM) Used Main Custo	Solely by tenance/ dial Staff? (12)	(i.e. t	Description os Containing thermal syster surfacing, V other miscella	Material (ns insulati 'AT, or		Amour (Specif SF or L	fy	Removal	Repair	Encapsulate	Enclosure
exterior siding		X		exterior s	iding		1900 9	SF	x			
							-1-4	and Ell				
Name of Registered Waste Hauler United Containers			Waste ID No.	Cubic Yards of Waste 3		Name of Re G.R.O.W		Lanunn				
City, State Elm NJ	-			Disposal Da 10/3/14	te	City, State Morrisvill	e PA 19	067				
Completed by Anthony T Perna	Title Presid	lent		Signatu	ire 1			Dat	e /1/1	4	40000	

CK 4410

Date of Notification (1) 9/30/14			М	arhare	uilding Ov t Horvat					204			TV			
Agencies Notified EPA	Type Notification		20	reet Add D Bud	Dr.					4014	087	-3	Fil	! !:	i to	
EPA DEP DOL	Amended Amendment #		10000		, Zip Code wkin NJ		0			L.			99		CI.	
DOH DCA	Emergency (in justification) Cancellation	ncluaing	504 888	ame of C arhare						Tele	phone N	Numb	er ·	3		
				FACILI	TY INFOR	OITAMS								200		
Name of Facility Where Marharet Horvath F		Place (3)] Sc	Facility (4) hool (K-12) bothapter 8)	- 45 14	′ 4 O\				
Street Address 20 Bud Dr.				***					her (i.e. pri	vate &	comme					i,
City (5) Manahawkin NJ 08	3050						1	Square 000+	•	1	Floors		35	ig. Ag +	e 	
County (6) Ocean				ounty Co	ode (7) SE ONLY)			Current House	Use (Prior	if beir	ng demo	olishe	d)			
Name of Monitoring Firm	n Hired by Building C	Owner (8)	1	ASCM	No.		Name of Perna		ment Cont	ractor	(9)			¥		
Street Address							Street A									
City, State, Zip Code			-				City, Sta		Code NJ 0809	91				N.		
Project Manager for Mo	nitoring Firm		T	elephon	e No.		Telepho 856-75				Licens 0072					
Start Date (10) 10/1/14		Scheduled	Comp	oletion D	ate (11)		Name of Same		A Monitor							
Occupancy Status Duri	as Abstement (Chec						Street A									-
Facility Closed/Va	cated During Entire F med Outside of Norm	Period of Ab	ateme	ent		_	City, Sta									
Scope of Work (Check	All That Apply)															7722
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic				×	Mini	Containme -Enclosure /ebag Prod -Exempted	edure					2	
		T					Land	14011	Lxcinpto	1 / 4.		11000	177	Abate	ment	
Locati Asbestos-Containir <u>TO BE A</u> In Fac	ng Material (ACM) BATED cility	Used Main Custo	tenan	/ y by ce/	Asbest (i.e.	os Cont thermal surfa	scription taining Ma systems cing, VAT miscelland	aterial insula r, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A											Ф	
Exterior	Siding			х		Exte	rior Sid	ling		1	000SF		x			
		1														
Name of Registered W	aste Hauler			JDEP Wauler ID		Cubic of Wa	Yards		Name of		ered La	ndfill				
United Containers				2459		3			G.R.O.							
City, State Elm NJ		25			V	10/3/	sal Date /14		City, Stat Morrisv		A 190					
Completed by Anthony T Perna		Title Presid	lent			(Signature	()		9/3	te 30/1	4		

to energency M

State of New Jerson

Date of Notification (1)			МОТ	TFICATI (Pursua	ON OF A	SBESTOS AC 8:60 an	ADATE	MENT CK	4	109				
9/30/14				Name	of Buildi	ing Owner/e Private H	Operator	(2)		1.001		£	- 1.	
Agencies Notified	Type No	tification			t Address		101116							
X EPA	Initi	ial				age Ave			641	4 CST	-3	FM	1:5	G
DEP X DOL	Am	ended			State, Zip								8 T 50	J
DOL	Am Em	endment #		Hade	donfield	NJ 0803	3.3		£			n •		. ,
DOH	iust	ergency (includia ification)	ng		of Conta					211			feet	
DCA DCA		ncellation		Davi					Te	lephone	Numbe	r ***	1	
Name of Facility 145				FA	CILITYIN	FORMATI	ON							
Name of Facility Where David Mills Private	Abatement	is Taking Place	(3)			er OrderATI	ON	Type of Facility	. (4)					
	nome													
Street Address								School (K	(-12)					
118 W Cottage Ave	е						- 1	Subchapt Other (i.e	er 8 (Oth	er than k	(-12)			8
City (5)								CLC.)			rcial pl	illaing	s, hor	nes,
Haddonfield NJ 086	033							Square Feet		Floors		Bldg.	Age	
County (6)				Count	Code (7)			1000+	3			35+		
Camden				(STATE	USE ONL) LY)		Current Use (P	rior if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by E	Building Owner (8)	Automotive	M No.			House						
N/A			<i>J</i>	ASC		1	Name	of Abatement Co	ontractor	(9)				_
Street Address					•			aco Inc.						
								Address						
City, State, Zip Code								ox 329						
, , , , , , , , , , , , , , , , , , , ,							City, St	ate, Zip Code						_
Project Manager for Mon	itorina Firm						West	Berlin NJ 08	091					
- Speet manager for Willi	illoring Firm			Telepho	one No.		Telepho	one No.		License	No			
Start Date (10)							856-7	53-9800	1	00727				
10/1/14		Schedu	led Co	mpletion	Date (11)	Name o	f OSHA Monitor			-			
		10/3/1	4	28110000000000			Same							
Occupancy Status During							Street A	ddress						
Facility Closed/Vaca Abatement Performe Other - Describe: _	ated During ed Outside	Entire Period of of Normal Facilit	Abater y Hour	nent s		-	City Ste	ate, Zip Code						
							Oity, Sta	ite, Zip Code					10-10-10-1	
Scope of Work (Check Al	That Apply	y)												
≥3 sf or ≥3 lf		[V]	n				hand							
] ≥160 sf or ≥260 if			Renova Demoli				×	Full Containm	ent with	Negative	Pressu	ire		
								Mini-Enclosur Glovebag Pro	e					
								Non-Exempte	d (*) and	Non-Fria	hle Pro	codin	~	
	50	Is	Locati	ion							100110	-	emen	_
Location Ashestos Containing	of		Normal			Desc	ription o	f					/pe	f.
Asbestos-Containing I TO BE ABA	Material (A(CM) USE	ed Sole		Asbes	stos Contai	ining Ma	terial (ACM)	An	ount		Г	Ī	
In Facilit			todial S		(i.e	thermal s	ystems i	nsulation.	. (Sp	ecify	20	1-	E E	m
(13)			(12)			other mis	ng, VAT,	or or	SF	or LF)	Remova	Repair	aps	Co
		Yes	No	N/A							a S	#	Encapsulate	Enclosure
Kitcher	1			-									0	2000
				X		Duct Ir	nsulatio	on	18	LF	x			
Baseme	nt			x		Duct Ir	nsulatio	on	4	LF	x			
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									valanskan-mark					
mo of Docistors disk.														
ame of Registered Waste	e Hauler			JDEP W		Cubic Ya	ards	Name of	Registere	d Landfil				
nited Containers				auler ID	No.	of Waste	1	G.R.O.\		- contain				
ty, State			122	-+03		2								
lm NJ						Disposal		City, State	•					

10/3/14

Signature

Title

President

Completed by Anthony T Perna

Date

9/30/14

Morrisville PA 19067



CK 4417

Date of Notification (1)					uilding Ow Iena Priv			2)			- CE	11 V	. !	.,		
Agencies Notified	Type Notification		52	reet Add					25	14 C3	7-3	FM	1:	f i		
EPA DEP DOL	Initial Amended Amendment		S		ere NJ 0		3		A,	27	ing in-	CO:	Ĩ.			
DOH DCA	justification) Cancellation		1000	oe	JUINACI						*: *:			0000		
, , , , , , , , , , , , , , , , , , ,		Di (0)		FACILI	TY INFOR	MATI	ON	T	f Facility (4	-						
Name of Facility Where A Joe Caslena Private	TO 100 100 100 100 100 100 100 100 100 10	Place (3)					- 1	-	1.00	A.						
Street Address 9 Prescott								S × O	chool (K-12 ubchapter ther (i.e. pi	8 (Othe			buildi	ngs, I	nome	s,
City (5) Strathmere NJ 0824	48							Square 1000-		# of	Floors		Bio 35	dg. Aq	je	
County (6) Cape May				ounty Co	ode (7) SE ONLY)			Curren	t Use (Prio	r if bei	ng dem	olished	4)			17
Name of Monitoring Firm	Hired by Building (Owner (8)	1	ASCM I	No.		0.000	of Abate	ement Con	tractor	(9)					
Street Address							Street	Address lox 32	3	-						\neg
City, State, Zip Code							City, S	tate, Zip	Code	01		-				
Project Manager for Mor	nitoring Firm		Te	elephone	e No.	-	Teleph	one No		91		se No.			inomerc.	
Start Date (10)		Scheduled	Comp	oletion D	ate (11)			753-98 of OSH	A Monitor		0072	.7				
10/14/14		10/20/14			()		Same	300000000000000000000000000000000000000						e:::::::::::::::::::::::::::::::::::::		
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of Ab	ateme	ent		_		Addres tate, Zi								
Scope of Work (Check A ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	All That Apply)		novatio molitio				×	Min Glo	Containme	e cedure						
		le l	ocatio				best	1401	- Lxcmpte	1 / 4	id Mon	III		Abate	ment	
Locatio Asbestos-Containing TO BE AB in Faci	g Material (ACM) BATED ility	Used Main Custo	rmally Solely tenand	/ by ce/	(i.e. th	s Cor nerma surfa	escription ntaining M al system acing, VA miscellar	Material s insula T, or	(ACM) tion,	(Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A									=		ate	G,
Exterior	Siding			х		Ext	erior Si	ding		14	100 SF		x			
Name of Registered Wa	aste Hauler		NJ	JDEP W	aste	Cubi	c Yards		Name of	Regist	ered La	ındfill				<u></u>
United Containers			100000	auler ID 1459	No.	of W 3	aste		G.R.O.	W.S.				ď		
City, State Elm NJ							osal Date 20/14)	City, Stat Morrisv		A 190	67				
Completed by Anthony T Perna		Title Presid	lent		1		Signatur	e		_		Date 10	e /1/14	1		

Check# 11228

Date

September 29, 2014

Raymand C. Pedalino

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

GAC Project # 423-14 Date of Notification (1) Name of Building Owner/Operator (2) CRANFORD TOWNSHIP September 29, 2014 Notification Type Street Address Agencies Notified ☑Initial Notification 8 SPRINGFIELD AVENUE ☐ EPA City, State, Zip Code ☐ Amended Notification FM 1:62 DDCA CRANFORD, NJ 07016 ■ Emergency (including X DOL -Telephone Number _ justification) Name of Contact ☑ DEP- No Longer REQUIRED MS. JENNIFER KOBLISKA ; □ Cancelled X DOH - Asst. to Town ····· 3 章 Administrator FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CRANFORD TOWNSHIP School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) MUNICIPAL BUILDING - 8 SPRINGFIELD AVENUE Sq. Feet: ~30,000SF # of Floors: 2 Bldg. Age: ~60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): MUNICIPAL OFFICES UNION (State Use Only) CRANFORD ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) **RK OCCUPATIONAL &** 0090 GREENWOOD ABATEMENT CONSULTANTS, INC. ENVIRONMENTAL ANALYSIS, INC. Street Address Street Address **401 ST. JAMES AVENUE 268 MAIN STREET** City, State, Zip Code City State, ZipCode PHILLIPSBURG, NJ 08865 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JON GILBERT 908-454-6316 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/14/2014 10/10/2013 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Describe ☐ Facility Occupied During Entire Period of Abatement Hours FRI 3PM - TUES 5AM (24 Hours as needed) FAIRLAWN, NJ Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure **X** Renovation Mini-Enclosure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES NA Main Floor Data Room X VAT 210 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below Newark Carting, Inc. Newark, NJ 04509 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill Rd. NJDEP # 28969 10/14/2014 Morrisville, Pa 19067 Hauler #2)Newark Carting, Inc. - Newark, NJ 04509 215-736-1700

SENIOR PROJECT

MANAGER

NJ DEP # 4509

RAYMOND C. PEDALINO

Completed by (Print or Type)

NO CK

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

Check # 9156

Date of Notification (1	September 30, September 12, 20			FAA Wi	Iliam J. I	Owner / Operator (2 Hughes Technical C	enter	ECLIVA	L,			
Agencies Notified EPA DEP DOL	Type Notification			City, Sta	c City Inte			CET -3 PM I	5.5500 7 0	*		
⊠doh □dca	Amende Amendm Cancella	nent #_3	_		a, NJ 08				lenhone		nber	
	Guinosiio	LIO, I			Saiauski					+892.	-	
				FAC	ILITY I	NFORMATION						
Name of Facility Whe		aking Plac	ce (3)			Type of Facilit						
Street Address							ter 8 (Other than					
Atlantic City Interna	tional Airport, Blo	dg. 245				The second secon		mmercial building		e, et	c.)	
						Square Feet	# of Floo		ig. Age			
City (5) Pomona						1,500 Current Use (Government	Prior if being dem	1 nolished)	60	yea	5	
County (6)			ty Code			Government	Dulluling		************			
Atlantic Name of Monitoring F Tiger Environmenta	Firm Hired by Build	ing Owner	ONLY_ (8)		ASCM	No. Name of Abat	ement Contractor	r (9)				
Street Address	ii, iiio.					Street Addres	S					
15 West Elizabeth A City, State & Zip Cod						829 Radio Ro City, State & 2				-		
Linden, NJ 07036	e						rbor, NJ 08087					
Project Manager for I Kelly Walton	100000000	ephone N 3-862-430		Telephone Nu 609-296-6916		License Nun	nber 00817					
Scheduled Start Date October 2,		heduled C		on Date (1 er 22, 201		Name of OSH Synatech, Inc						
Occupancy Status D		Check only Entire Pe	one)			Street Addres	s		74			
Abatement I Other – Des	Performed Outside cribe:	of Norma				City, State & Little Egg Ha	Zip Code arbor, NJ 08087					
Scope of Work (Chec	upled During Abate	ement	-									
≥3 sf or ≥ 50 lf ≥160 sf or ≥26			=	Renovation Demolition			Mini-Enclosure Glovebag Proce	t with Negative Pres dure *) and Non-Friable F		·e		
Asbestos-Conta	cation of aining Material (AC E ABATED		Solely by	on Norma y Mainten dial Staff?	ance or	Descript Asbestos-C Material (ontaining	Amount (Specify SF or LF)		atem	ent 7	Гуре
				No	N/A	(i.e., thermal insulation, surf or other misc	acing, VAT		Removal	Repair	Encapsulate	Enclosure
Storeroom	Storeroom					Braided Rop	e Packing	50 LF	X			
									-			
Name of Registered	Waste Hauler	123	JDEP V lauler ID	No.		ards of Waste	Name of Regist					
Synatech, Inc.	27	429	2 Disnos	al Date	Grows Landfil City, State	1						
City, State												
Little Egg Harbor, NJ 08087					Octobe	er 24, 2014	Morrisville, PA	Date				
Completed By Diane Aloia	Completed By Title Diane Aloia Executive Assist					Vane allo		October 2, 20 September 12, 20				
Dialic Aloia		-VOORIIAC	. 1001010		1,							

NO CK

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

Data of Natification /	1) Contombox 2	E 2014		Namo	f Duilding	Owner / Operator		Check # S	9150	_	-	
Date of Notification (September 2					Hughes Technical						
Agencies Notified	Type Notificati	CASE CONTRACTOR		_	Address		2014 CST	-3 FM 1:2	٤,		Parket - A	
⊠EPA □DEP				Atlantic	City Into	ernational Airport		09 69111 AC				
⊠DOL	☐ Initial			City, St	ate & Zip	Code	<u>a</u> t	Cra			_	
⊠DOH	Amen	ded dment # 3	2		a, NJ 08							
DCA	Cance	CONTRACTOR OF THE PARTY OF THE		Name o	of Contact			1	Telephone	Nur	nber	. @
				Nicole	Saiauski	е		8				14
			- 20	FAC	ILITY I	NFORMATION						
Name of Facility Who		Taking F	Place (3)			Type of Faci						
Street Address						Subcha	pter 8 (Other than	1 K-12)				
Atlantic City Interna	tional Airport, I	3ldg. 245				☐ Other	(i.e., private & c	ommercial buildir	ngs, hom	e, et	c.)	
						Square Feet			Bldg. Age			
City (5)			6			1,50		1 1	60	yea	rs	
Pomona							(Prior if being der	nolished)				
County (6)		Ice	ounty Code	(7)		Governmen	t Building					
County (6) Atlantic		2.5	SE ONLY	(1)								
Name of Monitoring f	irm Hired by Bu				ASCM N	No. Name of Ab	atement Contracto	or (9)				
Tiger Environmenta						Synatech, I	nc.					
Street Address						Street Addre						
15 West Elizabeth A City, State & Zip Cod						829 Radio F City, State 8					-	
Linden, NJ 07036							arbor, NJ 08087					
Project Manager for I	Monitoring Firm			lephone N		Telephone N		License No				
Kelly Walton				8-862-430	_	609-296-691			00817			
Scheduled Start Date September 3		Scheduled	Completion	on Date (1 er 22, 201		Name of OS Synatech, In						
Occupancy Status D		(Check o		er 22, 20 i	-	Street Addre						
	ed/ <u>Vacated</u> Duri			Abatemen	t	829 Radio F	\$5000 Comments					
	Performed Outsi	de of Nor	mal Hours			City, State 8	Zip Code					
Other - Des	cribe:					Little Egg H	arbor, NJ 08087					
Facility Occ	upied During Ab	atement										
Scope of Work (Chec	ck all that apply)										-	
						[a]	Full Containme	nt with Negative Pre	essure			
≥3 sf or ≥ 50 If			-	Renovatio	n	፟፟፟፟፟	Mini-Enclosure					
≥160 sf or ≥26	50 If			Demolitio	1		Glovebag Proce	edure				
							Non-Exempted	(*) and Non-Friable	Procedur	е		
	cation of		Is Location	on Norma	lly Used	Descrip				tem	ent T	уре
	aining Material (A E ABATED	(CM)		y Mainten dial Staff?		Asbestos-0 Material		Amount (Speci SF or LF)	fy			
	Facility		Cusio	luiai Staii i	(12)	(i.e., therm		3, 0, 2, ,				
	(13)					insulation, su			고	-77	Enc	m
						or other mis	cellaneous)		Removal	Repair	Encapsulate	Enclosure
					N/A				ova	ar.	ula	Sur
			Yes	No	N/A						é	"
Storeroom				Х		Braided Ro	pe Packing	50 LF	X		-	
Name of Registered	Waste Hauler	1000	NJDEP V		Cubic Y	ards of Waste	Name of Regis	stered Landfill				
Synatech, Inc.			Hauler ID) No. '429	2		Grows Landfi	li .				
City, State					Disposa	al Date	City, State					-
Little Egg Harbor, N	IJ 08087	I				er 24, 2014	Morrisville, P.					
Completed By		Title			Signatu	re . / /	1	Date September	25 2014			
Diane Aloia		Execution	ve Assista	nt	1 1//	A. 10 7/1.	117	September 12 2				

NO CK

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

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

Date of Notification (1) September 1 September 12,					g Owner / Operator Hughes Technical	(2)	() CHECK# 9	100			
Agencies Notified	Type Notificat			-	Address			-3 FM 1:28	3			
⊠EPA □DEP				Atlanti	ic City Int	ernational Airport		TOS COMINO IGA JUNG				il in the state of
⊠DOL	Initial				tate & Zip		ě. L	.IUL.H.J.J.J				
⊠doh	Amen Amen	ded dment #	1	Pomo	na, NJ 08	3405						
DCA	10000	ellation		Name	of Contac	t			elephon	e Nu	mbe	C.
				Nicole	Saiausk	ie		4.,				
				FA	CILITY	INFORMATION						
Name of Facility Whe		Taking F	Place (3)			Type of Faci						
Street Address			(1020)		- 14 WKB-99	Subcha	pter 8 (Other than	n K-12)				
Atlantic City Interna	tional Airport,	3ldg. 245						ommercial building			tc.)	
City (5)						Square Feet	100 PER PER PER PER PER PER PER PER PER PER	oors Blo	ig. Age		9000	
City (5) Pomona						1,50 Current Use	(Prior if being der	nolished)	- 60	yea	rs	
			******			Governmen						
County (6) Atlantic			ounty Code SE ONLY	(7)								
Name of Monitoring F					ASCM		atement Contracto	or (9)				
Tiger Environmenta Street Address	i, inc.					Synatech, Ir Street Addre					-	
15 West Elizabeth A						829 Radio R	oad					
City, State & Zip Cod Linden, NJ 07036	е .					City, State &	Zip Code arbor, NJ 08087			2		
Project Manager for M Kelly Walton	Monitoring Firm	-	12/00/0	lephone N 8-862-430		Telephone N 609-296-691	umber	License Nun	nber 0081	 7		
Scheduled Start Date	(10)	Scheduled	Completi			Name of OS						
September 2: Occupancy Status Di		(Check o		er 22, 20	14	Synatech, Ir Street Addre						
Facility Clos	ed/ <u>Vacated</u> Dur	ng Entire	Period of		nt	829 Radio R	oad					
Other - Des			mai mours			City, State & Little Egg H	arbor, NJ 08087					
Scope of Work (Chec	upled During Ab	atement										
≥3 sf or ≥ 50 lf				Renovation	on		Full Containmer	nt with Negative Pres	sure			
≥160 sf or ≥26	60 If			Demolitio	n	Ē	Glovebag Proce	edure (*) and Non-Friable P	ra aa di u			
Loc	cation of		Is Location	on Norma	Illy Used	Descrip	The second secon	() and Non-Phable P	-	atem	ent T	ype
Asbestos-Conta		CM)	Solely b	y Mainten	ance or	Asbestos-C	ontaining	Amount (Specify				,,
	E ABATED Facility		Custo	dial Staff	(12)	Material (i.e., therma		SF or LF)				_
	(13)					insulation, sur	facing, VAT		ᄝ	20	Encapsulate	E
						di dillei illist	charleous)		Remova	Repair	nsde	Enclosure
			Yes	No	N/A				/al	=	ilate	ure
Storeroom				Х		Braided Rop	e Packing	50 LF	X			
							alministra.		-			
Name of Registered \	Waste Hauler		NJDEP V		Cubic Y	ards of Waste	Name of Regis	tered Landfill				
Synatech, Inc.				429	2		Grows Landfi	II				
City, State					Disposa	al Date	City, State					
Little Egg Harbor, N	J 08087				Octobe	(24, 2014	Morrisville, PA	Α				
Completed By Title Signature						Date	0044					
Diane Aloia		Executiv	ve Assista	nt	1	June al	~	September 19 September 12, 201				

No CK

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

RE Check # 9156

Date of Notification (Name	of Buildin	g Owner / Operator	(2)	Check # 9	130			
Agencies Notified	September 12 Type Notifica				William J.	Hughes Technical	Center 201	1007 - 3 FM	:00			
⊠EPA □DEP				Atlan	tic City In	ternational Airport	<i>A</i> ; ,	DESTOS COM 8 LICENTIA				
DOL	Initia				State & Zip							
⊠ рон		nded ndment#		Pom	ona, NJ 0	8405						
DCA		cellation		100000000000000000000000000000000000000	of Contac	10.0	- water	ITe	elephor	ne Nu	ımbe	r
						INFORMATION						
Name of Facility Whe	ere Abatement	is Taking	Place (3)		CILIT	Type of Facil	liby (A)	**************************************		_		
FAA WJH Technica	l Center	io raining	1 1400 (0)			School						
Street Address						lane.	pter 8 (Other tha	ACTOR TO DECEMBE				
Atlantic City Interna	itional Airport	Bldg. 24	15					commercial building			tc.)	
City (5)				PIDS TO THE PIDS T		Square Feet 1,500	the state of the s	loors	ig. Age			
Pomona						Current Use	(Prior if being de	emolished)	- 61	0 yea	ars	
County (6)		10	County Cod	(7)		Government	Building					
Atlantic			JSE ONLY									
Name of Monitoring F Tiger Environmenta	Firm Hired by B I, Inc.	uilding O	wner (8)	- Company	ASCM	No. Name of Aba Synatech, In	tement Contrac	tor (9)				
Street Address 15 West Elizabeth A	Vonus					Street Addres				32-22-2		
City, State & Zip Cod				-		829 Radio R City, State &						
Linden, NJ 07036						Little Egg Ha	arbor, NJ 0808	7		48/200		
Project Manager for M Kelly Walton Scheduled Start Date			90	8-862-43	01	Telephone N 609-296-691	3	License Num	ber 0081	7		
September 22		Schedule	ed Complet	on Date oer 22, 20		Name of OSI Synatech, In						
Occupancy Status Du		nt (Check ring Entire	only one)			Street Addres	SS					
Abatement F Other – Desi	Performed Outs cribe:	side of No	rmal Hours	S		City, State & Little Egg Ha	Zip Code arbor, NJ 0808	7				
	pied During Al											
Scope of Work (Chec	k all that apply)										
≥3 sf or ≥ 50 lf ≥160 sf or ≥26	0 If			Renovati Demolitio	3505.60		Mini-Enclosure Glovebag Proc					
Loc	ation of		Is Locati	ion Norm	ally Used		ALC: NAME OF TAXABLE PARTY.	() and Non-Friable P		atem	ent T	vne
	ABATED	ACM)	Solely b	y Mainte dial Staff	nance or	Asbestos-Co Material (ontaining (ACM)	Amount (Specify SF or LF)				, pc
	Facility (13)		Yes	No	N/A	(i.e., thermal insulation, surf or other misc	acing, VAT		Removal	Repair	Encapsulate	Enclosure
Storeroom			+	X		Braided Rope	Packing	50 LF	1		Ф	
						D. aldeo i Topi	- Goning	JO LI	_ X			
Name of Registered V	Vaste Hauler		NJDEP \		Cubic Y	ards of Waste	Name of Regis	stered Landfill				
Synatech, Inc.			Hauler II	O No. '429	2		Grows Landfi					
City, State					Disposa	Date	City, State					
Little Egg Harbor, N.	1 08087				Ontob	24 2044	Manie III- 3					
Completed By	00001	Title			Octobe/24, 2014 Morrisville, P/			PA Date				
Diano Alaia					1 /1	mi alor			20			
Diane Aloia		= xecuti	ve Assista	nt	1 Mul	re allo	_	September 12, 2014				

									ner/Operator (2)	1	Eci	-,- <u>:</u>		
Date of Notification (1)						RICH	IARD AN	D LISA S	STEIMEL		~	- ž	V	
9 /	29 /14			- 11		Stree	t Address	1						
Agencies Notified	Type Notific	cation				444 L	AKE RO	AD		2014 C	57 - 3	F	14	
EPA DEP	X Amer	Notifica	otificat	ion			State, Zip KOFF, N			Actor	The	-	····	. 46
X DOL	On H	ellation				Name	e of Conta	ct		Telenhone	Number	ا الما	1 1	1.C.
X DOH		RGENO	CY NO	TIFIC	CATIC		ARD ST			i i citami —			·. j	
						ILITY INFO	RMATIO	N					_	
Name of Facility Where	Abatement is	Taking	Place	e (3)	1710	TEST I INTO	711121110	-	Type of Facility	(4)				
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444 LAKE ROAD, WYC	KOFF, NJ 0748	31								r 8 (Other the Private/Comr			nomes	, etc.)
Street Address									Square Feet	# of Floo	ors	В	ldg. A	ge
444 LAKE ROAD									1,776	1			68	
City (5)		nty (6)					ty Code		Current Use (Price		emolishe	ed)		
WYCKOFF		GEN	Ouma	- (0)		(STATE	E USE OF		PRIVATE RESID		ector (9)			
Name of Monitoring Fig CTSI	m Hired by Bl	ıllaing (Owne	r (8)				7	PAR ENVIRON				N	
Street Address					-		<u> </u>		Street Address				1000	
622 GEORGES ROAD									313 SPOOK RO	CK ROAD				
City, State, Zip Code	ORTH BRUNS	WICK	NEW	JERS	SEY (08902			City, State, Zip C SUFFERN, NEV		901			
Project Manager for Mon		711014				Number			Telephone Numb		License	Nu	mber	
KYLE KRUGE				908-37					845-369-7500		460			
Expected State Date (1	0)	15		The second second		ion Date (1	11)		Name of OSHA	Monitor				0.00
10 /	6 /14			10 /		17	Section 2		QUALITY ENVIR	RONMENTA	AL.			
Month Day			Mor			Day		Year	Object Address					
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	erformed Outsi						be.		1370 KOOTE 9	• •				
X Other - Desc		to 4:3		, doing	, , , , ,	Doco.,			City, State, Zip C	ode				
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Scope of Work (Check a	II that apply)								nment with Negati	ve Pressure	1			
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X >3SF OR LF >160 SF OR								_	e Procedure					
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Asbestos-c		- 1		nally u			Containing			Amour			70	
Material				olely by				rmal sys	ACMY NO	(Speci	fy S	3	REPAIR	ENCAPSUL
TO BE A	2 55			/Custo		i	nsulation,	surfacin	ng, VAT,	SF or L	F) {	3	AR I	P
in Facilit	y (13)	L		aff (12			or other	miscellar	neous)			2		IUS
			Yes	No	N/A							-		-
BASEMENT					X	BOILER IN	SULATION	NC		60 SF	×			
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Name of Registered Wa	ste Hauler		NJDF	P Wa	ste	Cubic Yard	ds of Was	te	Name of Registe	red Landfill			100	
FREEHOLD CARTAGE				r ID. N			10		LYCOMING CO		OURCE	MA	NAG	EMEN
825 HIGHWAY 33			1	15939					447 ALEXANDE	R DRIVE/R	OUTE 1	5		
City, State						Disposal D			City, State					
FREEHOLD, NEW JER		IT:				10/06-10/1		>	MONTGOMERY	, PA 17752	I Data	8505 30	,	
Completed by (Print or T BENJAMIN SANCHEZ	ype)	Title	CTOP	OFC	PEE	ATIONS	Signatur	_	\Rightarrow		Date <	7/	24	110
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NO OK Typographical Ceror State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL Date of Notification (1) Street Address 14 114 444 LAKE ROAD Type Notification Agencies Notified City, State, Zip Code Initial Notification **EPA** WYCKOFF, NJ 07481 DEP Amended Notification DOL Cancellation Telephone Number Name of Contact DOH On Hold **EMERGENCY NOTIFICATION** RICHARD STEIMEL DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) 444 LAKE ROAD, WYCKOFF, NJ 07481 Other (ie. Private/Commcl. bldgs., homes, etc. Bldg. Age Square Feet # of Floors Street Address 68 444 LAKE ROAD 1,776 Current Use (Prior if being demolished) County Code (7) City (5) County (6) (STATE USE ONLY) PRIVATE RESIDENCE WYCKOFF BERGEN Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 17 CTSI Street Address Street Address 313 SPOOK ROCK ROAD 622 GEORGES ROAD City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 NORTH BRUNSWICK, NEW JERSEY 08902 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 460 908-377-5644 KYLE KRUGE Name of OSHA Monitor Expected State Date (10) Sched. Completion Date (11) QUALITY ENVIRONMENTAL 10 / 10 / /14 Year Day Month Day Year Month Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: 8AM to 4:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclos, Demolition Renovation >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Abatement Type Location of Is Location Containing Material (ACM) Amount REPAIR Asbestos-containing normally used ENCAPSULE REMOVAI (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A X **BOILER INSULATION** 60 SF BASEMENT PIPE FITTING INSULATION 10 LF BASEMENT

NJDEP Waste

Hauler ID No.

15939

DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

Cubic Yards of Waste

Signature

Disposal Date 10/06-10/17/14 ~ Name of Registered Landfill

MONTGOMERY, PA 17752

City, State

447 ALEXANDER DRIVE/ROUTE 15

LYCOMING COUNTY RESOURCE MANAGEMENT

9-267

NO

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) RECEIVED. Name of Building Owner/Operator (2) Date of Notification (CONTRACTING EARTHTEC 2014 CST/06/ ype Notification Street Address Apencies Nouried Sinnea. ○ Amended City, State, Zip Code \otimes $\overline{\supset} \infty$ Ameromeni . GREEN Emergency (Including Name of Contact justification) □ 00°H BREUNIG Cancellation BRUCE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) CESITENCE Subonapier 8 (Other than X-12) Dona (i.e., private & commercial buildings Sireel Address EACH ROID nomes, etc.) 237 Bldg Age # of Floors Square Feel 40 T City (5) 1000 Current Use (Prior if being demoished) County Code (7) ISTATE VACON County (6) USE ONLY BRE Name of Abatement Convector (9) ASCH HO. LNCI SLEMCO Name of Maritoning Firm (8) Sueel Address SPRUCE Street Agoress 369 Cry. State. Zip C∞e MAPL Cr. State Zp Code dephone No an enargelet Project Hanager for Monitoring Firm 856-779 Hame of OSHA Monro Screduled Completion Date (1) OSEPK Stan Date (10) 18/20 10/13 Sueet Address Occupancy Status During Abatement (Check only one) 3695 Facility Closed Vacaled During Entire Period of Abatement City, State, To Code Abatement Performed Outside of Normal Facility Hours Ower Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mn-Enclosure Glovebag Procedure Renovation 23 \$1 or 23 II 2160 \$1 or 2260 II Non-Exempled (') and Non-Friable Procedure □ De maii éan AD BLETTE ! 100 Is Location Normally Description of Used Solely by Amount Asbesios Containing Material (ACM) Location of Specity Maintenancel Aspesios Containing Material (ACM) (i e 'namal systems insulation SF & LF Costosal surfacing, YAT, or TO BE ABATED Staff? oner miscellane ous; IN FACUR (12) (13) MANAITE NIA NO Yes 15004 SIDING Name of Registered Landfill Cubic Yards , M, C, M.U. S. NOEP Wase Name of Registered Waste Hauler 17904 17904 01 Was18 5 City, State KLEMCO Deposal Date City State 08052 MOPLESHADE Signature Compieleo By OWNER

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	FACILITY IN	FORMATION			
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State of New Jersey NOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Name of Cont	155 RT CORE PREMIN F BCI DCE BR FORMATION	Type of Facility (in School (K-12) Subchapter 8 Other (Le., prinomes, etc.) Square Feet 10 0 Current Use (Price)	,	Bldg Ace
PACILITY IN County Code USE ONLY	CORE BR JOE BR JOE BR JOE BR	Type of Facility (1) School (K-12) Subchapter 8 Other (I.e., prinomes, etc.) Square Feet 1000 Current Use (Price)	(Other than K-12) vale & commercial Follows - 2	Bldg Ace
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County Code USE ONLY		Subchapter 8 Dener (I.e., por homes, etc.) Square Feet 1000 Current Use (Price	Yele & commercial Fol Floors - 2	Bldg 1,00 T
County Code USE ONLY		Square Feet /O O O Current Use (Price	FOIFIONS 2	Bldg 1,00 T
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		1100	Date 10,	11/14
	NOED Wase Have DAD L7907	Sue al Address 3 6 9 Cm. State. Dip M.M. Filephone No. Poletion Date (11) Anne of OSHA Sue al Address 3 6 9 Sue al Address 3 6 9 Sue al Address Alement Cry. State, Ap Poletion Sue al Address App File C Glove Non-E Sue al Address Sue al Address App File C Glove Non-E Sue al Address Sue al Address App File C App File C App File C App File C App File C App	Sue a Address 369 S. SPRUC Ch. State Up Code MAPL 3 SHAD Pleiphone No Tolephone No Sue a Address atement Chy. State, Up Code MAPL 6 Sue a Address Address The Containment with Neg White	Sue Address 369 S. SPRUCE AVE. Ch. State, Ep Code MAPL? SHADE N J C. Sue on Address J. Y JOSE PKYLEM M Sue of Address 369 S. SPRUCE N M Sue of Address 369 S. SPRUCE N M e) Sue of Address 369 S. SPRUCE N M E) Sue of Address Chy. State, Ep Code MAPLE SHADE, N. J. O Prit Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Substitution As de sios Containing Material (ACM) Social is informal systems insulation Sint one massissisms insulation Sint of Address 1 Succession Containing Material (ACM) Sint one myschlaneous: NO NIA TO MA IFE I SOU B NO NIA TO MASTE COSZ Signature Loginse No Joy Loginse No

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60-7 and 12:120-7)

Date of Notification (1)		(Purs	uant to			ner/Operator (2)				
10 / 2 /14				Street Ad	dress		0 , 10	25			
Agencies Notified Type Noti	ification			444 LAK	EROAD						
DEP X Am	al Notification ended Notific ncellation		#2	WYCKO	e, Zip Code FF, NJ 07481		Telephone	OCT	- 3	201	14
	Hold ERGENCY N	NOTIFI			DSTEIMEL		1 leieuman			_	
	T-1: DI	(2)	FACI	LITY INFORM	IATION	Type of Facilit	n/ (A)		-		-
Name of Facility Where Abatement 444 LAKE ROAD, WYCKOFF, NJ 074		ice (3)			2	School (K Subchapt			hon	200	etc.)
Street Address			1000	-		Square Feet			Bldg		
444 LAKE ROAD City (5) Co	unty (6)		- 1	County (Code (7)	Current Use (P	rior if being de	emolished		_	_
	RGEN		1	(STATE U		PRIVATE RES			***		
Name of Monitoring Firm Hired by E		ner (8)			ASCM No. 17	Name of Abate PAR ENVIROR			TION		
Street Address						Street Address					
622 GEORGES ROAD City, State, Zip Code		*				313 SPOOK R	Code	001	-		
NORTH BRUN	ISWICK, NE					SUFFERN, NE		License	Numb	er	
Project Manager for Monitoring Firm			377-56	Number		845-369-7500	i ibo	460	A-11944-1000	NETTO	
KYLE KRUGE Expected State Date (10)	Isch	-		on Date (11)		Name of OSH	A Monitor				
10 / 6 /14 Month Day Year	1	10 lonth	11 10 10 10 10 10 10 10 10 10 10 10 10 1	17 Day	/14 Year	QUALITY ENV	/IRONMENTA	AL.			
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Out X Other - Describe: 8A Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	uring Entire P side of Norm M to 4:30 P	eriod o al Faci	lity Hou	ement rs - Describe:	Mini-Enclo	inment with Neg	Code PINGERS FA		12590)	
Location of	T i	s Loca	tion	Des	scription of As	sbestos-		A	baten		
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		+	-				-				
Name of Registered Waste Hauler DJM TRANSPORT, LLC		DEP Wuler ID 1593	No.		10	Name of Regi GROWS LAN MORRISVILL	IDFILL				
City, State				Disposal Date 10/06-10/17/1		City, State	RY , PA 1775	2	,		
Completed by (Print or Type)	Title		OPER		ignature	XX		Date /	1/0	2//	14
BENJAMIN SANCHEZ	DIVECT	J. ()	~: L!\		1/				7	7	-

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No Check	NOTIFI (Pu	CATIO	NJAC 8:60	STOS ABATEM 0-7 and 12:120-7)				-
Date of Notification (1)				of Building Ow ARD AND LISA	mer/Operator (2) STEIMEL			*	
9 / 29 /14			Street	Address					1 - 1
Agencies Notified Type Notification				AKE ROAD		- OCT - 3	2014		
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DEP X Amended in Cancellation	Votification			KOFF, NJ 07481	1	11			
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Name of Facility Where Abatement is Takir	g Place (Type of Facility				
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444 LAKE ROAD, WYCKOFF, NJ 07481						r 8 (Other than K		h	- · · · · · · · · · · · · · · · · · · ·
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Street Address					Square Feet 1,776	# of Floors	1 '	3ldg. <i>A</i> 68	iye
444 LAKE ROAD			Cours	ty Code (7)	Current Use (Pri	or if being demoli	shed)		
City (5) County (6 WYCKOFF BERGEN)			E USE ONLY)	PRIVATE RESID		Jilouj		
Name of Monitoring Firm Hired by Building	Owner B	(1)	(OIAIL	ASCM No.	Name of Abater		(9)		
CTSI	owner to	-7		17	PAR ENVIRON			ON	
Street Address					Street Address		2		
622 GEORGES ROAD				45	313 SPOOK RO				
City, State, Zip Code	C NEDAL IE	nerv.	00000		City, State, Zip C SUFFERN, NEV				
NORTH BRUNSWICK Project Manager for Monitoring Firm			Number		Telephone Numb		nse N	umber	
KYLE KRUGE		-377-56			845-369-7500	460			
Expected State Date (10)			tion Date (1	1)	Name of OSHA	Monitor			
10 / 6 /14		0/	17		QUALITY ENVI				
Month Day Year	Month		Day	Year	Committee in the	4			
Occupancy Status During Abatement (Check	only one)	- 6 4 4 - 4			Street Address 1376 ROUTE 9	10/			
X Facility Closed/Vacated During En Abatement Performed Outside of				no.	13/0 KOUTES	AA			
X Other - Describe: 8AM to 4		July 1 10	and Deserting	•	City, State, Zip C				
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Scope of Work (Check all that apply)	1				inment with Negat	rve Pressure			
Demolition	Renovation	חב		X Mini-Ench	r Procedure				
>3SF OR LF >160 SF OR 260 LF					le Procedure				
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TO BE ABATED	Maint/Cu	ustodial	ir	nsulation, surfaci		SF or LF)	18	1	E I
in Facility (13)	Staff			or other miscella	aneous)		12		ENCAPSUL
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Name of Registered Waste Hauler	NJDEP V	1000	Cubic Yard	ls of Waste	Name of Registe				
FREEHOLD CARTAGE, INC.	Hauter ID			10	LYCOMING CO			ANAG	EMEN"
825 HIGHWAY 33	159	39	Dispersion		City, State	R DRIVE/ROUT	⊏ 15		
City, State			Disposal D 10/06-10/1		MONTGOMERY	. PA 17752			
FREEHOLD, NEW JERSEY Completed by (Print or Type) Title			110001001	Signature	D.	Dat	e a	6-	1
	ECTOR O	F OPER	RATIONS	1	-		9	184	119

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) RICHARD AND LISA STEIMEL 14 114 Street Address Agencies Notified Type Notification 444 LAKE ROAD **EPA** Initial Notification City, State, Zip Code 2014 DEP Amended Notification WYCKOFF, NJ 07481 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** RICHARD STEIMEL FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) 444 LAKE ROAD, WYCKOFF, NJ 07481 Subchapter 8 (Other than K-12) Other (ie. Private/Commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 444 LAKE ROAD 1,776 68 City (5) County (6) County Code (7) Current Use (Prior if being demolished) WYCKOFF BERGEN (STATE USE ONLY) PRIVATE RESIDENCE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) CTSI 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 622 GEORGES ROAD 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number KYLE KRUGE 908-377-5644 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10 / 114 10 / /14 QUALITY ENVIRONMENTAL 17 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: 8AM to 4:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSUL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A BASEMENT **BOILER INSULATION** 60 SF BASEMENT PIPE FITTING INSULATION 10 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMEN 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State

10/06-10/17/14

DIRECTOR OF OPERATIONS

Signature

MONTGOMERY, PA 17752

26

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK Date of Notification (1) Street Address 114 **©OCT** - 3 2000 GALLOPING HILL ROAD Type Notification Agencies Notified City, State, Zip Code Initial Notification **EPA** KENILWORTH, NJ 07033 Amended Notification DEP Telephone Number Cancellation DOL Name of Contact On Hold DOH JERRY PETTI EMERGENCY NOTIFICATION DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) MERCK K5 Bldg. Age # of Floors Square Feet 30+ Street Address 100,000 2000 GALLOPING HILL RD Current Use (Prior if being demolished) County Code (7) County (6) City (5) LABORATORY (STATE USE ONLY) UNION Name of Abatement Contractor (9) KENILWORTH Name of Monitoring Firm Hired by Building Owner (8) ASCM No. PAR ENVIRONMENTAL CORPORATION 17 ATLANTIC ENVIRONMENTAL INC. Street Address 313 SPOOK ROCK ROAD Street Address 2 EAST BLACKWELL STREET City, State, Zip Code SUFFERN, NEW YORK 10901 City, State, Zip Code DOVER, NEW JERSEY 07801 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 460 845-369-7500 973-534-6763 Name of OSHA Monitor RAY PIRNAT Sched. Completion Date (11) #11480 Expected State Date (10) AMERISCI LABORATORIES INC 14 14 12/ /14 10 / Year Day Month Year Day Month Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY-FRIDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo:, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location Location of REPAIR ENCAPSULE ENCLOSURE Amount Containing Material (ACM) REMOVA normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 90 LF PIPE INSULATION/FITTINGS BASEMENT -THROUGHOUT BLDG. K-5 Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES Cubic Yards of Waste NJDEP Waste Name of Registered Waste Haule Hauler ID No. 10 447 ALEXANDER DRIVE/ROUTE 15 FREEHOLD CARTAGE, INC. 15939 825 HIGHWAY 33 City, State Disposal Date **BA 17752** City, State MONTGOMERY 10/14-12/14/14

Signature

DIRECTOR OF OPERATIONS

Date

FREEHOLD, NEW JERSEY

Completed by (Print or Type

BENJAMIN SANCHEZ

No Chock

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

				Name of Building O		1 0			.
Date of Notification (1)					OTENVICE				
10 / 2 /14				Street Address					
	Notification ded Notifica	ation	#2	City, State, Zip Code WYCKOFF, NJ 0748		1	OCT -	U Z	014
X DOH On Ho		OTIFI	CATIC	Name of Contact RICHARD STEIMEL	_	Telephone Nu	mher	De .	
				ILITY INFORMATION					
Name of Facility Where Abatement is 1 444 LAKE ROAD, WYCKOFF, NJ 07481		ce (3)			Type of Facility School (K-1 Subchapter X Other (ie. P		K-12) I. bldgs., l	nomes	s, etc.)
Street Address 444 LAKE ROAD					Square Feet 1,776	# of Floors		ldg. Ag 68	
City (5) Count WYCKOFF BERG				County Code (7) (STATE USE ONLY)	Current Use (Prior PRIVATE RESID		olished)		
Name of Monitoring Firm Hired by Bui CTSI		er (8)		ASCM No.	Name of Abatem PAR ENVIRONN			DN	
Street Address 622 GEORGES ROAD					Street Address 313 SPOOK RO				
City, State, Zip Code NORTH BRUNS\	VICK, NEV	N JEF	RSEY	08902	City, State, Zip C SUFFERN, NEW	/ YORK 1090			
Project Manager for Monitoring Firm				Number	Telephone Numb		cense Nu	ımber	
KYLE KRUGE			377-56		845-369-7500		60		
Expected State Date (10) 10 / 6 /14		10		ion Date (11) 17 /14	Name of OSHA I				
Month Day Year		onth		Day Year	Street Address				
Occupancy Status During Abatement (Ch X Facility Closed/Vacated Durin Abatement Performed Outsid	g Entire Pe e of Norma	eriod o Il Facil	f Abate lity Hou	ement urs - Describe:	1376 ROUTE 9				
X Other - Describe: 8AM	to 4:30 PM	VI			City, State, Zip C WAPPI	NGERS FALL	S, NY 12	590	
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	Reno	ovation	1	X Mini-End Gloveba	tainment with Negati los, ig Procedure ble Procedure	ve Pressure			
Location of	ls	Loca	tion	Description of A			Aba		t Type
Asbestos-containing	nor	mally	used	Containing Mate		Amount	쮸	RE	E
Material (ACM) TO BE ABATED in Facility (13)	Mai	solely nt/Cus Staff (*	stodial 12)	(ie. Thermal s insulation, surfac or other miscel	cing, VAT,	(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE
PAREMENT	Yes	No	N/A X	BOILER INSULATION		60 SF	×		111
BASEMENT BASEMENT			x	PIPE FITTING INSULATI	ON	10 LF	X		
BAGEMENT									
		-	_					-	
		\vdash							
	_	-	+-						
Name of Registered Waste Hauler		EP W		Cubic Yards of Waste	Name of Register				1-1
DJM TRANSPORT, LLC	Hau	ler ID 1593			MORRISVILLE,				
City, State KEARNEY, NEW JERSEY				Disposal Date 10/06-10/17/14	MONT GOMER			1	-
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	R OF	OPER	RATIONS Signature	110		Date / C	12	114

CK 26620

						wner/Operator (2	2)				
Date of Notification (1)				MER	CK			7			5.1
10 / 2 /14				Stree	t Address						
Agencies Notified Type Noti	fication			2000	GALLOPING H	ILL ROAD					1
DEP Ame	al Notification ended Notific cellation Hold			KENI	State, Zip Code LWORTH, NJ 0		Telephone Nur		3 20	114	
DCA EME	ERGENCY N	IOTIFIC	ATION	JERF	RY PETTI					*	. !
Name of Facility Markets Alexander	T-12 51-	/0	FA	ACILITY	INFORMATIO						
Name of Facility Where Abatement is MERCK K5	s Taking Pia	ice (3)					-12) er 8 (Other than				
Street Address						X Other (ie. Square Feet	private & commo	cl. bldg		mes, e	
2000 GALLOPING HILL RD						100,000	4			30+	
City (5)	inty (6)		T	Coun	ty Code (7)		ior if being demo	olished)	100000000	
KENILWORTH UNI	200			(STATE	USE ONLY)	LABORATORY					
Name of Monitoring Firm Hired by E ATLANTIC ENVIRONMENTAL INC.	Building Ow	ner (8)			ASCM No. 17	PAR ENVIRON	ment Contracto MENTAL CORP		ON		
Street Address 2 EAST BLACKWELL STREET						Street Address 313 SPOOK RO	OCK ROAD				
City, State, Zip Code						City, State, Zip		_			
	, NEW JERS		2000000			SUFFERN, NE					
Project Manager for Monitoring Firm			one Nur	mber		Telephone Num		ense N	umber		
RAY PIRNAT Expected State Date (10)	Caba		4-6763	Data /	(4)	845-369-7500 Name of OSHA	Manitas 460			/	
10 / 14 /14 Month Day Year		12 /	1	Date (1 4 Day	14 Year		ORATORIES IN	C	#1	1480	
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Outs	iring Entire F	eriod o	f Abater	ment s - Desc	cribe:	Street Address 117 EAST 30TH City, State, Zip					in .
Scope of Work (Check all that apply) Demolition 3SF OR LF >160 SF OR 260 LF		vatior			X Mini-Enclo	ainment with Nega	NEW YORK, NE	W YOF	RK 100)16	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	nor s Mair	Location mally us solely by nt/Custo taff (12)	ed , dial	C	Description of A containing Mater (ie. Thermal sy sulation, surfactor other miscell	ial (ACM) vstems ing, VAT,	Amount (Specify SF or LF)	REMOVAL		ENCAPSULE	et Type ENCLOSURE
BASEMENT -THROUGHOUT BLDG.	K-5	×	PIP	E INSU	LATION/FITTIN	IGS	90 LF	x			
			_					+-			
Name of Registered Waste Haule FREEHOLD CARTAGE, INC.		EP Was er ID No	0000	bic Yard	s of Waste	Name of Regist	I ered Landfill UNTY RESOUR	CE MA	NAGE	MEN	T SERVICES
825 HIGHWAY 33		15939					ER DRIVE/ROUT				
City, State				posal D		City, State			100		
FREEHOLD, NEW JERSEY Completed by (Print or Type	Title		[10/	14-12/1	4/14 Signature	MONTGOMER	PA 17752	e		11	1
BENJAMIN SANCHEZ	DIRECTOR	R OF OF	PERATIO	ONS	14	1	> -		10/	2	119

3455

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

HEGEN IN	(P	ursuant to	NJAC 8:60 and 12:1	20)		
Date of Notification (1)		Name of	Bullding Owner Operation EARTIA		NTRACTI	A16
Agéncies Nouned Type Notifica	ation	Sueet Ad			· IONCI I	
Amended Amendm	ent #	City, State	GREEN &	EIELD N	.7 087	30
OON justificati	ion)	Name of G		EUNIG	Telephone Numb	, · · ·
		FACIL	TY INFORMATION			
Name of Facility Where Abatement is T				Type of Facility (School (K-12	•	
Street Address 820 SEALIZES					(Other than K-12)	i bulangs
CITY (5) OCEAN CITY				Square Feet	of Floors	Bldg Age 40 t
COUNTY (6) CARE MAY	***************************************	County C USE CAN	∞e (1) (STATE .Y)		or if being demoiss	ned)
Name of Maritoning Firm Hired by Buildi	ing Owner	ASCM No.	Name of Abate	meni Convador (9)		
Sireet Address			Sveet Address	S. SPRUC	E Ave.	
Ciry State Zip Code			Cry. State. Zip	C∞de	e, NJ0	8:5 -
Project Manager for Monitoring Firm	. Yel	ephone No	Telephone No.	79-0472	License No	
. 3.01. 0010 1.07	cheduled Compl	elpon Date (1	1) Name of OSHA	CONTRACTOR STATE OF THE STATE O		
Occupancy Status During Abatement (10 / 19 / Check only one)		Sueet Address		1 20	
E Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Penod of Abat	emeni	369 S	Code . f		7974
One - Describe.			- MOP	LE SHADO	=, N; D, 0	8052
Scope of Work (Check all that apply)	Renova Demois	uon on	□ Min+E	xempled (*) and No	3	•
3	is Local				00	Apaiemer 1 pe
Location of Aspestos Containing Material (ACM) TO BE ABATED IN FACIN (13)	Used Sole Maintena Custod Start (12)	ny dy noel	Description Asbesios Containing M (i.e. thermal system: surfacing, YA other myscellan	atenal (ACM) s insulation T, or	Amoun: (Specity SF & LF.	Rotar Rotar
	Yes No				3 0.00 0	*
SIDING		X	TRANSIT	£	3 0.00 10	
					1.	
Name of Registered Waste Hauler KIEMCO INC.		NOEP Was Hause D No 17907	01 M9216	C,M	stered Landfill. C, M.U	, A ·
MEPLE SHADE N	,5,080	52		Wood	BINE, K	1.0.
Completed By 1056PH KLEMM	Time OWN		Signature		m Oaley	158/18
AS841			spesios licensure ex	empled activities		