

) Emergency ?

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

CK 5146

Date of Notification (1) 10/6/15					Building Cave Pr			(2)						=	T	
Agencies Notified	Type Notification			Street A		114101	101110			1 - 2						-
X EPA	Initial			19 Eas	st 89 St				ti (C 7		17	0	401E			
DEP X DOL	Amended Amendment				ite, Zip Co Beach T		08008	3								
DOH DCA	Emergency justification) Cancellation		1111	Name of John	Contact					Tel	enhone i	Viimb	er	la r		
				FACI	LITY INFO	DRMATI	ON									
Name of Facility Where . John Cave Private		g Place (3)						Туре	of Facility (4	1)						
Street Address	Tionie								School (K-12 Subchapter		er than k	(_12)				
19 East 89 St								×	Other (i.e. pr				build	lings,	home	es,
City (5)				70					etc.) re Feet	# 0	f Floors		B	dg. A	ge	-
Long Beach Twp N	J 08008							1000		2				5+	3	
County (6) Ocean					Code (7) USE ONLY		<u> </u>	Curre	ent Use (Prio	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Aba	tement Con	tractor	(9)					
Street Address								Addre								
							2007/2007/2007	Box 3	2/2		(7) 					
City, State, Zip Code									ip Code in NJ 0800	08						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		235003726503	hone N 753-9			License 00727					
Start Date (10) 10/7/15		Scheduled 10/13/15		pletion l	Date (11)		Name Sam		HA Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only One)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	atem	ent			City S	State 7	ip Code						1475	
Other – Describe:			200000000000000000000000000000000000000						.,							
Scope of Work (Check A	II That Apply)	_					-	7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	novat moliti					Mir	II Containme ni-Enclosure ovebag Proc		n Negativ	re Pre	essur	е		
							2		n-Exempted		d Non-Fr	riable		33763		
10 7000			ocatio												ement pe	
Location Asbestos-Containing		Used		y by	Asbes		scriptior		I (ACM)	Δ	mount	Ī				
TO BE AB In Faci	ATED	Main Custo	tenar dial S		(i.e.	thermal	system	s insula	ation,	(5	Specify		Rer	Re	inca	Enc
(13)			(12)				cing, VA			51	or LF)		Removal	Repair	Encapsulate	Enclosure
×.		Yes	No	N/A									=	£9.	ate	Э.
Exterior S	Siding			Х		Exte	rior Si	ding		18	00 SF		x			
Name of Registered Was	ste Hauler		100.00	JDEP Wauler ID		Cubic of Wa	Yards		Name of F	mila i	ered Lan	dfill				
United Containers	SALO BUILDE A TORONOMORE OF THE								G.R.O.V							
City, State Elm NJ						Dispo: 10/13	sal Date 3/15	1	City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna		Title Presid	ent			8	Signator	0				Date 10/	3/15	,		

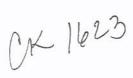
Check# 2860

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

GAC Project # 494-15-02	2	18					15.3	15	le 12	1. W	17	-
Date of Notification (1) Octobe	er 5, 20°	15			Name of Building Owner/C CELGENE CORPORA		r (2)			-	-	
Agencies Notified		Notification		ion	Street Address 86 MORRIS AVENU	E	N.	0	ĒΪ	9 201	j	-4
□ EPA □DCA		☐ Amen☐ Emer			City, State, Zip Code SUMMIT, NJ 07901		**	+	17.			
☑ DOL ☑ DEP- No Longer REQUI	DED	justifi	cation)		Name of Contact MS. KIM HOPF -		1:	Telepl	none Nur	mher		
☑ DOH	INLU	□ Canc	elled		Environmental Hea	lth &	1					
					Safety							
				FACILITY INF								
Name of Facility Where Abate CELGENE CORPORATI					Type of Facility (4) School (K-12)							
	-	DOILDIN			Subchapter 8 (other than	K-12)						
Street Address 86 MORRIS AVENUE					Other (i.e. private & cor Sq. Feet: 30,000 #	nmercial					ars	
City (5) SUMMIT	County (6) ORRIS		Code (7) Use Only)	Current Use (prior if being	g demoli	ished):	ADM	IINISTRA	ATIVE C	FFICE	s
Name of Monitoring Firm Hire		Owner (8)	ASCM		Name of Contractor (9)							
McCABE ENVIRONMI SERVICES, LLC	ENTAL		0011	8	GREENWOOD ABAT	EMEN	NT CO	NSU	LTANT	S, INC		
Street Address 464 VALLEY BROOK	A\/=NI I	= #2 A			Street Address							
464 VALLET BROOK	AVENUE	= #3A			268 MAIN STREET							
City, State, Zip Code LYNDHURST, NJ 0707	'1				City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitorin	g Firm	Telephone			Telephone Number			Licens	se Numbe	<u>er</u>		
JOHN CHIAVELLO		732-43	5-4639		973-492-0477			0084	0			
Scheduled Start Date (10) 10/16/15		Scheduled 10/19/1		n Date (11)	Name of OSHA Monitor ENVIROVISION, INC	5.						
Occupancy Status During A				75	Street Address							
☐ Facility Closed/Vacated ☐ Abatement Performed O				nt	20-21 WARGARAW	ROAD)					
Describe					City, State, Zip Code							
Facility Occupied During					FAIRLAWN, NJ 0741	10						
(NOT SUB 8 – 10/16 - (24 hrs as needed)	- 10/19	nours rii	3FW -	IVIOII. SAIVI								
Source of Work (Check all that	at apply)				_	2 57/2	- 0. (g	75.5				
□ 2 - t > 2 1				■ Renovation			ontainm Enclosui		th Negat	ive Pres	sure	
				☐ Demolition	- i		pag Pro	2. 3. 2				
100 01 01					X				nd Non-i			ıre
Location of Asbestos-Contain		ocation Norm	ally Used		bestos Containing Material al systems insulation, surfaci	1.23	Amount (Specify		Abatem	ent Type	2	
Material (ACM) in Facility (13)		lely by Maint. ustodial Staff? ES NO	(12) NA	VAT, or other mis			or LF)	Ö.	Remove	Repair	Encap I	Enclose
New Hallway "A" BLDO	3	X		Cove Moldin	g & Mastic		10 5	SF.	X			
		LUDEDW	1-11-1-	-15.4	T 2	5.01/		Nama	of Regis	torod La	ndfill	
Name of Reg. Waste Hauler Newark Carting, Inc.			aste Haule # 4509		Cubic Yards of Waste:	5 CY	s	G.R.	O.W.S.	North	Landf	ill
Newark, NJ 04509		110 DE										
		-					sal Date	2		City, Stat		III Pd
Notes: None						10/1	9/15		1	Morrisvill	e, Pa 1	
0		Title			Cignoture			Date	2	215-736-	1700	
Completed by (Print or Type) RAYMOND C. PEDAI		Title SENIOR	PROJE(СТ	Signature D D D	11.			ober 5,	2015		
IVATIBIONED O. FLUAI		MANAGE		- 4	Raymond C. P.	dalin	0			caro-Folia Ed		



Date of Notification (1) 10/05/15					Building C				an Rene	wall	I C			~ F		
Agencies Notified	Type Notification		-	Street Ac	SORGEN SOLD SO	it Ceuai	Olo	VE 010	arriverie	wai L	LO.		. 13	1/2		
Agencies Notified	Type Notification			011001711	eldcrest	Ave.										
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	te, Zip Coo	de						15.7			171	
ĭ DOH	Emergency justification) Cancellation			Name of	Contact Caniglia					Tele	ephone	Numb	er			
DCA	Caricellation				LITY INFO	RMATIO	N			-						
Name of Facility Where	Abatement is Takin	g Place (3	5)	1 701		TO TO		Туре о	f Facility (4	1)						
Firehouse								□ s	chool (K-12	2)						
Street Address									ubchapter ther (i.e. p				build	inac	home	20
160 Fairview Ave.									trier (i.e. pr	ivate	x commi	ercial	Dulla	ii iys,	HOHIE	35,
City (5)								Square		10000	Floors		100	dg. A	-	
Cedar Grove				- 1				10,00		2				00 у	rs.	
County (6)				County C	Code (7) ISE ONLY)			Curren	t Use (Prio	r if bei	ng demo	olishe	d)			
Essex	a I lisa d by Dyildian	0		ASCM			Nama		ement Con	tractor	(0)			- 44		
Name of Monitoring Firm	n Hirea by Bullaing	Owner (o)		ASCIV	I INO.				ices Inc.		(3)					
Street Address						- ;		Address			-					
								Maple		-						
City, State, Zip Code						100		state, Zip ington,	NJ 070	57						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			none No			Licens			100		
							3700000	406-73	341 A Monitor	ÿ 	0110	7				
Start Date (10) 10/06/15		11/10/		npletion L	Date (11)			or OSH, aw Nal								
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)				Street	Address	3		***************************************			30.00		
Facility Closed/Vac	ated During Entire	Period of A	Abatem	nent				Maple			-					
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	/ Hours	3				state, Zip ington	Code , NJ 070:	57						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		(morrow)	Renova Demolit				×	Mini Glov	Containme -Enclosure /ebag Proc -Exempted	edure	20				e	
		ls	Locati	ion										Abate	ement	t
Locatio		100000000000000000000000000000000000000	Normal ed Sole		37 25		ription					-	-	T y	pe	
Asbestos-Containing TO BE AB		Ma	intena	nce/		tos Contai thermal s					mount Specify		R		Enc	ш
In Faci	ility	Cus	todial S (12)	Staff?	(1.01	surfacin	ng, VA	T, or			or LF)		Remova	Repair	aps	Enclosure
(13)	K -		(/	1		other mis	scellar	neous)					val	air.	Encapsulate	ure
		Yes	No	N/A											LD.	
1st and 2				*		ceiling					000sf.		*			
1st flo	oor			*		flo	or tile	9		1	50sf.		*			
roo		*		flash	ning t	ar			37lf.		*					
windo	ws			*			ie cai	ulk			525lf.		*			
Name of Registered Wa	0.00	IJDEP W lauler ID		Cubic Y of Wast			Name of I	Registe	ered Lar	ndfill						
Newark Carting Inc	1 3 2 3 3	5409	. 10.	100			G.R.O.\									
City, State Newark, NJ					Disposa 11/11/			City, State Morrisv		A.						
Completed by		Title					nature	e /	1			Date				
Leslaw Nalodka		Pres	ident				4	Na	h		*	10/	05/1	15		

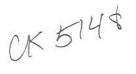


Date of Notification (1)			me of Bui		er/Operator ((2)		1	act 9	JÜ		U.	
Agencies Notified Type Notification			eet Addre	ess ix Place				-					
EPA X Initial Amended Amendment #_		City	y, State, aplewo	Zip Code od , NJ (7040	it.						_	
Emergency (inc justification)	luding	Na	me of Co	ontact				Tele	phone Numbe	er			
DCA Cancellation		_	FACILIT	Y INFORM	MATION								_
Name of Facility Where Abatement is Taking F Residential Street Address	Place (3)					Sch	er (i.e. pri	(Othe	er than K-12) commercial	building	gs, ho	mes,	
430 Lenox Place City (5)						Square I		# of 2	Floors	Bldg 77+	. Age		
Maplewood , NJ 07040 County (6)			ounty Co	ode (7) SE ONLY)		Current	Use (Prior	r if bei	ng demolishe	d)			
Essex Name of Monitoring Firm Hired by Building Ox	wner (8)		ASCM	No.	Nam Gre	e of Abater en Envir	ment Cont	ractor al Se	(9) rvices, LLC)	i.		
Street Address					Stree	et Address Virginia							
City, State, Zip Code					City,	State, Zip sey City,	Code	-					
Project Manager for Monitoring Firm		T	Telephon	e No.	Tele	phone No. 1-333-88			License No 01174	l.			
Start Date (10)	Scheduled		pletion D	Date (11)	1	ne of OSHA							
10-13-2015 Occupancy Status During Abatement (Check					Stre	et Address	5						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	atem	ient		City	, State, Zip) Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit				H Mini	i-Enclosur	e cedur	th Negative F e and Non-Friab			e	
	T											ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mair Custo	ntena odial (12)	lly ely by ince/ Staff?	Asbest (i.e.	Descrip os Containir thermal syst surfacing, other misce	ng Material ems insula VAT, or	(ACM)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1	Yes	No	N/A			~		-	250 SF	Х			
Basement		X			VA	<u> </u>			250 SF	^			
										-			
(D		-	NJDEP	Waste	Cubic Yar	ds	Name	of Reg	istered Landf	ill	1	1	
Name of Registered Waste Hauler Green Environmental Services			Hauler II 003488	D No.	of Waste 2		G.R.C).W.S	S. North La				
City, State Jersey City, NJ					Disposal 10-4-20	15	City, St Morris		(V)				
Completed by Liliana Serrano	Title Office	e Ma	anager		Sign	iature U CU	ua)	lki		Date 10-3-2	2015		

State of New Jersey

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

Date of Notification				CONTRACTOR OF THE PERSON NAMED IN COLUMN 1		Owner/Operator							PH.
10-5-15			Jho	n Gae	eta				7.	7 -	000		11
Agencies Notified	Type Notificati	on	Street	Addres	s					-	-	tes!	
[]EPA	[X]Initial					rrace							
[]DEP	Notificat	ion	City	State,	Zin (Code			-4				
1200 1200	[]Amended		Constitution of the second	t Ora	100 m								m==
[X]DOL	Notificat					- / /				V. 84334		<u> </u>	
[X]DOH	[X] EMERGENCY			of Conta on Gae			Tel	ephone Nu	mber				
[]DCA	[]Cancellati	on	OHC	n Ga	e La		93.0						
				FACIL	ITY I	NFORMATION					V 2007 0		
Name of Facility Whe		Takir	ng Pla	ce (3)			Type of	Facility	(4)				
Same as above	. 5						[]Sd	hool (K-12	2)				
Street Addres							[X]Ot	bchapter { her (i.e., ial build:	priva	te & c	omme	r-	
							Square F	eet # d	of Floo	rs B	ldg.	Age	
City (5	Co	unty	(6) Ess	ex	- 1	nty Code (7)	1800	0	2		80		
					(ST	ATE USE ONLY)	Current	Use (Prior	if be	ing de	moli	shed)
Name of Monitoring B Owner (8) N/A	Firm hired by Bu	ilding	g ASC	M No.		Name of Abates AZTECH M							
Street Address						Street Addres	s						
						86 Chris	topher	St.					
City, State, Zip Coo	ie					City, State, Montclai		07042					
Project Manager for	Monitoring Firm	n Tel	Lephon	e Numbe	r	Telephone Num	ber		F	icense	Nun	ber	
		N/	A			(973)744	-8800			003	71		
Scheduled Start Date	(10) Sched.	Compl	Letion	Date (11)	Name of OSHA	Monitor						
10-5-15	10-	6-15	5			N/A							
Month Day Y Occupancy Status Dur	ear Mont		Day	Year		Street Addres		***************************************					
[X]Facility Clo	sed/Vacated Dur					Street Addres	S						
[]Abatement Pe				Facility	Ž.	City, State,	Zip Code						
Hours - Desc []other - Desc	ribe: «OffHours ribe: «Other Occ		_	ript»									
Scope of Work (Check					- 127								-
F#152 -6			vr1 m					nt with N	egative	Press	sure		
[X]≥3 sf or []>160 sf of		560	1000	vation			Enclosure bag Proce						
		1					riable Pr			100			
Location	n of		Is ocatio			Description	on of			Ab	atem	ent :	E
Asbestos-Cor		N	ormal. Used			Asbestos-Con	taining		Amount	R	R	NC	N C
Material			Solely Mai			Material (i.e., thermal		(Specify SF or	M	P	AP	OHO
TO BE AB	A STATE OF THE PARTY OF THE PAR	t	enance	e/	in	sulation, surf	아	т,	LF)	V	A	S	S
(13)	-	St	aff (12)		or other misce				A L	D	U	U R
Basement		Yes	No	N/A X	Bo	iler insu	lation		0sq	X	+	<u> • </u>	E
Dasanciic		-		22		ATEL THE	1401011		7034		-	1	-
***************************************		-								-	+	+	-
Name of Registered V	Waste Hauler	N.	JDEP W	aste	Cul	oic Yards	Name of	Register	ed Land	fill			
AZTECH MANAG		Ha		ID No.		Waste 1.5	H Committee	erva En					
City, State					Dis	sposal Date	City, S						
Montclair, NJ	07042					3_	Watne	esberg	Ohio	446	88		
Completed D. (D.: 1	on Manage India					la:				Ь.			
Completed By (Print Constantine V		e side	ent			Signature	in st.	11/1	1100	Date	∍ ·5-1.	5	
			D. 19-0119-0		7E-07-11	(1	A 10 1010	06 16 CM	644		-		



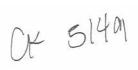


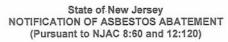
Date of Notification (1) 10/6/15					Building (100	1			17		
Agencies Notified	Type Notification	1.01	- 1	Street Ac	idress orth Geo	rgia A	ve			õŝ	j	201	ō	Ý.		
EPA DEP DOL	Initial Amended Amendment	#	h	City, Stat	te, Zip Co	de								!		
DOH DCA	Emergency justification) Cancellation				Contact					Tel	ephone N	Numbe	er			
Don	- Cariocilation			FACIL	LITY INFO	RMATI	ON					-				- 1 7000
Name of Facility Where Naendra Dutta Priv		g Place (3)						-	of Facility (4							
Street Address	aterionie								School (K-1: Subchapter	8 (Oth						
119 North Georgia	Ave			B.				122	Other (i.e. p etc.)	0.00-0.00-0.00	504C-1470-550-5550-550	rcial b				S,
City (5) Atlantic City NJ 082	203			*				Squa 100	re Feet 0+	2	f Floors		35	dg. A	ge	
County (6) Atlantic	56			County C	Code (7) JSE ONLY)			Curre	ent Use (Prid ne	or if bei	ng demo	lished)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	No.		1.0	of Aba	ntement Con	tractor	(9)					
Street Address							A 5 (1) (5) (5)	Addre								
City, State, Zip Code									ip Code	08						
Project Manager for Mon	nitoring Firm			Telephor	ne No.		Telep	hone N	lo.		License					
Start Date (10)		Schedule	d Con	npletion [Date (11)				HA Monitor		00727					
10/19/15		10/23/1	10.000.00				Sam	277.0								
Occupancy Status Durin							Street	Addre	SS							
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire ned Outside of Norr	Period of A mal Facility	Hours	nent			City, S	State, 2	Zip Code			-	(*)			
Scope of Work (Check A	All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		December 1	enova emolit					Mi Gi	III Containme ni-Enclosure ovebag Proc on-Exempted	e cedure					e	
		le	Locati	ion					Z. Z					Abate	ment	
Locatio	n of	N	lormal	lly		De	scription	n of				+		Ту	ре	
Asbestos-Containing TO BE AB		Mai	d Sole intena	nce/		tos Con			al (ACM)	100	Amount Specify		D D	_	Enc	Щ
In Fac	ility	Cust	odial 8 (12)	Staff?	(1.0.	surfa	cing, V	AT, or	and and a second		F or LF)		Remova	Repair	Encapsulate	Enclosure
(13))	Yes	No	N/A		otner	miscella	neous					val	Ħ.	ılate	ure
Exterior	Siding			×		exte	rior Si	ding		10	000 SF	>	c			
Name of Registered Wa	aste Hauler		1000	JDEP W		Cubic of Wa	Yards		Name of		ered Lan	dfill				
United Containers		100	2459	INU.	3			G.R.O.								
City, State Elm NJ					Dispo 10/23	sal Date 3/15	е	City, Stat Morrisv		A 1906	7					
Completed by Anthony T Perna		Title Presi	dent				Signatu	e 0				Date 10/6		;		
						(_								-



Resolution.	10 m	A LANGE OF	PERSON	Minte.	22.5
Service Co.	際民工	HOT	110	rm	883
30095	SECTION.	Tible.	THE STATE OF	43836	977
	251250000	DESCRIP		Market 1	E.39

Date,of Nptification (1)		Т	Name o	of Building	Owner/0	Operator	r (2)	CD	U	110				
10/6/15			Marie	Doonar	Privat	te Hom	ne		00	I 9	2015			
Agencies Notified Type Notification EPA Initial	2			Address 2 Atlantic	c Ave									
EPA Initial DEP Amended Amendment;	#	Ī		ate, Zip C n Haven		ns N.I	08008	R						
DOH Emergency (i	ncluding	-		of Contact	Garao	110 140			Tel	ephone N	ımher			
DCA Cancellation			Jeff						1	opriorie iv				
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)					
Marie Doonan Private Home								School (K-						
Street Address 13602 Atlantic Ave							X	Subchapte Other (i.e.	r 8 (Oth private	er than K- & commer	12) cial bu	ildings	, hom	es,
City (5) Beach Haven Gardens NJ 08008								etc.) re Feet	# 0	f Floors		Bldg.	Age	
County (6)		Т	County	Code (7)			0.000	nt Use (Pr	5556	na demoli	100	35+		
Ocean				USE ONĹY)	_	Hou	se & Ga	rage					
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASC	M No.			of Aba	tement Co	ntractor	(9)				
Street Address						100 A 100 CO CO CO	Addres		20					
City, State, Zip Code								ip Code n NJ 080	001			-		
Project Manager for Monitoring Firm	ject Manager for Monitoring Firm							0.		License	No.			19
Start Date (10)								800		00727				
10/7/15	0/12/	15	ipielion	Date (11)		Sam		HA Monitor						
Occupancy Status During Abatement (Check						Street	Addres	SS				9		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Hours	ent			City, S	state, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti	715,000				Min Glo	l Containm ii-Enclosur vebag Pro	e cedure					
	le.	Locati	on			LC.	Nor	n-Exempte	d (*) and	d Non-Fria	ble Pro		re ement	
Location of	N	ormall	у		Des	scription	of						/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	ice/	Asbes (i.e.	tos Cont thermal surfac	aining M	Material s insula T, or	(ACM) ition,	(8	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	(b)
Exterior Siding	-	Х		Exte	rior Sic	ding		30	00 SF	x				
-				-						-				
Name of Registered Waste Hauler		0.000	JDEP Wauler ID		Cubic of Was					red Landfi	1	100		
United Containers		1000000	459		6			G.R.O.	W.S.					
City, State Elm NJ					Dispos	al Date		City, Stat Morrisv		19067				
Completed by Anthony T Perna	Title Presid	dent			1111	ignature	7			D	ate /	11	,	





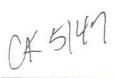


Date of Notification (1) 10/6/15			Building O Chowdl					ÜÜ	T 9		15	11		
Agencies Notified Type Notification		Street Ad	ldress orth Texa	ις Δν			88							
EPA Initial DEP Amended Amendment #		City, Stat	e, Zip Cod City NJ	le	3		1							-
Emergency (includin justification) DCA Cancellation	g	Name of Abdus	Contact					Tele	ephone N	lumb	er			
Name of Facility Marca Abote mont in Taking Diago	(2)	FACIL	ITY INFO	RMATI	ON	Typo	f Facility (4							
Name of Facility Where Abatement is Taking Place Abdus Chowdhury Private Home	(3)						chool (K-12							
Street Address 237 North Texas Av						S X	ubchapter 8 ther (i.e. pr	Othe			buildi	ngs, l	home	s,
City (5) Atlantic City NJ 08203						Square 1000-	Feet F	2	Floors		35	ig. Aq	ge	
County (6) Atlantic		County C	Code (7) ISE ONLY)			Curren	it Use (Prior	r if bei	ng demo	lished	d)			
Name of Monitoring Firm Hired by Building Owner (N/A	(8)	ASCM	No.		0.2222	of Abate aco In	ement Cont C.	ractor	(9)					
Street Address					1000	Address Sox 32								
City, State, Zip Code						tate, Zip Berlir	Code NJ 0800	08						
Project Manager for Monitoring Firm		Telephor	ne No.			one No 753-98			License 00727					
Start Date (10) Sched 10/19/15 10/23		mpletion [Date (11)		Name Same		A Monitor							
Occupancy Status During Abatement (Check Only	One)				Street	Addres	S			100				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:				_	City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)			<u> </u>										-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli	3930393939	09		×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					a	
	Is Local	tion			1.	1401	-Exchipted	() (1	d HOIT I	Table			ment	
Location of	Norma	illy		De	scription	of	1			-		Ту	ре	
Asbestos-Containing Material (ACM)	Jsed Solo Maintena Sustodial (12)	ance/ Staff?		therma surfa	taining M I system cing, VA miscellar	s insula T, or		(Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
Ye	s No	N/A											te	U
roofing		х		roofin	g mem	brane		6	40 SF		x			
					<u> </u>									
No. (D. day W.)		NIDES.	la a t-	0	Ve-4-		Name of	2001-1	orod I =-	den				
Name of Registered Waste Hauler United Containers		NJDEP W Hauler ID 22459		of Wa	Yards iste		Name of F	ww.Fla	ereu Lan	Idilli				
City, State Elm NJ				Dispo 10/23	sal Date 3/15		City, State Morrisvi		A 1906	7				
Completed by Titl Anthony T Perna Pr	e esident	t			Signature	el				Date 10/	6/15	5		

Check# 11846

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) October 5, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact Telephone Number Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) STANLEY BERGEN BUILDING, 65 BERGEN STREET. ☐ School (K-12) BLDG# 7252 ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 14 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) NEWARK RBHS **ESSEX** Name of Monitoring Firm Hired by Bldg, Owner (8) Name of Contractor (9) ASCM No. Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNEY** 609-386-8800 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 10/16/15 10/19/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM Daily (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf □ Renovation ■ Mini-Enclosure > 160 sf or > 260 ■ 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 Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA GB-C8 Hall X VAT 1100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, City, State Disposal Date 100 New Ford Mill 10/19/15 Rd. Morrisville, Pa Hauler #2) STG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT RAYMOND C. PEDALINO October 5, 2015 Raymand C. Pedalino MANAGER



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阿里斯特	100 m	AND THE RESERVE OF THE PERSON NAMED IN

Date of Notification (1) 10/6/15				Building O Chowdh						007	03	50	Ē		
Agencies Notified Type Notification	ē.		treet Add	dress rth Harri	isburg			51				a a		P. C.	
EPA Initial Amended Amendment:		100000		e, Zip Cod City NJ		3									
Emergency (i justification) DCA Cancellation	ncluding		lame of (Abhijit	Contact					Tele	nhone A	lumb	or			
			FACIL	ITY INFO	RMATI										
Name of Facility Where Abatement is Taking Abhijit Chowdhury Private Home	Place (3)						S	f Facility (4) chool (K-12)						
Street Address 436 North Harrisburg							× O	ubchapter 8 ther (i.e. price.)				buildi	ngs, l	nome	s,
City (5) Atlantic City NJ 08203							Square 1000-	Feet	# of 2	Floors		35	ig. Aq +	je	
County (6) Atlantic			County C	ode (7) SE ONLY)			Curren	t Use (Prior	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building O	Owner (8)		ASCM	No.		1 2 2 2 2	of Abate	ement Cont	ractor	(9)			4		
Street Address				-			Address ox 32								
City, State, Zip Code							tate, Zip Berlir	Code NJ 0800	08						
Project Manager for Monitoring Firm		T	elephon	e No.		100000000000000000000000000000000000000	one No			License 00727					
Start Date (10) 10/19/15	Scheduled 10/23/1		pletion D	Date (11)	4.		of OSH	A Monitor							
Occupancy Status During Abatement (Chec							Addres	e			114				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	bateme	ent		_	2000000	tate, Zip								
Scope of Work (Check All That Apply)								7.415-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				×	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure			W		e	
			0000				1101	LXOMPIO	7			_	Abate		ı
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Location ormally Solel ntenan odial Solel (12)	y y by nce/		tos Cor therma surfa	escription ntaining M al systems acing, VA miscellar	Material s insula T, or		(Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A											Ō	
roofing			Х		roofin	ig mem	brane		6	40 SF		х			
		-													
Name of Registered Waste Hauler		1000000	JDEP W		Cubi of W	c Yards aste		Name of		ered Lar	ndfill				
United Containers		1100000	2459		4			G.R.O.				=2 0 0 0			
City, State Elm NJ					10/2	osal Date 3/15		City, State Morrisv		A 1906					
Completed by Anthony T Perna	Title Presi	dent				Signature	e				Da 10	te /6/1	5		



Date of Notification (1) October 6, 2015					Building Owne				Che	ck # N/A	Ī	9 2	115	
Agencies Notified	Type Notification		1,000	Street Ad 1841 B	dress urlington-M	ount Hol	ly Ro	ad		1	-			
EPA DEP DOL	Initial Amended Amendment				e, Zip Code npton, NJ 0	8060		-						-
DOH DCA	Emergency (justification) Cancellation	including	1.0	Name of Kent Pi					Tele	phone Nun	nber			
				FACIL	ITY INFORMA	ATION								
Name of Facility Where Residence	Abatement is Taking	g Place (3)					Туре	School (K-12 Subchapter 8	2)	- thee V 1°	2)			
Street Address 102 Ridgeway Stre	eet						×	Other (i.e. pretc.)				dings,	home	s,
City (5) Mount Holly							Squa 5,00	are Feet 00	# of	Floors		ldg. A O	ge	
County (6) Burlington				County C	ode (7) SE ONLY)		100000000000000000000000000000000000000	ent Use (Prio sidence	r if bei	ng demolish	ned)			
Name of Monitoring Firm Management & En				ASCM	No.			atement Cont						
Street Address PO Box 341	3				-		t Addre	ess er Avenue						
City, State, Zip Code Chesterfield, NJ 08	2515							Zip Code nade, NJ 08	3052					
Project Manager for Mo				Telephor	ne No. 8-4070	Telep	hone 1	No.	3002	License N	lo.			
Bill Weisgarber Start Date (10)		Schedule	-					SHA Monitor		00042	-			
September 14, 20		Octobe	r 30,					alytical, In	c.					
Occupancy Status Durin	ng Abatement (Chec cated During Entire			ent			t Addre Rout	ess e 130 Nort	:h					
Facility Closed/Var Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours			100000000000000000000000000000000000000		Zip Code nson, NJ 08	8077					
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				e	
		le	Locati	on				OH-EXEMPLEO	() 211	a Noti-i flat		Abat	ement	t
Location	on of	N	lormal	ly		Descriptio					-	T 1	ре	_
Asbestos-Containin TO BE Al In Fac (13	BATED cility	Mai	d Sole ntenar odial S (12)	nce/	SI	Containing mal systen urfacing, V ner miscella	ns insu AT, or	ılation,	(\$	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Passa		res	140		D	ipe Insul	ation		2	00 LF	X			
Baser	nent			XXX	Г	ipe msui	allon			00 LI	- A	-		
											1			
-											1	 		
Name of Registered Wa	aste Hauler		0.00	IJDEP W	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ubic Yards				ered Landfi				
Freehold Cartage	e e	*** V	1000	lauler ID 2265	5	Waste	81	4		County L	.andf	II		
City, State Freehold, NJ		* "]				sposal Dat 0/30/2015		City, State Newbur		Α	8			
Completed by Christina Lynch		Title Oper	ation	s Mana	iger	Signatu	Tre D	all all	^	5570	ate 0/6/2	015		



Date of Notification (1) October 6, 2015		Name of Building Owner/Operator (2) Sevenson Environmental Services, Inc. Check # N/A																
Agencies Notified	Type Notification		5	Street Ac												-		
EPA DEP DOL	Initial Amended Amendment	# 2		City, Stat	te, Zip Coo a Falls, I			- 1 8		-								
DOH DCA	Emergency justification) Cancellation		1		Contact	Tol	anhana I	`lumbei										
		met where		FACIL	ITY INFO	RMATI	ON	-		_			_					
Name of Facility Where Armstrong Building Street Address				3c1001 (K-12)														
160 Essex Street, 8	Building #16						1000	Other (i.e. p etc.)	rivate 8	& comme	ercial bu	uild	ings,	home	s,			
City (5) Gloucester City									re Feet	# o	f Floors		BI 80	dg A	ge			
County (6) Camden			County C	Code (7) ISE ONLY)				ent Use (Pric		ng demo	olished)							
Name of Monitoring Firm EHS Environmenta	•		ASCM	No.				tement Con vironmen										
Street Address 411 Southgate Cou	ırt Suite E						Addres Cutler	ss r Avenue				0						
City, State, Zip Code Mickleton, NJ 0805			***************************************	Zip Code nade, NJ 08052														
Project Manager for Mor Jack Carney			Telephor	ne No.		S. C. C. C. L. B. C. C.	none N 755-0			Licens 00842								
Start Date (10) July 20, 2015	ed Com		Date (11)				HA Monitor alytical, In	· · ·					92					
Occupancy Status Durin		, 2010				Addres												
				ent					130 Nor	th								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	/ Hours			_	18(0)		ip Code son, NJ 0	8077								
Scope of Work (Check A	All That Apply)						10		 				-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 1	Renova Demoliti				×	Mir	II Containme	e cedure	-		essure e Procedure					
		le le	Locati	on								Abatement						
Locatio Asbestos-Containing	Material (ACM)	Use	Normall ed Sole intenar	ly ly by				/lateria	! (ACM)		mount Specify	-	, I	Ту		ш		
TO BE AB In Faci (13)	lity	Cus	todial S (12)	Staff?	(1.6.	surfac	cing, VA niscellar	T, or			F or LF)	Koniowa	emoval	Repair	Encapsulate	Enclosure		
		Yes	No	N/A											te			
Throug	hout		XXX			[Debris			5,0	000 SF	2	2					
Throug	hout			XXX		Wind	ow Gla	azing		5	00 SF	2	2					
Throug	hout		XXX			Pipe	Insula	ation		1	30 LF	2	2	X 25.00				
Throug	XXX			Fitting	g Insul	ation		2	Each	2	2							
Name of Registered Wa	1,555,65	JDEP W		Activities (Francis	Yards		Name of			dfill	,	5 DARS						
SJ Transportation		Commission and the commission of the commission				of Waste 80			Idaho									
City, State Woodstown, NJ			Disposal 12/4/20						City, Stat Grandv		D							
Completed by Christina Lynch	rations	s Mana	iger	19	ignatur		2	2		Date 10/6	/20	15						

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility			Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
, , ,	Yes	No	N/A	epertoyon been Nobelsen €	5×1000000.€00	
Throughout		X		Floor Tile and Mastic	2,000 SF	X
Throughout		X		Plaster	1,130 SF	Х
Throughout		X		Tar Paper & Leveling Compound	3,600 SF	Х
Throughout		X		Door & Window Caulking	110 LF	X

2 2 3

OCT 9 2015

Date of Notification (1)	Name of Building Owner/Operator (2) Brian Geary Check # 2454																	
October 6, 2015	r -			Brian Geary Cneck # 2454 Street Address									100					
Agencies Notified EPA	Type Notification		1.82		dress Surf Ro	ad				161		-712						
EPA DEP DOL	Amended Amendment	#		City, State, Zip Code Ocean City, NJ 08226														
ĭ DOH	Emergency (justification)	ncluding		Name of Contact Brian Geary Telephone Number														
☐ DCA	Cancellation				ITY INFO	DMATI	N			-								
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	III INFO	KINATI	JIN	Туре	of Facility (4	1)								
Residence Street Address									School (K-12 Subchapter		er than K-12	S						
527 W. Surf Road								×	Other (i.e. pretc.)				dings	home	es,			
City (5) Ocean City									re Feet	# of	Floors	B	ldg. A	ge				
County (6)			-	County C	ode (7)				ent Use (Prio	100	ng demolish							
Cape May		(4)			SE ONLY)			Resi	idence		7026							
Name of Monitoring Firm Management & En		5	ASCM	No.				tement Con vironment										
Street Address PO Box 341							Addres	ss r Avenue										
City, State, Zip Code Chesterfield, NJ 08					City, State, Zip Code Maple Shade, NJ 08052													
Project Manager for Mo		Telephon				hone N		3032	License No).								
Bill Weisgarber			8-4070		0.0000000000000000000000000000000000000	755-0	NO. 10. 1651		00842									
Start Date (10) October 15, 2015	- IN	Schedule			Date (11)				HA Monitor alytical, In	c.								
Occupancy Status Durin								Addre	ss e 130 Nort	:h))				
Abatement Perform	cated During Entire I ned Outside of Norn	Period of A nal Facility	baten Hours	nent			City, S	State, Z	ip Code		<u> </u>							
Other – Describe:							Cinn	amin	son, NJ 0	8077					18 10 = 1			
Scope of Work (Check	All I hat Apply)	X R		tion			5	KI E.,	II Containme	ant with	Negative P	ressi	re					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		hammed	enova emolit					Mi	ni-Enclosure ovebag Prod	1	i Negative i	16330	16					
											d Non-Friab	able Procedure						
		100	Locat										Abatement Type					
Locatio Asbestos-Containin		Use	lormal d Sole	ly by	Ashest		scription		il (ACM)	A	mount			l m				
TO BE A	BATED	333	intena todial S			thermal	system cing, VA	s insul			Specify or LF)	Ren	Re	ncap	Encl			
In Fac			(12)	23.2000.25			niscella			0.	Of Et)	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A							CONTRACTOR OF THE PARTY OF THE			te				
Atti				XXX			Insula				75 LF	Х	-		-			
Atti	С			XXX	Ve	ermicu	lite an	d Deb	oris	10 C	ubic Feet	X	-		-			
			18	-				2.180.11		-	1	-	-					
Name of Registered Wa	aste Hauler		I N	JUEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfill	_						
Freehold Cartage				lauler ID 2265	No.	of Wa	ste				County La	andf	II					
City, State Freehold, NJ	A.	= 7					Disposal Date City, State Newburg, PA											
Completed by Christina Lynch	ation	s Mana	iger	5	Signature Date 10/6/20				2015									



MO (K		NOTI					TOS ABAT 60 and 5:16				- ;		· · · · · · ·		
Date of Notification (1)9 /25	/15			Name	of Buildin nceton U	g Owi	ner/Operator (rsity-Office	²⁾ of Design and	Construction 5	OCT	-9	Ein	12.		
☐ EPA ☐ Initia ☐ Ame ☐ DHSS ☐ Ame	ended endment # <u>*</u>			City,	t Address DEIm Dr. State, Zip (nceton, N	1-3- 1-3-	LA	- C. P.	a de						
(NJAC 5:23-8) justi	ergency (in fication) cellation	cluding		Name	of Contact bert Orte	t			Telephone Num	ber					
				FA	CILITY IN	IFOF	RMATION								
Name of Facility Where Abatement Princeton University-Moffet Street Address Washington Rd.		g Place	(3)						2) 8 (Other than K-12 private and comme		uilcling	ıs,			
City (5) Princeton			(0)					Square Feet	# of Floors	BI	dg. A	ge			
County (6) MERCER							TE USE ONLY)		rior if being demolis	shed)					
Name of Monitoring Firm Hired by		Owner (8)	ASCM	No.			ent Contractor (9)	***						
Cardno ATC Associates In	c.						eet Address	VIRONMENTA	L, INC.						
Street Address															
Three Terri Center				7		1 City									
City, State, Zip Code Burlington, NJ 08016		3					icense No								
Project Manager for Monitoring Fi	rm			ephone		1	ephone No.		License No.						
Michael Keehn			1 2		6-8800	2	15-788-6040)	00509						
Start Date (10)/					ate (11) 15	L, INC.									
Occupancy Status During Abatem	ent (Chec	k only o	ne)												
☐ Facility Closed/Vacated During						1	123 BEAVE	R STREET							
Abatement Performed Outside Time of Abatement:AN															
Scope of Work (Check all that app	oly)						gative Pressure		1 30/2						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re □ De						g Procedure	on-Friable Procedu	edure					
		1 6.2	Loca		1					Abatement Ty			уре		
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM)	Use Ma	inten	ely by ance/ Staff?	(i.e	e., the	Description of Containing Ma ermal systems surfacing, VAT her miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Room 434					-	rain	insulation		7 LF						
Carte and a rational limits and a limit of the limit of t															
		ī													
Name of Registered Waste Haule BRISTOL ENVIRONMENTA				NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste G.R.O.W.S. NORTH LA						NDEILI					
	, 1140.			18706 G.R.O.W.S. NORTH EARDTIE											
City, State BRISTOL, PA 19007				<u> </u>		DIS	posal Date	City, State MORRISV	ILLE, PA 19067						
Completed By (Print or Type) Brian Scafiro	Title	e stima	tor		c/il	ate / 0 /	6/	15	,						

ASB-41 B S 15077 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

C2#284: (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Т	Name	of Building	Own	ner/Operator (2	2)								
10 /7 /	14			Veri	zon				2015 0CT -9	r						
Agencies Notified Type Notifica	tion		_	Street	Address					AH	12:	:2				
⊠ EPA ⊠ Initial				15 E	ast Mont	tgon	nery Place, I	Lower Level	TO THE COMME							
□ DOLWD □ Amended		OIEIA		City, S	tate, Zip C	ode			& LICEN	5011	itt	1				
□ DHSS Amendme □ DCA □ Emergence			2	Pitts	ty, State, Zip Code Pittsburgh, PA 15212 Call CENSING											
(NJAC 5:23-8) justification	on)	allig	ı	Name	of Contact				Telephone Num	ber	110000					
☐ Cancellat	ion			Antl	nony Por	ta										
				FAC	ILITY INI	FOR	MATION	×	*							
Name of Facility Where Abatement is T	aking Pla	ace (3)					Type of Facility	(4)		,					
Verizon Somers Point CO								School (K-12		.\						
Street Address									3 (Other than K-12 rivate and comme		ilding	IS,				
115 New Rd.								homes, etc.)								
City (5)								Square Feet	# of Floors	BI	dg. A	ge				
Somers Point				,												
County (6)				Coun	ty Code (7)	(STA	TE USE ONLY)		ior if being demoli	shed)						
Atlantic								Office								
Name of Monitoring Firm Hired by Build		ner (8	(ASCM	No.			ent Contractor (9)								
USA Environmental Manageme	ent							VIRONMENTA	L, INC.							
Street Address						22/20/2	eet Address	CTREET								
8436 Enterprise Ave							123 BEAVER						_			
City, State, Zip Code																
Philadelphia, PA 19153			Tolo	phone I	No	BRISTOL, PA 19007 Telephone No. License No.										
Project Manager for Monitoring Firm Mark Jenkins				5-365	A00000-00-00-0	1455	15-788-6040		00509							
	chedule	d Co		2002000	17:17/2:30	Name of OSHA Monitor										
10 / 8 / 15			(7)	/	20.34			VIRONMENTA	L, INC.							
Occupancy Status During Abatement (-	eet Address		<u> </u>		- 15					
☐ Facility Closed/Vacated During Entire				nent		4577	123 BEAVER	RSTREET								
☐ Abatement Performed Outside of No					cribe	- 22	, State, Zip Co									
Time of Abatement:AM	PM/ <u>5</u>	:00F	PM- <u>1:</u>	30AM		0 85	RISTOL, PA									
Scope of Work (Check all that apply)						_ ==										
□ >2 of or >2 lf		Don	ovoti	22			⊠ Full Cont □ Mini-Enc □ □ Mini-Enc □ Mini-Enc	ainment with Ne	gative Pressure							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			ovatio nolitio				Glovebag	Procedure								
							☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ıre						
		100000	_ocati ormal	33			Di-#i	£		Ab		ent T	ype			
Location of Asbestos-Containing Material (ACM)	Used	Sole	ly by	Asbes	stos (Description o Containing Ma		Amount	Rer	Repair	Enc	Enc			
TO BE ABATED			ntena	nce/ Staff?		, the	rmal systems	insulation,	(Specify	Remova	air	aps	Enclosure			
IN Facility (13)		Jusic	(12)	otali :			urfacing, VAT, ner miscellane		SF or LF)	<u>a</u>		Encapsulate	лге			
(15)	Y	es	No	N/A		A7-93						Ф				
Basement Power Room					Floor til	e an	nd mastic		580 SF							
Basement Generator Room		3			Mastic				400 SF							
Basement Generator Room		3			Floor til	e an	nd mastic		20 SF							
Basement Generator Room					Exhaus	t ins	ulation		20 LF							
Name of Registered Waste Hauler				JDEP V	1 10000	1000000	oic Yards of	Name of Regis	stered Landfill							
SERVICE TRANSPORT GROUP	, INC.		Н	auler II 20990	0.0000000000	Was	ste	MINERVA	LANDFILL							
City, State						Disp	posal Date	City, State		223						
NEW CASTLE, DE 19720								WAYNESE	BURG, OH 4468	8						
Completed By (Print or Type)	Title						Signature	1 1		ate	,	/				
Brian Scafiro Estimator							Prean	Scafire	12	10/	5/	15				

NOCK

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

Date of Notification (1)				I	Name (of Building	Owner/Operator (2	2)							
9/	10 / 15	5		1	Veri		,		(E)	Į į		- 6			
Agencies Notified ☐ EPA ☑ DOLWD	Type Notification ☐ Initial ☐ Amended				15 E	Open and service of	tgomery Place,	· ·							
□ DHSS	Amendment #			1	City, State, Zip Code Pittsburgh, PA 15212										
☐ DCA (NJAC 5:23-8)	☐ Emergency (in justification)	ncludi	ng	1		of Contact			Telephone Numbe	r	- 1960				
(NJAC 5.23-6)	☐ Cancellation			Ι.		ony Por			-	*					
	1			_			FORMATION						A Barrery		
Name of Facility Where	Abatement is Takir	q Pla	ce (3)		1710		· Oranization	Type of Facility	(4)				_		
Verizon Ewing CO			. ,					School (K-12	2)						
Street Address								☐ Subchapter 8	8 (Other than K-12) rivate and commerci	al hu	ilding	16			
1606 Pennington R	łd.							homes, etc.)		ui bu	a.ii	, ,			
City (5)								Square Feet	# of Floors	Blo	ig. A	ge			
Ewing									to these						
County (6)					Count	y Code (7)(STATE USE ONLY)		ior if being demolish	ed)					
Mercer								Office				- 1222			
Name of Monitoring Firm				A	SCM I	No.	Name of Abateme								
ESIS Health, Safety	and Environm	ental						VIRONMENTA	L, INC.						
Street Address 436 Walnut St							Street Address 1123 BEAVE	STREET							
City, State, Zip Code							City, State, Zip Co								
Philadelphia, PA 19	9106						BRISTOL, PA								
Project Manager for Mon			TT	elep	hone N	No.	Telephone No.	License No.							
Frank Westfall					5-640-		215-788-6040		00509						
Start Date (10)	Sche	duled	Comp	oleti	on Dat	e (11)	Name of OSHA M	Ionitor							
9 / 21 /	15	10	/_	12	_ / _	15	BRISTOL EN	VIRONMENTA	L, INC.						
Occupancy Status Durin	g Abatement (Che	ck onl	y one)				Street Address								
☐ Facility Closed/Vacat							1123 BEAVE								
			lity Ho			cribe	City, State, Zip Co								
ON SITE	10/5/15						BRISTOL, PA	19007							
Scope of Work (Check a	II that apply)		Renov Demo				☐ Mini-End ☐ Gloveba	Procedure	gative Pressure on-Friable Procedure						
28 1 850	NO.		Is Lo							Aba	atem	ent T	уре		
Location Asbestos-Containing	\$57X	U	sed S			Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enc		
TO BE ABA	ATED	200	/lainte ustodi			(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	Encapsulate	Enclosure		
IN Facil (13)	ity			2)			other miscellane		Or or Er y	=		ulate	Ге		
2. 200	12	Ye		lo	N/A	C			250 LF						
Roof		10		-			ne seam sealan								
Roof		10					ion joint		135 SF 1828 SF						
Roof		1				Roof FI			12 SF						
						Pitch P		Name of Dogi					Ш		
Roof						vaste	Cubic Yards of	of Name of Registered Landfill MINERVA LANDFILL							
Roof Name of Registered Was SERVICE TRANSP		IC.		На	IDEP V auler ID 20990		Waste	75							
Name of Registered Was	ORT GROUP, IN	IC.		На			Waste Disposal Date	MINERVA City, State				12.20			

Check # 10188

Date of Notification (1	Name of Building Owner / Operator (2) Harry Esposito															
Agencies Notified	Type Notificati			Street Address 4818 001 - 3 AR 1217											-	_
□EPA	, , , , , , , , , , , , , , , , , , , ,				lill Creek	Road										
DEP DOL	Initial			City St	ate & Zip	Code					# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	£			
	Initial Amen	ded			awkin, N		0									
DOH	1 Name 200 Comments	dment #_		N	10-1							Talaaha		Nicon	- h - r	
L_DCA	Cance	ellation		1000000	of Contac Esposito	380					1	Telepho	ne	Nun	nber	
							N A A	TION								
Name of Facility Whe	ro Abatamant is	Taking	Place (3)	FAC	CILITY			of Facili	ity (A)							
Residence	ie Apatement is	a raking r	lace (3)					School (
Street Address									oter 8 (Other							
1399 Mill Creek Road	d										nmercial buildir			e, et	c.)	
0.1/ (5)							Squa	are Feet		of Floor		Bldg. Ag				
City (5) Manahawkin						ŀ		1,280 ent Use (idence	Prior if bei	ng demo	1 lished)		52	year	S	
County (6) Ocean			ounty Code													
Name of Monitoring F	irm Hired by Bu				ASCM	9)										
N/A Street Address																
Otreet Address					Street Address 829 Radio Road											
City, State & Zip Code						Zip Code arbor, NJ	08087									
Project Manager for N	lephone N	lumber		Tele	phone No 296-6916	umber		License N	umber 008	17						
Scheduled Start Date October 19,	on Date (1 ber 19, 20				e of OSH	HA Monitor										
Occupancy Status Du			only one)				Stree	et Addres	ss							
	Performed Outsi					L		1.0000000000000000000000000000000000000	Zip Code							
Other – Desc	cribe: pied During Ab	atement				- 1			arbor, NJ	08087						
Scope of Work (Chec																_
	on man approx								Full Conta	ainment v	with Negative Pre	essure				
≥3 sf or ≥ 3 lf				Renovatio	on				Mini-Encl		S					
≥160 sf or ≥26	O If			Demolitio	n				Glovebag	Procedu	ıre					8
								\boxtimes		mpted(*)	and Non-Friable		_			
Asbestos-Contai	ation of ining Material (A E ABATED	ACM)	Solely b	on Norma y Mainten dial Staff	ance or			Descript bestos-C Material (ontaining		Amount (Speci		bat	teme	ent I	ype
	Facility				. (/		(i.e.	, therma	systems		,		T		m	
	(13)								facing, VA			2		괴	Encapsulate	Enclosure
							01 01	ner mise	charicoas			Vellova		Repair	psu	losı
		Yes	No	N/A							<u>a</u>	-	7	late	ıre	
Exterior			Х				Sidir	ng		780 SF	X	†			П	
													1			
Name of Registered V	Waste Hauler		NJDEP \		Cubic `	Yards of	Was	ste	Name of	Registe	red Landfill					
Synatech, Inc.			Hauler II	No. 429	20				Grows L	andfill						
City, State						al Date			City, Sta							
Little Egg Harbor, N	.1				Novem	ber 20,	201	5	Morrisv	ille. PA						
Completed By		Title			Signato			71			ate					
Diane Aloia		Executiv	ve Admini	strator		Wane (16074 October 19, 2015										