CK 57545

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

0102-02 Date of Notification (1) Name of Building Owner/Operator (2) WASHINGTON TWP PUBLIC SCHOOL DISTRICT 17 14 Type Notification Street Address Agencies Notified **⊠** EPA Initial 206 E. HOLLY AVE **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # M DHSS SEWELL NJ 08080 ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Margaret Meehan FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) BELLS ELEMENTARY SCHOOL Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 227 GREENTREE ROAD homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50 >50,000 1 Washington Twp Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) SCHOOL Gloucester Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) DELTA/BJDS, INC 00073 HORIZON ENVIRONMENTAL GRP., INC Street Address Street Address 1345 INDUSTRIAL BLVD P.O. Box 316 City, State, Zip Code City, State, Zip Code SOUTHAMPTON, PA 18966 WEST DEPTFORD, NJ 08086 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00793 David Flanigan 856 848 0800 215 322-2900 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 9 / 20 / 14 9 / 30 / 14 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM- PM/11PM-Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation Mini-Enclosure ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf ☐ Demolition □ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Removal Repair Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) ncapsulate Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A M **CLOTH WRAP** 20SF \boxtimes **BOILER ROOM** П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste SERVICE TRANSPORT GROUP INC MINERVA LANDFILL 20990 City, State Disposal Date City, State WAYNESBURG, OH 44688 58 PYLES LANE, NEW CASTLE, DE 19720 Title Signature Completed By (Print or Type) DAMIAN LAVELLE PROJECT MGR. ASB-41

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

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Completed By SEPH

State of New Jersey (Pursuant to NJAC 8:60 and 12:170)

NOTIFICATION OF ASBESTOS ABATEMENT 2014 SEP 18 AM 12: 22 Date of Nouhcation (1) Name of Building Owner/Operator (2) 14/4 MEU + MACHINES Agencies Nothed AVELE LICENTIAL FREMONT 225 B.ma □ BPA 089 Amended Cry. State. Zip Code = 68270 200 Amanamani S WOODBINE Emergency linculaing וחסשובשותו Name of Contact
L 151 00 H Cancala son FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Yaking Place () School (K-12)

Subchapter 8 (Other than K-12)

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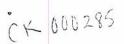
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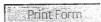
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Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCM No	O			nent Contra					
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Street Address					Address Virginia	Avenue					
City, State, Zip Code					tate, Zip	Code NJ 07304	1				
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Occupancy Status During Abatement (Ch				100000000000000000000000000000000000000	Address						
Facility Closed/Vacated During Entir Abatement Performed Outside of No	e Period of Abater				tate, Zip	Code				20-22-0	
Other – Describe:											
Scope of Work (Check All That Apply)	100 _				1			_	00/2011		
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Jersey City, NJ				2014		Morrisvill	e, PA				
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^{*} Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 9-11-2014					Building ((2)	2814	SEF	218	Pun			
Agencies Notified	Type Notificati	on	100000	treet Ad	dress pect Str	eet .		-					4		
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Name of Facility Where	Abatement is Ta	king Place (3)		FACIL	ITY INFO	RMATI	NC	Туј	pe of Facility (4)						
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County (6) Bergen					ode (7) SE ONLY)			Cu	rrent Use (Prior	if bein	g demol	ished)			
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City, State, Zip Code			1)						, Zip Code City, NJ 0730)4					
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Date of Notification (1)				4 2		Building Ov	wner/O	perator	(2)	26	14 5	Fp ,	8 F		-		
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Name of Facility Where	Abate	nent is Taking	Place (3)		724 78				Тур	oe of Facility (4)						
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Project Manager for Mo	nitorin	g Firm			Telephor	ne No.		Telepl				-	nse No				
A								201	216	5-9603		012	:06				
Start Date (10)			Schedule	ed Con	npletion [Date (11)	1			SHA Monitor							
09-08-14			09-09-	14				Delf	fa C	ontracting L	LC						
Occupancy Status Duri	ng Aba	tement (Chec	k Only Or	ne)				Street	Add	iress							
1 St. 10 St.					nent			522	7th	Street							
Facility Closed/Val Abatement Perform	med O	utside of Norm	al Facility	Hours	5			City, S	State	, Zip Code							
Abatement Perform Other – Describe:	08:00	AM - 05:00 PI	<u>и</u>				-	Unio	on (City NJ 0708	7						
Scope of Work (Check	All The	at Apply)										-					
	All THE	т прріў)	627 _					Г	7	Full Containme	nt with	Nega	tive P	11229	·e		
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Asbestos-Containin		erial (ACM)		ed Sole		Asbest	os Con	taining l	Mate	erial (ACM)		moun				Ē	m
TO BE A	BATE			todial		. (i.e.	therma	l system cina. V	ns in	sulation,		Specific or LF		en	Re	cap	nde
In Fac (13				(12)				miscella	20-0-0	10.00	0,	OI LI	,	Removal	Repair	Encapsulate	Enclosure
(10	,		-		T	1	CR-550-5610							=		ate	G,
			Yes	No	N/A										-	-	-
Exte	rior	100		X				Siding	3		1,5	540 S	SF	х			
	cyce(456																
			-		-									1	-		1
•														<u> </u>	1	_	-
								SMILE .									
Name of Registered W	aste H	auler		1	NJDEP V	Vaste	Cubic	Yards		Name of	Regist	ered L	andfill.		enente.		
Programme and the same of		adici		1 0	Hauler ID	200	of Wa	aste		Tullyto	wn R	esou	rce R	ecov	erv	Facil	lity
Delfa Contracting	LLC			3	35240	9	10								•		
City, State							0.00	osal Dat	e	City, Stat							
Union City NJ 070	87						09-1	10-14		Tullyto	wn, P	Α					
Completed by			Title					Signatu	ire	R		927	Da				
Jaime Delgado			Proj	. Mar	nager					D			0	9-05-	14		

Check# 10970

Date of Notification (1) 9–15–14					Building O					201	4 SEP	18	D	14 11		
Agencies Notified	Type Notifica	ation	100	Street Add	dress gomingo	Roa	ıd			PE (U.				HII		t-
EPA DEP DOL		ment #			e, Zip Cod hocken		19428				رز لرا. دو لرا.	٠ <u>٠</u>	ران دار	00	(0)	
DOH DCA	justifica Cancell			Name of O	Contact Simone						nhone N					
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where a Former Taco Bell Street Address	Abatement is	Taking Place (3)						☐ Sc	Facility (4) chool (K-12) abchapter 8)	r than K	-12)				
1521 Blackwood Cl	ementon R	oad						× Ot	her (i.e. pri c.)	vate &	comme	rcial b				s,
City (5) Blackwood			910					Square 2,000		# of 1	Floors		50 50	dg. Ag)	ge	
County (6) Camden			(County C	ode (7) SE ONLY)			Current restau	Use (Prior Irant	if beir	ng demo	lished)			
Name of Monitoring Firm Batta Environmenta		Iding Owner (8)		ASCM	No.				ment Cont nvironme			any,	nc.			
Street Address 6 Garfield Way								Address Haws A	Avenue							
City, State, Zip Code Newark, DE 19713				W. C.				tate, Zip stown,	Code PA 1940)1		7.00				
Project Manager for Mor Neeraj K. Batta				Telephon	e No. 7-3376			none No. 239-99			License 00398					
Start Date (10) 9/30/14		Schedule		pletion D	ate (11)				A Monitor onmental,	Inc.						
Occupancy Status Durin	a Abatement	(Check Only On	e)	-			Street	Address		-						
Facility Closed/Vac				ent			411	Southg	ate COu	rt						
Abatement Perform Other – Describe:	ned Outside of	f Normal Facility	Hours			_	100	state, Zip leton, I	Code NJ 08056	6	±1					
Scope of Work (Check A	All That Apply)						par.	7		E 22						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Mini- Glov	Containme -Enclosure ebag Proce -Exempted	edure					a	
			60 AC			Table Committee	P.io	INOIP	-Exempled	() arm	I NOTE:	labic			ment	
	7000 *	1250.00	Location Loc	2000		_	escription	of						Ту	ре	
Asbestos-Containing TO BE AE In Fac (13)	g Material (AC B <u>ATED</u> ility	Mai	d Sole ntenar odial S (12)	nce/		os Co therma surf	ntaining Mal system acing, VA miscella	Material (s insulat AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		5									fe	
exter	ior	X					roofing	1		9	00SF	2	2			
									-		-	-				
Name of Registered Wa Robinson Waste Di		vice	Н	JDEP W lauler ID		Cubi of W 10	c Yards aste		Name of F	Registe	ered Lan	dfill				
City, State			1	7304		Disp	osal Date		City, State		7		-			
Voorhees, NJ 0804	+3	Title				10/0	Signatur		lullytow	т, г/	`	Date				
Completed by James M. Kelly		Title Vice	Presi	dent			Jigilalul					9/1				

	NO.	TIFICA	MOITA	OF AS	BESTO	S ABA	FEMENT					
Check#1995		(Pt	ırsuar	nt to NJA	C 8:60	and 5:1	6)	4 N 1000	,			
Date of Notification (1)			Name	of Building	Owner/	Operator (2)	2014 SEP	Sec. 7.	·	• •	
	14		Arath	i Ravi				2014 SFP	10 -	2		
Agencies Notified Type Notific	ation		1.3462 - 0.00 - 3.00	t Address			W. 1971. 12 1988		10	11:	έ,	7
☐ EPA ☐ Initial			330 P	lainfield A	Avenue			**************************************				
X DOLWD ☐ Amende X DHSS Amendm			City,	State, Zip C	Code			LE LIC	200	110	:01	
☐ DCA ☐ Emerger		ng		ley Heigh		7922		ie Lio	-1.01:	C)		
(NJAC 5:23-8) justificat			0.000	of Contac	t			Telephone Nur	mber			
Cancella	ition			i Ravi								
N. C.			FA	CILITY IN	IFORM/	ATION						
Name of Facility Where Abatement is	Taking Plac	e (3)					Type of Facility					
Private home Street Address							School (K-1 Subchapter	8 (Other than K-1	2)			
330 Plainfield Avenue							Other (i.e.,	private and comme	ercial bu	uilding	JS,	
City (5)					- Dec 1		homes, etc.	<u> </u>	RI	dg. A	7.0	
Berkeley Heights, NJ 07922							oquate i cot	# 01 1 tools		ug. A	ge	
County (6)			Cour	nty Code (7)	(STATE U	ISE ONLY)	Current Use (P	rior if being demo	lished)			
Union												
Name of Monitoring Firm Hired by Bui	lding Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (9))				
					Gr Tec	h LLC						
Street Address			10		Street	Address	400					
						alley Rd						
City, State, Zip Code					City, St	tate, Zip C	ode					
Project Manager for Monitoring Firm		T-1		N		, NJ 074	70	111				
Project Manager for Monitoring Firm		1 616	ephone	NO.		one No.		License No.				
Start Date (10)	Scheduled	Comple	etion Da	ate (11)		8-1777 of OSHA	Appitor	01127				
09 / _24 / 14			5_ /		10.50030505000							
Occupancy Status During Abatement						Address	onsultants,Inc					
Facility Closed/Vacated During Ent	ire Period o	f Abate	ement				Road, Bldg .#	244				
Abatement Performed Outside of N	lormal Facil	ity Hou	rs - Des	scribe	City, St	tate, Zip C	ode	34A				13/31
Time of Abatement:AM	PM/	PIM.		_AM		wn, NJ 0						
Scope of Work (Check all that apply)				-1011-0	ТП	Clean u	p and decontami	nation with negati	ve press	sure	-	
	⊠ F	enovat	ion		Н	Full Con Mini-End	itainment with Ne closure	gative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf		emoliti				Gloveba	g Procedure	Tent with Negativ		sure		
		lalass		·		Non-Exe	empted (*) and N	on-Friable Proced	-			
Location of		ls Loca Norma			De	scription	of		Ab	atem	ent T	-
Asbestos-Containing Material (ACM	11/	ed Sol		Asbe	stos Con	taining Ma	aterial (ACM)	Amount	Re	Repair	Enc	Enclosure
TO BE ABATED IN Facility	14000000	stodial		(i.e	therma	al systems acing, VAT	insulation,	(Specify SIF or LF)	Removal	pair	Encapsula	losu
(13)		(12)				miscellane		Sir or Er;	<u>a</u>		ulate	l e
	Yes	No	N/A	1			10 g				Φ	
Basement			X	Pipe inst	ulation			30 LF	X			
									ПП	П	П	T
											П	T
		+=		 								+-
Name of Registered Waste Hauler		N:	DFP Weet	e Hauler ID No.	Cubic V	ards of Mes	te Name of Regi	stored Landell			لـا	
		1					Access access and	stered Langfill				
Gr Tech LLC City, State			003378	85	TB:		T.R.R.F. Inc			e recome		
							- 8					
Wayne, NJ 07470 Completed By (Print or Type)	Title				TBI		Tullytown, P	T	2-4-		-	
	_				519	gnature /	to ver	1	Date			
N.Jevtic ASB-41	Owner					H	the Wer	rad 0	9/15/20)14		

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

MAY 11

efox 1090

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

Date of Notification (1) 9/15/14				Na N	ime of Bi	uilding Owner/ SOCIATES	Operator	(2)			" " man " qual" pa	~ 1 v		,	
Agencies Notified	Type Not			Str 1	reet Addi 481-O	ress AK TREE R	OAD			2014	SEP 18	PH	11:1	3	
EPA DEP DOL	Ame	ended endment#_		Cit	ty, State SELINO	, Zip Code G, NJ 08830)			******	77133	٠	·,		
DOH DCA	just	ergency (in ification) icellation	cluding		ame of C					7-1-2		J ,	2	-	
J DCA 1	<u> </u>	- Collabori			FACILI	TY INFORMA	TION								
Name of Facility Where A GARAGE	batemen	t is Taking	Place (3)					Тур	School (K-12 Subchapter 8)	than K-12)				
Street Address 1329-ROOSEVELT	AVE.				<u> </u>	4		V	Other (i.e. prietc.)	ivate &	commercial	buildir	ngs, h		١,
City (5) WEST CARTERET	, NJ 07	008						40	uare Feet 000 rrent Use (Prio	1			99		
County (6) MIDDLESEX				C (S		SE ONLY)		G	ARAGE						
Name of Monitoring Firm	Hired by	Building O	wner (8)		ASCM	No.	DIN	NAG	batement Cont O ENVIRON	IMEN	ΓLLC.				
Street Address		n					Stree 339	et Ado	iress FAYETTE S	TREE	Т				
City, State, Zip Code							City, NE	State	e, Zip Code RK, NJ 0710)5					
Project Manager for Mon	nitoring Fi	rm		T	Telephon	e No.		phone 3-49	e No. 1-0877		#01240).			
Start Date (10) 9/24/14			Scheduled 9/29/14		pletion D	Date (11)	Nam J&	e of 0	OSHA Monitor NVIRONME	NT CC	RP.				
Occupancy Status Durin							Stre 23	et Ad 33 R	dress ROUTE 22 W	/EST					
Facility Closed/Vac Abatement Perforr Other – Describe:	ned Outsi	ng Entire F de of Norm	eriod of A al Facility	Hours	ent				e, Zip Code N, NJ 07083	}					
Scope of Work (Check	All That A	pply)						- y							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti					Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				a	
								A	Non-Exemple	d () an	u Non-Filat		Abate		t
Location Asbestos-Containin TO BE A	g Materia	I (ACM)	Use Mai	Locati Iormal d Sole intenai	ly ly by nce/	(i.e. ther	mal syste	g Mat ems ir	terial (ACM) nsulation,	(5	mount Specify		Ту	ре	
In Fac	cility		-	odial 9 (12)			urfacing, ner misce			51	or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A	\A/I	NDOW	CAL	II K		55	X	-	-	+-
WINE	WOO				X					-	1600	X	-		+-
ROOF PA	ARAPE				X	F	ROOF/F	LAS	ьH	-	1000		-		
	_		-			<u> </u>									
Name of Registered W				1	NJDEP V Hauler ID 19551		ubic Yard f Waste	is			ered Landfi NTERPF		1	-	
City, State			-11		19001	D	ispos a l D	ate	City, Sta	ate NSBUF	RG , OHI	 O 446	888		
Completed by			Title	SIDE	=NT		Signa	ture	//	_	10	ate 9\15\1	- 5		
CARLOS GOMES			PRE	ביוטו	_111			/	m f						

1 Lek 1089

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

Date of Notification (1) 9/15/14					Building Owner/G NORTH AMER				·	/ o' _			
Agencies Notified	Type Notification			Street Ad 201- F	ddress ROUTE 17 NO	RTH 7	TH FL	2614	SEP 18	PAL			
DEP DOL	Amended Amendment		_ [City, Star RUTH	te, Zip Code ERFORD NJ	07070	-3	*UU.	-y/_;		• 42	,a •	
DOH DCA	Emergency (justification) Cancellation	including			Contact DRINO ELIJIO	VIII.		156	lephone Nur	mber /		9	
				FACI	LITY INFORMAT	ION							
Name of Facility Where 20-LAFAYETTE ST		g Place (3)						ol (K-12)	her than K-1	2)			
20-LAFAYETTE ST	TREET	2)					Other etc.)	(i.e. private	& commerci	al build	ings,	home	es,
City (5) CARTERET, NJ					- 81		Square Fee	et # 1	of Floors	В	dg. A	ge	
County (6) MIDDLESEX					Code (7) USE ONLY)		Current Us	e (Prior if b	eing demolis	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.	Name DIN	of Abateme AGO ENV	nt Contracto IRONME	or (9) NT LLC.				
Street Address							Address -LAFAYET	TE STRE	ET				
City, State, Zip Code							State, Zip Co VARK, NJ		9				
Project Manager for Mor	nitoring Firm	100000000000000000000000000000000000000	1	Telepho	ne No.		none No. -491-0877		License N #01240				
Start Date (10) 10/1/14		Schedule		pletion	Date (11)	Name	of OSHA M	onitor	IC				
Occupancy Status Durin	a Abatament (Char						Address			gri-200 <u>and 2-800</u>			
	ated During Entire			ent			3-ROUTE	22 WES	Γ				
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	Hours	- I CITE			State, Zip Co ON, NJ 07						
Scope of Work (Check A	All That Apply)						-				-32		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	enova emoliti				Mini-End Gloveba	closure ag Procedur	th Negative I e and Non-Frial			e	
		le	Locati	on			_ NOII-LX		ing Ivon I na		Sair W	ement	t
Locatio	n of	N	ormal	ly	D	escription	n of			-	Ту	ре	_
Asbestos-Containing TO BE AB In Faci	g Material (ACM) BATED	Mai	d Sole ntenar odial S (12)	nce/	Asbestos Cor (i.e. therma surfa	ntaining N al system acing, VA	Material (AC is insulation, AT, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No No	N/A	other	miscella	neous)			val	#	ulate	ure
CENTER RO	OF/FLASH			X	ROO	F/FLAS	SHING		700SF	Х			
NORTH WEST F	IRST FLOOR	1 1		X	PIPE	INSUL	ATION		420LF	Х			
NORTH AND S	OUTH SIDE			X	FLOOP	TILE/	MASTIC	3	800SF	Х			
WEST, NOR	TH,EAST	1		X	WINI	DOW/D	OOR		1385LF	Х			
Name of Registered Wa			н	JDEP V auler ID 9551		c Yards aste	11 1122		stered Landfi ENTERPR				
City, State NEWARK , NJ					Dispo	osal Date	e Cit	y, State /AYNSBU	RG, OHIC	4468	88		
Completed by CARLOS GOMES		Title PRE	SIDE	NT		Signatur	e / L	-		ate 9/15/1	4		
							11						

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

Check # 7503 and 7605

Date of Notification (1)						r/Operator (2)				Fig. 1903.	allu 7			
	9/15/14			n Cour	nty	100				2014 SEP	15	~	S	_
Agencies Notified	Type of Notifica			ddress						28	10	11	111	: 1
[] EPA	[] Initial	5	95 N	ewark .	Ave.				8.4	م ري ا	40		9.5	4
[] DEP	Notification	100	ty Sta	te, Zip Co	nde					41	. : .			= ,
[x] DOL	[] Emergency [x] Amended	Je		City, I		7306				& Lis	£.,,	124	3	10
[x] DOH	Notification #7	n Na	me of	Contact				Tele	ephone Numb	er				
[] DCA	[] Cancellatio	0 3333		iscart										
					ACILI	TY INFORMATION					41.			
Name of Facility When	re Abatement is T	aking Plac	ce (3)				Type of Fac						et et e	
Hudson County			, ,				Sc Su	hool (K bchapt	(-12) er 8 (Other th	an K-12)				
Street Address								her (i.e	er 8 (Other th , private and o	commercial b	uilding	s,		
595 Newark Ave	enue						118	///C5, C						_
000 1101121111							Square Fee	et	# of Floors	Bidg ~ 50	. Age			
City (5)	- 80/8 - 1	County				ounty Code (7) STATE USE ONLY)	250000	. (Prior	13 if being demo	- 2		April		_
Jersey City		Hudso	on		(0		Office build	ing	ii boing donn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name of Monitoring F	irm Hired by Build	ling Owne	r A	SCM No		Name of Abaten								
Whitman Comp			(0110			Jupiter Env	vironr	mental Se	rvices, Ind)		_	
Street Address						Street Address								
7 Pleasant Hill F	Road						3 Lynn Co	urt						
City, State, Zip Code						City, State, Zip (^{Code} Lincoln Pa	arle N	1107035					
Cranbury, NJ 08								air, iv	10 07033	License Nu	mher			
Project Manager for M	Monitoring Firm			Number 0-5858		Telephone Num	973-709-0	200		LICETISC IV		85	2	
Kevin Lovely Scheduled Start Date	(10) Sch	ed. Comp	CONTRACTOR S		1	Name of OSHA		200		1				
2/25/1			31/1			Traine of co	J & S Env	ironn	nental Lab	oratories	LLC	<u>; </u>		_
Occupancy Status Du	ed/Vacated During	Entire P	eriod o	of Abatem	nent	Street Address	2333 Rout	e 22	W					
[x] Abatement P	erformed Outside	of Norma	al Faci	lity Hours	-	City, State, Zip								
Desc [X] Other – Des	cribe: <u>evenings a</u> scribe: <u>partially va</u>	nd/or wee cated	kends				Union, NJ	0708	83					
Scope of Work (Chec	k all that apply)		F- 300				7797	742000000			-			
				[V]	Pon	ovation	[X] [X]		Containment v – Enclosure	vith Negative	Press	ure		
[] Demolition [] ≥3 sf or ≥3 lf				[X]	Nem	Ovation		Glove	ebag Procedu	re				
[x] ≥160 sf or ≥							[x]	Non	- Friable Pro	cedure				
			Loca								500000		nen	t
			mally Solely				cription of - Containing			Amount	R	R	E	E
Locatio Asbestos – 0				ce/Cus			rial (ACM)			(Specify	E	E	N	N
Material		tod	al Sta	ff (12)			rmal systems	_		SF or LF)	M	P	C	C
TO BE A	CATOCO		Т	1			surfacing, VA niscellaneous				O V	A	A	L
In Fac (13		Yes	No	N/A		or other i	THE CONTAINE OUT				A	R	S	S
	,		and the second							2000 CF	L		U	U
Various – courtrooi			X			ster/spray-on ceiling	g*		and the second s	8000 SF 15000 SF	X		\dashv	
Various – courtrooi			X			or tile*				1000 LF	×			_
Various – courtrooi	ms, offices		X	-	TSI					1000 Li	-			
N	Mosto Haules	NI NI	IDED	Waste		Cubic Yards	Name of	Regist	ered Landfill				-	_
Name of Registered V	waste Haulei montal Servic	1.208		D No.		Of Waste	Minery							
Jubirei Elivironi	Herital Servic	503	0478			80							_	
City, State						Disposal Date	City, Sta		- OII					
Lincoln Park, N						TBD/Various	Wayne	espur	g, UH	Date		-		
Completed By (Print	or Type)	Title		NA		Signature		-	7	9/15/	14			
Pane Repic		Ger	neral	Mana	ger	A				3/13/	17			
						//		- 3						_

*Note: Work to occur in phases First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on/about 3/5/13. Amendments will be sent for other phases.

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

Check # 7602

Date of Notification (1)	9/15/14					Operator (2)			••••	· ~ ,	v _			_
	Type of Notifical			dii Sta		iiversity		201	1000		-	*****		
Agencies Notified	Type of Notifical			ormal .	Aven	ue		-6/5	SEP 1	3 P	411	. !	1001	
	[x] Initial										111	· é	Ĵ	
[] DEP	Notification [] Emergency	City		e, Zip Co					7710	<i>;</i>				
[X] DOL	[] Amended	Up	per	Monto	air, N	NJ 07043		٠	É LIJE	• • •	11	101	0	
[X] DOH	Notification	Nar	ne of	Contact	755		// / / / / / / / / / / / / / / / / / /	Telephone Nur	nber	-015	-			
[] DCA	[] Cancellation	n An	ny F	erdina	nd									
				500-1-	16-12	Y INFORMATION						-		_
Name of Facility When				=1272			Type of Facil	ity (4)						
Panzer Gym, Mo	ontclair State	Univers	sity				Sub	ool (K-12) chapter 8 (Other er (i.e. private an	than K-1	2)	ممنامان			
Street Address							hor	er (i.e. private an nes, etc.)	a comme	iciai bu	maing	js,		
1 Normal Avenu	е						Square Feet	# of Floo	re	Bldg.	Δαο			- 2
City (5)		County (6	3)		Co	unty Code (7)	60000	2	113	~ 70	Age			
Upper Montclair		Essex				TATE USE ONLY)		(Prior if being de	molished)				- 28
Name of Monitoring Fi			Τ.Λ	SCM No.		Name of Abatem	educational	(9)						-
Whitman Compa		ing Owner		0110				ronmental S	ervices	s. Inc				
Street Address	arrico, 1110.	14. 14.		0110		Street Address	орис: —			1				
7 Pleasant Hill F	Road					3	Lynn Cou	rt						
City, State, Zip Code						City, State, Zip C								
Cranford, NJ 08								k, NJ 07035						-0
Project Manager for M	Ionitoring Firm			Number		Telephone Numb		200	Licer	ise Nur		85	2	
Kevin Lovely	(10)			-5858		Name of OSHA I	973-709-02	200			U	100		_
Scheduled Start Date 9/25/14	4	ed. Comple 10/3	3/14	Jale (11)				onmental La	aborato	ries,	LLC	;		
Occupancy Status Du	ring Abatement (C ed/Vacated During	heck only	one)	f Ahatam	ant	Street Address	2333 Route	22 ///						
[x] Facility Close [x] Abatement F	erformed Outside	of Norma	Faci	lity Hours	-	100		22 VV					_	
Desc	cribe:					City, State, Zip C	Union, NJ	07083						
[] Other – Desc	AND THE RESERVE OF THE PERSON						Ornori, rec	0.000						
Scope of Work (Check	k all that apply)						[]	Full Containmen	t with Ne	ative F	ress	ure		
[] Demolition				[X]	Renov	vation	[x]	Mini - Enclosure	1					
[] ≥3 sf or ≥3 lf	200 15							Glovebag Proced Non – Friable Pr						
[x] ≥160 sf or ≥2	260 IT	le	Locat	ion				11011 11100011			Ab	ater	nen	_
			nally l	1875 (CA)		Desc	ription of				Ту			
Locatio		S	olely !	оу			 Containing ial (ACM) 		Amo (Spe		R	R	E	E
Asbestos – C Material (Mainte	enanc I Staf				mal systems		SF or		M	P	C	C
TO BE A				3. 7.		insulation, s	surfacing, VAT,				0	Α	A	L
In Fac (13)	0.00	Yes	No	N/A		or other m	iscellaneous)				V	R	PS	O S
(13)	,	103	140	14// 1							L		U	U
Room 118			Χ		VAT				700 SF	-	X		_	
							-				-	-	-	_
		-			-					-	-			_
Name of Registered V	Vaste Hauler	NJI	DEP V	Vaste	To	Cubic Yards	Name of R	egistered Landfi	1					_
Jupiter Environn		es Hau	uler IC	No.	C	of Waste	Minerva	Landfill						
)4782			2 Disposal Date	City, State						_	
City, State Lincoln Park, No.	1					10/3/14		sburg, OH						
Completed By (Print of		Title				Signature			D	ate				
Pane Repic	JPT		eral	Manag	er	V		11	9	/15/1	4			
ASB-41														

CK 2701

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

01-2901

Date of Notification	(1) 9/11/2014						Owner / Operator		Ć.a.	The same is	* 2' b* w	- "***		
Agencies Notified EPA	Type Notifica	ition	S	Street	Addr	ess	N AVE		2014	SEP 10	Aid Is)	_	
☐ DEP ☐ DOL	☐ Initial		C	City, S	State 8	Zip C	ode	0	*.U	-0,00		• • •	j	
□ DOH □ DCA		gency ellation	1	lame	of Co	ntact		Ť	<u> </u>	Lice	elepho	ne N	umb	er
				FA	CILIT	YINF	ORMATION							
Name of Facility Wh			ace (3)				Type of Facility School (F					Arrahic		
Street Address	TITAL OIT	101			-			ter 8 (Other t	han K-1	2)				
216 LEXINGTON	AVE							e. private & co			s, hom	es, e	tc.)	
							Square Feet	# of F	loors	В	ldg. Ag	е		
City (5)		County (6)	Cou	unty (Code	(7)	20000		3					
LAKEWOOD		OCEAN					Current Use (Prior if being	demolis	shed)				
							Verizon cor	nmunicatio	n cent	er				
Name of Monitoring		y Building Own	er (8)		ASO	CM No	Name of Abat BRISTOL E			* Commonwell				
Street Address	ESS ERPRISE AVE Zip Code PHIA PA 19153 ager for Monitoring Firm NKINS						Street Addres	s	N/30					
City, State & Zip Co	ode						City, State & Z	Zip Code	•			10-5		
		irm	Telep	hone	Num	her	Telephone Nu			License N	umber		- T-	
MARK JENKINS	Worldoning		215-			001	215-788-604				0050	9		
Scheduled Start Da		Scheduled Cor	npletio		17.72)	Name of OSH BRISTOL E		NTAL	INC				
Occupancy Status I	During Abater	nent (Check or	nly one)		nt.	Street Addres	ss	75					
		utside of Norma					City, State & 2		1			-		
Describe:	5PM-1:30A upied During	.M					BRISTOL, F							
Scope of Work (Che	The state of the s		-							Mark Mark		500.5	-	
				_						ent with N	egative	Pres	sure	;
≥3 sf or ≥3 l			\bowtie		novati			=	nclosur					
≥160 sf ≥26	O IT			Der	nolitio	n			-	ocedures d and Non	Friable	Pro	cedi	ıra
1	ocation of		lo	Locat	ion		Description			Amount				Гуре
	tos-Containin	a	(0.00)		Used		Asbestos-Con			(Specify	7.10	1	1	700
	terial (ACM)	9		olely			Material (A0	CM)		F or LF)	777		E	Ш
	BE ABATED				nce or		(i.e., thermal s				Remova	Repair	Encapsulate	Enclsoure
	n Facility		Custo	0.1157.500.11	Staff?		insulation, surfactor or other miscella				OVa	pair	sula	our
	(13)		Yes	(12) No	N/A	-	of other miscen	arieous)	İ		_		ate	0
D. II. D		-				_	nentitious ceili	na matoria		485 SF			\vdash	I
Boiler Room				+	H	Cen	Pipe Insula		-	78 LF		H	H	卄
Boiler Room		_	A	+	H	+	r ipe insuic	LIOII		70 =	一片	H	Ħ	tH
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			H	Ħ	H		9).			21555	TH	Ī	I	IT
Name of Registered	d Waste Haule	er				Waste D No.	Cubic Yards of Waste	Name of Re						
SERVICE TRANS	SPORT GRO	OUP, INC.		20	990			MINERVA	LAND	FILL				
City, State NEW CASTLE, D	E 19720						Disposal Date 10/2/2014	City, State WAYNES	BURG,	OH 4468	88			
Completed By (Prin				Tit		20	Signature	00			Date	-	,	
PATRICK T. DeC	ARO			Es	stima	tor	fatuit 1	De Ver	2		9	14/1	4	

NOTIFICATION OF ASBESTOS ABATEMENT

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

- 63.75 7 70		Name of Building	Owner/Oper	stor (2)		4 500	, .		
Date of Notification (1) September 15, 201	14	Name of Building		Tasetano		1 < 1	5/	y -	اند
					5318	2	10		
1 1 2	Notification	Street Address	1024 E	dgebrook Drive	2014	SEP	10	н і 1 12	: ;
[x] DOL Amend	ded Notification dment #	City, State, Zip Co		River, NJ 08757	F.U.J.	Liò		;;	1.01
[A] DOIL inetific	gency (including	Name of Contact		Tel	ephone Number		-110	1111	
I I DCA	llation		d Tasetano		ephone 1				
	F	ACILITY INFORM	IATION						
Name of Facility Where Abatement is Taking I Residence	Place (3)			1572 5	School (k-12)				
Street Address 1866 Windward Co	ourt			[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al buildi	ngs,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg.	Age 6	0	
Toms River	Ocean	(SIMIL OSE ONE		Current Use (Prior if b					
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of	Abatement Contractor (9		Inc.			
Street Address			Street Ad	dress					
A CONTRACTOR OF THE CONTRACTOR					ute 9, Unit 61				
City, State, Zip Code					ver, New Jerse		55-12	271	
Project Manager for Monitoring Firm	Telephone Num		732-349		License N 00624	umber			
Scheduled Start Date (10) 9/16/14	9/18/14	pletion Date (11)			. Analytical				
	During Entire Period of		Street Ad		elton Road				
Abatement Performed (Outside of Normal Facilit	y Hours	City, Stat	e, Zip Code Piscataw	ay, New Jerse	y 088:	54		
Scope of Work (Check all that apply)			[]	Full Containment v	vith Negative Pres	sure	-		
F 7	[] n		[]	Mini-Enclosure Glovebag Procedur	**				
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		novation emolition	[x]	Non-Exempted (*)		Procedu	re		
	1500500					Abate	ement	Гуре	
	Is Location		Descriptionsbestos-Cor		Amount	R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		Material (A		(Specify SF	Е	E P	N C	N C
TO BE ABATED	Maintenance/Custo	I	e., thermal		or LF)	M	A	A	L
in facility	Staff	in	sulation, su	A Contraction of the Contraction		O V	I R	PS	OS
(13)	(12)	of	VAT, on the control of the control o			A	Α.	U	U
	YES NO N	//A	ner miscen	alleous)		L		L	R
Exterior	X	Asbestos sidi	ing		1000 sf	X		Е	E
	l lumum ui	1 70 1 2 1 2	I1CWI	Nome of Desistan	od Landfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H 2022		ards of Was	te Name of Register T.R.R.F.	ed Pandilli				
City, State	1. 39	Disposal Date	City, St	ate Own, Hennsylvania					
Toms River, New Jersey Completed by (Print or Type)	Title	/19/14 Signatuse	i lunyt	// // //		Date			
Nicholas Fernicola	Project Manager		colot	12		9/15	5/14		
	*Do not use this	form for asbestos lide	ensure exen	apted dctivities.	***	100000			

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 15, 20)14	Name of Building		rator (2) Construction) <	SIT.	-01	
	tion I Notification Inded Notification	Street Address	0.00	ox 3190	2014 SEP	10 4	H 12.	12	
[x] DOH [x] Emer	ndment # gency (including	City, State, Zip Co		Pleasant, NJ 08742	LIJ.	2 00 5,707	31	ÜΣ	
1 DCA	ication) ellation	Name of Contact Vince	nt	Te	elephone Number				
	FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence				Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 209 Mallard Lane				[x]	Other (i.e., privat homes, etc.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors 1	Bldg.	Age 6	0	
Toms River Twp.	Ocean			Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (Inc			
Street Address		Name of the second	Street A	idress	oute 9, Unit 61	mo.			
City, State, Zip Code		10 x x x x x x x x x x x x x x x x x x	City, Sta	te, Zip Code	iver, New Jerse	ev 087	55-12	271	
Project Manager for Monitoring Firm	Telephone Numbe	r		ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 9/16/14	Scheduled Comple 9/18/14	etion Date (11)		OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	only one) d During Entire Period of Ab	patement	Street A		elton Road				
	Outside of Normal Facility F		City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 0885	54		
Scope of Work (Check all that apply)			[]	Full Containment	with Negative Pres	sure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	5 5	vation	[] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*)		Procedur	e		
						Abate	ment 1	Type	
×	Is Location		Description	on of		R	R	Е	E
Location of	Normally used		bestos-Co		Amount	E	E	N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodia		Material (A		(Specify SF or LF)	M	P A	C A	C
in facility	Staff		ulation, su	rfacing,		0 V	I	P	0
(13)	(12)	oth	VAT, oner miscell			A	R	S U	S
	YES NO N/A		ioi iiiigooii	unicous)		L		L E	R E
Exterior	X	Asbestos sidi	ng		800 sf	Х			
Name of Registered Waste Hauler	NJDEP Waste Haul	er ID No Cubic V	ards of Was	te Name of Register	ed Landfill	Ll			
Guardian Contracting, Inc.	20223	3		T.R.R.F.					
City, State Toms River, New Jersey	9/1	oosal Date 9/14	City, St Tullyt	ate own, Pennsylvapia					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chol	Let		Date 9/15	/2014	1	

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

CK 3953

Date of Notification (1) 8/22/2014				N	lame of E	Building O	wner/Op tment	perator Deve	(2) lopeme	ent Autho	rity.			- 7		ممد	
Agencies Notified	Type Not	fication		S	treet Add	dress h Penns	svlvani	ia Ave	nue	ent Autho	Z:14	SEP	10	НÍ	12:	03	
EPA DEP DOL DOH DCA	Ame Eme justi	nded ndment a rgency (i fication) cellation		- A	ity, State Atlantic Jame of 0	e, Zip Cod City, No	e J 0840				Tele	E LI	Numbe	o o o t c	· 10	ίŪĻ	
					FACIL	ITY INFO	RMATIC	ON	-	C = - 101 - / 4				~			
Name of Facility Where A Street Address 19 South Ohio Aver		is Taking	Place (3)			x			So So So	f Facility (4 chool (K-12 ubchapter 8 ther (i.e. pri) 3 (Oth	er than K k comme	(-12) ercial b	ouildi	ngs, h	nome	s,
City (5) Atlantic City, NJ 08									Square 7500s		# of	Floors		50000	ig. Ag yrs	je	
County (6) Atlantic County				0	County C	ode (7) SE ONLY)			Curren	t Use (Prior S	r if bei	ng demo	lished)			
Name of Monitoring Firm Health & Safety Se		Building (Owner (8)		ASCM	No.				ement Cont rises, Inc		(9)					
Street Address 318 12th Street		(4)			l	**************************************			Address				Т				
City, State, Zip Code Hammonton, NJ 08	8037								State, Zip	Code n, NJ 08	037		T				
Project Manager for Mor		n		1	Felephon	e No. 4-8850		16 US 1000 18 517	none No 567-12			Licens 01172					
Start Date (10) 8/27/2014			Schedule	d Com		27522 2552,927,		0.07*****		A Monitor afety Ser	vices	l					
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated Durin	g Entire I	Period of A	batem	ent			318 City, 9	Address 12th S State, Zip	treet	3037						
Scope of Work (Check A		olv)						Han	monto	71, 140 00		-1	-		-	112400	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-1,7,		enova emolit					Mini Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					e	
			ls	Locati	on								П		Abate		į.
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (BATED ility	ACM)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/		tos Con thermal surfa		Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
1st, 2nd, and	3rd Floo	rs	100	- 140	X	She	etrock	(joint	compo	und	3	5,000sf		X			
1st,2nd and					X				Mastic		5	,400sf		X			
roo					X		F	lashir	ng			140sf		X			
Name of Registered Wa Site Enterprises, Inc				H	IJDEP W lauler ID 035220	No.	of Wa 80cy			Name of ACUA		tered Lar	ndfill				
City, State 815 12th Street, Ha	mmonto	n NJ 0	8037				9/9/2			City, Stat	J						
Completed by Thomas Rock			Title PM					Signatu	iom.	as Re	o Uc		Date 8/2	e 2/2()14		

Ch# 8212

Date of Notification (1) 9/12/2014		no mesenisia office de	0.000000	ame of B	uilding Ow	ner/Op	erator	(2)	• •	-i	new / v	-				
Agencies Notified Type Notif			0.000	reet Add 01 Colu	iress umbia Ro	oad			2014 S	EP 1	8 PH	411:	100			
EPA Initia Amer					, Zip Code wn, New		ey 07	962	*						THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IN COL	at parificient mensorial
DOH Emer	gency (incl cation) ellation	uding	Nε	ame of C	ontact		THE REPORT OF THE PARTY.	WIDE WIDE	<u> </u>	4 freis	phone,	Núm	ber			
				FACILI	TY INFOR	MATIO	N			٠						
Name of Facility Where Abatement Honeywell SA6 Site Remedia		ace (3)						☐ s	f Facility (4 chool (K-12 ubchapter 8	2)	er than I	K-12)				
80 Kellogg Street								× o	ther (i.e. pr					lings,	home	s,
City (5) Jersey City								Square		# of	Floors		1 500	dg. A	ge	
County (6) Hudson			Co	ounty Co	de (7) E ONLY)		_		t Use (Prio					52		
Name of Monitoring Firm Hired by B Emilcott	u ild ing Owr	ner (8)	T	ASCM N	No.				ement Cont		(9)					
Street Address 190 Park Avenue								Address Getty A								
City, State, Zip Code Morristown, NJ 07960	ļ	14 (1 ₂ 4/4) (1 ₄ 4/4)				1	City, S	tate, Zip		0701	1-180	2				
Project Manager for Monitoring Firm				elephone			Teleph	one No.		0701	Licens	se No				
Dave Tomsey Start Date (10)	1 50	heduled C		73-538	to caption on	_		478-48	A Monitor		0072	4				
9/23/2014	9/	30/2014		iedon De	ite (11)		Slave	co Con	struction	Inc.						
Occupancy Status During Abatemer Facility Closed/Vacated During	100 NO 00		emer	nt			7.0000000000000000000000000000000000000	Address Getty A								
Abatement Performed Outside Other – Describe: Monday-Frid	of Normal F	Facility Ho				.		tate, Zip	Code w Jersey	0701	1-180	2				
Scope of Work (Check All That Appl	у)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Reno Dem	ovatio olition					Mini- Glov	Containme -Enclosure rebag Proc	edure						
				- T		100000	<u> ×</u>	Non	-Exempted	(*) and	d Non-F	riable		G. (r.) . (.)	e ement	
		Is Loc Norn	cation nally			D									ре	
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	CM)	Used S Mainte Custodia (1	nano	e/	At 64	Conta	systems ing, VA	faterial (s insulat T, or	(ACM) tion,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes N	0	N/A												
Concrete slab outside buil	ding	х		Х		VAT	& Mas	stic		40	00 SF		Х			
				х												
				X												
				x												
Name of Registered Waste Hauler				DEP Was uler ID N		Cubic Yof Wast			Name of F	my Skore						
Slavco Construction Inc.			185	508	1		al Dete			satualireomi	ariulli					
City, State Clifton, New Jersey 07011-18				85		Dispos FBD	_		City, State Morrisvi		а					
Completed by Vivian D. Jurcevic		Title Office M	1ana	ager			gnáture	ian.	De	ıсш		Dat 9/*	e 12/20)12		

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) September 12th, 2014 Bloomberg LP Agencies Notified Type Notification Street Address 431 Ridge Road EPA X Initial City, State, Zip Code × DEP Amended × DOL Amendment #_ Dayton, New Jersey 08810 Emergency (including Name of Contact Telephone Number ...! × DOH justification) Jermain Lewis Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bloombera LP School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 431 Ridge Road etc.) # of Floors City (5) Square Feet Bldg. Age 50+ Dayton Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Commerical Bldg. Outside Trench Middlessex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Slavco Construction Inc. WCD Street Address Street Address 164 Getty Ave. 1350 Broadway, Suite1904 City, State, Zip Code City, State, Zip Code New York, NY Clifton, New Jersey 07011-1802 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Garamabone 212-973-478-4848 00724 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) September 22, 2014 October 31, 2014 Slavco Construction Inc. Street Address Occupancy Status During Abatement (Check Only One) 164 Getty Ave. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Monday-Friday 7:00am-3:30pm Clifton, New Jersey 07011-1802 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure Mini-Enclosure ≥160 sf or ≥260 If 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) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (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 25LF X Transite Pipe Outside Trench X X х X X X NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards Hauler ID No. of Waste G.R.O.W.S Landfill Slavco Construction Inc. 18508 TBD City, State Disposal Date City, State

TBD

Signature

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

Date

September 12,2014

Morrisville, Pa

ruccur

Completed by

Vivian D. Jurcevic

Clifton, New Jersey 07011-1802

Title

Office Manager

CK # 24636

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

Date of Notification (1)	16/14				Name	e of Buildin	g Owner/Operator	(2) Silva	CH SE	P 18	3 ;	110	·
Agencies Notified	Type No	tification		-	Stree	t Address				ŗ,		115	
⊠ ₽A	Initial				-			67 Seaman S	treet 💰 [<u>.</u>	-	<u> </u>
DEP DOL		ndment#		-	City,	State, Zip (Brunswick, N	II 08901	<u> </u>	$\forall i_z$	ij.	
⊠ DOH	iustif	gency (in fication)	iciuaing	1	Name	of Contac		Didio Wien, I	Telephone Num	ber			_
☐ DCA		ellation					ylvester Silva	3652.00.000	(7]	-	, ~ /		100
					FA	CILITY INF	ORMATION				39		-
Name of Facility Where	Abatement	t is Taking	g Place	(3)				Type of Facility	(4)				
			denti					School (K-12					
Street Address		0.7.0							8 (Other than K-1 rivate & commerc		dinas		
	26	67 Sear	man S	stree	t			homes, etc.)				
City (5)	Ma	ew Bru	nevvi	ak N	TT			Square Feet 2000	# of Floors	B	dg. A	ge +/-	
County (6)	1/10	ew Diu	112 1/1	J.K., 1		ntv Code (7) (STATE		ior if being demol	_ _	10	1/-	_
	ddlesex					ONLY)							
Name of Monitoring Firm	Hired by I	Building (Owner	T	ASCM	No.		nent Contractor (9					
(8)	MECS							ens Environr	nental Servic	es, Ir	ıc.		
Street Address	DO 1						Street Address	DO E	200				
	POE	30x 34	<u> </u>				011 011 71 0		322 Sox 322			_	
City, State, Zip Code	osswick	s NI	08515	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mor			00010		phone	No	Telephone No.	111011011	License No.				_
	isgarbe			2,000,000		8-4070		59-9688		0049	3		- 1.000
Start Date (10)			duled C	omple	tion Da	ate (11)	Name of OSHA	Monitor					_
9/25/14			1	0/3/	14	•		M	ECS				_
Occupancy Status Durin	3 7 8		53	38			Street Address	20.2	0.44			- 000	
Facility Closed/Vacat									ox 341				
☐ Abatement Performer Control Contro			I Facilit	y Hou	rs		City, State, Zip C		s, NJ 08515				
Scope of Work (Check a								CIUSSWICK	3, 11) 00313				-
	an erac app	'37						tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				novat			☐ Mini-End	closure ng Procedure					
							☐ Non-Exe	empted (*) and No	n-Friable Procedu				
				_ocatio						F	bate. Typ		
Location		51 D	Used	Solel	y by		Description of				7,		-
Asbestos-Containing N TO BE ABA		JM)	100000000000000000000000000000000000000	itenan Istodia	-		tos Containing Mat thermal systems in		Amount (Specify	Re	Repair	Enc	Enc
IN Facility				Staff? (12)			surfacing, VAT, other miscellaned	or	SF or LF)	Removal	air	aps	Enclosure
(13)				95 100			other miscellaned	ius)		8		Encapsulate	ē
			Yes	No	N/A			•					
Baseme	ent			×		Th	ermal Pipe Ins	sulation	210 lf	×			
							· · · · · · · · · · · · · · · · · · ·						
				- 1 -	IDES.	A/a ala	Ouble V	I Name of Do	A				
Name of Registered Wa					JDEP \		Cubic Yards of Waste	Name of Regis					
Stevens E	nvironm	ental			lauler II 182	292	3 CU	City City	T.R.R.F., I	nc.			_
City, State	A llost	own, N	II	**			Disposal Date	City, State	Tullytown,	DΛ			
Completed By	Anent	Title	-				Signafune	1-//	Date	ΙΗ			_
Mahlon E. Ste	evens	1100		oject	Mar	nager	111	//		9/16	5/14		
		1		-			77						

ASB-41

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

Date of Notification (1)					Name of	Building ()wner	r/Operator (2	2)	4 4	a sad as	. 4 4	-	* 120			
Septem		UKUSUK III			-	ater Site)										
Agencies Notified	Type Noti	fication			Street A	ddress				2014 S	EP 10	d h	ri le	4:03			
⊠ EPA	☐ Initia	ı		1	0 Finde	erne Ave	enue										
DEP DOL		nded	. 3		City, Sta	te, Zip Co	de			*	510	ن ز	J 1	Iniul			
X DOL		ndment #				ater, NJ	088	307		u u	LIU	ت، د	11:4	u		-	
DOH	justif	ication)				Contact					Tele	phon	neNu	mber			
☐ DCA	Cand	cellation		P		Manage				10	85						
Name of Facility Where A	hatement	is Taking	Place /3	<u> </u>	FACI	LITY INFO	RMA		Typo	of Facility (4	1	-		505-205-40			
2000 N W	batement	is raking	riace (S	"				-		HE 18	50.						
Buildings Street Address										School (K-12 Subchapter		r than	n K 1	12)			
V 2 (0) V 2 (1) V 2 (Other (i.e. pr	and the second				dings	home	es,
10 Finderne Avenue				- 222.2						etc.)	т						
City (5)									Squar	re Feet	# 01	Floor	S	B	ldg. A	ige	
Bridgewater, NJ 0880) /				Carretic	Dada (7)			_	-111 (0-1-	- 16 h - 1			- L - J)			
County (6)					8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code (7) ISE ONLY)			Curre	nt Use (Prio		6/1					
SOMERSET Name of Monitoring Firm	Uisad by F	ildina O			A C C M	I NI-	2000	Nome	£ 0 h =	t		usin	ess				
	Hired by E	sullaing C	wner (8)		ASCM	I No.		5 5000000000000000000000000000000000000		tement Cont		(9)					
AET Street Address					0021					Group, Ll	-C	_	-				
								Street A			o== -						
907 Doolittle Drive										HWY N,	SIE	209					
City, State, Zip Code	. 7							City, Sta									
Bridgewater, NJ 0880 Project Manager for Moni					Talaabaa	a a Nia				NJ 08034	k:	Lies	nse	NI-			
Sacaran Santa Cara da Arragan Santa	toring Fini	!		1	Telephor			Telepho						NO.			
Eric Houseknecht Start Date (10)			Schodul		,	18-1108 Date (11)		(877) 7:	100 1100 miles	HA Monitor		0078	31	310			
4/5/14			Scriedui	eu Con				5 4346042.066 25			0						
Occupancy Status During	Abatama	nt (Chack	Only O	201	4/5/15			Street A	and distance of the latest designation of	Group, LL	_C.						
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Facility Closed/Vaca Abatement Performe								City, Sta		HWY N,	SIE	:09			***		
Other - Describe:				, ,,,,,,,,	3					NJ 08034	i.s						
Scope of Work (Check All	That Ann	ly)		-				Cherry	rım,	113 00034		-+					
≥3 sf or ≥3 lf		,,,	∇		e Procesor			X	a					D	10.07		
≥160 sf or ≥260 lf			The same of the sa	Renova Demolit						Il Containme ni-Enclosure		Nega	ative	Pressu	re		
								×	Glo	vebag Proc	edure			AVA			
		12						X	No	n-Exempted	(*) and	Non-F	riabl	e Proce			
				Locati												ement /pe	ı
Location Asbestos-Containing		CM		Normal ed Sole	#000 Dis	A - b		Description of		(4004)							\Box
TO BE ABA		ACIVI)	Ma	intena	nce/	100 40		ontaining Ma nal systems				moun		D	_	Enc	m
In Facili			Cus	todial S (12)	staff?	,	sur	rfacing, VAT	, or		SF	or LF	=)	Remova	Repair	aps	Enclosure
(13)				· · · · ·			otne	er miscellane	eous)					ova	air	Encapsulate	sure
			Yes	No	N/A											æ	
Bld 7 Rms 71	13-7119			X			met	tal pan ce	ilina		1.2	200 s	s/f	X			
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Bldg 2	2	ļ.		X		2	tran	site wall p	pane	els	4	8 sf		X			
Name of Registered Was	te Hauler		0	500	J DEP W		1000	oic Yards		Name of F	Registe	red La	andfi	II			1.0
Newark Carting				Н	auler ID	No.)9	OT V	Vaste 16.1		Cumberla	and C	OUR	h/ L	andfill			
City, State					430	JJ	Dis	posal Date		City, State		Juill	Ly L	anunn			
Newark, NJ							-,0	4/5/15		Newburg							
Completed by			Title					Signature	10	/ A	, , , ,		T 1	Date			
Mike Cooper			Presid	dent				The 1	//-				- 88	16/14			
INITE COOPEI	-52		1 1631	JOIL	17.22	9 9							3/	10/14	19		

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

	Is	Locatio Normali	on v					ement ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel iintenan todial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
X.	Yes	No	N/A	2	100			Ф	
Bldg 1 Hallway 1120		X		transite wall panels	360 s/f	X			
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Date of Notification (1)			V	lame of B	uilding O	wner/O	perator (2	2)				فمود سب				
July	23, 2014		Br	ridgewa	ter Site					· est						
Agencies Notified	Type Notification	n	S	Street Add	ress				2014 S	י כם	0 -	912.1				
EPA	Initial		-	Finder					2014 5	الما	UH			0		
DEP	Amended	. "2	100	City, State						. 47			- 1			
DOL	Amendmen	nt # <u>~</u> / (including	_	ridgewa		08807	7		es u u u	J J 1	010	. 1140	,			
DOH	justification	1)		Name of C					·	t Tele	phonel	Number				
☐ DCA	Cancellation	on	Pi	roject M								-				
Name of Facility Where	Abatement is Tak	ing Place (3)		FACILI	TY INFO	RMATIC		Type o	f Facility (4)				-			\dashv
	Abatement is Tak	ing r lace (5)					-	_	65 10 5							
Buildings Street Address									chool (K-12) ubchapter 8		r than K	(-12)				
								\forall	ther (i.e. pri				ildi	ngs,	home	s,
10 Finderne Avenue City (5)								Square	tc.)	# of	Floors		Blo	ig. A	ne	
N AND THE	0.7							Oquare	5 1 001	# 01	1 10013		Dic	·9. / \	90	
Bridgewater, NJ 088	07			County Co	de (7)			Curren	nt Use (Prior	if beir	na demo	lished)	-			-
SOMERSET			10000	STATE US				o di i o i	1, 000 (1 1101		usines					
Name of Monitoring Firm	Hired by Buildin	n Owner (8)		ASCM N	Vo.		Name o	of Abate	ement Contr							
AET	rimed by Buildin	g Owner (o)		0021					Group, LL		,					
Street Address				0021		XV2 - 10 - 1	Street A	-			_					
907 Doolittle Drive							98 200		HWY N, S	STF 2	009					
City, State, Zip Code						_	City, Sta		The second desired	,,,,,	.00			- 556	and the same	
Bridgewater, NJ 088	07						100000000000000000000000000000000000000		NJ 08034							
Project Manager for Mor			1	relephone	No.		Telepho				Licens	e No.				
Eric Houseknecht			(9	908) 218	3-1108		(877) 7	59 - 1	MACK		00781					
Start Date (10)		Scheduled	- 1	-	CALL CONTRACTOR OF THE				A Monitor							
4/5/14	La .	1 (Sec. 44) 3.55.5 (94.5 / CS (94		4/5/15			The MA	ACK (Group, LL	C.						
Occupancy Status Durin		eck Only One					Street A		A STATE OF THE PARTY OF THE PAR		-		-			
Facility Closed/Vac	ated During Entir	e Period of Ab	atem	ent			1500 K	ings I	HWY N, S	STE 2	209					
Abatement Perform							City, St	ate, Zi	p Code	1881						200
Other - Describe:			W. 75			-	Cherry	Hill, I	NJ 08034							
Scope of Work (Check A	II That Apply)						_	_								
≥3 sf or ≥3 lf		X Re	novat	ion			2		Containme	nt with	Negativ	ve Pres	sure	9		
≥160 sf or ≥260 lf		De	moliti	on			B		i-Enclosure vebag Proce	edure						
							Ž		-Exempted (Non-Fria	able Pro	ced	ure		
		ls I	ocatio	on											ement	t
Locatio	n of	No	ormall	у		De	scription	of				-	-	lу	ре	
Asbestos-Containing	Material (ACM)	Used	Solel			os Con	taining M	aterial			mount				щ	m
TO BE AB		Custo	dial S	12000	(i.e.		I systems icing, VAT		tion,		or LF)	á	2	Re	cap	nclo
(13)			(12)				miscellan			×.	J. L. /	Zaliova		Repair	Encapsulate	Enclosure
			N1-	N//A								1	-	10	ē	(D
511.7.5		Yes	No	N/A							200 - 19		/			
Bld 7 Rms 7	113-7119		\Diamond				I pan ce		- 4		200 s/f	-	\geq		-	-
"			X,		1x	2 trans	site wal	I pane	els	2	40 l/f	-	Ş			
"			X			pipe	e insulat	tion		1	20 l/f		\langle			
Bldg	2		X		2	transi	ite wall	panel	ls	4	18 sf		<			
Name of Registered Wa	The second secon		N	J DEP Wa			Yards		Name of F			dfill				
			Н	auler ID N		of Wa										
Newark Carting				450	9	D:	16.1		Cumberla		ounty	Landi	111			
City, State							sal Date		City, State							
Newark, NJ		Title				1	4/5/15		Newburg	, PA		Date				-
Completed by		Title				1	Signature	1//				N 10000 10	,			
Mike Cooper		Preside	ent					-				7/23/1	4			

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

Date of Notification (1)				1	Name of	Building ()wner/	Operator (2)				Service Service	. 1 .	. AMERICAN	,	
Marc	h 24, 201	4		В	ridgewa	ater Site	9								Newson		
Agencies Notified	Type Notific			5	Street Ad	dress					277	4 SE	210	-	1010		
⊠ EPA	Initial			10) Finde	erne Ave	enue				L U.	, or	10	H	116	: 55	
□ DEP	Amen			(City, Stat	e, Zip Co	de	- Collins	- 110	2.6		+	Ş.				
DOL		dment #		— В	ridgewa	ater, NJ	0880	07			F:0	phone	131	× -	11	aul	
□ DOH	justific	gency (ir	ncluding		Name of						Tele	phone	Numb	eru i	: ٧ 🌙	AND DESCRIPTION OF THE PERSON	
DCA	Cance			Р	roiect N	Manage	r				190						
						ITY INFO		ΓΙΟΝ	10.00 10								
Name of Facility Where	Abatement is	Taking	Place (3)					Type of	Facility (4))						
Buildings									☐ Sc	hool (K-12)						
Street Address										bchapter 8							
10 Finderne Avenue									Ot etc	her (i.e. pri	ivate &	comm	erciai	bulla	ings,	nome	s,
City (5)									Square		# of	Floors		BI	dg. A	.ge	
Bridgewater, NJ 088	07				28												
County (6)	01				County C	ode (7)			Current	Use (Prior	if bein	g dem	olished	i)			
SOMERSET				- 1	STATE U	SE ONLY)	_				b	usine	SS				
Name of Monitoring Firm	Hired by Bu	ilding O	wner (8)		ASCM	No.		Name o	of Abate	ment Contr				_			-
AET			•		0021			2000-2000-2000		roup, LL							-
Street Address		-			0021				Address	roup, LL		_				-	
907 Doolittle Drive								32.000		IWY N, S	STF 2	na					
City, State, Zip Code									tate, Zip		71 - 2	00					
	07							200000		IJ 08034							
Bridgewater, NJ 088 Project Manager for Mon			40-00-		Telephor	e No			one No.	10 00004	Т	Licens	se No.				
Eric Houseknecht	ittoring i iiiii					8-1108		(973) 7		000	,	0781					
Start Date (10)		- т	Schodule		action of the same	O-1100 Date (11)				Monitor		010		-			
10000100000000000000000000000000000000			Scriedule			vate (11)		30,950,050,050,050			0						
4/5/14 Occupancy Status Durin		(Chack	Only Or		4/5/15				Address	roup, LL	.C.						
			(80) 3 17 10 00					000000000000000000000000000000000000000			ידר י	00					
Facility Closed/Vac Abatement Perform								-		Ondo	01 - 2	09					-
Other - Describe:	ed Outside t	I NOITH	ar Facility	Hours				- Sec. 19	tate, Zip								
Casas of Mark (Chask A	II That Assh							Cherry	HIII, N	IJ 08034		-			-		_
Scope of Work (Check A	ii That Apply)						Г	حاد ا								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renovat Demoliti				K		Containmer Enclosure	nt with	Negati	ive Pre	ssur	е		
2100 SI OI 2200 II			Ц,	Jemonu	OII				Glove	ebag Proce	edure						
	(6)					100			Non-	Exempted (*) and I	Non-Fri	iable P	roceo	lure		
			Is	Locati	on											ement	t
Location	n of			Normali	(T) //			escription	of				-		1)	/pe	
Asbestos-Containing	The state of the s	CM)	W. 61550	d Solel intenar				ntaining M	10 10 원이 20번째 10 11, 150	10.0000 m.2000		nount		_		m	m
TO BE AB				todial S	2000	(I.e.		al systems facing, VA		on,		pecify or LF)	8	Remova	Re	Encapsulate	Enclosure
(13)				(12)				r miscellan			57.0			VOL	Repair	Sula	Sur
				100										<u>a</u>	7	ate	(D)
			Yes	No	N/A											-	-
Bld 7 Rms 7	113-7119			X			met	al pan ce	eiling		1,2	00 s/	f	X,			
"				X		1x	2 tra	nsite wal	Il pane	ls	24	40 l/f		Х			
	1	0		X			pip	e insula	tion		12	20 I/f		X			
Dide	0		1	\Diamond							-			\Rightarrow			
Bldg	i i i i i i i i i i i i i i i i i i i				J DEP W			site wall		Name of R		8 sf	ndfill	\triangle			
Name of Registered Wa	ste naulei				auler ID		300000000000000000000000000000000000000	lc farus laste		Name UI K	ogistel	ou Lai	numi.				
Freehold / Newark C	arting / Ro	ovic Di	sposal		450)9	5549 83	16.1		Cumberla	and C	ounty	Land	dfill			
City, State	3						Disp	osal Date		City, State	0.111112000						
Freehold / Newark /	Riverdale.	NJ						4/5/15	1	Newburg,	PA						
Completed by		1) ()	Title			70.400		Signature		2			Date				
Mike Cooper			Presid	dent			-	Man.	//-				3/24	/14			

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

Date of Notification (1)				Name of	Building	Owner/Ope	erator (2)						
Marc	ch 24, 2014		I	Bridgewa	ater Sit	te								
Agencies Notified	Type Notification			Street Ad	ddress	162	0	\$ 11.1 SEP	18 7.1	:				
⊠ EPA	Initial		Ŀ	10 Finde	erne Av	enue		EU17 ULI	10 141					
DEP	Amended	Ne276		City, Stat	te, Zip Co	ode		•	7 1	in	ì			
⊠ DOL	Amendment Emergency (— [E	Bridgewa	ater, N	J 08807		40	137 77.	. 1				
□ DOH	justification)	morading		Name of	Contact				Telepho	neNum	ber			
DCA	Cancellation	an article and a	I	Project I	Manage	er								
Name of Facility Where	Abstament is Takin	a Diago (2	V	FACIL	ITY INF	ORMATIO	N	T (F 10)	(A)					
7.0% 7.0% 000-200-20	Abatement is Takin	g Place (3)					Type of Facility	(4)					
Building 7 Street Address								School (K-		- K 10				
								STATE	8 (Other that private & con	53		dinas.	home	es.
10 Finderne Avenue								etc.)					-000-000-00	
City (5)								Square Feet	# of Floo	rs	В	ldg. A	\ge	
Bridgewater, NJ 088	07													
County (6)				County C (STATE U		1		Current Use (Pri	or if being de	emolish	ed)			
SOMERSET						26 68			busir	ness				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name o	of Abatement Cor	ntractor (9)					
AET				0021				ACK Group, L	.LC					
Street Address							Street /	Address						
907 Doolittle Drive							-	ings HWY N,	STE 209					
City, State, Zip Code							City, St	ate, Zip Code						
Bridgewater, NJ 088		44.0				The second second second second	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Hill, NJ 0803	4					
Project Manager for Mon	itoring Firm			Telephon		The state of the s	Telepho	one No.	Lice	ense No	١,			
Eric Houseknecht				(908) 21	Name and Address of the Owner o	130	-	59 - 5000	007	81				
Start Date (10)		Schedule	ed Cor	mpletion D	Date (11)		Name o	of OSHA Monitor						
4/5/14				4/5/15				ACK Group, L	LC.					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Address						
Facility Closed/Vac						-		ings HWY N,	STE 209	10				
Abatement Perform Other - Describe:	ed Outside of Norm	al Facility	Hour	S				ate, Zip Code						
						_ C	Cherry	Hill, NJ 0803	4					
Scope of Work (Check A	II That Apply)	_					15	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	enova				2	Full Containm		ative Pi	essu	е		
2100 SI 01 2200 II		Цι	emoli	tion			5	Mini-Enclosure Glovebag Pro						
		-					>	Non-Exempted	(*) and Non-	Friable I	Proce	dure		
		Is	Locat	tion									emen	t
Location	n of	U1 200000 - 00000	Vorma			Desc	ription	of				Ty	ре	-
Asbestos-Containing			d Sole intena			stos Contai	ining Ma	aterial (ACM)	Amou				ш	_
TO BE AB				Staff?	(i.e	thermal s. surfacir		insulation,	(Speci SF or L	- T	Remova	R	Encapsulate	Enclosure
(13)	,		(12)			other mis			01 01 2	' '	Von	Repair	usc	uso
		V									<u>a</u>	_	ate	e.
D117.D 7	110 7110	Yes	No	N/A							V			
Bld 7 Rms 7	113-7119		\Diamond	-		metal p	oan ce	eiling	1,200	s/t	\Diamond			
"			X		1>	x2 transit	te wall	panels	240 l	'f	X			
-"-			X			pipe i	nsulat	ion	120 L	f				
Name of Registered Was	ste Hauler	1		NJ DEP Wa	aste	Cubic Y	ards	Name of	Registered L	andfill				
Tham of Hogistores True	oto i idaloi			Hauler ID I		of Waste		Name of	rtegistered L	andini				
Newark Carting / Fre	ehold / Rovic D	isposal		450	9	1	15.6	Cumber	land Coun	ty Lar	dfill			
City, State						Disposa	l Date	City, Stat	e					
Newark / Freehold / I	Riverdale, NJ						/5/15	Newburg	g, PA	and the state of t				
Completed by		Title		0		Şig	mature	11/2		Dat	е			
Mike Cooper		Presid	ent			1	12-11	1		3/24	1/14			

 $[\]ensuremath{^{\star}}$ Do not use this form for asbestos licensure exempted activities.

NO CK

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

Date of Notification (1)						307	Owner/Operator (2	92	\$ 374 a-		•	· end	
	12 /	1	4		Mer	ck Sharp	and Dohme Co	rporation	2014 SEF	10 :	1110		
Agencies Notified	Type Not	ification	n		Street	Address	TO SOME SHAPE OF THE SAME OF T			1,	116	1,5	ì
⊠ EPA	☐ Initial				200	0 Gallopi	ing Hill Road		& Liv				
□ DOLWD					City, S	tate, Zip C	ode		G LI	15	. 17	i I	
□ DHSS		dment a			Ken	ilworth,	NJ 07033			Chut	, Ç	**	
DCA	☐ Emerg	gency (i cation)	including			of Contact			Telephone Nu				_
(NJAC 5:23-8)	Cance					e Latroni							
	_ Carico	mation		_							-		_
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement	is Takii	ng Place	(3)				Type of Facility					
Building 5								School (K-12 Subchapter 8		12\			
Street Address			250			5/10/25/20		Other (i.e., p			ilding	s,	
2000 Galloping Hill	Road							homes, etc.)			Ĭ.		
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je	
Kenilworth								115000	4	4	16		3
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Union								Vacant					
Name of Monitoring Firm	Hired by E	Buildina	Owner (3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Atlantic Environme	A	Jananig	,	-/				mental Manag					
Street Address	ritai, iiio		72.00				Street Address	oa. manag					_
							8436 Enterpr	ico Avonuo					
2 E. Blackwell Stree	ar.												
City, State, Zip Code							City, State, Zip Co						
Dover, NJ 07801							Philadelphia,	PA 19153					
Project Manager for Moni	itoring Firn	1			phone		Telephone No.		License No.				
Ray Pirnat		Sirana and an analysis of the same analysis of the same and an analysis of the same an			73-366		215-365-5810		1156				į.
Start Date (10)		Sche	eduled Co				Name of OSHA M						
08 /13 /	14	1 4	10 /	_13	3 / _	14	USA Environ	mental Manag	ement, Inc				
Occupancy Status During	Abateme	nt (Che	eck only o	ne)			Street Address				10000000		
☐ Facility Closed/Vacate	ed During I	Entire P	Period of	Abate	ment		8436 Enterpr	ise Avenue					
☐ Abatement Performed	Outside o	f Norm	al Facility	Hou	rs - Des	cribe	City, State, Zip Co	ode					-
Time of Abatement: 7	:00 AM-3	:30PM	/P	M	AM		Philadelphia,						
Scope of Work (Check al	I that apply	/)						Company - Management					-
	r triat appri	,						tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			⊠ Re				☐ Mini-End						
≥160 sf or ≥260 lf			☐ De	noliti	on		⊠ Gloveba ⊠ Non-Exe	g Procedure mpted (*) and No	n-Friable Proce	dure			
			le	Loca	tion	Π					atem	ent T	vne
Location	of			lorma			Description of	of			_	_	-
Asbestos-Containing	200	(CM)	1.0		ely by		stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	inc	Enclosure
TO BE ABA	TED		333333		ince/ Staff?	(i.e	., thermal systems		(Specify	VOI	율.	aps	SO
IN Facili	ty		Cusi	(12)			surfacing, VAT other miscellane	**************************************	SF or LF)	<u> </u>		Encapsulate	Гe
(13)			Yes	No	N/A		other miscellane	.ous)				œ	
Province and Province and Province and				100000	1,000,000,000	Floor	ile and Mastic		4700 SF				
Lower Level Rooms						FIOOF I	ne and Mastic		12.7.1050		-	ш	ш
Lower Level					\boxtimes	Pipe Fi	ttings		50 LF				
			П									П	П
				=									
	8						1277	120			Ш	Ш	
Name of Registered Was	te Hauler		-74	1199	JDEP \		Cubic Yards of Waste	Name of Regis					
Freehold Cartage Ir	nc.			1	lauler II 15939		40	Lycoming	County RMS				
City, State				-1-	.0000		Disposal Date	City, State					
Freehold, NJ							10/13/2014	Montgome	ery, PA				
	uno)	7:	itle		-	- 322	Signature			Date			- 3
Completed By (Print or Tr	ype)	1		n NA-	nogo-			Phena		9-12	_10	4	
Dilip Kumar			Prograi	ii ivič	iiagel		Nucl	promor		7-16		1	

ASB-41 MAY 11

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

Date of Notification (1)		Name of Building	Owner/Operator (2)			**************************************	1 4	
September 15	5, 2014	14	Wood Ridge Indu	strial 5,1				
	ification initial Notification Amended Notification	Street Address	1 Passaic Street	20	14 SEP		ніЧ	
x] DOL	Amendment # Emergency (including	City, State, Zip C	wood Ridge, NJ (07075	ié Li	٠ ٠ <u>٠</u> , ,	-1: .	77
I DCA	ustification) Cancellation	Name of Contact Abe	3	Telephone Number				
		FACILITY INFORI	MATION					
Name of Facility Where Abatement is Ta Warehouse Street Address	king Place (3)	***	Type of Faci	lity (4)] School (k-12) Subchapter 8 (other)	her than k-	-12)		
1 Passaic Stree	et	ts	j	X] Other (i.e., priva homes, etc.)			ouildi	ngs,
City	County (6)	County Code (7) (STATE USE ON	000,000		Bldg. A	1ge 70	-	
Wood Ridge Name of Monitoring Firm Hired by Build	Bergen	ASCM No.		(Prior if being demolished) Warehouse				
N/A	ming Owner (a)	ASCM No.	(Guardian Contracting,	Inc.			
Street Address		4		889 Route 9, Unit 61				
City, State, Zip Code			City, State, Zip Code	Toms River, New Jers	ev 0875	5-127	1	
Project Manager for Monitoring Firm	Telephone N	umber	Telephone Number 732-349-9932	License N 00624		2 121	-	
Scheduled Start Date (10) 9/15/14	Scheduled Co 9/16/14	ompletion Date (11)	Name of OSHA Monito					
	eck only one) cated During Entire Period ned Outside of Normal Fac		Street Address	056 Stelton Road				
Other – Describe_			City, State, Zip Code	Piscataway, New Jerse	y 08854	ļ		
Scope of Work (Check all that apply) $\begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ If}$ $\begin{bmatrix} \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ If}$		Renovation Demolition	Encapsula X Glovebag	ainment with Negative Pres ation Procedure npted (*) and Non-Friable				
		2-			Abatem	ent Typ	ne .	
Location of Asbestos-Containing Material (ACN <u>TO BE ABATED</u> in facility (13)	Maintenance/Cust Staff (12)	todial (i.	Description of sbestos-Containing Material (ACM) e., thermal systems sulation, surfacing, VAT, or her miscellaneous)	Amount (Specify SF or LF)	E M O	E N P C A A I I R S	E N C A P S U L E	E N C L O S U R E
exterior		X Asbestos pip	e insulation	35 lf	X		2	Е
xterior		X Asbestos con		8 sf	Х			
					-			
ame of Registered Waste Hauler Guardian Contracting, In	NJDEP Waste 202		ards of Waste Name of	Registered Landfill				
ity, State Toms River, New Jersey		Disposal Date 9/17/14	City, State Tullytown, Pennsy					
ompleted by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	1 / de	/	Date 9/15/2	2014		
	*Do not use th	is form for asbestos lice	nsure exempted activitie	S.	1	-12 E		