NO CK

Date of Notification (1)		Name of Building	Owner/Operator (2), DOHME CORP.		151			
10 / 10 /14		Street Address						\neg
Agencies Notified Type Notification	n.	126 E. LINCOLN A	VENUE, P.O. BOX 20	000, RY28-41	4 20 6	<i>7</i> s		
X EPA Initial Not	ificatior Notification #1	City, State, Zip Cod RAHWAY, NEW JE	е	- [- C C C .		3-		
X DOH On Hold		Name of Contact	্র	elephone N.	<i>I</i> - • • • • • • • • • • • • • • • • • • •			
DCAEMERGE	NCY NOTIFICAT				·			
Name of Facility Where Abatement is Tak		FACILITY INFORMATION	Type of Facility (4)				\dashv
Name of Facility Where Abatement is Tak	ing Flace (3)		School (K-1)					
MERCK SHARP & DOHME CORPORATIO	N		Subchapter	8 (Other than ivate & comm		home	s, etc	c.)
Street Address 126 EAST LINCOLN AVENUE - BUILDING	57		Square Feet 29,207	# of Floors		Bldg.	Age	
City (5) County (County Code (7)	Current Use (Prior		nolished)			<u>, </u>
RAHWAY UNION	٥,	(STATE USE ONLY)						
Name of Monitoring Firm Hired by Build ENVIRONMETAL HEALTH INVESTIGATION		ASCM No.	Name of Abatem PAR ENVIRONM			N		
Street Address			Street Address					
655 WEST SHORE TRAIL			313 SPOOK ROC City, State, Zip Co					\dashv
City, State, Zip Code SPARTA, NE	W JERSEY 07871		SUFFERN, NEW		1			
Project Manager for Monitoring Firm	Telephone	Number	Telephone Number	er L	icense N	umber		
WILLIAM S. KERBEL, CIH	973-729-5		845-369-7500	La contractor de la con	101			
Expected State Date (10)	Sched. Comple		Name of OSHA M AMERISCI LABO		NC	#114	120	
9 / 24 /14 Month Day Year	10 / Month	10 /14 Day Year		KATORIES I	INC	# I I	100	
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Abatement Performed Outside	ck only one) Entire Period of Al	batement Hours - Describe:	Street Address 117 EAST 30TH S City, State, Zip Co					
Scope of Work (Check all that apply) X Demolition >3SF OR LF X >160 SF OR 260 LF	Renovatior	Mini-En Gloveb	ntainment with Negati	YORK, NEW				
Location of	Is Location	Description of	75 CONTROL OF THE CON	A		bateme		
Asbestos-containing Material (ACM)	normally used solely by	Containing Mat		Amount (Specify	REMOVA	REPAIR	ENCAPS	ENCLOS
TO BE ABATED	Maint/Custodia	36		SF or LF)		A	AP.	6
in Facility (13)	Staff (12)	or other misc	ellaneous)					SURE
	Yes No N/A					+	m	
WINDOW GLAZING CAULKING	X	GLAZING CAULK		1,120 LF	X			-
DUCT FLANGE CAULK	×	FLANGE CAULK		100 LF	X			
FUME HOOD LINING	x	TRANSITE		30 SF	X			
							-	-
						1	-	
	+ + + -					\vdash		
					_	\vdash		
	+++-				-	\vdash		\vdash
Name of Registered Waste Haule	NJDEP Waste	Cubic Yards of Waste	Name of Register	red Landfill			_	
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No. 15939		LYCOMING COU 447 ALEXANDER	INTY RESOU		NAGEN	IENT	SERY
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/25/2014-9/29/14	City, State			1	. /	
Completed by (Print or Type Tit	e RECTOR OF OPE	RATIONS Signature	XX		Date()//	0/1	4	

Date of Notification (1)						Name	of Buil	ding Own RP & DO	ner/O HME	perator CORP.	(2),		<i>i</i> = 1.	d			
	10 /14					Street	Addres	s				02.17	154 0	. 0.0	,		
Agencies Notified	Type Notific	ation	11	1)		126 E	E. LINCO	LN AVE	NUE,	P.O. BC	X 20	00,TRV28-41	47 6	- 6.5	0		
X EPA DEP X DOL	X Initial Amen	Notification ded Notification		on		City, S	State, Zi WAY, N	p Code EW JERS			- i = 2	Telephone Ni	ا. بار ا				\exists
X DOH DCA	On Ho	old RGENCY	NO	TIFIC		N MIKE	e of Con LATRO	ONICA				Ciopnom					_
		7 N - F		(2)	F/	CILITY IN	FORM	ATION	Typ	e of Fac	ility ((A)		-			\dashv
Name of Facility Where	Abatement is	raking P	Idu	: (3)					1 7 1	School							
MERCK SHARP & DOH	ME CORPORA	TION							X	Subcha Other (apter ie. pr	8 (Other than ivate & comm	n K-12) ncl. bld	gs., h	omes	, etc.)	
Street Address				_					S	quare Fe 29,207		# of Floor 2			Bldg.	Age	-
126 EAST LINCOLN AV						Cour	nty Cod	e (7)	Cur		(Prio	r if being den	nolishe	d)	Pharm	n. Lab	\neg
City (5) RAHWAY	UNIC						E USE (VAC	CANT-	(Are	as fences fro	m oper	ration	al area	as)	_
Name of Monitoring Fir ENVIRONMETAL HEAL	m Hired by Bu	ilding O	wne	r (8)			ASC	CM No.	Nan	ne of Ab R ENVIR	atem ONM	ent Contrac	tor (9) RPORA	OITA	١		
Street Address	HINVESTIGA	TIONS,	INC	<u> </u>					Stre	et Addre	ss	1949 Sa 1930 P. 1950 P. 1950					
655 WEST SHORE TRA	.IL				, ,			3			_	CK ROAD					\dashv
City, State, Zip Code	SPARTA.	NEW IE	RS	FY 07	871					, State, Z FFERN,		YORK 1090)1				
Project Manager for Mon		TALAT OF				lumber				ephone N			Licens	e Nu	mber		
WILLIAM S. KERBEL, C			- 1		29-56					-369-750			1101				
Expected State Date (1	This was a second	Sc	chec	1. Co		on Date (14		ne of OS		Monitor DRATORIES	INC		#114	180	
9 / Month Day	24 /14 Year		Mor	nth	′	Day	. ,	Year				4 1.1					
Occupancy Status Durin	Abatement (C	heck only	y one	e)						eet Addre		STREET					
X Facility Close	d/Vacated Duri erformed Outsi	ing Entire de of Nor	Per mal	rod or Facili	ADate by Hot	ineni irs - Descr	ribe:	•	111	Dio! c		01					
X Other - Desc		NDAY-FR	IDA	Y 7AI	VI-3:30	PM			City	y, State, 7		ode V YORK, NE	W VO	RK 10	016		
Compact Mark (Chapter	II that apply)							Full Conta	 ainme	ent with N		ve Pressure					
Scope of Work (Check a Demolition	ii triat appiy)	X R	enov	vation				Mini-Encl	OE ,								
>3SF OR LF								Glovebaq Non-Friab	-								
X >160 SF OR		- 1	le.	Locat	ion.			ption of As						A	oatem	ent Ty	ре
Location Asbestos-c			. 2500	nally t				ing Mater				Amour		RE	REPAIR	ENCAPS	EN
Material	(ACM)			olely l				hermal sy				(Specif	- 1	REMOVA	PAII	CAF	ENCLOS
TO BE A		B		t/Cus				on, surfac er miscell				SFOIL	,		الد	US	
in Facili	y (13)	Y	es	taff (1 No	N/A		Or our	or moods.								ULE	RE
WINDOW GLAZING C	AULKING	х				GLAZING	G CAULI	K			1	1,120 LF		х			ــــ
DUCT FLANGE CAULE		X				FLANGE	CAULK					100 LF		X	_	_	<u> </u>
FUME HOOD LINING		х				TRANSIT	TE					30 SF		X	_	-	-
												100		_		_	-
											- 0.00	-		-	-	\vdash	-
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				-		<u> </u>		70.00 50.00									-
															-	+-	+-
				-	-							 			1		
		++			-												
Name of Registered Wa				EP W er ID		Cubic Ya	ards of V	Vaste	Na	me of R	egiste G CC	ered Landfill OUNTY RESC	OURC	E MA	NAGE	MEN	T SEF
FREEHOLD CARTAGI 825 HIGHWAY 33	_, IIVO.	ľ	raul	1593					44	7 ALEXA	ANDE	R DRIVE/R	OUTE	15			
City, State						Disposal 9/25/201		1		ty, State		Y , PA 17752	,		,	,	
FREEHOLD, NEW JEI Completed by (Print or	Type)	Title	_			91231201	Signa	ature	1	314130	IV	. ,	Date	-	91,	11,	d
BENJAMIN SANCHEZ		U.S. 559 (10.55)	то	R OF	OPE	RATIONS		D	3)		anne and a				1/60	11	

NO CK

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

RECEIVED

Date of Notification (1) 10/14/2014				Name of	of Building	Owner/C	perator ours &	(2) 201 Co	4 OCT	17 /	AH :	2: [2	-	
Agencies Notified	Type Notification			Street A		Canal R	load								
DEP DOL	Initial Amended Amendment		_		ate, Zip C water, N	ode lew Jers	sey 08		· , , ,		11.1		-		002
DOH DCA	Emergency (justification) Cancellation	including			f Contact Kyritsis				Te	lephone	Num	ber			
				FAC	ILITY INF	ORMATI	ON								
Name of Facility Where A Canal Bridge Area	Abatement is Taking	g Place (3	3)					Type of Facility School (K	-12)						
Street Address Route 130 & Canal	Road							Subchapt Other (i.e etc.)					dings	, hom	ies,
City (5) Deepwater						73		Square Feet 0	# c	f Floors		1,502	ildg. /	Age	
County (6) Salem			- [Code (7) USE ONL	o		Current Use (P					ina		
Name of Monitoring Firm Harvard Environmen		Owner (8)		ASC	M No.	1		of Abatement C per Environm	ontractor	(9)	+		9		
Street Address 760 Pulaski Highwa					-		Street	Address idge Road		er vice	3, 111				
City, State, Zip Code	y				-		City, S	tate, Zip Code		-	-				
Bear, DE 19701 Project Manager for Moni	toring Firm		Т	Telepho				nixville, PA 1	9460	Licens	se No				
Wesly Morrison				22-7800 920	26-2333			933-4332		0083	6	gr e			
Start Date (10) 06/11/2014		10/31/2		npletion	Date (11)			of OSHA Monito ard Env., Inc.							
Occupancy Status During								Address Pulaski Hwy							
Facility Closed/Vaca Abatement Performe	ted During Entire P ed Outside of Norm	eriod of <i>I</i> al Facility	Abaten Hours	nent S		ŀ		tate, Zip Code			+	-			
Other – Describe: _							Bear,	DE 19701							
Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If	That Apply)		enova emolit				XXX	Full Containr Mini-Enclosu Glovebag Pri Non-Exempti	re ocedure					e	
	×		Locati										Abate	emen	t
Location Asbestos-Containing N		Use	lormal d Sole	ly iy by			cription				1		1)	ре	Г
TO BE ABA In Facilit (13)	TED \	Mai	ntenar odial S (12) No	nce/		thermal s	systems ing, VA1		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Comp canal/bridge	area	X			galb	estos or	struc	tural steel	52	272 sf		X	_	-	
canal/bridge	area	Х				ts	i pipe		-	40 If		X			
Plete canal/bridge	area	X				galbest	tos on	pipe	12	240 If		K	9		
Plene canal/bridge	area	Х				masti	c on p	ipe	1	00 If		K			
Name of Registered Waste	e Hauler		10000	JDEP Wauler ID		Cubic Y		Name of	Registe	red Lan	dfill				
SJ Transportation				3217	NO.	40		Const							
City, State Woodstown, NJ);	7-8-9/2		City, Sta Morga	ite ntown,	PA					
Completed by Patrick Larney		Title Projec	ct Ma	nager		Sig	nature V W	the	~~		Date 10/		014		

Date of Notification (1) 10/14/2014				Name o	f Building	Owner/O	Operator	Ce914 CC	117 A	H 2: i	2			
Agencies Notified	Type Notification			Street A	_B				12000 200 000					
EPA DEP DOL	Initial Amended Amendment	# 003	1	City, Sta	ate, Zip C	ode		023 		7,11,1				
DOH DCA	Emergency (justification) Cancellation	including	_	Name o	f Contact Cyritsis		sey oo		Te	lephone N				
					LITY INF	ORMAT	ON			-				
Name of Facility Where Canal Bridge Area		g Place (3)					Type of Faci						
Street Address Route 130 & Cana	l Road							Subcha	apter 8 (Oth i.e. private	ner than K & comme	-12) rcial bu	ilding:	s, hom	ies,
City (5) Deepwater								Square Feet	# 0	of Floors		Bldg. 50	Age	
County (6) Salem					Code (7) USE ONL	n		Current Use Pipe Lines				ping		
Name of Monitoring Firm Harvard Environme		Owner (8)		ASCN	/ No.			of Abatement per Environ			Inc.			
Street Address 760 Pulaski Highw	ay						Street	Address , idge Road						
City, State, Zip Code Bear, DE 19701							City, S	tate, Zip Code			-			
Project Manager for Mo Wesly Morrison	nitoring Firm	ne No. 26-2333		Teleph	one No. 933-4332	. 10 100	License 00836		-					
Start Date (10) 06/11/2014		Schedule					Name	of OSHA Mon ard Env., Ir		00000		0		
Occupancy Status Durin	ng Abatement (Checi		Š.,					Address	ic.			-		
	ated During Entire F							Pulaski Hwy						
Other – Describe:				veneral and the first				DE 19701						
Scope of Work (Check A	All That Apply)						lico.							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	45		enova emolit				XXX	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure					
		le	Locat	ion			- 100	I NOT-EXET	pled () an	u Noi-File	able Pi		emen	t
Location	n of	N	lormal	lly		Des	scription	of				T	ype	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mai	d Sole ntena odial s (12)	nce/		thermal surface			(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Canal/Pipe	e Rack	X				Pipe	Insula	tion	6	00 LF	X	+	-	\vdash
		t			$\overline{}$				+-			+		\vdash
			SERVICE OF											
Name of Registered Was SJ Transportation	ste Hauler		Н	JDEP W lauler ID 3217		of Was		F 54	of Registe stoga	ered Landi	fill			
City, State Woodstown, NJ		and the same				Dispos 10-11	al Date /2014	City, S More	State gantown,	PA				\neg
Completed by Patrick Larney		Title Projec	ct Ma	nager		96	gnature		2~	, [Date 10/14/	2014		\neg

NO CK

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

RECEIVED

Date of Notification (1)					f Building Ow	ner/Operato	r (2)			i y _	/_			
October 14, 2014				Lovez		(Chec	ck # N/A 2511 C	T 1	7 614	0. 14	•		
Agencies Notified EPA	Type Notification Initial				ennings R	oad		2011 6	, i	KIL	۷٠١,)		
DEP X DOL	Amended Amendment				ate, Zip Code rd, NJ 080			. براد بهر این بیا		, 00 . 	-			
DOH DCA	justification) Cancellation				f Contact Sarandoul	ias			_	nhone Ni	mhor			
				FACI	LITY INFOR	MATION						92		
Name of Facility Where A Yale School, Forme	batement is Takin r Queen of Hea	g Place (3 aven (Sc) chool	Buildir	ng)		Typ	pe of Facility (4 School (K-12	.		3.7			
Street Address Route 70 and Conn	ecticut Avenue							Subchapter 8 Other (i.e. pr etc.)				dings	home	es,
City (5) Cherry Hill							100	uare Feet ,930	# of 2	Floors		Bldg. A	ge	
County (6) Camden					Code (7) USE ONLY)			rrent Use (Prior	r if beir	ng demolis	shed)			
Name of Monitoring Firm TTI Environmental,		Owner (8)		ASCN	/ No.			batement Cont						
Street Address 1253 N. Church Stre	eet					Stree	t Add					C2-1		
City, State, Zip Code Moorestown, NJ 080)57					City, S	State,	, Zip Code hade, NJ 08	2052	_				
Project Manager for Moni				Telepho	ne No. 10-8800	Telep	hone		1002	License I	No.			
Start Date (10) October 22, 2014			ed Com	pletion	Date (11)	Name	of O	SHA Monitor		00042	-			
Occupancy Status During	Ahatement (Chec	Novem		8, 201	4 	Street	5500	aboratories				v-10-7-		
Facility Closed/Vaca				ent				ite 130 North	า					
Abatement Performe Other – Describe:	d Outside of Norm	al Facility	Hours			6000		, Zip Code inson, NJ 08	8077					
Scope of Work (Check Al	That Apply)										-			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		BANKSON .	enova emoliti				l N	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
		ls	Locati	on				TOTAL EXISTRACT	/ / 4114	Homina	1	288	ement	
Location			lormall d Solel			Description		- 1			-	Ty	pe	-
Asbestos-Containing TO BE ABA In Facilit (13)	TED	Mai	intenar odial S (12)	nce/	(i.e. the	Containing Nermal system surfacing, VA ther miscella	ns ins A.T., or	ulation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
50 -		Yes	No	N/A									œ.	
Through	out		XXX			Fittings	5		26	6 LF	Х			
Name of Registered Wast	e Hauler		N.	JDEP W	aste (Cubic Yards		Name of R	anistar	ad Landfi				\Box
Freehold Cartage	5 1 Iddio.		H	auler ID	NOTES 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f Waste		Western				Land	lfill	
City, State Freehold, NJ					1000	Disposal Date 1/28/2014		City, State Birdsbor	o, PA					
Completed by Christina Lynch		Title Opera	ations	Mana	ger	Signatur	Dr	02	<u></u>		ate 0/14/2	2014		

				(Pt	ursuant	to NJAC 8	3:60 and	1 12:120	0)		-11	30					
Date of Notification (1) October 14, 2014						of Building C	Owner/C		(2)		into 1 V					A A COLO	
Agencies Notified	Type No	tification			Lovez Street A				heck	# N/A 4 00T 1	7 65	10.	: 19				
EPA DEP	☐ Init				10A J	ennings l											
DEP X DOL	Am	ended endment				ate, Zip Coo ord, NJ 08			•								
DOH DCA	jus	ergency (i lification) ncellation	nciuainę			f Contact Sarando	ulias		or symmetrics			phone	Numbe	er			
					FAC	ILITY INFO	RMATI	ON		Section 1							-
Name of Facility Where Yale School, Form	Abatemen er Queer	it is Taking n of Hea	Place (ven (S	3) school	Buildir	ng)			punns	of Facility	2000						
Street Address Route 70 and Con	necticut /	Avenue	1 2 2							Subchapter Other (i.e. petc.)	8 (Othe			ouilo	lings,	hom	es,
City (5) Cherry Hill							1100 202-00			re Feet	# of	Floors		B 5	ldg. A	ige	
County (6) Camden						Code (7) USE ONLY)				nt Use (Pri	or if beir	ng demo	olished				
Name of Monitoring Fire		Building C)wner (8)	ASC	M No.			of Aba	tement Con vironmer				-		Štau –	-
Street Address 1253 N. Church St	reet				1			Street	Addres		,	-					
City, State, Zip Code Moorestown, NJ 0	8057		City, State, Zip Code Maple Shade, NJ 08052														
Project Manager for Mo		m		-	Telepho	ne No.			none No		7	Licens	e No				
Jim Guilardi					856-84	40-8800		0.7	755-0			00842					
Start Date (10) October 22, 2014			Nover	nber 2		Date (11) 4				A Monitor oratories							
Occupancy Status Durin	ng Abateme	ent (Check	Only O	ne)					Addres		41.						
Facility Closed/Val Abatement Perform Other – Describe:	ned Outsid	g Entire P e of Norm	eriod of al Facilit	Abatem y Hours	ent			City, S	state, Zi	130 Nor p Code					<i>-</i>		
Scope of Work (Check		ala A					_	Cinn	amins	son, NJ 0	8077						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чи так жү	ріу)		Renova Demoliti				×	Min	Containm i-Enclosure vebag Pro- n-Exempte	e cedure	3				e	•
			1:	s Location	on										Abate	ement	t
Locatio				Normall ed Solel				scription					-		Ту	ре	-
Asbestos-Containing TO BE AB In Fac (13)	ATED (ACM)	Ma	aintenan stodial S (12)	ice/		thermal surfac	aining M systems sing, VA niscellar	s insula T, or		(S)	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Throug	hout		103	XXX	INA		El	oor Til			27.0	00 SF		ζ.			
Throug			 	XXX				ow Gla				00 SF		2			
Throug			-	XXX				w Cau				0 LF	_	2			
			_					540			02			-			
Name of Registered Wa	ste Hauler			I N.	JDEP W	/aste	Cubic	Yards		Name of	Register	ed Lan	dfill		(1-1)S		
Freehold Cartage				Ha	auler ID 253		of Was 200	ste		Wester	776			ty	Land	lfill	
City, State Freehold, NJ				910				al Date /2014		City, Stat Birdsbo						***	
Completed by Christina Lynch			Title Oper	rations	Mana	iger	\$	ignature MAS	10				Date 10/1	4/2	014		

_				(P	ursuant	to NJAC	8:60 and	d 12:120	0)		٠, و	11/3				
Date of Notification (1) October 14, 2014					Name of Lovez	of Building	Owner/C			k # N/A	-					
Agencies Notified	Type No	tification				Address			JIIC	2814 0	07 	7 81	2: :	3		
EPA DEP	☐ Initi	ial				ennings										
DEP DOL	Am	ended endment				ate, Zip Co ord, NJ C				. ـ ر - ، د	1 2 10 1	ران را فأسياس		-		
DOH DCA	just	ergency (i tification) ncellation	ncidaling			of Contact Sarando	oulias				-	enhone N				
Name of Facility VAII					FAC	ILITY INF	ORMATI	ON								
Name of Facility Where A Yale School, Forme	Abatemen er Queer	t is Taking n of Hea	Place (ven (C	3) Church	Buildi	ng)			Typ	oe of Facility (School (K-1	0- 5 000					
Street Address Route 70 and Conn	ecticut /	Avenue								Subchapter Other (i.e. p etc.)	8 (Oth			dings	hom	es,
City (5) Cherry Hill									12002003	uare Feet 777	# o	Floors	10785	Bldg. A	Age	
County (6) Camden						Code (7) USE ONLY)			rrent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm TTI Environmental,	Hired by Inc.	Building C	wner (8)	ASCI	M No.				batement Cor invironmen		200				
Street Address 1253 N. Church Str	eet							Street 623		ress er Avenue						
City, State, Zip Code Moorestown, NJ 08	City, State, Zip Code									8052						
Project Manager for Mon Jim Guilardi	itoring Fire	m			Telepho 856-84	ne No. 40-8800		Teleph	hone			License 00842	No.			
Start Date (10) October 22, 2014	5000-00000					Date (11)		Name	of O	SHA Monitor aboratories						
Occupancy Status During	Abateme				-0, 201			Street								
Facility Closed/Vaca Abatement Perform	ated Durin	g Entire P e of Norma	eriod of al Facilit	Abaten y Hours	nent s					te 130 Non Zip Code	th					
Other – Describe: _										nson, NJ 0	8077					
Scope of Work (Check Al	II That App	oly)	· Promery													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			minutes.	Renova Demolii				×	, N	full Containme Mini-Enclosure Glovebag Prod Mon-Exempted	edure				e	
			ls.	Locat	ion								T	Abat	emen	
Location			Part Programme Co.	Normal ed Sole		0.000	Des	scription	of				-	Ty	ре	-
Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	ATED `	ACM)	Ma	aintena todial ((12)	nce/	Asbes (i.e.	thermal surface	aining M system: cing, VA niscellar	s insu T, or	9	(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								-		ite	Ф
Through				XXX			FI	oor Til	е		80	00 SF	х			
Basement, Kitchen	& Resti	rooms		XXX			F	Plaster	W.		1,4	30 SF	Х			
Name of Registered Was Freehold Cartage	te Hauler			H	IJDEP W lauler ID 2253		of Was	() () () () () () () () () ()		Name of F Westerr	100 TO 100			Land	dfill	
City, State Freehold, NJ							10 25	al Date /2014		City, State Birdsbo		(
Completed by Christina Lynch			Title Oper	ations	s Mana	ager		ignature	n	m)		100	ate 0/14/2	2014)	

			(1)	ursuant	to NJAC	8:60 and	1 12:120	"	:211					
Date of Notification (1) October 14, 2014				Name of Lovez	f Building	Owner/O		(2) Check # N/A						
Agencies Notified	Type Notification	l.		Street A		Road		2914 CCT	17 6	12-1	3			
DEP DOL	Initial Amended Amendmen				ate, Zip Co ord, NJ 0					I () 			Alban a	
DOH DCA	justification Cancellatio) .		Chris	f Contact Sarando					lephone N	lumber			
Name of Facility Where	Abatement is Taki	ng Place	(2)	FACI	LITY INFO	ORMATI	ON	Time of Feetly	(4)					
Yale School, Form	ner Queen of He	aven (F	Rector	y Buildi	ing)	***		Type of Facili	K-12)					
Route 70 and Cor	necticut Avenue	e							iter 8 (Oth e. private			dings	, hom	es,
City (5) Cherry Hill			34					Square Feet 2,650	# 0	f Floors	1000	Bldg. A	Age	
County (6) Camden					Code (7) USE ONLY)		Current Use (Rectory	Prior if be	ing demo	lished)			
Name of Monitoring Fir TTI Environmenta		Owner (8	3)	ASCN	M No.			of Abatement of de Environm						
Street Address 1253 N. Church S	treet							Address Cutler Avenu	je					1
City, State, Zip Code Moorestown, NJ 0	8057							tate, Zip Code e Shade, N	J 08052					
Project Manager for Mo Jim Guilardi	onitoring Firm			Telepho 856-84	ne No. 40-8800			none No. 755-0099		License				
Start Date (10) October 22, 2014				mpletion 28, 201	Date (11) 4			of OSHA Moni L Laborator						
Occupancy Status Duri	ng Abatement (Che			-			Street	Address		-	-			
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire med Outside of Nor	Period of mal Facili	Abater ty Hour	ment s			City, S	Route 130 N tate, Zip Code						
							Cinn	aminson, N.	08077					
Scope of Work (Check ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Ан тпат Арріу)	Contractor .	Renova Demoli				×	Full Contain Mini-Enclose Glovebag F Non-Exemp	ure Procedure				re.	
		1	s Locat	ion					7 (7 (1)	4 1 10 11 11		Abat	emen	t
Location		Us	Norma ed Sole	0.000			cription				-	13	/pe	_
Asbestos-Containin TO BE A In Fac (13	BATED	M	aintena stodial (12)	nce/ Staff?		thermal	system: cing, VA		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ō	
1st Floor			XXX				noleur			5 SF	Х		_	
Basement d	& Exterior	-	XXX			Windo	ow Gla	izing	3:	30 LF	X			
Name of Registered War Freehold Cartage	aste Hauler		H	IJDEP W lauler ID 2253	1000	of Was	1	1100000000	of Registe ern Berl			Lan	dfill	
City, State Freehold, NJ				3-32-		Dispos 11/28/		City, S Birds	tate boro, P/	4			-	
Completed by Christina Lynch		Title Ope	ration	s Mana	ıger	1	gnature MV	hat	2		Date 10/14/2	2014		

Date of Notification (1) October 14, 2014					Name of		Owner/0		(2) heck	# N/Δ	i v	المدة خده				
Agencies Notified	Type No	otification			Street A	1/1	Pood			1 CST 17	I A	1 2: 1	3		-	
EPA DEP DOL	_ An	nended nendment			City, Sta	ite, Zip Co rd, NJ 0	ode		2° 4	-57.0	, ,,) . [iss	4		*	
X DOH X DCA	jus	nergency tification) ncellation				f Contact Sarando	oulias	1922			Tel	ebhone N	lumber			
Name of Facility Manager	A L - L		Di 4		FACI	LITY INFO	ORMAT	ON						-		
Name of Facility Where A	er Quee	n of He	g Place (3 aven (R	ectory	/ Buildi	ng)			promote .	of Facility (4 School (K-12	500					
Street Address Route 70 and Conn	ecticut	Avenue								Subchapter 8 Other (i.e. pr etc.)				lding	, hom	es,
City (5) Cherry Hill									Squar 2,650	re Feet O	# o	f Floors		Bidg. 30	Age	
County (6) Camden					County (Code (7) USE ONLY)		Curre	nt Use (Prior ory	r if bei	ng demo	lished)			
Name of Monitoring Firm TTI Environmental,		Building	Owner (8))	ASCN	/ No.				ement Cont						
Street Address 1253 N. Church Str	eet							Street	Addres							
City, State, Zip Code Moorestown, NJ 08	057							City, S	tate, Zi		:052					
Project Manager for Mon		m			Telepho	ne No. 10-8800		Teleph	none No 755-00).		License	1177567470			
Start Date (10)				ed Con	npletion	Date (11)		Name	of OSH	A Monitor		00842				
October 22, 2014			Noven		8, 201	4				oratories						
Occupancy Status During	g Abatem	ent (Ched	k Only O	ne)					Addres	s 130 North						
Facility Closed/Vaca Abatement Perform Other – Describe:							_	City, S	tate, Zi							
Scope of Work (Check A	II That Ap	ply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			and the same of th	Renova Demolit				×	Min Glo	Containmer i-Enclosure vebag Proce	edure				re	
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Location	of		10 200	Normal	3000		Do	scription	of						уре	
Asbestos-Containing TO BE ABA In Facili (13)	Material ((ACM)	Ma	ed Sole iintenar todial S (12)	nce/		tos Cont thermal surfa	aining M systems cing, VA niscellan	Material s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A										ite	е
1st and 2nd	d Floor		-	XXX			Joint	Compo	ound		15	50 SF	Х	-		
Name of Registered Was	te Hauler	-	1	N	JDEP W	/aste	Cubic	Yards	-	Name of R	egiste	red Land	fill			
Freehold Cartage					auler ID 2253	No.	of Was	ste		Western	. Z			Lar	dfill	
City, State Freehold, NJ								sal Date /2014		City, State Birdsbore	o, PA	4				
Completed by Christina Lynch			Title	ations	Mana	ger	Ş	ignature	No	20	9	- 11	Date 10/14/	2014	 [
Lyrion			Oper	adoni	ivialia	901		JIM	0/	Q Y	\nearrow		10/14/	-014	5	

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2) 1 1	125				
	12 /	14		Hov	bros De	lanco,LLC						
Agencies Notified	Type Notification	on		Street	Address		G14 CCT 17	BH 2.21	-			-
⊠ EPA	☐ Initial			900	Birchfie	ld Dr		W. E. C.				
□ DOLWD				City, S	tate, Zip (Code	100	1 7 7				
□ DHSS	Amendment	-				J. 08054	7-2 1100 t	J. H. Ko.				
☐ DCA (NJAC 5:23-8)	☐ Emergency justification)	(incluaing		Name	of Contac	t		Telephone Numb	per		- 72	
(**************************************	☐ Cancellation			Pat	Creelma	ın		•				
				FΔC	II ITY IN	IFORMATION			man of			
Name of Facility Where	Abatement is Tak	ing Place	(3)	174	<i>></i> 1∟111111	II OKINATION	Type of Facility (4)			117.5-71	
Rhawn Pipe			(-)				☐ School (K-12	(859)				
Street Address							Subchapter 8	(Other than K-12))			
200 Rhawn St.							homes, etc.)	ivate and commer	cial bu	ilding	s,	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	16	
Delanco							25,000	2		160+		
County (6)				Coun	tv Code (7)(STATE USE ONLY)	TO 100	or if being demolis				
Burlington				7.000	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	3		0.		
Name of Monitoring Fin	m Hired by Buildin	a Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental N			32°			Luzon, Inc.		88				
Street Address						Street Address						
34 E Germantown	Pike # 204					8451 Executi	ve Ave.					
City, State, Zip Code						City, State, Zip Co	ode					
E. Norriton, PA 19	401					Philadelphia						
Project Manager for Mo			Tele	phone	No.	Telephone No.		License No.			- 51	
Raymond Giordar			1	10 277		267-284-1050)	01109				
Start Date (10)		neduled C	omple	tion Da	te (11)	Name of OSHA M				-		
10 / 15		11 /				Joseph Maro						
Occupancy Status Duri						Street Address						
☐ Facility Closed/Vaca				ment		8451 Executi	ve Avenue					
☐ Abatement Performe					cribe	City, State, Zip Co						
Time of Abatement:	7:00AM-5:00PM	/Pi	M	AM		Philadelphia,						
Scope of Work (Check	all that apply)					· madeipina,						
							tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf ☑ >160 sf or >260 lf		☐ Re 図 De				☐ Mini-End	closure g Procedure					
		<u> </u>	, i i o ii c	JII				n-Friable Procedu	re			
		ls	Loca	tion					Ab	atem	ent T	уре
Location			Norma	ally ely by		Description of			Z	Z.	Ш	m
Asbestos-Containin TO BE AB				ance/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	ncar	Clo
IN Fac	ility	Cus		Staff?	(0.5	surfacing, VAT	, or	SF or LF)	Val	-	Encapsulate	Enclosure
(13))	Yes	(12) No	N/A	-	other miscellane	eous)				ate	
Roof		Tes	No.	N/A	Roofin			25,000 SF	\boxtimes			
Exterior					Caulk	9				1] [
Collapsed Office					1.0000000000000000000000000000000000000	ed Floor Tile and	d Magtic	2,325] [
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Exterior	anta Università			Ø		te Panels and Do		3,800		Ш	Ш	Ш
Name of Registered Wa	aste Hauler		10.7	NJDEP \ Hauler II	1070700000000	Cubic Yards of Waste	Name of Regis					
Luzon, Inc.		Medical -	Ė	32587		720 CYS.	Minerva La	Inatili				
City, State						Disposal Date	City, State					
Philadelphia, PA						11/15/14	Waynesbu	rg OH. 44688				
Completed By (Print or	Type)	Γitle	0.			Signature	6/21-1	Da	ate	! /	/	
Piyush Patel		Progra	m Ma	nager		Jaysof	Jaril	7	0/1	7/	14	ē.
ASB-41						,			1	1		

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

3427

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

	(Pursuant to NJAC	8:60 and 12:1200.		أسأ	
	Name of Buildin	Owner/Operator (2)			
Date of Mouncation (1) 4/13 /14	Ē	ARTIATE	SHAT GOT	WIRACIN	16
	Sveet Address			 	
Agencies Nouther Type Holitication	3000000	55 RT.	50		
D Amended	City, State, Lip C	Me o	. 7200. 1	1102	-
Amendment s	CN, 3016. C	REEN FI	ELD.INI	7 082	.30
- DE Emeroency :	YILDING !			donny anarbaba	y .
	Hame of Contac		MIC		^ ~ ~ ~
☐ DOH ☐ Cancellation	BRU		YULU		
	FACILITY IN	ORWATION			
			ype of Facility (4),	
Name of Facility Where Abatement is Takin	Ç PIACE ();	i (J School (K-12)		
PESIDENCE			Succhapter 8	Other than K-13	i bulanos
Constanting of the constanting o			Other (I.e., priving homes, etc.)		CONTRACTOR OF THE PARTY OF THE
739 BAY 1	yt		Square Feel	# of Floors	T Bldg Ac
		-	1000	. 2	40+
Cir(5) OCEAN CIT	7	7: ISTATÉ	Current Use (Prio	r K being demous	ned)
	County Code	7- (3:875	NAC	DNT	
Cape MA	y USE ONLY				
- Sidim	Owner ASCH No.	Name of Abateme	, o EN	c /	+
Hare of Marioning Firm Hired by Building				,	
1 (8)		Sue 01 Address	SPRUC	= AVE.	
Siree. Address		369 5	The state of the s		
		1 Cm State, Zip Co	0:	: NJ	08:5 -
City State Zp Code		MAP	2 SHAD		
	T Yelephone No	Talephone No.		License No	44
Prakt Hanager la Montoning Firm	1 18180 512 14	856-77	9-0472	1 _001	
	7.1	Name of OSHA N	ionnoj ,		
- SC	educa Completon Date (11)	TOSEK	KHLEM	M	
	11/3/14		- D		
Japana Sialus Dung Abatameni (Ch	ack only one)	7 / 0	Spruce	ミ/ レボー	
Occupancy Status During Abardine	ence of Abatement				
Scaparcy Status During Abandance S Facility Closed Vacaled During Entire S	al Facility Hours	Cry State, Kip C	Se CIMP	E, N, J,	06052
Abalement Performed Outside of the	in the state of th	MOD	E 2412		
C ONR - Descuse -		De v.co.	nanmeni win Ne	gabye Pressure	
Scope of Work (Check all that apply)		THE THE	niosuic		
	Renovation	Gloves	e wored (,) sua H	on-Friable Proces	our e
23 st or 23 th	∑ Delucipo	T NOTE	empleo () size.		Waterer.
73/60 3: 0/ 2:00	Is Location				
	אביווינא	Description	tt	Amoun!	
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Location of Aspessos Containing Material (ACM)	Maintenance: Ass Custocia:	supernor conservations of the constant of the	1113300	SF & LF.	Rentoral
TO BE ABATED	S:am?	omer miscellane	೦.ಕ.		
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		. Cubic Yards	Name of R	epistered Landfill	X :
	NOED Wase	01 43316	0.1	1, C, M.	J . //
Name of Registered Waste Hauler	1790 Y	5			
KIENCO INC.	No.	0500sal Dale	Cir. State	DSINE	N.J.
	5,08052		1000	103	10
MOPLE SHADE, N	10,0000	Signature	, 10		10/13/14
	T.,	80		-	1131
Condeleo By	OWNER				
JOSEPH CEMM		\cup	empled activitie	\$	
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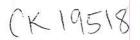
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJA C 8:60 and 12:120)

Name of Building Owner/Operator (2), Date of Notification (1) 2014 ESTULT, 114 2:21 17 111 2:00 Type Notification Street Address Agencies Notified 300 DA BA City, State, Zip Code Amended UP 2 43 Amendmen(# SED Emergency (including Telephone Number Name of Contact ☐ 00H iustification! Cancellation Frank FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDERCE Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Street Address homes, etc.) Blog Age # of Floors Square Fee! City (5) ISLEC; Current Use (Prior If being demolished) County Code County (6) USE ONLY) APE Name of Abatement Contractor (9) ASCH No Name of Monitoring Firm Hired by Building Owner (8) Sueel Address Street Address PRULE DUT 369 City, State, Zip Code City, State, Zip Code MOPLE Telephone No. Telephone No Project Manager for Monitoring Firm 856-779-0472 Name of OSHA Monitor Scheduled Completion Date (11) Stan Date (10) 85 EPH 11/3 10/27/ Sueel Address Occupancy Status During Abatement (Check only one) 369 ☐ Facility Closed/Vacated During Entire Period of Abatemen! City, State, Zip Code Abatement Performed Outside of Normal Facility Hours MAPLE Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation 23 st or ≥3 H 2160 st or ≥260 H Glovebag Procedure Demoticon Non-Exempted (*) and Non-Friable Procedure Abatem Type is Location Normally Description of Used Solely by Amount Asbesios Containing Material (ACM) Location of Maintenancei Asbesios-Containing Material (ACM) (Specify Remova (i e , thermal systems insulation, Custodial SF & LF) TO BE ABATED sudaging, VAT, or Staff? other miscellaneous) IN Facility (12) (13) NIA No YES X 140000 PANSITE 17 SIDING Name of Registered Landfill Cubic Yards NUDEP Waste M, C, M.U. A. Name of Registered Waste Hauler Hauter DNO. of Waste Disposal Date State CODBINE SHADE APEE Signature 10 Completed By JOSEPH

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Date of Notification 1 10/3/14	Hame of E	DIETERONIONO ONIDIUS THINGE	ECHTICO	NERGATIA	16
TAZENCES Howned Fin Type Holincator	Sveet Ad	dress			
D PA Singa	0.000	Zip Code	r,) o	11.3	
Amendment () Emergency (ž	GREEN F	LIETO N	5 082	30
1 DOR Justification)	Name of C		C. MALIC	Lylebrane Hrupe	,
Cancellation	\	RUCE BR	EUMIG	JUL	
Name of Facility Where Abatement is Taki		TIN-GOVATION	Type of Facility (()	
LES IDENCE	4 - 20- (0)		□ Sch∞(K·12)	(Other than K-12)	%
Sireei Address	1		Oner (I.e., pri	Asia § commercial	bulanos
1240 SIMPS	on Aug		Square Feel	F of Floors	Blog Age
CITY (5)	7		1000	1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	40+
County (6)	County C USE ON	ode (7) (STATE Y)		or if being demotish	
CAPE MAN		Name of Abate	meni Convactor (9)		
Name of Mariloning Firm Hired by Building		- KLGA	100 LNG		
Siree: Adoress		Sveel Address	S. SPRUC	E AVE.	
		Cny, State, Zip	C∞e		1 - < L
City State Zp Code		MA	PLO SHAD	T License No	0.)
Praeci Hanager la Montang Firm	ch snargelet.	7 dephone No.	79-0472		4
- Scrx	sued Completon Date (III Name of OSH	Honro;	~	
10/27/14	11/3/14	1 1036	DKHIGH	-	
Occupancy Status During Abatement (Ch	eck only one)	Sueel Addres	S, SPILULE	= 1 U = 1.	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	ence of Abatement				
Other - Describe.		_ MAR	LE SHADE	=, N, J, C	0003 2
Scape of Work (Check all that apply)			ontainment with Nec	parve Pressure	
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- Location of Aspessos Containing Material (ACM)	Maintenance/	Asbestos Containing A	katerial (ACM)	(Specify	Had Bad
TO BE ABATED	Custodial Staff?	suda ang . YA	10.14	SF or LF;	Republic
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- United to 100	- I NOED WE	ste · Cubic Yards	Name of Reg	istered Landfill , C , M . U	1
Name of Registered Waste Hauler KIEMCO INC.	1790.	7 5			
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JOSEPH KLEMM			remoted activities		
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Date of Notification (1) 10/13/2014					f Building	Owner/Op	erator (2)	\$	((11		J	
Agencies Notified	Type Notification			Street A	ddress	T AVEN	LIE		2314	CCT 17	l Ai	2:	29	
DEP DOL	Initial Amended Amendment Emergency		_	City, Sta	ate, Zip Co		*****			- 			51	
DOH DCA	justification) Cancellation				f Contact IAS ME					ebhorle Ni.				
				FACI	LITY INF	ORMATIO	N						0.3	
Name of Facility Where TD BANK, N.A.	Abatement is Takin	g Place (3	3)					Type of Faci	(5 50)50					
Street Address 418 BELMONT A	/ENUE							Subcha	apter 8 (Oth i.e. private			dings	, hom	es,
City (5) HALEDON								Square Feet	# 0	f Floors	E	Bldg. /	Age	
County (6) PASSAIC					Code (7) USE ONLY)	_	Current Use	(Prior if be	ng demolis	hed)			
Name of Monitoring Fir		Owner (8)	i	ASCN	l No.			of Abatement BROTHE			IG. IN	IC.		
Street Address 1253 NORTH CHU	JRCH STREET						Street A	Address RUTHERF						
City, State, Zip Code MORRISTOWN, N	J.I 08057						City, St	ate, Zip Code	9	, 0.				-
Project Manager for Mo			Telepho	ne No. 35-8800		Telepho	one No.	77014	License N	No.				
Start Date (10) 10/17/2014			mpletion I	Date (11)		Name c	f OSHA Mor		00494		7000			
		10/21/2		-				E AS (9) A	ROVE					
	cated During Entire f	Period of A	Abater		2			Address ate, Zip Code	÷	_				
Scope of Work (Check	All That Apply)		-		-				na v			/		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			tenova emoli				×	Mini-Enclo Glovebag	inment with sure Procedure pted (*) an	2			0	
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Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED cility	Use Mai	d Sole intena odial (12)	ely by nce/		tos Contai	ystems ng, VAT	aterial (ACM) insulation, , or	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
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BAGLIV	ILIN I		_			TILE &	IVIAS	TIC	1,1	00 SF	Х			
						Set					+			
Name of Registered Wa	ste Hauler	10	N	JDEP W	aste	Cubic Ya	ards	Name	e of Registe	red Landfil		_		-
TWO BROTHERS	CONTRACTING	i	1000	lauler ID 8743	No.	of Waste			STE MAI	NAGEME	NT G	R.C).W.S	3.
City, State CLIFTON, NJ						Disposal 19/21/2		City, MO	State RRISVIL	_E, PA				
Completed by VIVECA RAMOS		PRO.	JECT	COOF	RDINAT		rlature	een l	Jam	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate 0/13/2	2014		

CK 19519

Date of Notification (1) 10/13/2014		=				Owner/Ope E OF NE		RSEY	- U:	=17:	:5			
Agencies Notified	Type Notification			Street A	Address	GTON R		2914 C	CT I	7 BM	2: 9:	``		
EPA DEP DOL	Amended Amendment Emergency (_	City, Sta	ate, Zip Co G, NJ 08	de		4-2	ِّ لِي أَا ب ِ		Tist			-
DOH DCA	justification) Cancellation	including			f Contact HAMIL	ΓΟΝ		ů.	4 Tale	nhone:Ni	imbor			
				FAC	ILITY INFO	RMATION								
Name of Facility When				RTHY	HALL			Type of Facility (School (K-1	187					
Street Address 2000 PENNINGT	ON ROAD						[Subchapter Other (i.e. p				dings	hom	es,
City (5) EWING							5	Square Feet	# of	Floors	E	Bldg. A	\ge	
County (6) MERCER					Code (7) USE ONLY)		_	Current Use (Price	or if bein	g demolis	shed)			
Name of Monitoring Fir	m Hired by Building C	Owner (8)		ASCN	M No.			Abatement Con BROTHERS			JG IN	IC.		
Street Address			-	-			Street A				1 0, 11			
City, State, Zip Code								UTHERFORI	D BLV	D.				
						10000		te, Zip Code ON, NJ 0701	4					
Project Manager for Me	onitoring Firm		Telepho	ne No.		elephor 973-9	ne No. 56-8700		License 1 00494	No.				
Start Date (10) 10/23/2014		Schedule		npletion	Date (11)			OSHA Monitor AS (9) ABO	VE			80 1140		
Occupancy Status Dur	ing Abatement (Check	Only On	e)			-	treet A	<u> </u>		-			-	
Facility Closed/Va Abatement Perfor Other – Describe:	icated During Entire P	eriod of A al Facility	baten Hours	nent		C	ity, Sta	te, Zip Code	i.					
Scope of Work (Check														
Scope of Work (Check ≥3 sf or ≥3 lf	All That Apply)	X P									_			
≥160 sf or ≥260 lf			enova emolit				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
		ls	Locati	on .							T	Abate	ement	t
Location			ormal d Sole				iption of				-	1)	pe	\vdash
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED cility	Mai	ntenar odial S (12)	nce/		os Contain thermal sys surfacing other miso	stems ir g, VAT,	or	(Sp	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTER	PIOP	163	X	INA	TD	ANOTE	LINIEE	DIDE	6	1.5	1			
LATE	NON				IK	ANSITE	LINEL	PIPE		LF	X			
Name of Registered Wa	aste Hauler		N	JDEP W	aste	Cubic Yar	rds	Name of F	Register	ed Landfi	1			
TWO BROTHERS	CONTRACTING	25-2-10	100	auler ID 8743	No.	of Waste 1		WASTE				a.R.C).W.S	S.
City, State CLIFTON, NJ						Disposal 10/27/20		City, State		E, PA				
Completed by VIVECA RAMOS		Title PROJ	ECT	COOF	RDINATO	Sign	ature	recute	m	0.000	ate 0/13/2	2014		



Date of Notification (1) 10/15/2014			11.0	Name of Bu		vner/Operator	(2)	H.J.C.	I / E	L				
Agencies Notified	Type Notification		S	Street Addr 74 BROC	ess	2011C0-01007887	9	M CCT I	7 BM (). a=	_			
EPA DEP DOL	Initial Amended Amendment			City, State,	Zip Code	1	140	ON CCT I	I RH z	(* (g ;				
DOH DCA	Emergency (justification) Cancellation	including	19 13	Name of Co WILL AL				å Lij	Teléphone	Numbe	er			
			-	FACILIT	Y INFOR	MATION		- 1						
Name of Facility Where RESIDENCE	Abatement is Taking	Place (3)					(50)	f Facility (4) chool (K-12)						
Street Address 74 BROOK AVENU	JE			- Al		4540	S	ubchapter 8 (0 ther (i.e. priva			uild	ings,	home	es,
City (5) PASSAIC							Square	c.) Feet	# of Floors		ВІ	dg. A	ge	
County (6) PASSAIC				County Cod STATE USE			Curren	t Use (Prior if	being dem	olished)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM N	0.			ement Contrac		 ΓING.	IN			
Street Address						Street	Address					•		
City, State, Zip Code				E)		City, S	State, Zip	Code	SEVD.					
Project Manager for Mor	nitoring Firm		T	relephone	No.	Telepi	hone No.		Licens					
Start Date (10)		Scheduled	Com	pletion Dat	to (11)	35000.50	-956-87	700 A Monitor	0049	94				
10/25/2014		10/28/20	14	pietion Dat	16 (11)	SAN	ЛE AS	(9) ABOVE						
Occupancy Status Durin	g Abatement (Chec	k Only One))			Street	Address	3						
	ated During Entire F ned Outside of Norm			ent		City, S	State, Zip	Code	1					
Scope of Work (Check A	JI That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic				Mini- Glov	Containment -Enclosure rebag Procedu -Exempted (*)	ıre				P	
		5383	ocatio									Abate	ement pe	
Location		Used :	rmally Solely		A_L	Description		(0.000)				7		
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Maint Custoo (tenan dial St (12)	ce/ taff?	(i.e. th	s Containing in ermal system surfacing, VA other miscellar	is insulat AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
			No	N/A						-				
BASEM	ENT		X			PIPE			20 LF		X			
Name of Registered Wa	ste Hauler		N.	JDEP Wast	te	Cubic Yards	1	Name of Reg	istered Lar	ndfill				
TWO BROTHERS			100	auler ID No 3743		of Waste 2		WASTE N			ГG	.R.C).W.S	S.
City, State CLIFTON, NJ						Disposal Date		City, State MORRIS\	/ILLE, PA	Ą				
Completed by VIVECA RAMOS		Title PROJE	ECT	COORD	OTANI	Signatur	e nec	e Q	m	Date 10/1	5/2	014		

Date of Notification (1) October 2, 2014							n/Operator (Che	ck#	1532	٠	الاس	/A.D. —	
Agencies Notified	Type Notification			Street A		<u>.</u>			- COL	100	717	EN	2:	@2?		
EPA DEP DOL	Initial Amended Amendment			City, Sta	te, Zip Congton, N	de) (C.)	2 I	1 U J	ر ت	. 1 1			
DOH DCA	Emergency (i justification) Cancellation	ncluding	Ī		Contact uentene	r		2 1		Tel	ephone	Numb				
				FACI	LITY INFO	ORMA	TION									
Name of Facility Where A Hopewell Valley Ce			3)						ool (K-12	?)						
Street Address 259 Pennington Titu	sville Road								chapter 8 er (i.e. pr				build	tings,	home	es,
City (5) Pennington								Square F 5,000		# o	Floors	3	100	ldg. A	ge	
County (6) Mercer				County (Code (7) JSE ONLY)			Current L School	Jse (Prio	r if bei	ng dem	nolishe	d)			
Name of Monitoring Firm PARS Environmenta		wner (8)	ASCN	1 No.			of Abatem e Enviro								
Street Address 500 Horizon Drive, S	Suite 540						Street	Address Cutler Av								
City, State, Zip Code Robbinsville, NJ 086							City, St	ate, Zip C e Shade	ode	2052			_			
Project Manager for Moni	roject Manager for Monitoring Firm ulian Fernandez						Telepho	one No.		7002	Licen 0084	se No.				
Start Date (10)		Schedul	ed Cor	W. (200)	00-7277 Date (11)	S 7/80		of OSHA N			0084	+2				
October 13, 2014		Octob	er 15,				N 2333333	Labora								
Occupancy Status During			561					Address Route 13	0 North	n						7
Facility Closed/Vaca Abatement Performe Other – Describe:							City, St	ate, Zip C	ode		-			-		
Scope of Work (Check Al	I That Apply)		H-00-				Cinna	aminson	, NJ 08	3077			_			_
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 	ургу,	professional day	Renova Demolit				. 🗷	Mini-Er Gloveb	ntainmentolosure ag Procestempted	edure					•	
		1	Locat	ion				NOII-E	tempted	() all	J [NU]]-[TIADIE			ement	t
Location			Normal	ly			escription	cf				-		Ту	ре	
Asbestos-Containing TO BE ABA In Facilit (13)	TED	Ma	ed Sole aintena todial S (12)	nce/		therm sur	ontaining Ma al systems facing, VAT r miscellane	insulation , or		(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ite	Ф
Robotics Lab			XXX				Floor Tile	Accesses to the		4	0 SF		Х			
Robotics Lab	ooratory		XXX		Pipe	Fitti	ngs (Wra	ap & Cut	:)		SF		Х			
Name of Registered Wast	to Haufar			JDEP W	noto	Cub	ic Yards	I NI	ame of R	asista		- dell				
Freehold Cartage	/ radiol		Н	lauler ID 2253			aste	1000	ROWS			rumi				
City, State Freehold, NJ						1000000	osal Date 5/2014		ty, State orrisvil		4					
Completed by Diana Lynch		Title Oper	ations	s Mana	ger		Signature					Date 10/2		14		

Date of Notification (1)		1	Name o	of Building	Owner / Operato	r XXIA CCT	17 AH	2:03				
10/5/				o Dibadj								
	Notification	99.00		Address		٠	الال ذال:	1110_				
⊠ EPA	1.29.1			8 Main S			10	.3				
DEP S	Initial Amended		10000	ate & Zip C								
□ DOH □	Emergency			field Park of Contact	NJ			IT.	elepho	no N	umh	or.
DOM DOM	Cancellation	4		o Dibadi				110	cichilo	HC IN	unib	CI
	- Carloonadori		A (C. (C. C. C							100		
Name of Facility Where Al	notement in Taking	Diago /2		ILITY INF	ORMATION	£./ / \						
Name of Facility Where All	batement is Taking	Place (3	')		Type of Facil							
Street Address						ter 8 (Other	than K-12)				
174-178 Main Street						e. private &			s. hom	es. e	tc.)	
174-170 Main Oticet					Square Feet		Floors		dg. Ag		10.7	
									3 3			
City (5)	County (6)	Cou	unty Co	ode (7)	3000		2			50+		
Ridgefield Park	Bergen	1			Current Use	(Prior if bein	g demolish	ied)				
Name of Monitoring Firm I	dired by Building Ov	mor (8)		ASCM No	. Name of Aba	tement Con	tractor (Q)					
I warne or wormoring raining	illed by building Ov	viiei (a)		ASCIVI NO	Alpha Envi		3 /					
Street Address					Street Addres							
					PO Box 829	97	4					
City, State & Zip Code					City, State &		=					
Decine Manager for Manife		1	L N		Trenton, N.		Tr.	N				
Project Manager for Monito	oring Firm	relep	none N	lumber	Telephone No. 609-847-295		L	cense Nu	0122	2		
Scheduled Start Date (10)		ompletio	n Date	(11)	Name of OSI							
10/16/2014	10/23/2014	a-110-0410-0-12-41-11			EMSL Anal		i Arresta de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición dela composició					
Occupancy Status During					Street Addres							
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	cated During Entire				107 Haddor	New York (March 1997)						
Describe:	ned Outside of Norr	mai Hou	ırs — /a	am to 3pm								
Facility Occupied I	Ouring Abatamant				Westmont,	MJ 08108						
Scope of Work (Check all								+		-		
Coope of Work (Gricon air	triat apply)					⊠ Full 0	Containme	nt with Ne	gative	Pres	sure)
≥3 sf or ≥3 lf			Reno	vation			Enclosure		1870 			
≥160 sf ≥260 lf		\boxtimes	Demo	olition			e Bag Proc	edures				
						Non-	Exempted	and Non-	Friable	Pro	cedu	ire
Location	of	ls L	ocation	n	Description	E_N		nount			ent T	
Asbestos-Cor			nally Us		Asbestos-Con			pecify				Г
Material (A			olely by		Material (A		SF	or LF)	, z	-	Enc	g
TO BE ABA			enance odial Sta	7.40.727	(i.e., thermal s insulation, surface				Remova	Repair	aps	cls
(13)	9		(12)	uii.	or other miscell				oval	略	Encapsulate	Enclsoure
		Yes	No 1	N/A							e	
1st Floor			\boxtimes		Mastic		900sf		\boxtimes			
Basement					Boiler		40sf					
Name of Registered Waste	e Hauler	11	NJD	EP Waste	Cubic Yards	Name of R	eaistered l	_andfill				
				ler ID No.	of Waste							
ALPHA ENVIRONMENT	TAL		0003	33330-	1	Grows La	andfill					
City, State				-11	Disposal Date	City, State			X s			. 2
Trenton, NJ					various	Morrisvil	le, PA					
Completed By (Print or Typ	oe)	-	Title		Signature			1	Date			
Rod Richardson	9 45		Proj		Red Richardson				10/5	//20	14	

Date of Notification (1)		1 1	Building Owner/G	Operator (2)		Notes					
117/14/14		1 U	Daynel	00		1	1				
Agencies Notified Type Notification		Street Ac	5+ile	r Re	20110	O7 .~	الي ي				
DEP Amended Amendment:	!		te, Zip Code		2014 C	01 1 / A	M 2: 0	S			
Emergency (justification) Cancellation	nc!uding		Contact				ne Numb				_
D BCA TO SOLUTION		FACI	LITY INFORMAT	ION		-10-100	ريح	1-1	<u> </u>		
Name of Facility Where Abatement is Taking	Place (3)					2.5023 v		nui'di	inas i	nonic	14
Oity (5) O 1				S	etc.) quare Feat	# of Flag			Jg. As		
county (6)		County (Code (7)		JUD Jurgent Use (Pr	ior if belon de	malisher	(20)	- t
middlosx	Size (0)	(STATE	USE ONLY)		resid	nce					
Name of Monitoring Firm Hired by Building (wner (8)	ASCA	5 NO.		Abatement Co sulation Co						
Street Address				Street Ad 95 Mo	idress ntrose Roa	d					
City, State, Zip Code					e, Zip Code Jeck, N.J. 0	7722					
Project Manager for Monitoring Firm		Telephor	ne No.	Telephon		Lice	nse No. 029				
Start Date (10)	NDS	Completion (Date (11)	Name of	OSHA Monito	,					
Occupancy Status During Abatement (Chec	Only One)			Street Ad	idress						
Facility Closed/Vacated During Entire F Abatement Performed Cutside of Norm Other - Describe:	al Facility He			City, Stat	e, Zip Code			-			
Scope of Work (Check All That Apply)			·*····	L							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation			Mini-Enclosur Glovebag Pro						
	ls Lo	cation					111000		bater		
Location of Asbestos-Containing Material (ACM)		mally lotely by		scription of			F	 j	Тур	9	
TO BE ABATED in Facility (13)	Mainte Custodi (1	enance/ al Staff? 2)			sulation, 0!	Arnoun (Specif SF or LI		Removal	Repair	Encapsulate	Enclosure
12 10 20	Yes N	O NIA						1		6	
Ortside	<u> </u>	141	Sidin	}		1800 1	DV	01			
		1	(J							-
										_	
Name of Registered Waste Hauler	1	NJDEP W	nata Outla	Yards				1		İ	
Ace Insulation Co., Inc.		Hauler ID I			G.R.O	Registered La	andfill				
City, State Colts Neck, New Jersey			Dispo 10	sal Date 28 //U	City, Sta	te wg, PA					
Completed by Bree McGuire	Title Secreta	ry Treasui	er s	Signature		1-	Date	11.1	11	14	
					7	4	1 10	V.	1 1	1	

ASS-41 (R-06-08)

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

ASB-41 (R-06-08)

Date of Notification (1)		Name of	Building O	wner/Operator	(2)	1	15115	المداد ا			
10/14/14	×	1	epho	ct Resi							
Agencies Notified Type Notificat	tion	Street Ad		0 1 10	1-2	STA CET	17 AM	2: @			
DO EPA DI Initial		()	e, Zip Cod	adhing	tort	tue_					\dashv
DEP Amende			int (10 111	6 ()	0-501	33 UU.,	Inc.			1
Emerge	ncy (including	Name of	4	400	<u> </u>	7	lephone Num	ber (732	<u>L)</u>	
DOH justificat			nes/	ncrk		16.		5000 50 24			
		FACIL	ITY INFO	RMATION							
Name of Facility Where Abatement is T	aking Place (3)				Type of Fac	cility (4)					
11101	lonce					l (K-12) anter 8 (Oth	ner than K-12)			
Street Address	S 0 10	39			Other		& commercia		ngs, t	nome	s,
211 masing 10	Hue				etc.) Square Fee	t # (of Eloors	Bio	ig. Ac	te	
City (5)					2700		\mathcal{Q}	1	75	†	
County (6)		County C	Code (7)				ing demolish	ed)	<i>y</i>	-	
Manualh		(STATE L	ISE ONLY)		Tres	· desc	l l				
Name of Monitoring Firm Hired by Build	ding Owner (8)	ASCM	1 No.		of Abateme		or (9)				
					Insulation	Co., Inc.					
Street Address					Address Iontrose	Road					
Oly Oly Tie Code					State, Zip Co				-		
City, State, Zip Code					s Neck, N.						
Project Manager for Monitoring Firm		Telephor	ne No.	Teleph	none No.		License N	0.			
1 tojout manager ter ter				732-	294-1757		00029				
Start Date (10)	Scheduled C		Date (11)	Name	of OSHA M	onitor					
10/24/14		0/29/	14		Address						
Occupancy Status During Abatement				Street	Address						
Facility Closed/Vacated During E	ntire Period of Abat Normal Facility Ho	tement ours		City, S	State, Zip Co	de					
Abatement Performed Outside of Other – Describe:	JAM-Jpm	1		-							
Scope of Work (Check All That Apply)		7/2					***************************************				
\(\sigma \geq 3 \) sf or ≥3 lf	Rend	ovation		F			th Negative F	ressur	e		
≥160 sf or ≥260 lf	Dem	olition		t	Mini-En	a Procedur	е				
					Non-Exe	empted (*) a	ind Non-Friab	1			
	1	cation				1			Abate Ty	ment pe	5
Location of	I I I and C	mally Solely by	Aghan	Description tos Containing		NA)	Amount			т	
Asbestos-Containing Material (AC TO BE ABATED	Mainte	enance/ ial Staff?		thermal system	ns insulation,		(Specify	P _e	R	nca	Enc
In Facility		12)		surfacing, Va other miscella			SF or LF)	Removal	Repair	ncapsulate	Enclosure
(13)	V	NO N/A	-		10.505.000 7			<u>a</u>		ate	9
	Yes N			1 1		20	702 4	11	-		-
()2+d30C3		120	5:	ding w/	vingl	d	TW M	12			-
				0 '							
								-			-
											_
Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic Yards of Waste	1		stered Landfil	II.			
Ace Insulation Co., Inc.		12086		1	/ G	.R.O.W.S	٠.				
City, State		-		Disposal Dat		y, State	D.4				
Colts Neck, New Jersey				10/29/1		ullytown,		ata /			
Completed by	Title	ary Treas	urer	/Signatu	re MUM	1.		ate ()	ul	14	
Bree McGuire	Jecreta		WI VI) CUPIC	1		011	1		
ASB-41 (R-06-08)				* Do r	not use this f	orm for asb	estos licensur	e exen	npted	activ	ities.

elock 1007

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

Date of Notification (1) 10/12/14					Building Ov URST R			2)	13	ہے۔ می ک	<u> </u>	EU			
Agencies Notified	Type Notification	n		eet Add 880- F					All the second of the second		7 AM				
DEP DOL	Initial Amended Amendme	ent #			, Zip Code I AMBO		08879		٠. ا			7.7			
DOH DCA	justification Cancellat			me of C	Contact				(C)	Tele	ohone N	imhar -			
				FACILI	TY INFOR	RMATIC									
Name of Facility Where 103-HIBERNIA AV Street Address	Abatement is Ta E.	king Place (3)						Sc	Facility (4) chool (K-12) ubchapter 8	:) 3 (Othe	er than K-	12)			
103-HIBERNIA AV	E.				7			✓ Of etc	ther (i.e. pr c.)	ivate 8	commer	cial build	ings, dg. A		s,
City (5) LAKHURST								Square 1200		1	Floors	+	50 50		
County (6) OCEAN	* .			ounty C	ode (7) SE ONLY)	-		Current 1 FAI	t Use (Prio VIILY	r if beir	ng demol	ished)			
Name of Monitoring Fire	n Hired by Buildi	ng Owner (8)		ASCM	No.		Name of DINA	of Abate	ment Cont NVIRON	ractor IMEN	⁽⁹⁾ T, LLC.				
Street Address					-		Street A	Address _AFAY	ETTE S	TREE	ΞT				
City, State, Zip Code							City, St NEW		Code NJ 0710	15					
Project Manager for Mo	nitoring Firm	- 1	Te	elephon	e No.		Telepho 973-4	one No.			License			×	
Start Date (10) 10-21-14		Scheduled		letion D	ate (11)		Name of	of OSHA	A Monitor RONMEN	NT CO	DRP.				
Occupancy Status Duri	ng Abatement (C		377				Street	Address							
Facility Closed/Va Abatement Perform Other – Describe:	med Outside of N	ire Period of Ab Iormal Facility H	ateme lours	nt		_	City, St		Code						
Scope of Work (Check	All That Apply)	-					1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7		novatio molitio					Mini	Containme -Enclosure rebag Prod -Exempted	edure				a	
								1 NON	-Exempled	I () aii	u Non-i i	lable 1 10	Abate		
			ocatio		9									ре	
Location Asbestos-Containing TO BE A In Fact	ng Material (ACM BATED cility) Used Main Custo	ormally Solely tenand dial Sta (12)	by ce/ aff?		os Con thermal surfa	escription taining M I systems acing, VA miscellan	laterial s insulat T, or		(amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			TE 011	1015			1000		-		-
EXTERIOR	R SIDING			Х	TF	RANSI	TE SH	INGLE	S		1600	X	-		
			-	-											
Name of Registered W		C INC.	Ha	IDEP Waller ID		Cubic of Wa	Yards aste		Name of MINEF		ered Lan				
City, State 1199-RANDALL A	VE. BRONX	. NY		2		Dispo	sal Date		City, Stat WAYN	e ESBU	JRG , C)H 4468	38		
Completed by CARLOS GOMES		Title PRES	SIDEN	VT			Signature	9				Date 10-12	-14		
	1														

"EMERGENCY"

Date of Notification (1)				Nam	ne of Build	ing Owner/Operator	(2)	has I W	-7				
10 / 10	/ 14			D	over Boa	rd of Education	0024 002						
Agencies Notified Type N	otification			Stre	et Address	3	2914 CCT	17 AM	2:09				
⊠ EPA ⊠ Initi				10	0 Grace	Street							
☑ DOLWD ☐ Am			ŀ	City.	State, Zip	Code	~~=====	10 CU.	Ť.:				
	endment #_				over, NJ		ڪ LIC		3				
	ergency (inc ification)	luding	-		e of Conta			Tolombon	a Mirrah				
The state of the s	cellation				r. Rober			Telephon	e Numbe	91			
	- Condition	-											
Name of Facility Where Abateme	nt is Takino	Place ((3)		ACILITY	NFORMATION	Type of Facility (4)					
Dover High School	in io running		(0)				School (K-12)	10.40.					
Street Address							Subchapter 8		n K-12)				
100 Grace Street, Dover, N	1107804						Other (i.e., pr			ial b	uildir	ıgs,	
City (5)	07001						homes, etc.)	T					
Dover							Square Feet	# of Floo	ors	В	ldg. A		
							120,000 SF	2			40+		200
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being o	demolish	ed)		100	
Morris							School						
Name of Monitoring Firm Hired by	5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	A 200) A	SCN		Name of Abateme	ent Contractor (9)						
USA Environmental Manag	jement, In	c.		001	12	East Coast H	az Mat Remova	l, Inc.					
Street Address					5971	Street Address							
344 West State Street						494 E. 41 Stre	eet						
City, State, Zip Code						City, State, Zip Co	ode						
Trenton, NJ 08618						Paterson, NJ	07504						
Project Manager for Monitoring Fir	m		Telep	hone	No.	Telephone No.		License	No.				
William Weisgarber, Jr.			609	-656	6-8101	973-345-0022		00507	,				
Start Date (10)	Schedul	ed Cor	mpleti	on Da	ate (11)	Name of OSHA M	onitor						
10 /11 /14	10	_ /	12	1	14	East Coast Ha	az Mat Remova	l. Inc.					
Occupancy Status During Abateme	ent (Check o	only on	e)			Street Address							_
☐ Facility Closed/Vacated During				ent		494 E. 41 Stre	et						
Abatement Performed Outside					scribe	City, State, Zip Co	0.202						
Time of Abatement: 8AM-4PM						Paterson, NJ							
Scope of Work (Check all that app	y)		-			Tatorson, No	07004						_
⊠ >3 sf or >3 lf	_	7 D				☐ Full Conta	ainment with Nega	tive Pressi	ıre				
☐ ≥160 sf or ≥260 if		Reno											
			J			☐ Non-Exen	npted (*) and Non-	Friable Pro	ocedure				
			ocatio				T			Aba	atem	ent T	vpe
Location of		No.	rmally			Description of			F		-	г -	T
Asbestos-Containing Material (TO BE ABATED	ACM)		enand			estos Containing Mate		Amour	923	(em	Repair	nce	ncl
IN Facility		Custoo		aff?	(1.6	e., thermal systems in surfacing, VAT,		(Specif SF or L		Removal	H.	psu	Enclosure
(13)			12)	N1/A	-	other miscellaneo			. /	1000		Encapsulate	6
D. W			-	N/A						0.000			
Bathrooms Area/Corridor		1 L	<u> </u>		Pipe Va	alve - Insulation		4 LF		\boxtimes			
												\boxtimes	
] [33900					П	\boxtimes	П
	Г	7	7 1	7			-			=			
Name of Registered Waste Hauler			NJE	EP V	Vaste	Cubic Yards of	Name of Register	ed Landfil					Ш
East Coast Haz Mat Remova	ıl, Inc.		Hau	ler IC	No.	Waste	GROWS, INC			vive	nia		
City, State			18	3602		2 Disposal Date				,			
Paterson, NJ 07504						10-13-2014	City, State Morrisville, F	A 10067					
Completed By (Print or Type)	Title		1				f anomavine, F	7 1900/					
Lelsie Olszewski		ect Ma	an	0.5		Signature	IN CY I		Date	0.00200	_		
SR-41	FIO	GOT IAIS	ai idy	ÇI		W	m hum		IV-	- K	-2	44	

CK 3297

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

				(P)	ursua	nt to NJ.	AC 8:	60 and 5:1	6)	The Contract of	7	,		
Date of Notification (1)		78.000		- 67			****	ner/Operator	(2)	miles g	¥	ومد		
	10 /	14			En	win W R	uff II	Check	# 3297 \$200 20	MCCT				
Agencies Notified	Type Notif	ication	-		Stree	t Address	;		£ Ç	FILLI /	11 2	1		
□ EPA					888	5 Caldwe	ell Ave							
⊠ DOLWD	☐ Amend				City,	State, Zip	Code		· · · · ·	-571. FF. C	U /11	\		
☑ DHSS	ALCOHOLD SANDERS OF THE SANDERS OF T	ment #_		-	33.00			ey 07083		4 L/J_	4.3			
☐ DCA (NJAC 5:23-8)	☐ Emerge	ency (in ation)	ciuain	g		of Conta				Telephone Nur	mher			
(1.10/10/0.20/0)	☐ Cancel					vin W Rı				.". 014				
								MATION			12			
Name of Facility Where A	Ahatement is	Takino	Place	2 (3)	ГА	CILITY	NFOR	IVIATION	T	(4)				
Residence	ibatorioni it	o i aking	i lace	(5)					Type of Facility ☐ School (K-12	5775				
Street Address		-							Subchapter 8	:) 8 (Other than K-1	2)			
885 Caldwell Avenu	10								Other (i.e., p	rivate and comm		uildir	gs,	
	ie e								homes, etc.)					
City (5)	07000								Square Feet	# of Floors	В	ldg. A	\ge	
Union, New Jersey	07083								3000	2		55+		
County (6) Union					Cou	nty Code ((7)(STAT	E USE ONLY)	The state of the s	ior if being demo	lished)		10000000	1000
CONTRACTOR OF THE PROPERTY OF									Residence					
Name of Monitoring Firm N/A	Hired by Bu	ulding C	wner	(8)	ASCM	No.			ent Contractor (9)					
							-	lich Corpo	ration			1,1395		
Street Address								et Address						
07-01-1-7-0								6 McBride						
City, State, Zip Code								State, Zip C		6				
							W	oodland Pa	ark, New Jersey	y 07424		×		
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Tele	phone No.		License No.				
					200		97	3-225-8400	ĺ	01104				
Start Date (10)						te (11)	Nam	e of OSHA M	Monitor		-			
10 /20 /	14	1	0_/	_2	_ / .	14_	J	& S Enviro	nmental Labora	atories LLC				
Occupancy Status During	Abatement	(Check	only (one)		7/-	Stree	et Address		***************************************			-	
□ Facility Closed/Vacate	d During En	tire Per	iod of	Abate	ment		23	33 Route 2	2 West					
Abatement Performed	Outside of !	Normal	Facilit	y Hou	s - Des	cribe	1000	State, Zip Co			-			
Time of Abatement: _	AM	PN	I/	PM-		AM			lersey 07083					
Scope of Work (Check all	that apply)								,					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	novati molitic	on on				tainment with Neg losure g Procedure mpted (*) and Nor		ure			
			Is	Locat	ion				Inplod () and Itol	I Habie I Toced		nton	ont T	
Location				Vorma				Description o	f			atem		Ť
Asbestos-Containing N TO BE ABA		M)		d Sole intena					terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facilit				todial		(1.6		mal systems i rfacing, VAT,		(Specify SF or LF)	3701	air.	aps	osu
(13)	5			(12)				er miscellane		Si Oi Ei)	=		ulat	Гe
			Yes	No	N/A								Ф	
Basement					\boxtimes	TSI (W	rap &	Cure)		85 LF	\neg		П	П
			П						-				-	
												L		Ш
11								N - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		77.5			П	
Name of Registered Wast	e Hauler			10000	JDEP V		Cubic	Yards of	Name of Regist	ered Landfill				
Lilich Corporation				Н	auler ID		Wast	е	G.R.O.W.S.					
City, State					18724		1 Dispo	sal Date	City, State					
Woodland Park, Nev	v Jersey							22/14	N 7233	Pennsylvania				
Completed By (Print or Ty		Title							wornsvine,					
Momo Glavatovic	00)		0 D-	eside	nt		1	Signature	STA		ate			11
20.44		VIC	C FI	siue	HL			(XXX)	0-	10		14

ASB-41 MAY 11

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7626 Name of Building Owner/Operator (2) Borough of Bay Head

3335	10/13/14	В	orou	gh of E	Вау Н	ead		2 4	ツニーノ.	ΞĹ				
Agencies Notified	Type of Notificati	16100		ddress				7074.000						
[x] EPA	[x] Initial	10	06 B	ridge A	ve.			2014 CST	17 AM	2: 8	7			
[] DEP	Notification	Cit	v Cto	te, Zip C	odo -					<u></u> ;	1			_ 60
[X] DOL	[] Emergency			ead, N		742		~~~ <u>~</u> ;	JO (3)	r se				
[X] DOH	[] Amended Notification	0	аутт	cau, iv	0 001	72		ú [.]		1110	-			
[] DCA	10000 500 100 100	10000	me of	Contact			- N	Telephone Nu	mber	_				_
[] DON	[] Cancellation	CI	hip T	illson										
	1			F	ACILIT	Y INFORMATION	21 1		+		-		-	
Name of Facility When	re Abatement is Tal	king Plac	e (3)				Type of Fa	cility (4)	+				-	
Former Borough			- (-)				[] Sc	hool (K-12) bchapter 8 (Other her (i.e. private an	than K 12\					
Street Address					- 5		[] of	her (i.e. private an	d commercia	al bui	lding	s,		
81 Bridge Ave.							l ne	omes, etc.)						
							Square Fee		10000	3ldg.	Age			
City (5)		County (unty Code (7)	6000	1		70				3
Bay Head		Ocear	1		(3)	TATE USE ONLY)	educationa	e (Prior if being de I	molisnea)					
Name of Monitoring F	irm Hired by Buildir	g Owner	A	SCM No	- T	Name of Abatem	111.00.000.000.000.000.000.000.000.000	The second secon	T					- 20
Whitman Compa	anies, Inc.		0	0110		.	Jupiter En	vironmental S	ervices,	Inc.				
Street Address						Street Address								
7 Pleasant Hill F	Road						3 Lynn Co	urt						
City, State, Zip Code	512					City, State, Zip C		- NI 07025						
Cranford, NJ 08 Project Manager for N		Tolon	hono	Number		Telephone Numl		ark, NJ 07035	License	Niven	bor		_	
Kevin Lovely	nonitoring Firm			-5858			973-709-0	200	License	Num	00	35	2	
Scheduled Start Date	(10) Sched	CONTRACTOR OF THE PARTY OF THE		Date (11)		Name of OSHA		200			00	30,	_	-
10/27/			7/14	,			J & S Env	ironmental La	aboratorie	es, L	LC			
Occupancy Status Du						Street Address		- ACC - 111-14-11						
	ed/Vacated During					2	2333 Rout	e 22 W						
	erformed Outside of cribe:	Nomai	raciii	y nours		City, State, Zip C								_
[] Other - Desc	cribe:						Union, NJ	07083						
Scope of Work (Check	k all that apply)					1								_
Ivi Demolities				6.2	D = = = : :	-4:	[]	Full Containmen	t with Negati	ive Pr	essu	re		
[x] Demolition [] ≥3 sf or ≥3 lf				[]	Renova	ation	[x] []	Mini – Enclosure Glovebag Proced	lure					
[x] ≥160 sf or ≥2	260 If						[x]	Non - Friable Pr						
			Locati			1000	20020		1	T	Aba	tem	ent	_
Locatio	an of		nally t				ription of - Containing		Amount	-	Tyn R			_
Asbestos – C			olely b enanc	e/Cus			ial (ACM)		(Specify					N
Material (todia	l Staff	(12)			mal systems		SF or LF		M			С
TO BE AB							surfacing, VAT niscellaneous)	,			0	223	200	C
(13)	0.0320	Yes	No	N/A		0. 00.0.	nooonanooao,				A	335	21	S
			V						1000 05	-	L	+	U	U
First floor		11	X		VAT				1600 SF	-	X	+	+	
		+								+	+	-	+	- 19-
		+								-	+	+	+	
Name of Registered V	Vaste Hauler	NJE	DEP V	Vaste	С	ubic Yards	Name of F	Registered Landfill				1		-
Jupiter Environn		0	ıler ID	No.	0	f Waste		a Landfill						
			4782			4			1					- 20
City, State Lincoln Park, NJ	1					isposal Date 11/21/14	City, State	sburg, OH						
Completed By (Print o		Title				Signature /	vvayile	spuig, On	Date			_	_	
Pane Repic		100 mm	eral I	Manag	er	Signature A	/ 5	1_	10/1	3/14	4			
				9	5.0	n								

Date of Notification (1)

CR4 1659

Date of Notification (1)		1	Name	of Bui	ilding	Owner / Operator	(2)						
10/13/201			Havil	and C	arpe	ntry 251	4 CST 17	DM 2);				
Agencies Notified Type Notifi	cation			Addre Villow					2				
DEP Initi	al			State &		ode	3 LISC	90.1	11100				
□ DOL □ Am	ended	- 1				J 08505	ú L1∪_	بالمالية أمسا]				
	ergency	1	Name	of Co	ntact					Telepho	ne N	umb	er
DCA Car	cellation		Jon F	lavila	nd				i				
			FAG	CILIT	Y INF	ORMATION							
Name of Facility Where Abater	nent is Taking P	lace (3				Type of Facilit							
Residence Street Address				-	91	School (K		than K	12)				
149 MtHolly Ave							ter 8 (Other . private & c			ae hom	900	tc)	
149 WITHOIIY AVE						Square Feet	# of F			3ldg. Ag		,,	-
City (5)	County (6)	Co	unty (Code (7)	1200	" 0	2		Jidg. 7 ig	80+		
MtHolly	Burlington		diny c) 0000	. ,	Current Use (Prior if being		ished)		00.		
littiony	Burnington					Residence	THOI II DOING	g donnor	.0.100)				
Name of Monitoring Firm Hired	by Building Owr	ner (8)		ASC	M No.	Name of Abat	ement Cont	ractor (9	9)				
			X			ALPHA ENV	IRONMEN	ITAL					
Street Address						Street Addres							
City, State & Zip Code					11-10-10-10	PO Box 829 City, State & Z							
City, State & Zip Code						Trenton, NJ	Š.						
Project Manager for Monitoring	Firm	Telep	ohone	Numb	er	Telephone Nu 215-295-100			License 1	Number 0122	2		
Scheduled Start Date (10)	Scheduled Cor	noletic	on Dat	e (11)		Name of OSH				0121			
10/14/2014	10/14/2014			(,		EMSL Analy							
Occupancy Status During Abat						Street Addres	T-						
Facility Closed/Vacated Abatement Performed	100					107 Haddon		-	-1				
Describe:	Juiside of North	ai no	urs –	am to	3pm	City, State & Z Westmont, I							
Facility Occupied Durin	a Abatement					westmont,	49 00 100						
Scope of Work (Check all that													
, , , , , , , , , , , , , , , , , , , ,	11.37						Full C	Containn	nent with h	Negative	Pres	sure	•
≥3 sf or ≥3 lf		\boxtimes		ovatio				Enclosu					
≥160 sf ≥260 lf			Den	nolition	1		Glove	Bag Pr	rocedures				
								Exempte	ed and No	n-Friable	e Pro	cedu	ire
Location of		2553	Locati	10.000		Description			Amount	Aba	atem	ent T	ype
Asbestos-Contain Material (ACM)	ng		nally tolely b			Asbestos-Cont Material (AC			(Specify SF or LF)			m	200
TO BE ABATED			tenan			(i.e., thermal sy		`	or Li)	Re	Z	inca	Enc
in Facility	•		odial S		i	insulation, surfaci				Remova	Repair	sde	Enclsoure
(13)			(12)			or other miscella	ineous)		59	/al	=	Encapsulate	ure
		Yes	No	N/A							_		
1st Floor/Extending 2 ft int	o basement	Ш		Ш	Du	ct Insulation (remove)		20st	£		Ш	Ш	Ш
No. of D. 11	1		1	DEC :		0.11.22	N		41				
Name of Registered Waste Ha	ıler		1000	DEP V uler ID		Cubic Yards of Waste	Name of Re	egistere	d Landfill				
ALPHA ENVIRONMENTAL	11.7	15.46	00	33330)	1cubic	Grows La	ndfill					
City, State		. pr - 1	property is	49.00		Disposal Date	City, State	W 16-				600 30	
Trenton	207			S / .		Various	Morrisvill	e, PA					
Completed By (Print or Type)			Titl	е		Signature				Date	64		
Rod Richardson		<u> </u>	PI	VI		Rod Richardson				10/1	3/2	014	

9095

	1 Name - 15.	1 4 1											
F	Date of Notification (1)	10-14-	14			Nagisa	Operator (2)	# act	NET AM O				
1	Agericies Notified 17	Type Notification				ddress J			Ċ,	+5			
	□ EPA	initial	. 7		City. Sta	te, Zip Code	٦ JYC	amo	2200011	rce	• 		
	DOL 2 LIGHT	Amendment			Oity, Oil	K	ingSto	n , 1	30 Et	35	40		
	DOH	instification)			4 .	Contact	Manak	-0	Telephone I	Number			
1	DCA	☐ Cancellation				CS LSC LIPS INFORMATI		<u>.</u>				<u> </u>	
1	Name of Facility Where	^		5)	_		Туре	of Facility (4)			:	
-	Street Address			0e_					8 (Other than k				
	24	Sycan	ure	_ P	lace	٠		Other (i.e. p etc.)	private & comme	ercial bu	ildings,	home	25,
1	City (5)	1					Squa	re, Feet	# of Floors		Bldg. A	lge) +-	_
	County (6)	35700	LN		County (Curre	nt Use (Pri	or if being demo	olished)	600	Jτ	
	(Y)id	.dlesex		80	•	JSE ONLY)							
	Name of Monitoring Firm	n Hired by Building	Owner (8)	a.	ASCN	No.	Name of Aba	tement Cor	thoole	e io	S	Tin	R
1	Street Address	9 9	3			1-10-5	Street Addres	Š		3.		700	
,	City, State, Zip Code	Dox J	37			===	City, State, Z	Box in Code	33 F				
	New E	tave	NS	5	80	533	New	Equ	DY N	50	18	53	3
)	Project Manager for Mo	ri g Firm		100	Telephor		Telephone N		Licens	e No.	20	U	
1	Start Date (10)	SHEN NE	Scheduk			758-3365 Date (11)	609 758 Name of OSI		20 (<u> </u>			` .
	10-54.		لم	1-	1-	14			hnologie	<u>s 1</u>	-nc		
	Occupancy Status Durin				nent		Street Addres	BOK	337				
3	☐ Abatement Perform ☐ Other – Describe:	ned Outside of Norr					City, State, Z	ip Code	()				
-	Scope of Work (Check						14500 1	Egypt	M	08	53	ک	
3	≥3 sf or ≥3 if	u, 1760, 455.3)	≱ Ø F	Renova	tion				ent with Negativ	re Press	lure .		ĭ.
1	□ ≥160 sf or ≥260 if			Demolit	ion		¥2 Gld	ni-Enclosur ovebag Pro	cedure	<u> </u>	3 7		
			Т.				□ No	n-Exempte	d (*) and Non-F	riable R	- Abat	ement	
	Locatio	on of	. 1	Locati Normal	ly		scription of	8:	<u> </u>		, T)	/pe	
	Asbestos-Containing TO BE AB	g Material (ACM)	Ma	ed Sole	nœ/		taining Materia I systems insula		Amount (Specify	5 2	主	Ence	E
	In Fac	ility	Cus	todial S (12)	stan?		cing, VAT, or miscellaneous)		SF or LE)	Kemova	Repair	Encapsulate	Enclosure
	,(10,		Yes	No	N/A					[=	-	ate	6
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	Kitchen			Х		Floori	ng		150 3	FX	_		
	Detached (Darage	<u> </u>		2	Siding	Stringle	25	150 SE	= x	-		
	Name of Registered Wa	ecte Hauder	1	IN	JDEP W	/aste Cubic	Yards	Name of	Registered Lan	dfili			
			c ,		lauler ID	No. of Wa	iste 4		re Manag		t o	e f	A
	City, State	chnologie			1/0	Dispo	sal Date	City, Stat	te .			- 4	•
-	New E	gypt	NJ	` `\`			Signature	MORA	ville	PA			
	Completed by	Kan	Title	e:d	ba+		Stand	Sell	1	10	-14	-/	4

Theck #9094

Date of Notification (1)	00111	Name of	Building Owner/C	perator (2)		the book of the contract					
Date of Notification (1) Oct 14,	4014		Mary	Fren	trea	F 17		- 52			
Agencies Notified Type Notification		Street A	ddress [Cruf	ton	AUE HIT 2:	OB.		ACT 250-100		
□ EPA Initial □ DEP □ Amended Amendment #	1 2	City, Sta	te, Zip Code	tman	ـُ لَا ا	7 080	11	77. 11. s d	4		
DOH Emergency (in justification)	ncluding -	Name of	Contact Fre	int zen		Telephone Num	ber				
		FACI	LITY INFORMATI			1					
Name of Facility Where Abatement is Taking	Place (3) Dwc	lline	₹		of Facility (School (K-1	200			:		
Street Address Crafton	AUE	_)		Subchapter	8 (Other than K-12 private & commercia		dings,	home	es,	
City (5) Pitman NJ	080)~71	e.c.		e Feet	# of Floors	В	90	ge	-	
County (6) Glouceste	r	County (Code (7) USE ONLY)	Сите	nt Use (Prid	or if being demolish	ed)				
Name of Monitoring Firm Hired by Building O	owner (8)	ASCN	No.	Name of Abar	tement Con	tractor (9)	ાં દ	š ,	In	16	
Street Address Ro. Box 3	37			Street Addres	Box	337			53		
City, State, Zip Code	NJ	80	533	City, State, Zi	-	TU to	0	85	13	3	
Project Manager for Monethril gy Firm		Telephoi	ne No. 758- 3365	Telephone No. 609 758	-336	License No	53	39	4	,	
10-24-14	Scheduled Cor	mpletion	Date (11)	Name of OSF	-	hnologies	I	nc			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other - Describe:		ment		Street Addres	BOX	337			12		
Abatement Performed Outside of Normal Other - Describe:	al Facility Hour	s .		City, State, Zi	p Code	A A STATE OF THE S	18	8533			
Scope of Work (Check All That Apply)	•				JIP.	700 0	/ () (_		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	☐ Renova			Min Glo	i-Enclosure vebag Prod	cedure					
)	T			LI Nor	1-Exempted	d (*) and Non-Friabl	e Pro		ement		
Location of	ls Local Norma	lly	· De	scription of			_	Ту	pe		
Asbestos-Containing Material (ACM)	Used Sole Maintena		Asbestos Com	taining Material systems insula		Amount (Specify	ית		<u>n</u>	ш	
TO BE ABATED In Facility	©ustodial (12)	Staff?	surfa	cing, VAT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)	Yes No	N/A	other r	niscellaneous)			val	air	ulate	sure	
Basement	X X	1.0%	Pipe I	insula	tion	150 LF	r				
Name of Registered Waste Hauler	1	NJDEP W Hauler ID	No. of Wa	Yards ste 3	1200020 00	Registered Landfill Managen	200	£	c P	A	
City, State		170		sal Date / 31/14	-City, Stat	6	A	- 0		1.	
	NJ.	۸ ,	10	Signature	CI	Dai	e	1	J.	, ;	
Steve Schen Kee	Presid	knt		Sleeve)	DUL	che	10	114	110	4	

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10-13-14			as Comes Operator ACH	(2)		
	dification	Street Address		orAD	MAGE	V35
DEP DAME	nded Indicant S	FAR LL'I	Code UT	0793	2014 CST 17	H 2: In
IN DOM - insti	egency (nebsing lication) cultains		AcH	0112	Telephone Humber	11 110
		FACILITY IN			E LICENT	W.5"
A. LEACH 18 DUMONT	•			- Ciber (E.e., pri) (Citoritan K-12) icale & commercial but	
City (5)	TCUAD.				# of Floors Bit	S. Age
FARZHILLS		1 Oceania Ocada (A COPAGE LIGHT	.1700		81 YRS
SOMERSET		ONEY) (STATE USE	RESID	ENCE !	
Name of Manhoing Firm Hired by (6)	Building Owner ASC	M No.		emoval I	4.	
Statest Address			Street Address	River St		
City, State, Zip Code			City, State, Zip C		1. 07601	
Project Manager for Maniheing Fe	m Telephr	me No. ,	Telephone No. 201-329-		Usesse No 00388	
10-24-14	10-25-14		Name of OSHA! Omega En	feeler	1	3
Occupancy Status During Abatem		<u> </u>	Street Address			B
D. Pacifity Closed Vacains During (Cl. Abatement Performed Culaide of	of Namual Facility Hours	t	280 Huy.			+1 C
Citizer - Describe: 8 Am Scape of Work (Check all first app	5PM		South Ha	ackensacl	k, N.J. 076	06
@234er25f @21604er250f		Renovation Demotion		arehensi vih) Indoes Ind Prantes Indeed () and	legative Processes	
Location of Asherino Containing Maharini 10.35 ARATED	(ACM) Is Local Normal Used Sale Maintena Custod Sale (12)	ily sty by scor Asbes ial (i.e.	Description of the Containing Mod thermal systems in surfacing, VAT, other miscellance	instal (ACA) neulation, or	Association of the second of t	Enoipaujate Removal
BASEMENT	Yes No	> THERE	Const MECH	B.T. a.A	19015	
PHISEMENT		7 TITESC	imal insul	41104	IDLF	X
				1.	(水)。 (水)	
Best Removal Inc	ID No.	Haste Hauter	Catalic Yards of Wisste	Name of Registra	Mad Enterprises	
Hackensack,				Car. San Waynesbu	8.	
	Estimator		R. Volar	an	10-	13-14

Check#2016

State of New Jersey

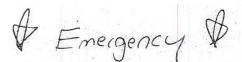
NOTIFICATION OF ASBESTOS ABATEMENT		
(Pursuant to NJAC 8:60 and 5:16)	 	

Data at the US or Cal				2022				11-11-1	1 -1			
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator (2)		4			
		14		Lisa	Yannotta		nos	1 COT . T .				
	e Notificat	ion		_	et Address		601	4 CCT 17 /	H 2:	į į		
	Initial			211	Edmunds	Avianisa						
	Amended				State, Zip				-10			
	Amendmer		_	1				3 LI5_11	J. G	-		
DCA (NJAC 5:23-8)	Emergency justification	(includi	ng	Key	oort, NJ 07	7735				0.000000		
	Cancellation							Telephone f	Number			
	- Canochatic				e McEvoy			1				
N (= 100)				F	ACILITY II	NFORMATION						
Name of Facility Where Abate	ement is Ta	iking Plac	ce (3)				Type of Facilit	y (4)	-		-	
Private home							School (K-	12)				
Street Address							Subchapte	r 8 (Other than K	-1 2)			
811 Edmunds Avenue							Other (i.e.,	private and com	mercial	buildir	ngs,	
City (5)							homes, etc Square Feet			-	_	
Keyport, NJ 07735							Square reet	# of Floors		Bidg.	Age	
County (6)			_	Cor	inty Codo (7)	/STATE USE ONLY						
Monmouth				000	inty code (7)	(STATE USE ONLY)	Current Use (F	Prior if being den	nolished)		
Name of Monitoring Firm Hire	d by Buildin	on Owner	(O)	1000								
and the state of t	a by ballall	ig Owner	(0)	ASCN	No.	Name of Abateme	ent Contractor (9)				
Ctract Addison						Gr Tech LLC						
Street Address						Street Address					-	-
011 011						576 Valley Rd #	283					
City, State, Zip Code						City, State, Zip Co	ode		-			_
						Wayne, NJ 0747						
Project Manager for Monitoring	g Firm		Tel	ephone	No.	Telephone No.	0	License No.	+			
						973-638-1777						
Start Date (10)	Sc	heduled	Comple	etion D	ate (11)	Name of OSHA M	onitor	01127				
10 /23 /14		10	/ 2	4 /	14							
Occupancy Status During Aba	ement (Ch	ook ook				Envirovision Cor	nsultants,Inc					
Facility Closed/Vacated Du	ring Entire	Doring of	one)			Street Address			3			
Abatement Performed Outs	ide of Norr	nal Facili	MDate	ment	n anila a	20-21 Wagaraw	Road, Bldg .#	34A				
Time of Abatement:	AM-	PM/	PM	15 - De:	AM	City, State, Zip Co	de					_
					2 (18)	Fair Lawn, NJ 07	410					
Scope of Work (Check all that	apply)					Clean up	and decontami	nation with nega	tive pres	ssure		
\times >3 sf or >3 If \times ≥ 160 sf or ≥260 If		□R	enovat	ion		☐ Full Conta	sinment with Ne	gative Pressure				
\ge 160 sf or \ge 260 lf		⊠ D	emolitic	on		Mini-Enclo	Procedure	Tent with Negat	ive Proc			
						Non-Exen	npted (*) and No	on-Friable Proce	dure	sure		
			s Locat							1		
Location of Asbestos-Containing Materi	ni /A 014		Norma ed Sole			Description of				batem	ent I	ype
TO BE ABATED	al (ACIVI)		intena		Asbes	tos Containing Mate	erial (ACM)	Amount	Remova	Repair	E	En
IN Facility				Staff?	(I.e.	, thermal systems in surfacing, VAT,		(Specify	mo	pai	Cap	clos
(13)		Cus							<	_	Encapsulate	Enclosure
		Cus	(12)			other miscellaneo	us)	SIF or LF)	0		AURY .	
		Cus		N/A		other miscellaneo	us)	SIF or LF)	<u>a</u>		(D)	1
utside siding		-	(12)		Trongit	other miscellaneo	us)			_	(e)	-
		-	(12) No	N/A	Transite s	other miscellaneo	us)	1,000 SF	<u>a</u>			
		-	(12)		Transite s	other miscellaneo	us)				te 🗆	
		-	(12) No		Transite s	other miscellaneo	us)				te 🔲 🗆 [
		-	(12) No		Transite s	other miscellaneo	us)				te	
utside siding	lo.	-	(12) No			other miscellaneo	us)	1,000 SF			te 🔲 🖂 🖂	
utside siding	ler	-	(12) No			other miscellaneo	us)	1,000 SF			te	
utside siding ame of Registered Waste Hau Tech LLC	ller	-	No D		Hauler ID No.	other miscellaneo	us) Name of Regis	1,000 SF			te 🔲 🖂 🖂	
utside siding ame of Registered Waste Hau	ler	-	No D	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Hauler ID No.	other miscellaneo	Name of Regis	1,000 SF			te [] [] []	
utside siding ame of Registered Waste Hau Tech LLC ity, State	ler	-	No D	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Hauler ID No.	cubic Yards of Waste TBD Disposal Date	Name of Regis T.R.R.F. Inc City, State	1,000 SF			te 🔲 🖂 🖂	
utside siding Tame of Registered Waste Hau Tech LLC ity. State ayne, NJ 07470		Yes	No D	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Hauler ID No.	other miscellaneo siding Cubic Yards of Waste TBD Disposal Date TBD	Name of Regis	1,000 SF			te 📋 🖂 🖂	
utside siding ame of Registered Waste Hau Tech LLC ity. State ayne, NJ 07470 ompleted By (Print or Type)	Ti	Yes	No D	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Hauler ID No.	cubic Yards of Waste TBD Disposal Date	Name of Regis T.R.R.F. Inc City, State	1,000 SF			te	
	Ti	Yes	No D	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Hauler ID No.	other miscellaneo siding Cubic Yards of Waste TBD Disposal Date TBD	Name of Regis T.R.R.F. Inc City, State	1,000 SF		014	te	

Date of Nove

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ate of Notification (1) 0/15/14			Nar Vir	ne of Bui	lding Owne anine Pr	er/Operator (iolo Privat	e Home			1				
gencies Notified Type No	tification			eet Addre	ess . ean Blvd		23	ON OST	17 AI	1 2: 18				
	al ended endment#		City	y, State, a	Zip Code ach Twp	NJ 08008	85c.)) ()	Tic.				
DOH jus	ergency (includir tification)	ng	Na	me of Co					Telepho	ne Numbe	r			
DCA Ca	ncellation		0		Y INFORM	ATION								
iame of Facility Where Abatemer /ince & Janine Priolo Priva street Address	nt is Taking Place ate Home	: (3)		HOILI			Sch Sul X Ott	Facility (4) hool (K-12) bchapter 8 her (i.e. priv	(Other th	an K-12) mmercial t	ouilding	gs, ho	mes,	
7405 Ocean Blvd City (5)							Square	Feet	# of Flo	ors	Bldg	. Age		
Long Beach Twp NJ 08000	3		Co	ounty Co	de (7)		1000+ Current	Use (Prior	A TOTAL	lemolished				_
County (6) Ocean				TATÉ US	EONLY) _		Home	ment Contr	actor (9)			_		_
Name of Monitoring Firm Hired by N/A	Building Owner	(8)		ASCM N	10.		naco Inc							
Street Address							t Address Box 329							
City, State, Zip Code				· · · · · ·		City, Wes	State, Zip st Berlin	Code NJ 0809	1					332
Project Manager for Monitoring F	irm		T	elephone	No.		phone No. 3-753-98		100	cense No 0727	y			
Start Date (10)			Comp	pletion D	ate (11)	Nam Sar		A Monitor			10			
10/16/14 Occupancy Status During Abate		17/14 v One)	-				et Address	S						
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire Period side of Normal Fa	d of Aba	ateme	ent		City,	State, Zip	p Code						
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Apply)		novat moliti			7	Min	l Containme ni-Enclosure ovebag Proc n-Exempted	edure		e Proc	edure		
		le l	ocati	on		74						Abate Ty		ě
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)		No Used Main Custo	rmall Sole tenar dial S (12)	ly by nce/ Staff?	Asbesto (i.e. t	Descript os Containing thermal syste surfacing, other misce	g Material ems insula VAT, or	ation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X		Exterior	Siding		200	0 SF	x			
exterior Siding Through Out		-	-	X		Floor			140	0 SF	x			
Through Out	+	-		+										
		_							Dae'st	ad Lands				
Name of Registered Waste Ha	uler		1125	NJDEP V Hauler ID		Cubic Yard of Waste	ds	G.R.O		ed Landfi				
United Containers			1000	22459	and the second	5 Disposal F	Tate	City, Sta						
City, State Elm NJ						Disposal D 10/17/14		Morris	ville PA	19067	ate			



Name of Building Owner/Operator (2) Date of Notification (1) Joan Vogel Private Home 10/14/14 Agencies Notified Street Address Type Notification 7506 Long Beach Blvd **EPA** Initial City, State, Zip Code Amended DEP Brant Beach NJ 08008 X DOL Amendment # Emergency (including X Name of Contact Telephone Number justification) DOH Joan DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Joan Vogel Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 7506 Long Beach Blvd etc.) # of Floors Bldg. Age Square Feet City (5) 1000+ 35 +Brant Beach NJ 08008 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) House Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 856-753-9800 00727 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Same. 10/15/14 10/17/14 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation X Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 1900 SF Exterior Siding X Exterior Siding NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S. **United Containers** 22459 Disposal Date City, State City, State Morrisville PA 19067 10/17/14 Elm NJ Signature Date Completed by Title 10/14/14 Anthony T Perna President



DEMES	10						60 and 12:1		CK.	416	13.2				
Date of Notification (1) 10/13/14			Name of Building Owner/Operator (2) Robert Mazy Private Home Street Address Z14 CT / AM 2: 29												
Agencies Notified	Type Notif			1 20	treet Add 4 Arno			9	2314 CCT	17	I.H 2: 2	9			
EPA DEP DOL	Initial Amer		#			, Zip Cod r Harbo	e r NJ 0800	18	~ - , , , ,	J.)	Ju Jik				
DOH DCA	justifi	gency (i cation) cellation	ncluding	4 30	ame of C	Contact					phone Klum	h = -			
_ DCA	L Cario	Chatton		٠.	FACILI	TY INFO	RMATION								
Name of Facility Where Robert Mazy Priva		s Taking	Place (3)						of Facility (4 School (K-1)						
Street Address 74 Arnold Blvd		v		-1				×	Subchapter Other (i.e. p etc.)	8 (Otherivate &	r than K-12 commercia) I buildi	ngs, l	nomes	s,
City (5) High Bar Harbor N	J 08008				k=				re Feet	# of	Floors	35	dg. Ag	je	
County (6) Ocean				(5	County Co	ode (7) SE ONLY)		Curre	ent Use (Prid	or if bein	ng demolish	ed)			
Name of Monitoring Fire	m Hired by B	Building (Owner (8)		ASCM	No.	352.	me of Aba	itement Con	tractor	(9)	******			
Street Address	-			/				eet Addre							
City, State, Zip Code				-			150000	y, State, Z est Berl	ip Code in NJ 080	91					
Project Manager for Mo	onitoring Firn	n		7	elephon	e No.		lephone N 56-753-9			License N 00727	0.			
Start Date (10) 10/14/14			Schedule 10/16/1		pletion D	ate (11)		me of OS ame	HA Monitor						
Occupancy Status Dur	ng Abateme	nt (Ched	k Only On	e)			Str	eet Addre	ess						
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside	g Entire e of Norn	Period of A nal Facility	batem Hours	ent		Cit	y, State, 2	Zip Code		* 24				
Scope of Work (Check	All That App	oly)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emoliti				M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure				e	
			2.70	Locati	Section 1				·				Abate Ty	ement pe	t
Locat Asbestos-Containi <u>TO BE A</u> In Fa (1	ng Material (BATED cility	ACM)	Use Ma	d Sole intenar odial S (12)	ly by		tos Containi thermal sys	tems insu , VAT, or	lation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A						200.05		_	ē	_
Exterior	Siding				Х			r Siding			200 SF	x	_	-	_
Throug	gh Out				X		Floo	r Tile		8	00 SF	x		-	
Name of Registered V United Containers				H	IJDEP W lauler ID 2459		Cubic Yar of Waste 4	rds	G.R.O		ered Landfi	IL			
City, State						- Server III	Disposal 10/16/1		City, Sta Morris		A 19067				
Completed by			Title				Sign	ature)		7.00	To	ate		.0	

10/13/14

Signature)

Title

President

Anthony T Perna

Completed by

Date of Notification (1) 10/14/2014 Agencies Notified EPA DEP DOL Amended Amendment # Emergency (in justification) DCA Name of Facility Where Abatement is Taking Private Residence Street Address 10 Hine Street		St. Jo Street / 703 N City, St Pater Name of Edwa	Address Main Street Mate, Zip Coson, NJ	ode			31.00		-			
EPA DEP DEP DOL Amended Amended Amendment # Emergency (in justification) Cancellation Name of Facility Where Abatement is Taking Private Residence Street Address		703 M City, St Pater Name of Edwa	Main Stre ate, Zip C son, NJ of Contact	ode		73	51.00					
DEP DOL Amended Amendment # Emergency (in justification) Cancellation Name of Facility Where Abatement is Taking Private Residence Street Address		Pater Name of Edwa	son, NJ of Contact				H C.	7 17	£Ħ (2: 2	7	
DOH justification) Cancellation Name of Facility Where Abatement is Taking Private Residence Street Address		Edwa				·.		- (6.5) - 		[]	-	
Private Residence Street Address	Place (3)	FAC	rd Curry					ephone Niv 4-,-4	mhor			Ħ
Private Residence Street Address	lace (5)		ILITY INF	ORMATION	Typ	e of Facility (4	1					
					Тур	School (K-12						
					×	Subchapter (Other (i.e. pretc.)	(Othe			dings,	hom	es,
City (5) Paterson						are Feet 00 +	# of	Floors		3ldg. <i>A</i> 50+	ge	
County (6) Passaic			Code (7) USE ONLY)	Cur	rent Use (Prio	r if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Ov	rner (8)	ASC	M No.	11.000 0.000 0.000		atement Cont Contracting				Si.		
Street Address					t Addr Sarg	ess eant Avenu	ie .					
City, State, Zip Code			-			Zip Code IJ 07013						
Project Manager for Monitoring Firm		Telepho	one No.		hone -333-	No. 9176		License N 01232	10.			
	cheduled C 0/16/201		Date (11)	100		SHA Monitor ion Consult	tants	Inc.				
Occupancy Status During Abatement (Check Care Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	iod of Abate	ement		20-2		ess agaraw Rd Zip Code	- Bldg	g.35E			3510531	
Other – Describe:						n, NJ 0741	0					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	ation lition			M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure	- 20			e	
8 22 2	ls Loc									Abate	ement	ŧ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	lely by ance/ Staff?		Description tos Containing thermal system surfacing, V/ other miscella	Materia s insu AT, or	lation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A									fe	
Roof	Х			g cement arc				2 SF	X			
1st Floor Bedroom 1	The same and the s						x	1				
Basement	×	-	Trowel	ed-on Plaste	r on (Chimney	30	SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP W Hauler ID 15939		Cubic Yards of Waste 2		Name of R G.R.O.W						
City, State Freehold, New Jersey				Disposal Date TBD	1	City, State Morrisvill	le, Pe	nnsylvai	nia			
Completed by Blagica Nikolova	Title Presiden			Signatur	B	Ninole	w	Da	ite 0/14/2	2014		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) October 14, 201	4	Name of Building		ator (2)	DEDIS	38	5			
Agencies Notified Type of Notifica [x] EPA [] Initial [] DEP [] Amer [x] DOL Amer		Street Address City, State, Zip Co.	97 Roya	7711 C	7 17 LH 2:	3 3				
[] DCA justifi	ication) ellation	Name of Contact Ron Y	oumans, J	r.	Telephone Number		ř.		1	
	FAC	ILITY INFORMA	TION							
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4	School (k-12) Subchapter 8 (ot	her thar	ı k-12)			
Street Address 112 Fremont Aver	nue			[x]	Other (i.e., priva buildings, homes		mmero	ial		
City	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 500 sf	# of Floors	Bldg 60	, Age			
Seaside Heights	Ocean			Current Use (Prior Resid	if being demolished ence)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of A	Abatement Contract Guard	or (9) lian Contracting,	Inc.				
Street Address			Street Add	dress	Route 9, Unit 61	0				
City, State, Zip Code			City, State	, Zip Code	River, New Jers		755-1	271		
Project Manager for Monitoring Firm	Telephone Number	er	Telephone 732-349	Number	License N 00624					
Scheduled Start Date (10) 10/15/2014	Scheduled Comple 10/16/2014	etion Date (11)	Name of 0	OSHA Monitor E.M.S	S.L. Analytical					
	only one) d During Entire Period of A Outside of Normal Facility		Street Add	1056 e, Zip Code	Stelton Road	ey 088	54			
Scope of Work (Check all that apply)] []≥3 sf or ≥3 If	[] Renov		<u> </u>	[] Mini-Encl [] Glovebag						
[X] ≥160 sf or ≥260 lf	[X] Demo	onuon		[X] Non-Exer	inpied (*) and Non-Fr	Table F	ocean	10	_	
	Is Location		Description	of		Abat	ement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	Asi N (i.e ins	bestos-Cont Material (AC , thermal sy ulation, surf VAT, or ter miscellar	raining CM) systems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X	Asbestos sidir	ng		550 sf	X				
									L	
									-	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	3	ards of Waste	T.R.R.F.	stered Landfill			L		
City, State Toms River, New Jersey	The state of the s	osal Date 17/2014	City, Stat	e wn, Pennsylvan	ia /					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Art	1/2	1	Date 10/1	4/14			

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

						100										
Date of Notification (1	October 14, 2014	1		Nam	e of Buildin	g Owner/Ope Segal	erator (2) & Sega	al	Tibily	و ت	3	83				
Agencies Notified [x] EPA		Notificati		Stree	t Address	465 S	outh St	2014	CCT 17 A	1 2:	92					
[] DEP [x] DOL [x] DOH	Amen	ded Notifi dment #_ gency (inc		City,	State, Zip (istown,	NJ 07962								
DCA	justific	cation) llation		Nam	e of Contac Free	t l Kimak		Te	elephone Number		16.					
			F	ACII IT	Y INFOR	MATION										
Name of Facility Who	ere Abatement is Taking l Lafayette Apts. Blo			ACIDIT	T II OI	dvii 11101		of Facility (4)	School (k-12)	41	L 12)					
Street Address	160 Randolph Plac	e						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,			
City		County	(6)		ty Code (7) TE USE Of	VLY)	1	e feet 0,000 sf	# of Floors 2		Age 8	0				
West O		Essex						Storage								
	Firm Hired by Building C Guardian Contract			ASCI	M No.			ent Contractor (Guardia	9) n Contracting,	Inc.	nc.					
Street Address	1889 Rte. 9, Unit 6	51				Street A		and the same of th	oute 9, Unit 61							
City, State, Zip Code	Toms River, NJ 08	755				City, St	ate, Zip C		iver, New Jers	ev 087	55-13	271				
Project Manager for I			Telephone Numb	ber	-	Telepho	one Numb	ber License Number								
등 등 교회 교육 주민 때 교육 사람들은 아이들이 없다면 하면 되는 것이 없었다.	Fernicola		7321-349-99	32			49-9932		00624							
Scheduled Start Date 10/1	(10) 14/14		Scheduled Comp 10/15/14	oletion Da	te (11)	Name o	of OSHA		Analytical							
	uring Abatement (Check of					Street A	Address	1056 84	elton Road							
[x]	Facility Closed/Vacated Abatement Performed 0	게 하는데 걸었다. 프로스			t				enon Road							
	Other - Describe	Juiside of	Normal Facility	, riours		City, St	tate, Zip C		way, New Jerse	y 088	54					
Scope of Work (Chec	ck all that apply)					[20	ill Containment	with Negative Pres	ssure						
[x]	>3 sf or ≥3 lf		[x] Rer	novation		[x		lovebag Procedu	re							
[]	≥160 sf or ≥260 lf			molition		ĺ	7000) and Non-Friable	Procedu	re					
										Abat	ement	Туре				
			Is Location			Descript				R	R	E	E			
	ation of	N	ormally used			Asbestos-Co		g	Amount	Е	E	N	N			
	ning Material (ACM) ABATED	Moint	Solely by enance/Custod	lial .		Material (i.e., therma		ic c	(Specify SF or LF)	М	P	CA	C			
	facility	Maine	Staff	iiai		insulation, s			0.2.	0	I	P	0			
	(13)		(12)			VAT,	, or			V	R	S	S			
						other misce	llaneous	A		U	U R					
		YES	NO N/		-					L		E	E			
Basement -stora	ge area		X	A	sbestos p	ipe insulati	ion		100 lf	X		-				
										-		-				
										-		 				
Name of Registered	Waste Hauler	N	JDEP Waste Ha	uler ID N		Yards of W	aste N	Name of Registe	red Landfill	1	1					
Guardia	an Contracting, Inc.		2022		3		State	T.R.R.F.								
City, State	River, New Jersey			isposal Da 0/16/14	ite	City, Tull		Mennsylvania	ı							
Completed by (Print	or Type)	Title			ignature	, 1	1	1		Date	14/20	14				
I Nichola	s Fernicola	Projec	ct Manager		11	165		//		10/	17/20	7.1				

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

State of them Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

						D 1111 O	10	(0)					
Date of Notification (1)	October 14, 201	4			Name of	Building O		k Segal	100/3	5	38	7	
Agencies Notified [X] EPA		Notific			Street Ad	ldress	465 So	uth Street 2014	CCT 17 AM 2	: 92			
[x] DOL [x] DOH	Amer	dment	tification #including		City, State	te, Zip Code	Morris	town, NJ 07962	[23,04, <u>1</u>	11.0_			
[] DCA	justif	cation) ellation			Name of	Contact Fred K	imak		Telephone Number	4-040	·		
				FACI	LITY II	NFORM	ATION						
Name of Facility Where	Abatement is Taking Lafayette Apts. Bl							Type of Facility (4	School (k-12)				
Street Address	160 Randolph Plac	e	8					[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,
City		Coun	ty (6)		County Co (STATE U	ode (7) JSE ONLY)	Square feet 10,000 sf	# of Floors	Bldg	g. Age	0	
West Ora	nge	Esse	ex					Stora	r if being demolished) ge area	9			
Name of Monitoring Fi					ASCM No	0.	Name of	Abatement Contract	tor (9) dian Contracting,	Inc		Carter Inc. No.	
Street Address	Guardian Contract 1889 Rte. 9, Unit	K####	10.				Street Ad	dress	Route 9, Unit 61	mc.			
City, State, Zip Code	100) Itto. 9, Olike						City, Stat	e, Zip Code		-	CONTROL OR		
	Foms River, NJ 08	3755	Talankana No				Talamban	Tom:	River, New Jerse License N		755-1	271	
Project Manager for Mo Nicholas F			Telephone Nu 7321-349-9				732 - 34		00624	umber			
Scheduled Start Date (1 10/14	.0)		Scheduled Con 10/15/14	mpletio	n Date (11	1)	S.L. Analytical	cal					
Occupancy Status Duri	(4.)				Street Address								
V2 02	Facility Closed/Vacated Abatement Performed								Stelloli Road				
	Other – Describe		011101111111111111111111111111111111111				City, Stat	e, Zip Code Pisca	ataway, New Jerse	y 088	54		
Scope of Work (Check	all that apply)						[]		ent with Negative Pres	sure			
(w.)	>3 sf or ≥3 lf		[w] n		•		[] [x]	Mini-Enclosure Glovebag Proc					
	≥3 st or ≥3 if ≥160 sf or ≥260 lf			Renovat Demolit			[]		edure l (*) and Non-Friable l	Procedi	ire		
										_			
			Is Location			ī	Descriptio	n of			tement	T	T
Locati	on of		Normally used	i			estos-Con		Amount	R E	R E	E	E
Asbestos-Containin			Solely by				laterial (A		(Specify SF	M	P	C	C
TO BE A		Mai	ntenance/Custo Staff	odial			, thermal :		or LF)	0	A	A P	L
(13			(12)			msa	VAT, c			V	R	S	S
						othe	er miscella	aneous)		A		U	UR
		YES	S NO 1	N/A						L		E	E
Basement -storage	area		X		Asbes	stos pipe	insulatio	n	80 lf	X			
		-	+		-						-		
		-	++		-						-		١-,
Name of Registered Wa	aste Hauler	1	NJDEP Waste I	Hauler 1	D No.	Cubic Ya	rds of Wast	e Name of Reg	istered Landfill	l		1	1
Guardian	Contracting, Inc.		202	223		3		T.R.R.F.					
City, State	er, New Jersey			Dispos 10/16			City, Sta	nte own.∕Pennsylva	nia				
Completed by (Print or		Title		10/10	Signatu	¥e ∧	1 D	/ Chilsylva	l più	Date		200	
Nicholas I	Fernicola	Proj	ect Manager			Yliz	tool	1.1		10/	14/20	14	

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

Diane of them serses

NOTIFICATION OF ASBESTOS ABATEMENT

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

Agencies Notellifed Type of Notification Sureat Address 2401 Pennington', NJ 08534 2401 Penni										
Agencies Notified	Date of Notification (1) October 14, 201	4	Name of Building	Owner/Ope Merce	er General Works	1 V = 1 -) 5	38	54	
Name of Facility Where Abatement is Taking Place (3) Pack Title Place (3) Pack Place (3) Place (3) Place (4)	[X] EPA [] Initial	Notification	Street Address	2401	Pennington Road	1 AM 2: 51				
Table	[x] DOL Amer	ndment # rgency (including	City, State, Zip Co	ode Penni					2	
Type of Facility Where Abstenent is Taking Place (3)	[] DCA justifi		The control of property and before the party of the control of the	Meier	Te		. 1V47			
Street Address 3312 Moon Rise Lane		FA	CILITY INFORM	MATION						
Street Address Stre	Residence	Place (3)			Type of Facility (4)		ner than [k-12)		
Name of Monitoring Firm Hired by Building Owner (8)		Lane			[x]	Other (i.e., privat		30	ıl build	ings,
Residence		County (6)		LY)	800 sf	1			0	
Street Address Street Address Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Toms River, New Jersey 10750-1271 Toms River, New Jersey 10717/14 Toms River, New Jersey 10750-1271 Toms River Address 100624	Toms River Twp.	Ocean								
Telephone Number		Owner (8)	ASCM No.	Name of			Inc.			
Toms River, New Jersey 08755-1271 Toms River, New Jersey 10716/4 Tullytown, Pennsylvania	Street Address				1889 Ro	oute 9, Unit 61				
Telephone Number	City, State, Zip Code			City, Sta		iver, New Jerse	ey 087	55-12	271	
Total Company Status During Abatement (Check only one) Street Address	Project Manager for Monitoring Firm	Telephone Number	er	11	ne Number	License N	_			
Street Address Street Address	N	The second secon	etion Date (11)	Name o		. Analytical				
City, State, Zip Code Piscataway, New Jersey 08854 City, State, Zip Code Piscataway, New Jersey 08854	Occupancy Status During Abatement (Check	only one)	1055 0. 1. 7. 1							
Scope of Work (Check all that apply) Scope of Work (Check all that apply)						eiton Road				
[] Signature S	5 1	Outside of Normal Pacifity I	Tours	City, St		way, New Jerse	y 0885	54		
$ \begin{bmatrix}] & >3 \text{ sf or } \ge 1 \text{ if } \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ if } \end{bmatrix} $	Scope of Work (Check all that apply)			[with Negative Pres	sure			
X ≥160 sf or ≥260 lf X Demolition X Non-Exempted (*) and Non-Friable Procedure X ≥160 sf or ≥260 lf X Demolition X Non-Exempted (*) and Non-Friable Procedure X Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Amount E E N N N M P C C C C C C C C C C C C C C C C C C	[] >2 of or >2 If	[] Penc	wation	L		re				
Is Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) X X X X X X X X X X X X X		5 6		[x			Procedur	re		
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) VAT, or other miscellaneous) Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. Normally used Solely by Maintenance/Custodial Staff insulation, surfacing, VAT, or other miscellaneous) YES NO N/A Asbestos siding Name of Registered Landfill T.R.R.F. Name of Registered Landfill T.R.R.F. City, State Toms River, New Jersey Completed by (Print or Type) Title Normally used Asbestos-Containing Material (ACM) (Specify SF M P C C C N A A L O I P O V R S S S V T N N N N N N N P C C C C T.R.R.F. N N N P C C C N A A L U U U L R E E E N D N N P C C C T.R.R.F. D I P O V R S S S C T.R.R.F. City, State Tullytown, Pennsylvania							Abate	ment	Гуре	
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) (13) (12) YES NO N/A Name of Registered Waste Hauler Guardian Contracting, Inc. Normally used Solely by Maintenance/Custodial (i.e., thermal systems in sulation, surfacing, VAT, or other miscellaneous) YES NO N/A A A A L C V R S S S C Other miscellaneous YES NO N/A Name of Registered Landfill T.R.R.F. City, State Toms River, New Jersey Completed by (Print or Type) Title Normally used Solely by Material (ACM) (i.e., thermal systems in sulation, surfacing, (i.e., thermal systems or LF) M P C C C C C C M A A A L C U U U L R E E T.R.R.F. City, State Tullytown, Pennsylvania							R	R	Е	Е
TO BE ABATED in facility (13) Maintenance/Custodial Staff (12) VAT, or other miscellaneous) YES NO N/A Name of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Toms River, New Jersey Completed by (Print or Type) Maintenance/Custodial (i.e., thermal systems or LF) NAMINITARY (1.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NAMINITARY (1.e., thermal systems or LF) NAMINITARY (1.e			A					E	N	N
in facility (13) Staff (12) VAT, or other miscellaneous) YES NO N/A Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Toms River, New Jersey Completed by (Print or Type) Title Signature Insulation, surfacing, value insulation, value insulation, surfacing, value insulation, value ins			ol (i				M		1.0	10000
VAT, or other miscellaneous) YES NO N/A Exterior X Asbestos siding Name of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Toms River, New Jersey Completed by (Print or Type) (12) VAT, or other miscellaneous V R S U U L R E E E Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State Tullytown, Pennsylvania Date		The second secon				Or Ear)	1			100000000000000000000000000000000000000
Name of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Toms River, New Jersey Completed by (Print or Type) NAME OTHER MISCERIANEOUS) A L R E R E Cubic Yards of Waste Disposal Date City, State Tullytown, Pennsylvania Date City, State Disposal Date		(12)		VAT,	or		V	R	1.100000	11000000
Exterior X				ther miscel	laneous)		1		1000	100
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State Disposal Date 10/17/14 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date Dat		YES NO N/A	1							100000000000000000000000000000000000000
Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title Disposal Date 10/17/14 Tullytown, Pennsylvania Date Date	Exterior	X	Asbestos sid	ing		750 sf	X			-
Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title Disposal Date 10/17/14 Tullytown, Pennsylvania Date Date			-				+-			-
Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title Disposal Date 10/17/14 Tullytown, Pennsylvania Date Date							\vdash			
City, State Toms River, New Jersey Disposal Date 10/17/14 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date		The second control of		Yards of Wa		red Landfill				
Toms River, New Jersey 10/17/14 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date				City						
Completed by (Print or Type) Title Signature Date				Tully	town, Pennsylvania					
				chat			200300000		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)	Votification (1)					Name of Building Owner/Operator (2)								
	October 14, 2014				Jersey Proud Modular Homes 20 25387									
Agencies Notified [X] EPA [] DEP	1	ion Notificat ded Notif			Street Address		Bridge Avenge 17	AM 2: 31						
[x] DOL	Amen	dment #_		•	City, State, Zip Co	de	Pleasant, NJ 08742							
[X] DOH		gency (inc cation)	cluding		Name of Contact	Tomic		elephone Number			-			
[] DCA	(a) (a) (b) (b)	llation			Lou			ompaqua 3 vario or	- 770	0				
				FAC	ILITY INFORM	IATION								
Name of Facility Where Re	Abatement is Taking esidence	Place (3)					Type of Facility (4)	School (k-12)						
Street Address	967 Washington	Avenue					[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	iings,		
City		County	(6)		County Code (7)		Square feet	# of Floors	Bldg	Age				
Ortley Bea	ch	Ocean			(STATE USE ONL	Y)	800 sf Current Use (Prior if	being demolished)		6	0			
						,	Residen	ice						
Name of Monitoring Firm	n Hired by Building (/A)wner (8)			ASCM No.	Name of	f Abatement Contractor (Guardia	(9) in Contracting,	Inc.					
Street Address						Street A	ddress	oute 9, Unit 61			84088840Y			
City, State, Zip Code						City, Sta	ite, Zip Code		007	166 1	771			
Project Manager for Mon	itoring Firm		Telephone N	Number			ne Number 19-9932	License N 00624		/33-1.	2/1			
Scheduled Start Date (10 10/15/1			Scheduled C 10/16/1		on Date (11)		OSHA Monitor	L. Analytical						
Occupancy Status During		nly one)	10/10/1			Street A	ddress	AS 32 - AS						
	cility Closed/Vacated						1056 St	elton Road						
2 3	batement Performed (ther – Describe	Jutside of	i Normal Fa	CHITY HO	ours	City, Sta	ate, Zip Code Piscatav	way, New Jerse	y 088	54				
Scope of Work (Check al	l that apply)		-			[]	Full Containment	with Negative Pres	sure					
Г 1				2		[]	Mini-Enclosure							
: :	sf or ≥3 lf 60 sf or ≥260 lf		[x]	Renova Demoli		[x	Glovebag Procedu Non-Exempted (*)	re) and Non-Friable I	rocedu	re				
L 1			L 3		T									
			Is Location		** **	Description	on of		Abat	ement '	Type	_		
Location	n of		ormally us		100	pestos-Co		Amount	R E	R E	E N	E N		
Asbestos-Containing	Material (ACM)		Solely by			Material (A	ACM)	(Specify SF	M	P	C	C		
TO BE AB		Maint	enance/Cu	stodial		., thermal		or LF)	0	A	A	L		
in facil (13)	•		Staff (12)		ins	ulation, su VAT,		100	V	I R	P	O S		
(13)			(12)		oth	er miscell			A		U	U		
		YES	NO	N/A					L		L E	R E		
Exterior			X		Asbestos sidir	ng		600 sf	X					
					1		T.,							
Name of Registered Wast	te Hauler Contracting, Inc.	N	JDEP Waste	e Hauler 0223	ID No. Cubic Ya	ards of Was	ste Name of Register T.R.R.F.	red Landfill						
City, State			20	Dispos	sal Date	City, S	tate							
	r, New Jersey	Tr'-1		10/17		Tully	town, Pennsylvania	1	I n		+			
Completed by (Print or T Nicholas Fe		Title Project	ct Manage	er	Signature	ch	PIA		Date 10/1	4/14				

^{*}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) October 13, 201	4	Name of Building Owner/Operator (2) Miller Homes								
	l Notification	Street Address	112 Gif	fordtown Lane	T 17 AM 2:	30				
[x] DOL Amer	nded Notification ndment # gency (including	City, State, Zip Co	de Tuckert	on, NJ 08087,	10	,	ř			
I I DCA	ication) ellation	Name of Contact Jim M	liller	T	elephone Number	c oçul				
		CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	e of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12)					
Street Address 1881 Ensign Cour	t		22	[x]						
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors Bldg. Age 60					
Toms River	Ocean			Current Use (Prior if Residen						
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of A	batement Contractor (Inc				
Street Address			Street Add	ress	oute 9, Unit 61	mo.				
City, State, Zip Code			City, State,	, Zip Code						
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone	Number	River, New Jersey 08755-1271 License Number					
Scheduled Start Date (10) 10/14/14	Scheduled Comple 10/15/14	etion Date (11)	732-349-9932 00624 ion Date (11) Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check			Street Add		J. Allalytical					
	d During Entire Period of Al			1056 St	elton Road					
Abatement Performed Other – Describe	Outside of Normal Facility I	lours .	City, State,		way, New Jerse	y 08854				
Scope of Work (Check all that apply)		· · · · · · · · · · · · · · · · · · ·	[]	Full Containment	with Negative Pres	sure				
[] >3 sf or ≥3 lf	[] Renov	vation	[]	Mini-Enclosure Glovebag Procedu	re					
[X] ≥160 sf or ≥260 lf		olition	[x]	Non-Exempted (*)		Procedure				
		Ī				Abateme	ent Type	=		
	Is Location		Description			RR	E	E		
Location of Asbestos-Containing Material (ACM)	Normally used		bestos-Contr		Amount	EE	N	N		
TO BE ABATED	Solely by Maintenance/Custodia		Material (AC ., thermal sy		(Specify SF or LF)	M P	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	C		
in facility	Staff		ulation, surf		5.22,	OI	P	0		
(13)	(12)		VAT, or			VR	S	SU		
	YES NO N/A	0.00000	er miscellar	neous)		A L	L	R		
Exterior	X X	Asbestos sidir	10		465 sf	X	E	E		
	T A	7 KSOCSTOS SIGN	-5		403 31	1	+	+-		
							+-	+		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	er ID No. Cubic Ya	ards of Waste	Name of Register T.R.R.F.	red Landfill					
City, State Toms River, New Jersey	Disposal Date									
Completed by (Print or Type) Nicholas Fernicola	Signature	hol -	wn Pennsylvania		Date 10/13/	14				

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

Pate 1 of 4

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

Date of Notification (1)	14 /	14				and the state of the state of	Owner/Operator (2		lob # 1410-1	1924 CH	ik.	#38	06	
Agencies Notified	Γype Notificat ⊠ Initial	ion			Street	Address Cooper		231	# CCT 17	AH 5	: (S		
☐ DHSS☐ DCA (NJAC 5:23-8)	Amended Amendmen Emergency justification Cancellation	y (incl n)	luding		City, Si Cam	tate, Zip C iden, NJ of Contact iny Delga	ode 08102	٠. ٧.	Telephone N	lumber	110	-		
		J11												-
Name of Facility Where Ab Leap Academy Chart Street Address	ter Schol - 1					ILITY IN	FORMATION	Type of Facility (☐ School (K-12) ☐ Subchapter 8 ☑ Other (i.e., pr	Other than h		buil	dings	S,	
130 North Broadway							- N	homes, etc.)	# of Floors		DIA	~ ^ ~		
City (5) Camden			2					Square Feet 73,000	# 01 Floors			g. Ag 926	е	
					Cours	hu Codo (7)(STATE USE ONLY)	Current Use (Pri		nalishad		520		_
County (6) Camden					Court	ty Code (/	MOTATE OSE ONET)	Vacant	or it being der	nonsneu	,			
Name of Monitoring Firm H	lired by Buildi	ing O	wner (8)	ASCM I	No.	Name of Ahatem	ent Contractor (9)	*174					-
Oxford Engineering		ing O	wiici (٥,	HOOM	10.	00 00 00	d Mold Service	s Corn					
Street Address	Company						Street Address	uo.u oo. 1100	о, сс.р.					
336 Point Street							3859 Sylon B	Boulevard						
City, State, Zip Code							City, State, Zip C							-
Camden, NJ 08102							Hainesport, I							
Project Manager for Monito	oring Firm			Tele	phone I	No.	Telephone No.		License No	D .				
Wm. Wayn Moran	-			88	6-541	-0700	609-702-0400		00862					
Start Date (10)	S	chedu	led C	omple	tion Dat	e (11)	Name of OSHA N	Monitor						
10 / _27_ / _	14	_1	1_ /	7	_ / _	14	EMSL Analyt	tical, Inc.						
Occupancy Status During	Abatement (C	heck	only o	ne)			Street Address							
☐ Facility Closed/Vacated							200 U.S. Rou	ite 130 North						
Abatement Performed C							City, State, Zip C Cinnaminson							
Scope of Work (Check all t	hat apply)				×1900 - 10									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De				Mini-End	itainment with Neg closure > CUT ME empted (*) and No	THE DELECT	٧				
90 000A			1,017,	Loca							Aba	teme	ent T	уре
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM))	Use Ma	d Sole intena	ely by		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF	; , ;)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									
See Attached Scope o	f Work				\boxtimes						X			
Schedule - 3 pages att	tached							E4		1	X			
											XI	П	П	П
					\Box	-					7	П	$\overline{\Box}$	П
Name of Registered Waste	Hauler				JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill			ш	ш	
Freehold Cartage, In				7 7 7 2 3	lauler II 02265	No.	Waste 8	GROWS La						
City, State					A-11		Disposal Date	City, State						
Freehold, NJ							11/8/14	Morrisville	, PA 19067					
Completed By (Print or Typ Kimberly A. Trumber		Title		Coor	dinato	r	Signature	V	_	Date	-	4-1	4	

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

Pate 2 of 4

RUDENVED

SCOPE OF WORK SCHEDULES
The Wilson Building
First Floor through Twelfth Floor
130 North Broadway
Camden, New Jersey

2014 CCT 17 AM 5: 0S

LOCATION: First Floor through Twelfth Floor - The Wilson Building

Note: Prior to initiation of asbestos abatement activities, the Contractor shall carefully demolish column and chase enclosures at each work area location in order to expose ACM pipe insulation. Demolition debris shall be properly disposed as C&D waste. Pre-existing non-ACM column enclosure debris located immediately adjacent to the identified work areas shall be removed and properly disposed. Upon completion of the localized demolition activities, the following ACM shall be removed and properly disposed.

LOCATION	MATERIAL TYPE	QUANTITY	ABATEMENT METHOD
First Floor:			
First Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-3)	3" Compressed Paper Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	40 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Insulation Riser	26 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Joint Insulation	2 Jts	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-4)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique

First Floor,	3" Compressed Paper Pipe		
Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	Insulation Riser	11 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Pipe Joint Insulation	1 Jt.	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	210 LF	Intact Wrap and Cut Pipe Technique
Second Floor:			——
Second Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor:			
Third Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Third Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor:			
Fourth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fourth Floor, Column Enclosure (C-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor:			
Fifth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Fifth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor:		4.0.2	
Sixth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Sixth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique

Pute 4 of 4

Seventh Floor:			
Seventh Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Seventh Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor:			
Eighth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (C-1/2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Ninth Floor:			
Ninth Floor	N/A	N/A	Clean-up and Disposal of Non-ACM Demolition Debris Only
Tenth Floor:			
Tenth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Tenth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor:			
Eleventh Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Eleventh Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor:			
Twelfth Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
Twelfth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique

Submitted by: Kimberry Anne Thambeth, Amr. Coep.

CK009024

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

Date of Notification (1) 10/13/14	Name of Building Owner/Operator (2) Borough of Lincoln Park															
Agencies Notified EPA	Type Notification		100	treet Ad 3 Cha	dress pel Hill	Road			2314	CCT	17	AH 5:	نان			
DEP DOL	Amended Amendment				e, Zip Coo Park, N		35		٠. ٠	7.7	و را د	·	(C_			
DOH DCA	Emergency (justification) Cancellation		4 533		Contact armofals	ski				Tele	ephone N	Number				
				FACIL	ITY INFO	RMATI	ON	- 27								
Name of Facility Where Flood Buy-Out House Street Address			10					Туре	of Facility (4) School (K-12) Subchapter 8		or than K	12\				
45 Pequannock Av	enue	4 4							Other (i.e. privetc.)	vate & commercial buildir				dings, homes,		
City (5) Lincoln Park								Square Feet				ldg. A	ge			
County (6) Morris				ounty C	ode (7) SE ONLY)	(a			ent Use (Prior sidence	if bei	ng demo	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	Ti			atement Contra Environme			es, Inc.				
Street Address							Street 152 F		ess e 206 South	1						
City, State, Zip Code							City, S	tate, 2	Zip Code ugh, NJ 088	M						
Project Manager for Mor	nitoring Firm		Te	elephon	e No.		Telephone No. License No. 908-218-0880 01228									
Start Date (10) 10/23/14		Scheduled 10/26/14							HA Monitor Environme	ntal	Service	es, Inc.				
Occupancy Status Durin	g Abatement (Chec	k Only One)	Street A					Addre	ess			•	- 10			
Abatement Perform				nt			City, S	state, z	206 South Zip Code		viins<mark>i</mark> si					
Other – Describe:							Hills	borou	ugh, NJ 088	844						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novatio nolitio				×	Mi	ull Containmen ini-Enclosure ovebag Proce		Negativ	e Pressu	re			
					7.				on-Exempted (d Non-Fr	iable Pro	cedur	е		
		Is Lo	cation	n							28			ement	t	
Location	n of		mally				scription		2000ARCD0CAC2020				1)	ре		
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	,	enanc	ce/	Asbest (i.e.	thermal surfac	aining M systems cing, VA niscellar	s insul T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
Basement un	der carpet	1		x	Bro	wn 12	" x 12"	' floo	r tile	25	66 SF	x	-			
Kitche	en			х		Yellov	w Linol	leum		8	0 SF	x				
			+			1										
Name of Registered Wa	ste Hauler		NJI	DEP Wa	aste	Cubic	Yards		Name of Re	ne of Registered Landfill					Н	
Yannuzzi Group, In							ste		Grand Ce							
City, State Hillsborough, NJ							Disposal Date City, State Penn Argyl, PA				10					
Completed by Anna Bastos		Title Administrative Assis				S	Signature Dastos Date 10/13				Date 10/13/	3/14				

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

(Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 1 10 1/1 14 1/11 14 Matthew Cornett Agencies Notified All 5: (17 Street Address EPA 14 Ethel Avenue X Initial DEP City, State, Zip Code Amendment DOL Hawthorne, NJ 07506 X DOH Name of Contact Telephone Number Cancellation ייים חמיים ☐ DCA Matthew Cornett FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Matthew Cornett Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 14 Ethel Avenue Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Hawthorne Passaic residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Rverson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/24/2014 10/24/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition ▼ Renovation Full Containment w/negative pressure ✗ Glovebag procedure Non-friable procedure \times >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely E E Location of by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing m staff(12) (Specify SF or C material to be material (ACM) C 0 a a abated in facility (13) Yes No N/A p 10 If & 6 If X boiler room pipe insulation X 6 If & 6 If laundry room X pipe insulation 9 If X pipe insulation laundry room X 6 If & 1 sf closet area X pipe insulation & flue packing Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 10/27/2014 Lincoln Park, NJ

Signature

Secretary/Treasurer

Gordana Luna

Completed by (Print or Type)

Gordana Luna

Date

10/14/2014

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CK#24499	ر این ا	13	ند
2014 CCT	17	PM C	

Date of Notification (1)		ā		Name of Building Owner/Operator (2)											
10/15/2014		JOANNE CLEVENGER 2014 CCT 17 EM 5: Co													
Agencies Notified	Type Notifica	tion			Street Addres	s			***	0-0	(w)				
□ EPA	Initial				101 HONEY	FLOWE	R DRIVE		16						
☐ DEP	Amende	ed Amendm	ent#_		City, State, Zi	p Code		3111	~~ ·	1110	-				
□ DOL	☐ Emerge				TRENTON,	NJ 08620)	- LIU	w/6.	J					
□ DOH	justificat			- 1	Name of Con				Telep	hone	Numb	er			
DCA	☐ Cancella	J. F. 100 P. L.			DAVID J. Đ	ANDRE	A				÷2				
				F	ACILITY IN	ORMAT	ION								
Name of Facility Where	Abatement is Ta	aking Place	(3)					Type of Facility (4)		- 1111-14		5-9			
CLEVENGER RESID								School (K-12)							
Street Address								Subchapter 8 (Other							
915 S.W. CENTRAL	AVENUE							Other (i.e., private &							
City (5)								Square Feet	# of F	loors	Bldg.	Age			
SEASIDE PARK, NJ											127				
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng der	molish	ed)				
OCEAN															
Name of Monitoring Firm	n Hired by Buildi	ng Owner (8)		ASCM No.	Name of	Abatement Cont	ractor (9)	14:			18			
AMERITECH	•		0)		00102	CREAN	I RIDGE ENVI	RONMENTAL INC.							
Street Address						Street Ad									
1A ST. LAWRENCE	AVENUE					15 BLA	CK FOREST R	OAD							
IA SI. LA WIENCE	AVEIVE					City, Sta	te, Zip Code								
SEASIDE PARK, NJ						HAMIL	TON, NJ 08691	591							
Project Manager for Mon	nitoring Firm	Telephon	e No.			Telephor			Licen	se No).				
ROD MORRIS		732-664-				609-890	-7110	12	0067	6					
Start Date (10)				npleti	on Date (11)	Name of	OSHA Monitor								
11/3/2014		11/6/201		•		AMERI	TECH								
Occupancy Status Durin	ng Abatement (C					Street A	ddress								
Facility Closed/Vac				teme	ent	1 A ST.	LAWRENCE A	VENUE							
Abatement performed						City, Sta	te, Zip Code								
ESSENTIAL PERSON						SEASII	DE PARK, NJ 0	8752							
Scope of Work (Check				9-1-15				Full Containment with Negative Pressu							
1 1≥ 3 sf or ≥ 3 lf					₩ Renova	tion		Mini-Enclosure							
≥ 160 sf or ≥ 260 lt	f				Demolit	ion		Glovebag Procedu	re						
<u></u>								■ Non-Exempted (*)	& Non	-Friab	le Pro	cedur			
		Is Lo	cation	1					Abat	ement	Туре	K .			
Leastion of Ashasta	os Containing	Norma	lly Us	ed	Descriptio	n of Asbes	stos Containing		7		En	т			
Location of Asbesto Material (ACM) TO B		1,000,000	ely by		40 565		hermal systems	Amount (Specify SF or LF)	Remova	Repair	ncapsulate	Enclosure			
Facility (1	2207/2007/	Maintena dial St				miscellane	, VAT, or other		10/2	pair	Sul	Insc			
		Yes N		V/A				#	=		ate	Q,			
THROUGHOUT HO	ME				ASBESTOS	DRYW	ALL	5320.S.F.	X						
THE CONTOCT HO			1		COMPOUN										
· · · · · · · · · · · · · · · · · · ·															
			-						T		'				
Name of Registered Wa	aste Hauler	1 1			NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill						
					Hauler ID No.		Waste	THE PARTY OF THE P							
TIMSTER					21079	-2	15 YDS	TULLYTOWN							
City, State							Disposal Date	City, State		0.22					
HAMILTON, NJ						11/7/2014	TULLYTOWN, PA.								
Completed By Title					Signatur	re M	0/2	Date							
DAVID D'ANDREA PRESIDENT					Alla	wid &	Kenlies	10/1	5/201	4					
ASB-41						100	U	/							

^{*} Do not use this form for asbestos licensure exempted activities

GL14-030

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

Page 1 of 1 Check # 1346

Date of Notification (1) 10-9-2014			Name of Building Owner/Operator (2) Naturex Inc.													
Agencies Notified	Type Notification		1 8	Street Ad	idress Liyler St		-	201	ACCT 17	7.64						
EPA DEP DOL	Initial Amended Amendment		5	City, Stat South I	e. Zip Coo	de sack,	NJ 076				ephone 1	lumbe	r			
DOH DCA	justification) Cancellation		[Denes	Gonthie	r			_,,,,	⊸വ.						
Name of Facility Where	Abatament is Taking	Place (3)		FACIL	ITY INFO	RMAT	ION	Type	of Facility (4)							
Naturex Inc.	Abatement is Taking	riace (3)						П	School (K-12)							
Street Address 375 Huyler St						-		×	Subchapter 8 Other (i.e. privetc.)	(Othe			uildi	ings,	home	es,
City (5) South Hackensack		. 1							are Feet 000 +	# of	Floors		BI6	dg. A	ge	
County (6) Bergen				County C	ode (7) ISE ONLY)				ent Use (Prior nufacturer/F			lished)				
Name of Monitoring Firm	n Hired by Building C	wner (8)	1	ASCM	No.				atement Contro, Inc	actor	(9)					
Street Address							Street	Addre		ke						
City, State, Zip Code							City, S	State, 2	Zip Code dale, NJ 07							
Project Manager for Mor	nitoring Firm		T	elephor	ne No.	-	Telephone No. License No. (201)710-9725 01084						e e e e e e e e e e e e e e e e e e e			
Start Date (10)		Scheduled (pletion [Date (11)	-	Name	of OS	SHA Monitor o, Inc		0,00					
10-11-2014 Occupancy Status Durin	g Abatement (Chec		Street						<u> </u>							
	ated During Entire P		teme	ent					burg Turnpi	ke						
Abatement Perform	ned Outside of Norm Saturday/Sunday and	al Facility Ho	urs		eek				Zip Code Idale, NJ 07	403						
Scope of Work (Check A	,						_ Dioo	ming		-00					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Ren □ Dem					Full Containment with Negative Mini-Enclosure Glovebag Procedure									
						1.35		J N	on-Exempted ((°) an	a Non-Fi	Table F		0.000	ement	
Locatio	n of	ls Lo Nor	mally	y		De	escription	of				_	_	Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) A <u>TED</u> lity		enan	ce/		os Cor therma surfa	ntaining Nal system acing, VA miscellar	Materia s insu AT, or	lation,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Passage	Area		X			Trar	nsite Pa	nels		1,1	70 SF	X				
												1			- 10	
Name of Registered Wa GL Group, Inc	ste Hauler		Ha	JDEP Wauler ID 33034	No.	of Wa			Name of Rous	egiste	ered Land	dfill				
City, State Bloomingdale, NJ			0033034				osal Date	1	City, State Morrisvill	e, P	A					
Completed by Michael B Solakov		Title P.M.					Signature	e	me later	<		Date 10-9	-20)14		

EDS14-366

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

Page 1 of 1 Check # 1347

Date of Notification (1) 10-10-2014			Name of Building Owner/Operator (2) Summit Board of Education						i, <u> 1</u>		-				
Agencies Notified	Type Notification		+	Street Ad				D/				-			
EPA DEP X DOL	Initial Amended Amendment #		+	City, Stat	e, Zip Coo t, NJ 07	de		T.	M CCT	17 AT] []:	10	ı		
DOH DCA	Emergency (inc justification) Cancellation	cluding		Name of Angelo	Contact Palumb	00			7 1 Te	lephone I	Vumb	ec_			
				FACIL	ITY INFO	RMAT									
Name of Facility Where Lawton C Johnson							1.		cility (4) ol (K-12) napter 8 (Otl	ner than k	(-12)				
Street Address 272 Morris Avenue									(i.e. private	& comme					es,
City (5) Summit								Square Fee 40,000	et #6	of Floors			dg. A O+	ge	
County (6) Union	35.			County C	ode (7) SE ONLY)			Current Us School	e (Prior if be	eing demo	olished	i)			
Name of Monitoring Firm Karl & Associates	m Hired by Building Ov	vner (8)		ASCM	No.			of Abatemer roup, Inc	nt Contracto	r (9)					
Street Address 20 Lauck Road							Street A	Address lamburg	Turnpike			- 32 HE			
City, State, Zip Code Mohnton, PA 1954	.0			City, S				ate, Zip Co		3					
Project Manager for Mo Michael Krischer		1	T	Telephone No. Teleph				Telephone No. License No. (201)710-9725 01084							
Start Date (10)				npletion [_	Name o	of OSHA Mo							
10-10-2014 at 3.30 Occupancy Status Duri		0-14-2				-	Street A	roup, Inc			-	77			
Facility Closed/Va	cated During Entire Pe	riod of A	baten	nent			140 H	lamburg '							
Abatement Perform Other – Describe:	med Outside of Norma	Facility	Hours				(5)	ate, Zip Coo ningdale,	de NJ 0740	3					
Scope of Work (Check	All That Apply)					***				51.5000					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				×	Mini-End Gloveba	tainment wi closure g Procedure empted (*) a	9				0	
		Yav						Non-Exe	impled (*) a	na Non-F	Hable			ement	8
			Locat orma	Mark (1997)		D	escription	of					Ту	ре	
Locatio Asbestos-Containin TO BE Ai In Fac (13	g Material (ACM) BATED illity	Maii Custo	(12)	nce/ Staff?		tos Cor therma surfa	ntaining M	aterial (ACN insulation, Γ, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Stage C	Ceiling	Yes	No	N/A	Wrap	and (Cut Pipe	Insulation	n n	50 LF	-	K			
Top Stage (bw stage			X		TTTQP		Transite			350 SF	-	K			
Stag			X				eaning l		3	000 SF					
	,,,		105.030								1				
Name of Registered Wa	aste Hauler		NJDEP Waste Cubic Yards					Nar	me of Regis	tered Lan	dfill				
GL Group, Inc	4		Hauler ID No. of Waste TBD					ows							
City, State Bloomingdale, NJ			Disposal I					y, State orrisville, I	PA				10	- 10	
Completed by Michael B Solakov		Title P.M.					Signature Date 10-10-2014								