1425UI		пол	TIFIC	ATIO	VOF AS	lew Jersey BESTOS ABAT C 8:60 and 5:1	TEMENT	ChW#2	25	41	9.
Date of Notification (1)			#FB_	200		ng Owner/Operator		ME	E		E
3/21/	19			1		wn Board of Edu		13			1000000000
Agencies Notified Type Notif	ication			Stree	t Address			ILI LII AP	R -	2 20	1
				120	0 North V	Varren Street		IT A A	11	C 20	9
☑ DOLWD ☑ Amend		1 2/2	2/4.0	City,	State, Zip	Code	-				THE REAL PROPERTY.
☑ DOH   Amend     ☐ DCA   ☐ Emerge				На	ckettstov	wn, NJ 07840		ASBES	TOS ( LICEN		1 8.
(NJAC 5:23-8) justifica	ation)	ioiaaiii	9	Name	of Contac	ct		Telephone Num			
☐ Cancel	lation			Ga	il Woicel	kowski		908-852-280	00		
				FA	CILITY II	NFORMATION					
Name of Facility Where Abatement is	Taking	g Place	e (3)				Type of Facility	(4)			
Hackettstown High School							School (K-1)	2) 8 (Other than K-12	21		
Street Address							Other (i.e., p	orivate and comme	z) ercial b	uildings	
599 Warren Street							homes, etc.	)			
City (5) Hackettstown							Square Feet	# of Floors	- 1	ldg. Age	
County (6)				Com	nty Code /	7VETATE LIDE ONLY	+-75,000	+-2		+-50	
Warren				Coul	nty Code (	7)(STATE USE ONLY)		ior if being demoli	shed)		
Name of Monitoring Firm Hired by Bu	ildina (	Jwner	(8)	ASCM	No	Name of Abateme	High School				
Environmental Connection, In	-	OWITCI	(0)	0003		The second secon	VIRONMENTA				
Street Address	-			000		Street Address	VIKONWENTA	L, INC.			
120 North Warren Street						1123 BEAVE	R STREET				
City, State, Zip Code						City, State, Zip Co					
Trenton, NJ 08608						BRISTOL, PA					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.			-
Roland Jones			6	09-392	-4200	215-788-6040	ĺ.	00509			
Start Date (10)4/1/19				etion Da		Name of OSHA M BRISTOL EN	Ionitor VIRONMENTA	L, INC			
Occupancy Status During Abatement	(Check	only	one)			Street Address					-
☐ Facility Closed/Vacated During En						1123 BEAVE	R STREET				
Abatement Performed Outside of National Time of Abatement:AM	Normal PN	Facilit /// <u>3:30</u>	y Hou PM- <u>1</u>	rs - Des 2:00AN	cribe 1	City, State, Zip Co					1
Scope of Work (Check all that apply)						BRISTOL, PA	19007				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovat emolitic			☐ Mini-Enc ☐ Glovebag	Procedure	gative Pressure n-Friable Procedu	re		
			Loca						Ab	atemen	Гуре
Location of Asbestos-Containing Material (AC	M		Norma ed Sole		Asha	Description o stos Containing Ma		A t	R	ZP	T m
TO BE ABATED	/		intena	ince/ Staff?		., thermal systems i	insulation,	Amount (Specify	Removal	Repair	Enclosure
IN Facility (13)		Cus	(12)			surfacing, VAT, other miscellane	or or	SF or LF)	l a		sure
(10)		Yes	No	N/A		other miscellane	ous)				
Auditorium				$\boxtimes$	VAT & I	Mastic		5,700 SF			10
Auditorium				$\boxtimes$	Cement	t Wall Board Pan	ellina	1,000 SF			To
							3	.,000 01			+=
			_	1				<del> </del>	1-		+=
Name of Registered Waste Hauler		Ц		IDED.	Noota	Cubia V	Management				
SERVICE TRANSPORT GROU	P, INC			IJDEP V lauler IC 20990	No.	Cubic Yards of Waste 30 Cu Yd	Name of Regis				
City, State YARDLEY, PA						Disposal Date TBD	City, State WAYNESB	URG, OH			
Completed By (Print or Type)	Title					Signature		Da	ite		-
Dillan DeCaro	Es	timat	tor				1 DeCar			26-	9

ASB-41 JAN 13 DD19014

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 3 21 1 19 Hackettstown Board of Education Agencies Notified Type Notification Street Address Ø EPA 5135 □ Initial 120 North Warren Street DOLWD 511 ☐ Amended City, State, Zip Code ASBESTOS CUI Ø DOH 5104 Amendment # Hackettstown, NJ 07840 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Doug DeMatteo 908-852-2800 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hackettstown High School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial building 599 Warren Street homes, etc.) City (5) Square Feet # of Floors Bldg. Ag Hackettstown +-75,000 +-2 +-50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Warren High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. 00030 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 120 North Warren Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Roland Jones 609-392-4200 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 1 / 19 4 / 13 / 19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_\_PM/3:30PM-12:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 lf □ Renovation
 □ Demolition ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatemer Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Enclosure Asbestos Containing Material (ACM) Remova Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Auditorium П  $\boxtimes$ VAT & Mastic 5,700 SF X П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 30 Cu Yd City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Date Dillan DeCaro Estimator 3-21-

State of New Jersey

<sup>171014</sup> 

MOCK	· .	NOT		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		DEC	E		tolino.	
Date of Notification (1)		4		Fi 2000		g Owner/Operator (		HU LI APR	- 6	20	-	-
	21 / 19			Had	kettstov	vn Board of Edu	cation		carculary) in		Person	
Agencies Notified	Type Notification				Address		, , , , , , , , , , , , , , , , , , ,	ASBEST	OS C DENS	ONTE	1	රි:
⊠ EPA ⊠ DOLWD	<ul> <li>Initial</li> <li>Amended</li> </ul>			110011		/arren Street		La Control of the Con	POTENTIAL SEC	Market Co.	_	
☑ DOH	Amendment #	1-3/26	/19		State, Zip C			*				
☑ DCA	☐ Emergency (in	cluding	1		of Contac	vn, NJ 07840		Talanhara Namb			_	
(NJAC 5:23-8)	justification)  Cancellation				I Woicek			Telephone Numb 908-852-2800				
						IFORMATION		300-032-2000	,			
Name of Facility Where A	Abatement is Taking	Place	(3)	IA	JILIT I III	ITORWIATION	Type of Facility (4	4)				
Hackettstown High			, ,				School (K-12)	- 80				
Street Address								(Other than K-12) vate and commerce	sial bu	ildinac		
599 Warren Street							homes, etc.)	vate and comment	iai bu	liuliigs		
City (5)							Square Feet	# of Floors	Blo	lg. Ag		
Hackettstown							+-75,000	+-2		F-50	_	
County (6) Warren				Cour	ity Code (7	)(STATE USE ONLY)	and the second second second second	or if being demolish	ned)			
Name of Monitoring Firm	Hired by Building (	Owner (	8)	ASCM	No	Name of Abateme	High School				_	
Environmental Con		JWHEI (	0)	0003		1	VIRONMENTAL	INC				
Street Address						Street Address	VIICONIIIENTAL	., 1110.			-	
120 North Warren S	Street					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode				_	
Trenton, NJ 08608						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		93,20	phone		Telephone No.	·	License No.			-	
Roland Jones			1 1 2 2 2 2	9-392	4115-10-78-80-A	215-788-6040		00509				
Start Date (10) 4 / 15 /			- 5%	tion Da	10.00	Name of OSHA M		ING				
				_ / -	19		VIRONMENTAL	, INC				
Occupancy Status During  Facility Closed/Vacate	53		355	ment		Street Address 1123 BEAVER	PETREET					
					cribe	City, State, Zip Co					_	
Time of Abatement: _	AMPM	M/ <u>3:30</u>	PM- <u>12</u>	2:00AN	1	BRISTOL, PA						
Scope of Work (Check al	I that apply)										_	1-17-17
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re	novatio molitio						e			
\$7 50mm		1000000	Locati			STEE SEN OF S			Aba	atemei	Ту	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Use Mai Cust	lormal d Sole intena odial S (12)	ly by nce/ Staff?		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	1	Enclosure
		Yes	No	N/A					1			

ASB-41 0019014-Culo @

Completed By (Print or Type)

Auditorium North Mech. Closets

Name of Registered Waste Hauler

Auditorium West Mechanical Closet

SERVICE TRANSPORT GROUP, INC.

Auditorium

City, State

YARDLEY, PA

Acoustic Ceiling Plaster

Acoustic Wall Plaster

Pipe Fitting Insulation

Waste

TBD

Cubic Yards of

Disposal Date

Signature

6,300 SF

600 SF

10 LF

Name of Registered Landfill

MINERVA LANDFILL

WAYNESBURG, OH

City, State

 $\boxtimes$ 

Date

3-26-9

Title

Estimator

 $\boxtimes$ 

 $\boxtimes$ 

 $\boxtimes$ 

NJDEP Waste

Hauler ID No.

20990

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

Chk #3538

									Process.		Name and Address of the Owner, where		4 40	and the same of
Date of Notification (1)	21 /	19						wner/Operator (2 Board of Educ	111	NEC	EL	V E		M
			_				VIII	Board of Educ	auon	3			.	Ш
Agencies Notified  ☑ EPA 5135	Type Notific					t Address <b>) North W</b>	Vari	ren Street		APR	- 2 20	019	distance of	IJ
☑ DOLWD 511	Amende	-			City,	State, Zip 0	Code	e		$\neg$			-	_
DOH 5104 DOA 5128	Amendm				Had	ckettstov	vn;	NJ 07840	-	ASBESTO	S CON	reo!	, i-	
(NJAC 5:23-8)	☐ Emerger justificati		iciuaing	3	Name	of Contac	t			Telephone N			-	
(	☐ Cancella				Do	ug DeMa	ttec	0	Brocesa	908-852-2	morphic than a beautiful	L. L'ann	-	
			22 Jan		FA	CILITY IN	IFO	RMATION					-	
Name of Facility Where	Abatement is	Taking	Place	(3)					Type of Facility	(4)			-	
Hackettstown High	School								School (K-1					
Street Address										8 (Other than K private and com		ildinas	9	
599 Warren Street									homes, etc.		11010101			
City (5)									Square Feet	# of Floors	BI	dg. Age	-	
Hackettstown									+-75,000	+-2		+-50		
County (6)				0.00	Cour	nty Code (7	')(ST	TATE USE ONLY)	Current Use (P	rior if being dem	olished)		-	
Warren					1				High School	ol				
Name of Monitoring Firm		Participation (Table)	Owner	(8)	ASCM	No.	Na	ame of Abateme	nt Contractor (9	) .				
Environmental Con	nection, Inc	C			0003	30		BRISTOL EN	/IRONMENTA	L, INC.			3 750	
Street Address		500					St	treet Address					3 350	
120 North Warren S	Street							1123 BEAVER	RSTREET					
City, State, Zip Code								ity, State, Zip Co						20
Trenton, NJ 08608								BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm			1	phone			elephone No.		License No.		15		
Roland Jones					9-392		_	215-788-6040		00509				
Start Date (10)					tion Da		10000	ame of OSHA M						
4 /15 /					_ / -	19_		BRISTOL ENV	/IRONMENTA	L, INC				
Occupancy Status During				1000			St	reet Address					3. 3.	
☐ Facility Closed/Vacate								1123 BEAVER						
Abatement Performed Time of Abatement:							1	ty, State, Zip Co						
	*		<u>0.00</u>	· ···· <u>· ·</u>				BRISTOL, PA	19007	۸.			_	12
Scope of Work (Check al	I that apply)							⊠ Full Conta	sinment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re					Mini-Encl	osure	gative Plessure				
≥160 sf or ≥260 if			☐ De	molitic	n			☐ Glovebag	Procedure	on-Friable Proce	dura			
			le	Locat	ion			□ Noti-Exem	ilpted ( ) and No	I I I I I I I I I I I I I I I I I I I		otomo	-	
Location	of		١	lorma	lly			Description of				atemer	-	
Asbestos-Containing	Material (ACIV	1)		d Sole intena				Containing Mat	erial (ACM)	Amount	Removal	Repair		Enclosure
TO BE ABA				odial		(i.e.		ermal systems in surfacing, VAT,		(Specify SF or LF)	lova	air		uso
(13)	ij			(12)			0	ther miscellaned	ous)	OF OF LITY	=			Гe
1			Yes	No	N/A				T.					
Auditorium					$\boxtimes$	Acousti	ic C	Ceiling Plaster		6,300 SF	$\boxtimes$		[ ]	
Auditorium North Me	ch. Closets				$\boxtimes$	Acousti	ic V	Vall Plaster		600 SF			[ ]	
Auditorium West Med	chanical Clo	set			$\boxtimes$	Pipe Fit	ting	g Insulation		10 LF	$\boxtimes$		ΙĪ	
2													[ ]	
Name of Registered Was	te Hauler			1998	JDEP V		NOTON	ibic Yards of	Name of Regi	stered Landfill				
SERVICE TRANSPO	ORT GROUP	, INC	<b>)</b> .	H	auler II 20990	- CONTRACTOR	VVa	aste	MINERVA	LANDFILL				
City, State		7.570	() · · · · · · · · · · · · · · · ·				Dis	sposal Date	City, State				1 10	
YARDLEY, PA							1	TBD	WAYNESE	BURG, OH				
Completed By (Print or Ty	/pe)	Title		7/2-2 - 7/2 -	37			Signature		,	Date		-	
Dillan DeCaro		Es	stimat	or				Dillan	no Can	10n	3-5	11-1	7	1

		Notification of A	New Jersey Asbestos Abatement .C. 8:60-7 and 12:120-7)			C E [		
Date of Notification (1) 03/28/19	# 28966		Name of Building Owner/Op	erator (2)	$\frac{1}{1}$ A	PR - 2	2019	-
Agencies Notified	Notification	n Type	Rockaway Township Scho Street Address	ool District	t time			_
☑ EPA □ DCA ☑ DOL □ DEP ☑DOH	☑ Initial N ☐ Amende ☐ Emerge justification ☐ Cancelle	ed # ncy notification (including n)	183 Greenpond Road  City, State, Zip Code  Rockaway, NJ 07866  Name of Contact  Frank Cuevas Board  President	Constanting of the second		LICENSI ne Number 2411	NC	8.
		FACILITY I	NFORMATION					
Name of Facility Where Abatem Stony Brook Elementary			Type of Facility (4)  School (K-12)  Subchapter 8 (other than	n K-12)				
Street Address 44 Stony Brook Rd, Roo	kaway, NJ 078	366	Other (i.e. private & commer Sq. Feet: # of Floors: 3 Bld	rcial buildir lg. Age:	1947			
City (5) Coun Rockaway	ty (6) Morris	County Code (7) (State Use Only)	Current Use (prior if being de	emolisnea)	: Element	ary Schoo	I	
Name of Monitoring Firm Hired b	by Bldg. Owner (8)	ASCM No.	Name of Contractor (9)					
Street Address			Panoramic Window & Door	Systems	Inc.	5		
Street Address			Street Address 712 Sergeantsville Road					
City, State, Zip Code Trenton, NJ 08608			City State, Zip Code Stockton, NJ 08559					: <del></del>
Project Manager for Monitoring I	Telephone	Number	Telephone Number P (732)926-0900		License N 01237	Number		
Scheduled Start Date (10) 04/08/19	Scheduled 05/04/19	Completion Date (11)	Name of OSHA Monitor					
Occupancy Status During Abate Facility Closed/Vacated During E  Abatement Performed Outside Describe: During School Days 3  Saturdays 8am-4pm  Spring Break 8am-4pn	Entire Period of Aba e of Normal Facility pm-11pm	itement	Street Address 87 Main Street  City, State, Zip Code  Lincoln Park, NJ 07035					-
□Other – Describe:								
Source of Work (Check all that a	pply)							-
$\geq$ 3 sf or $\geq$ 3 lf $\times$ $\geq$ 160 sf or $\geq$ Location of Asbestos-		⊠ Renov □ Dem	nolition □C	ni-Enclosu Glovebag F Friable Pro	rocedure			
Containing Material (ACM) in Facility (13)	Used Solely by Maint./Custodial (12) YES NO	(ACM) (i.e. the	Asbestos Containing Material rmal systems insulation, or other misc.)	Amount (Specify LF)	/ SF or	Abatement		close
Exterior of Building			ndow Caulking and Glazing	790 If		X	$\top$	
Name of Reg. Waste Hauler	0026055	I ste Hauler ID #	Cubic Yards of Waste		Name of F	Registered	 Landfil	
Panoramic Window & Dr Sys In	ic soods7		Dia		Chrin Lanc			
0			Dis	sposal Dat	<u>e</u>	City, St Easton,		
Completed by (Print or Type) Mark M Jovic	<u>Title</u> Environme	ntal Project Manager	Signature		<u>Date</u> 03/26/19			



Chu#3540

Date of Notification (1)			Nam	e of Ruildi	ng Owner/Operator	(2)				
3 / 28 /	19		1.0000000000000000000000000000000000000		artners, LP - Nor		FE	<u></u>	r r	// 15
Agencies Notified Type Notifi	cation			et Address	100		INE	C		
☐ EPA ☐ Initial	Cation		200000	o Cliff Ro	nad					-
☑ DOLWD ☐ Amende				State, Zip				ı nn		- 40
☐ DHSSAmendr			1 1000		ng, NJ 07064			APH	- 2	119
DCA Emerge (NJAC 5:23-8) justifica		ling		e of Conta						
Cancelli			1	hn Philbi			Telephone Num	ESTC	SCC	N ROLE
				5 0.151.53			32-692-52	12LIC	ENSI	N
Name of Facility Where Abatement is	T-1.: DI	(0)	F.A	CILITY II	NFORMATION					
Buckeye Partners, LP	l aking Pla	ace (3)				Type of Facility				
Street Address						School (K-12	) 3 (Other than K-12	21		
123 Derousse Ave. (River Roa	d Termir	nal)				Other (i.e., pr	rivate and comme	rcial b	uilding	js,
City (5)						Square Feet	# of Floors	IP	Bldg. A	
Pennsauken	77					-	-		- -	90
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)		
Camden					,	Exterior				
Name of Monitoring Firm Hired by Bui	Iding Owne	er (8)	ASCN	No.	Name of Abatem	ent Contractor (9)				
Vertex Engineering						VIRONMENTAL	INC.			
Street Address					Street Address		-,	11/10/		
700 Turner Way					1123 BEAVE	R STREET				
City, State, Zip Code					City, State, Zip Co	ode		-		
Aston, PA 19014					BRISTOL, PA	19007				
Project Manager for Monitoring Firm		Те	lephone	No.	Telephone No.		License No.			
Dave Turotsy		(	310-558	3-8902	215-788-6040	)	00509			
	Scheduled				Name of OSHA N	lonitor				-
			8/	19	BRISTOL EN	VIRONMENTAL	., INC.			
Occupancy Status During Abatement (					Street Address					
Facility Closed/Vacated During Enti	ire Period o	of Abate	ement		1123 BEAVE	R STREET				
Abatement Performed Outside of N Time of Abatement: 7:00AM-3:30	ormal Faci	lity Hou	ırs - Des	scribe	City, State, Zip Co	ode				
Scope of Work (Check all that apply)			AIVI		BRISTOL, PA	19007				
					□ Full Cont	ainment with Nega	ativo Desagues			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova			Mini-Encl     Mini-En	losure	alive Pressure			
☐ ≥100 St 01 ≥200 II		Demolit	ion		☐ Glovebag	Procedure	E			
		Is Loca	ation	T	□ Non-Exer	mpted (*) and Non	-Friable Procedur	_	S. A. L. San	
Location of		Norma	ally		Description of	f			ateme	
Asbestos-Containing Material (ACM	1) Us	sed Sollainten	lely by	Asbes	stos Containing Mat	terial (ACM)	Amount	Rer	Repair	E E
TO BE ABATED IN Facility		stodial		(i.e.	, thermal systems i surfacing, VAT,	nsulation,	(Specify	Remova	bair	Enclosure
(13)		(12)	)		other miscellaned		SF or LF)	<u>a</u>		Enclosure
	Yes	No	N/A							Ø
River Road Exterior Grounds			$\boxtimes$	Tank Ins	sulation Panel D	ebris	5 SF			
									П	
								T		
							-	Ħ		
Name of Registered Waste Hauler		1	NJDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill			
Bristol Environmental Inc.		100	Hauler ID	No.	Waste	Fairless Hill				
City, State			18706		1 Disposal Date	City, State				
Bristol, PA					Disposal Date	Fairless Hill	e DA			
Completed By (Print or Type)	Title				Signature	i aniess mili				
Gino Pizzigoni	Estima	ator			1.71	Pinnan	1974 Z		18-	11

ND CX	)	NOT		MOITA	OF AS	BESTOS ABA					1	<u>E</u>
Basement Chiller Room												
Date of holification (1)												
□ EPA 🛛 Ini	tial					ple Avenue	i					DL. 8
		2 2/2	2/40	City,	State, Zip	Code					_	-
				Me	rchantvi	lle, NJ 08109						
		ilciuuli	y	Name	of Contac	ct		Telephone Num	ber		_	
Management of the second of th	Contract of the Contract of th			Bri	an Tilton	1		111				
				FA	CILITY IN	NEORMATION		210 010 100			_	
Name of Facility Where Abatem	ent is Takin	g Plac	e (3)		OILITT II	TO CHILATION	Type of Facility	(4)			_	-
		3	- (-)						31			
						2 24	─ Subchapter	8 (Other than K-12	)			
									rcial b	uildin	gs	
									10	I-I- A		
									- 1		27	
Date of Notification (1)												
Date of Notification (1)												
	n. Duilding	0	/O\ T	10011	M	Th					_	
	by building	Owner	(8)	ASCIVI	NO.	2010-01-00-00-00-00-00-00-00-00-00-00-00-		fige seasoner				
				The Control of the			NVIRONMENTA	AL, INC.			_	
												-0
: 프로토프 역 기업에도 어느 (Children and Children and												
Project Manager for Monitoring F	irm		Tele	phone	No.	Telephone No.		License No.			_	
Mark Jenkins			2	15-365	-5870	215-788-604	0	00509				
Start Date (10)	Schee	duled C	omple	tion Da	te (11)	Name of OSHA	Monitor					
<u>11</u> / <u>13</u> / <u>18</u>	_	3/	28	3_ /	19	BRISTOL EN	NVIRONMENTA	L, INC				
Occupancy Status During Abates	ment (Chec	k only	one)					2000 Provide the 100 Co. 17			_	-
				ment			R STREET					
Abatement Performed Outsid	e of Norma	I Facilit	y Hou	rs - Des	cribe	City, State, Zip C	ode				_	: <del>5</del>
Scope of Work (Check all that ap	ply)							67.00 VICE			-	
						☐ Mini-En ☐ Gloveba	closure ag Procedure		e.			
		Is	Locat	ion					1	atem	er	Type
Asbestos-Containing Material TO BE ABATED	(ACM)	Use Ma	ed Sole	ely by nce/	Asbe (i.e	stos Containing Man, thermal systems	aterial (ACM) insulation,	(Specify	Remov	Repair		1
				0.0		other miscellane	or eous)	SF or LF)	<u>a</u>			ure
2 K		Yes	No	N/A								
Basement Chiller Room				$\boxtimes$	Pipe Ins	sulation		100 LF			]	
Basement Chiller Room				$\boxtimes$	Pipe Fit	ttings		40 LF			[	
Basement Chiller Room				$\boxtimes$	Duct In:	sulation		75 SF			]	
											[	
- 1		D.		auler IE	No.		(50)				_	-
				20990		Disposal Date			101111111111111111111111111111111111111		_	_
						la contraction of the contractio		BURG, OH				
NEW CASTLE, DE												
	Title	9				Signature	5000 5000	Da	te			

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

			NO.		ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1		DE	GE		7	E
Date of Notification (1)		70		×	Nam	e of Ruildin	g Owner/Operator	(2)		*		_	
	26 /	_1	8				mmunications	(2)	III A	PR -	2 :	20	3
	Type Notif	fication	1		Stree	et Address							
	⊠ Initial	12.0			15	East Map	ole Avenue		ASBES	STOS	CON	TF	31.8
⊠ DOH	Amend Amend		±1-11/	21/18	100000	State, Zip (				LICE	OW	=	
	☐ Emerge				Me	erchantvil	le, NJ 08109						
(NJAC 5:23-8)	justifica	ation)		3	Nam	e of Contac	t		Telephone Nun	nber			-
	☐ Cancel	lation			Br	ian Tilton	ì		215-640-45	63			
					FA	CILITY IN	FORMATION						
Name of Facility Where Ab		Takin	g Plac	e (3)				Type of Facility	(4)			-	
Verizon Merchantvill	e C.O.							School (K-12	2)				
Street Address								Subchapter (	8 (Other than K-1)	2)	ستاساند.		
15 East Maple Avenu	ie							homes, etc.)		erciai D	uliain	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ΩE	
Merchantville								33,000	4		+-50		
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	shed)		_	
Camden							.,	Verzion	er ii genig deiiiei	oncu)			
Name of Monitoring Firm H	ired by Bu	ilding	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)				_	
USA Environmental	•			` '				VIRONMENTA					
Street Address							Street Address	THO MILITA	L, INC.				
8436 Enterprise Ave							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C					_	
Philadelphia, PA 191	53						BRISTOL, PA						
Project Manager for Monito				Tele	ephone	No.	Telephone No.	13007	License No.				
Mark Jenkins	J			1	15-365		215-788-6040	1	00509				
Start Date (10)		Sched	duled C	31		ite (11)	Name of OSHA N		00509	- 10-22-		_	
11 /13 /		0	il i	400				VIRONMENTAL	., INC				
Occupancy Status During A							Street Address					_	
☐ Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed O Time of Abatement:	utside of r	vormai Pi	/ Facilit	y Houi	rs - Des ·OOAM	cribe	City, State, Zip Co						
			vii <u>0.00</u>	1 101-2	.OOAIVI		BRISTOL, PA	19007					
Scope of Work (Check all the	at apply)						M		1.000				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf				novati molitic			☐ Mini-Enc ☐ Gloveba	tainment with Neg losure g Procedure mpted (*) and Nor		re			
			1	Locat		6					atem	en	Гуре
Location of	4			Norma d Sole			Description of	f		-	1	Γ.	1
Asbestos-Containing Ma TO BE ABATE		M)		intena		Asbes	stos Containing Ma , thermal systems	terial (ACM)	Amount	Removal	Repair	Lincapoun	nc
IN Facility			Cus		Staff?	(1.6.	surfacing, VAT,	or	(Specify SF or LF)	ova	₩.	4	Enclosure
(13)			V	(12)	1	-	other miscellane		,	-		2	9
Basement Chiller Room	1		Yes	No	N/A	Pipe Ins	ulation		400 1 5	57		Ľ	+
Basement Chiller Room	<u> </u>					Pipe Fitt			100 LF 40 LF				분
Basement Chiller Room	1					Duct Ins			75 SF				
					-	Duot mo	, alation		75 55		Ш	L	1
Name of Registered Waste	Hauter			Ц		<u> </u>							
SERVICE TRANSPOR		P, INC	).	0.000	JDEP \ auler IC	No.	Cubic Yards of Waste	Name of Regist					
City, State					20990		Dienosal Data					_	
NEW CASTLE, DE							Disposal Date TBD	City, State	IBC OU				
		1						WAYNESBI	UKG, UH				
Completed By (Print or Type Dillan DeCaro	)	Title	E.				Signature	De Care	/ Da	ite /		/	F

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1)			_	IN	lame of Duil	dina O 10	72.	MARKE	des	112	И
10 / 26	/	18		1"		ding Owner/Operator	(2)				
Agencies Notified Type N	lotificati		-	-							
□ EPA □ Initi		on		S	treet Addres				APR	- 6	2
☑ DOLWD ☐ Ame						aple Avenue					
	endmen	t#		C	ity, State, Zi			ACD	FOT	20.0	O N
□ DCA □ Eme	ergency	(inclu	ding			ville, NJ 08109		ASE	EST	JS C	
	fication		-	· N	ame of Cont	act		Telephone Nu	THE PARTY NAMED IN	and the state of	SPANA
☐ Can	cellatio	n			Brian Tilto	on		215-640-4			
					FACILITY	INFORMATION		-19 010 4			
Name of Facility Where Abatemer	t is Tak	king Pl	ace (3	3)			Type of Facility	(4)			
Verizon Merchantville C.O.							School (K-12				
Street Address				V			Subchapter	8 (Other than K-	12)		
15 East Maple Avenue							Other (i.e., p	rivate and comm	ercial	buildi	ngs
City (5)							homes, etc.) Square Feet	N/A			
Merchantville							33,000	# of Floors		Bldg.	
County (6)	-			С	ounty Code	(7)(STATE USE ONLY)		4		+-5	0
Camden						(1)(OTATE OSE ONET)	Current Use (Pri	or if being demo	lished	)	
lame of Monitoring Firm Hired by	Building	Owne	er (8)	ASC	CM No.	Namo of Abotem	Verzion				
USA Environmental			1-7		J. 110.	Name of Abateme					
treet Address							VIRONMENTAL	_, INC.			
8436 Enterprise Ave						Street Address		Ñ			
ity, State, Zip Code						1123 BEAVE					
Philadelphia, PA 19153						City, State, Zip Co					
roject Manager for Monitoring Firm	1		T	elephor	- N-	BRISTOL, PA	19007				
Mark Jenkins					65-5870	Telephone No.		License No.			
art Date (10)	Scho	dulad			Date (11)	215-788-6040		00509			
<u>11</u> / <u>13</u> / <u>18</u>					Date (11) 18	Name of OSHA M					
						BRISTOL ENV	/IRONMENTAL	, INC			
ccupancy Status During Abatemer	it (Che	ck only	one)			Street Address					
Facility Closed/Vacated During E Abatement Performed Outside of	Norma	eriod o	f Abat	ement		1123 BEAVER	STREET				
Time of Abatement:AM	P	M/5:0	OPM-	urs - Di 2:00Ai	escribe	City, State, Zip Co.					_
ope of Work (Check all that apply)						BRISTOL, PA	19007				
	W					N =	Manager and the second second				
≥3 sf or ≥3 lf		⊠R	enova	tion			inment with Nega	tive Pressure			
≥160 sf or ≥260 lf			emolit			☐ Glovebag	Procedure				
						☐ Non-Exem	pted (*) and Non-	Friable Procedu	re		
Location of			s Loca Norma						-	atem	ent '
Asbestos-Containing Material (AC	(M	Use	ed So	ely by	Ashes	Description of stos Containing Mate	rial (A CAA)		-	_	_
TO BE ABATED IN Facility		Ma	ainten	ance/ Staff?	(i.e.	, thermal systems in	sulation.	Amount (Specify	Removal	Repair	nce
(13)		Ous	(12)			surfacing, VAT, o	or	SF or LF)	ova	Ē.	Encapsulate
		Yes	No	N/A	7	other miscellaneou	ıs)				late
sement Chiller Room		П				ı ılati - u					
sement Chiller Room					Pipe Ins			100 LF			
Soment Chill - B					Pipe Fitt			40 LF			
sement Chiller Poom					Duct Ins	ulation		75 SF			
ement Chiller Room					E					П	П
							1		11 11		
sement Chiller Room  ne of Registered Waste Hauler				JDEP		Cubic Yards of	Name of Register	ed Landfill	Ш	_	
ne of Registered Waste Hauler ERVICE TRANSPORT GROU	P, INC			JDEP auler II	D No.	Cubic Yards of Waste	Name of Register			ויי	
ne of Registered Waste Hauler ERVICE TRANSPORT GROU State	P, INC			JDEP	D No.	Waste	MINERVA LA		Ш		
ne of Registered Waste Hauler ERVICE TRANSPORT GROU	P, INC			JDEP auler II	D No.	Waste Disposal Date	MINERVA LA City, State	NDFILL		<u> </u>	_
ne of Registered Waste Hauler ERVICE TRANSPORT GROU State	P, INC			JDEP auler II	D No.	Waste	MINERVA LA	NDFILL		<u>-</u>	_

JAN 13 DD 18055

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)	N	OTIF	Pursu	ant to NJ	AC 8:60 and 5:	16)	DE C	E			Barren San San San San San San San San San Sa
Control of the contro	19						III.U API	R	2 20	1	
					200	1 Society	7 Job #1903-	2419	Chk.	# 316	1
☑ EPA ☑ Initial	noation		1				ASBES	TOS	CONTE	8	nd
				duranti di Santa da Parte							
		_	1	45							
—   —		ling									
			F				908-755-48	48			
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	(4)				_
Date of Notification (1)   Jupe Notification (2)   Jupe Notification (3)   J											
Date of Notification (1)   Date of Notification (2)   Date of Notification (2)   Date of Notification (3)   29   19   Name of Building OwnerOperator (2)   JUD #1903-2415 Chik. # 316   Appl.											
						Other (i.e., p	orivate and comme	ercial b	ouilding	S	
7 107								To	Olda Ac	_	
The state of the s								1		700	
County (6)			Cot	unty Code (	7)(STATE USE ONLY)			ichod)		_	
					,, ,,			isnea)			
Name of Monitoring Firm Hired by Bu	ilding Owne	er (8)	ASCN	/I No.	Name of Abatem		•				
Finog Environmental Inc						007.016					
Street Address							.5, Обгр.				
					3859 Sylon F	Soulevard					
										- —	_
Project Manager for Monitoring Firm		Te	lephone	No.			License No			_	
		1	388-71	5-2211		1	The residence of the control of the control				
The second secon	Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	lonitor	00002				
			3 /	19							
Occupancy Status During Abatement	(Check only	one)								_	_
☐ Facility Closed/Vacated During Ent	ire Period o	f Abat	ement			te 130 North					
Abatement Performed Outside of N	lormal Facil	lity Hou	ırs - De	scribe	The state of the s						
	PM/	PN	1	_AM							
Scope of Work (Check all that apply)					1 72 77						-
≥3 sf or ≥3 If	⊠ R	enova	tion		Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf					☐ Glovebac	osure Procedure					
					Non-Exer	npted (*) and Nor	n-Friable Procedu	re			
Location of					=			Ab	atemer	ni 'vpe	-
	n Us			Achor	Description of		AND THE RESERVE OF TH		T	- <del>i</del>	
TO BE ABATED	M			(i.e.	thermal systems i	nsulation		emo	ера	ncio	
	Cu				surfacing, VAT,	or		oval	=   ]	nsu	
(10)	Yes			1	other miscellaned	ous)		1000		e	
Main area & Crawl Space		-		Ductwo	rk		4515	-		<u> </u>	$\exists$
		-						-		- +-	-
		-	-	Airceir	ouct wrap		8 LF	M			-
										- +-	]
Name of Registered Waste Hauler				No.	0.11.11						]
		1 3		0.000 (0.000)							٦
			17273		5		rai				
						15.05	DA				7
	Title					Penn Argyle	e, PA				
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	23000	Assia	tant		1	, A /	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7
ASB-41	Since	പാവര	taill		SUM	NUQY		3/6	19/1	17	

4531	1		TON	IFIC	ATID	N/Q AS	BESTOS ABA	TEMENT 6)	DE	G		
Date of Notification (1)	29 /	19							1 2 400	APR.	2.21	) 3,_
			-				utuai Housing C	orp.	/Job #190	3-2416	Chk. #	317
⊠ EPA	1000000	cation							ASI	BESTOS	CONT	1 1 2
☑ DOLWD		d			-	College and a second	Cada			LICE	NSINO	
☑ DHSS	#2000000000000000000000000000000000000	_			1 30						and the second	
	☐ Emerger	ncy (in	cludin	g			and the state of t		1+			
(NJAC 5.23-0)					71172-3000000	CONTRACTOR DESCRIPTION	77		was the strains			
					-	Property of the same of the same		supervisor)	856-547-	4550		
Name of Facility Where	Ahatament is	Takino	, Dlace	2 (3)	FA	CILITY	NFORMATION	T=	440			
The same of the sa		Taking	Flace	= (3)								
	· y									(-12)		
Olicet Address								Other (i.e., p	rivate and com	mercial b	uildings	'1
City (5)									8	I B	Ida Aas	
Audubon Park										"		•
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	The state of the s	7.000	nolished)		
Camden						•	,,,			iolistica)		
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCN	l No.	Name of Abatem					-
Briggs and Associa	ates											
Street Address							Street Address		A CONTRACTOR			-
3 Crosswicks Stree	et						3859 Sylon E	Boulevard				
City, State, Zip Code							City, State, Zip Co	ode				-
Date of Notification (1)   3												
. [편계 : 107.00m (100.00m)	itoring Firm			Tele	ephone	No.	Telephone No.		License No			
AND THE RESERVE OF THE PARTY OF							609-702-0400		00862			
NOTIFICATION OF ASESTOR ABATEMENT    Date of Notification (1)												
					0_/	19	EMSL Analyt	ical, Inc.				
							Street Address					
							200 U.S. Rou	te 130 North				
Time of Abatement	AM-	ormal PM	Facilit	y Hou	rs - De	scribe ΔM						_
							Cinnaminson	n, NJ 08077				
Scope of Work (Check all	that apply)						⊠ Full Cont	tainment with Nec	nativo Proceuro	Encli	حرمران	
							☐ Mini-Enc	losure	Janve Flessule	FINA	201 C	
≥160 St or ≥260 If			∐ De	moliti	on				n Eriabla Drag	dura		
			Is	Loca	tion		□ Noll-Exe	Impled ( ) and 140	II-FIIADIE FIOCE		otom on	
			1	Vorma	ally		Description o	ıf		A-36		
		1)				Asbe	stos Containing Ma	terial (ACM)		Rem	Repa	ncl
				todial	Staff?	(i.e				ova	air a	USO
(13)	<u></u>	-		1	1				OI OI LI )	-	1 2	re
A 44*					7,755							
Attic					-	Asbesto	os Insulation		10 SF		_	
				1000			(90000) (60	Name of Regis	tered Landfill			
								Grand Cen	tral			
								Penn Argy	ie, PA			_
	NOTIFICATION ASSESTOS BATEMENT Fursusuftée Nu & Step and \$5.16)  Jate of Notification (1)  James of Series (1)  Ja											
naysi Gruner		01	rice A	ASSIS	tant		1/01/1/h	11/1/1/1		3/2	1119	c.

Ch5301	NO		CATIO	N OF AS	New Jersey BESTOS ABAT AC 8:60 and 5:1			E G	E I	16
Date of Notification (1)										A 1000000000000000000000000000000000000
	19				ng Owner/Operator ( <b>/lutual Housing C</b>	, ,	/Jeb#19	03-2416	Chk.	1021
Agencies Notified Type Notifi	ication		Stree	et Address						-
☑ EPA   ☑ Initial     ☑ DOLWD   ☐ Amende			20	Road C			AS	BESTO		
☑ DOLWD     ☑ Amenda     ☑ DHSS     Amenda			City,	State, Zip	Code		L	LIC	ENSIN	-
□ DCA □ Emerge		ina	Αι	idubon P	ark, NJ 08106					
(NJAC 5:23-8) justifica		iiig	Nam	e of Conta	ct		Telephone N	Number		
☐ Cancell	ation		Ke	n Whalei	n (Maintenance S	Supervisor)	856-547-			
			10.00		NFORMATION	, , ,				
Name of Facility Where Abatement is	Taking Pla	ce (3)			u orangerion	Type of Facility	(4)			-
Residential Property	30.000 mm/s = 000 100					School (K-12	A 10			
Street Address						☐ Subchapter 8 ☐ Other (i.e., pr	(Other than he invate and com	K-12) nmercial b	uildings	ı
City (5)						homes, etc.) Square Feet	# of Floors	l n	Ida As	
Audubon Park						+/- 1.000 SF		0	ildg. Age 78	=
County (6)			Cou	nty Code /	7)(STATE USE ONLY)	Current Use (Pri		naliahad\	10	-
Camden			000	iit) oode (	MOTATE OOL ONET	Residential	or it being den	nolisnea)		
Name of Monitoring Firm Hired by Bui	ldina Owne	r (8)	ASCM	l No	Name of Abateme					
Briggs and Associates		. (-)			1	d Mold Service	c Corn			
Street Address					Street Address	a Moid Service	s, corp.			
3 Crosswicks Street					3859 Sylon B	oulevard				
City, State, Zip Code					City, State, Zip Co					
Bordentown NJ 08505					Hainesport, N					
Project Manager for Monitoring Firm		Te	ephone	No.	Telephone No.		License No	1		
Doug Ferry			09-847		609-702-0400		00862			
	Scheduled	Compl	etion Da	ate (11)	Name of OSHA M	onitor				-
			3_/	19	EMSL Analyti	cal, Inc.				
Occupancy Status During Abatement (  Facility Closed/Vacated During Enti					Street Address				2:	
☐ Abatement Performed Outside of N	ormal Faci	ity Hor	rs - Dec	cribe	200 U.S. Rout					
Time of Abatement: AM-	PM/	PN		AM	City, State, Zip Co					
SATUR DAY Scope of Work (Check all that apply)					Cinnaminson	, NJ 08077				
□ >3 sf or >3 lf		enova	tion		⊠ F <del>ull Conto</del>	ainment with Neg	ative Pressure	Encle	sunf	
		emoliti	on			Procedure npted (*) and Nor	-Friable Droce	aduro		
		s Loca	tion		L Holl Exci	inpiced ( ) and Nor	I-I Hable I Tock		atemen	,
Location of		Norma			Description of				1	-
Asbestos-Containing Material (ACN TO BE ABATED		ed Sol			stos Containing Mat		Amount	Removal	Repair	Enclosure
IN Facility	Cu		Staff?	(i.e	., thermal systems in surfacing, VAT,		(Specify SF or LF)	ova	air	uso
(13)		(12)	1		other miscellaneo		0. 0. 1.	-	Repair	F
	Yes	No	N/A							
Attic				Asbesto	os Insulation		375 SF			
			1 8							
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Registe	ered Landfill			-
Waste Management			17273 fauler		Waste 5	Grand Cent	ral			
City, State					Disposal Date	City, State				
Lafayette, NJ					4/13/19	Penn Argyle	e, PA			
Completed By (Print or Type)	Title				Signature	0		Date		-
Kaysi Gruner	Office	Assis	tant		VALAN	104			29-1	
CD 44					I WING		_			

Oil sounh		200		11-	State	f New Jersey		Relation			-	-
( hohn)		N	OTIF	ICAT	ON OF	ASBESTIOS A	BATEMENT	IN E	C	E		7 [
Date of Notification (1)					N. 52.22	UAD 8:60 and					-	
	,	40				lding Owner/Opera			nn	_	_	-
		19	-		Audubon	Mutual Housin	g Corp.	/ Job #1903-2	416	Chk.	#5	22
	Notificati	ion		St	reet Addre	SS						_
	ial iended				20 Road	С		ASBE				01.8
	endmen	ıt#		Ci	ty, State, Z	ip Code			LICE	ENSI	NO.	
□ DCA □ Em	ergency		ding		Audubon	Park, NJ 08106						
(NJAC 5:23-8) jus	tification	)	-	Na	me of Con	tact		Telephone No	ımher		_	
☐ Cai	ncellatio	n		I	Ken Whal	en (Mainenance	Supervisor)	856-547-4				
				F		INFORMATION		000-047-4	550		_	-
Name of Facility Where Abateme	nt is Tak	king Pla	ace (3	3)			Type of Facil	lity (4)			_	
Residential Property							School (K					
Street Address							── Subchapt	er 8 (Other than K-	12)			
							○ Other (i.e.)	, private and comm	nercial	build	ings	
City (5)		57-20-7					homes, e				_	_
Audubon Park							+/- 1,000	# of Floors		Bldg.	Ag	
County (6)				Co	unty Code	(7)(STATE USE ONL)		Prior if being demo		78		
Camden						( ) Now the Cost of the	Residenti		iished	)		
Name of Monitoring Firm Hired by	Building	Owne	r (8)	ASC	M No.	Name of Abate	ment Contractor					_
Briggs and Associates							nd Mold Servi					
Street Address		3-2-2				Street Address	na mola del vi	ces, corp.				
3 Crosswicks Street						3859 Sylon	Boulevard					
City, State, Zip Code						City, State, Zip					_	
Bordentown, NJ 08505						Hainesport,						
Project Manager for Monitoring Fin	m		Te	elephon	e No.	Telephone No.	110 00000	Linenes No				
Doug Ferry					7-2957	609-702-040	00	License No. 00862				
Start Date (10)	Sche	duled	Comp	letion D	ate (11)	Name of OSHA	T	00862				_
4 /15 /19	_	4	/	17_ /	_19	EMSL Analy						
Occupancy Status During Abateme	nt (Che	ck only	one)			Street Address						
□ Facility Closed/Vacated During	Entire P	eriod o	f Ahat	emont		The second secon	ute 130 North					
Abatement Performed Outside of	of Norma	I Facili	ty Ho	ure De	scribe	City, State, Zip C						
Time of Abatement:AM-		M/	P	Λ	_AM	Cinnaminso						
Scope of Work (Check all that apply	/)						11, 145 06077				_	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re	enova			Gloveba	a Procedure	egative Pressure E		SUL	2	
1 0000			Loca					1,100000		atem	1075	1/25
Location of Asbestos-Containing Material (A	CM)		Normed So	ally lely by		Description	of			_	_	T
TO BE ABATED	Olvij	Ma	inten	ance/	Asbe (i.e	stos Containing Ma	aterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT	. or	(Specify SF or LF)	ova	gir .	sde	uso
(10)		Yes	No	_	1	other miscellane	eous)	J. S. L. )	-		ulate	Гe
Attic			103									
					Asbest	os Insulation		375 SF				П
											F	
									+=	1	-	
				-				and the second	111	Ш		
Name of Registered Waste Hauler		П	_	IJDEP V	Nost-	0.11						
Waste Management			1000	lauler IE	100000000000000000000000000000000000000	Cubic Yards of Waste	Name of Regis				100	-
City, State				17273		5	Grand Cen	itral				
Lafayette, NJ						Disposal Date	City, State			-		-
Completed By (Print or Type)	1-					4/17/19	Penn Argy	le, PA				
Kaysi Gruner	Title			24110-000		Signature /	11	Dat	e		_	
SB-41	Of	fice A	ssis	tant		Wilh	NA	.   2	117	21.	a	
SB-41 NY 11				20 St		The state of the	11		10	111		

ASB-MAY

Do not use this form for asbestos licensure exempted activities.

1620	12	NO			State of I	New Jersey		4.0		19	
J VOO		NO	TIFIC	ursh	ant to NJ	BESTOS ABA AC 8:60 and 5:1	16)	DE	SE		E
Date of Notification (1)			L	Nan	of Buildin	ng Owner/Operator	(2)	1153			
3 / _	29 /	19			JTA	/ Job #	1710-2243	Chk. #5323	'R -	2 2	0.1
Agencies Notified  EPA	Type Notific	ation			et Address						-
☑ DOLWD	☐ Amended			1	Turnpike	Plaza			a phicosoma		
☑ DHSS	Amendm	73		City,	State, Zip	Code		ASBES			F 1.8.
□ DCA	☐ Emergen		na na	W	oodbridg	e, NJ 07095			LIUEN	ISING	-
(NJAC 5:23-8)	justificati		9	Nam	ne of Contac	ct		Telephone Nun	nber		
	☐ Cancellat	tion		R	obert Wor	nelsdorf		732-442-86			
				F	ACILITY II	NFORMATION		102 112 00			
Name of Facility Where A	batement is 7	Taking Place	ce (3)			u. Oranization	Type of Facility	, (A)			
NJTA MUB - E - Hig		1074					School (K-1				
Street Address							☐ Subchapter	8 (Other than K-1)	2)		
Milepost 67 S - NJ T	urnpike						Other (i.e., p	private and comme	ercial b	uilding	s,
City (5)							homes, etc.				
East Windsor/Hight	stown						Square Feet	# of Floors		ldg. Ag	
County (6)				10		7 /07475	20,000	1		unko	W
Mercer				Cot	inty Code (	7)(STATE USE ONLY)	1.0	rior if being demoli	shed)		
Name of Monitoring Firm I	Hirod by Duile	din = 0	(0)	1000			Office & Sh				
Horizon Environmen		aing Owner	r (8)	ASCN	No.	Name of Abateme					
Street Address	ıtaı						d Mold Service	es, Corp.			
PO Box 316						Street Address					
						3859 Sylon B	oulevard				
City, State, Zip Code						City, State, Zip Co	ode				
Thorofare, NJ 08086						Hainesport, N	NJ 08036				
Project Manager for Monito			- 939	ephone		Telephone No.		License No.			
Dave or Steve Flanig					8-0800	609-702-0400		00862			
Start Date (10)4 /8 / _		cheduled (		100	ate (11) 19	Name of OSHA M EMSL Analyti					
Occupancy Status During	Abatement (C	Check only	one)			Street Address					
□ Facility Closed/Vacated	During Entire	e Period of	Abate	ment		200 U.S. Rout	te 130 North				
Abatement Performed (	Outside of No	rmal Facili	ty Hou	rs - Des	scribe	City, State, Zip Co					
Time of Abatement:	AM	PM/	PM		_AM	Cinnaminson					
Scope of Work (Check all t	hat apply)						,				
☐ ≥3 sf or >3 lf		⊠ n.				☐ Full Conta	ainment with Neg	gative Pressure			
≥160 sf or ≥260 if			enovat emoliti			☐ Mini-Encl ☐ Glovebag	Procedure				
		1 1	s Loca	ion	T	⊠ Non-Exer	npted (*) and No	n-Friable Procedu		7	
Location of	f		Norma			Danasistics			Ab	ateme	_
Asbestos-Containing M	aterial (ACM)	Use	ed Sole		Asbes	Description of stos Containing Mat		Amount	Re	Re	Enclosure
TO BE ABAT IN Facility		0.516667	aintena stodial	10000000	(i.e.	, thermal systems in	nsulation,	(Specify	Removal	Repair	Enclosure
(13)		June	(12)	otun:		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		ure
		Yes	No	N/A	1	other miscellanec	ous)				ita
10 Windows					Window	Glazing		10 EA			
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									×		
Name of Registered Waste	Haul				<u> </u>				$\boxtimes$		
and the second s	nauler		1.00%	JDEP \ auler I[		Cubic Yards of Waste	Name of Regis				
Waste Management				17273		5	Grand Cen	tral			
City, State						Disposal Date	City, State				
Lafayette, NJ						4/12/19	Penn Argyl	e, PA			
Completed By (Print or Type	e) .	Title				Signature		) Da	te		
Kaysi Gruner		Office /	Assis	ant			10 10/1		3/0	201	17
SB-41						I KUUL	11/00		)/0	11/	/ '

Ch DOIAE	)		FIGATION OF A	P. B. E. G. Change	7 6			ECEI	V E
Date of Notification (1)	/26/19			Name of Build	ding Owner	/Operator (2)	led but	MIII	010
	120/10			Alabama P	artners L	LC			
Agencies Notified	Notification	Туре		Street Addres	SS			ASBESTOS COI LICENSIN	TIC! 6.
⋉ EPA	Initial			195 Paters	on Ave	Suite 2		LIGENSIN	
DEP	Amend	ed #		City, State, Zi	p Code				
X DOL		ncy (includ	ding	Little Falls,	NJ 0742	24			
X DOH	justifica			Name of Cont			I Tel. Nu	ımher	
DCA	Cancell	ation		Ken Abdy				32.8602	
Name of Facility Where Abatement	is Taking Place (	8)	FACILITY IN	FORMATION	h. (4)				
House	is raking reace (	<u>,, , , , , , , , , , , , , , , , , , ,</u>		Type of Facilit	<u>ty (4)</u>				
Street Address				School (	K-12)				
Street Address				Subchap	ter 8 (Othe	r than K-12)			
City (5) County			Code (7) se Only)	homes,		& commercial l	bullaings,		
Paterson Passa		(State U	se Only)						
Name of Monitoring Firm Hired by I	3ldg. Owner (8)	ASCM N	lo.	Name of Contr	ractor (9)				
n/a				MTM Metro	Corpora	tion			
Street Address				Street Address	s				
				135-137 Mc	Bride Av	/e			
City, State, Zip Code				City State, Zip	Code				
				Paterson, N	JJ 07501				
Project Manager for Monitoring Firm	1 Telephone I	Number		Telephone Nu			License	e Number	
				973-742-50			00809	<del></del>	
Scheduled Start Date (10)	Scheduled (	Completion	Date (11)	Name of OSH			00000	,	
4/6/2019	4/11/2019		r Date (11)	MTM Metro		ation			
Occupancy Status During Abateme				Street Address		icion -			
Coodpancy Status Duning Abatemie	it (Check only on	<u>=)</u>		135-137 Mg	-	(00)10			
▼ Facility Closed/Vacated During	Entire Desired of	A hatamant				venue			
				City, State, Zip	Code				-11:
Abatement Performed Outside	of Normal Facility	/ Hours		Paterson, N	1.07501				
Other-Describe:					0 07 00 1				
Source of Work (Check all that appl	y)								
> 3 sf or > 3 lf	Renovation		X Full	Containment wit	h Negative	Pressure	Min	i-Enclosure	
× > 160 sf or > 260 lf	□ Demolition		× Nor	-Exempted(*) &	Non-Friable	e Procedure	Glov	vebag Procedure	
Containing Material (ACM) in Facility (13)	Location Normally lely by Maint./Cus aff? (12) ES NO		Description of thermal system surfacing, VAT miscell.)	ns insulation,	Amount (	Specify SF or	LF)	Abatement Type  Rem. Rep. Enca	Enclose
Exterior Siding	1	Siding Shingles		3,000 sf		-		=	
Basement		Pipe insulation		50LF			XX		
Basement		×	Boiler Insulation		50 SF			XX	4
Name of Reg. Waste Hauler	NJDEP Was	te Hauler I	ID#	Cubic Yards of	l Waste		Name o	of Reg. Landfill	
MTM Metro Corporation	26552			40			Tullytown		
City, State						Disp. Date		City, State	
Paterson, NJ 07501						4/21/2019		Tullytown, PA	
Completed by (Print or Type)	Title			Signature			Date		_
Mike Damevski	Proj. Manage	*)		Mike Dan	nevski		3/26/19		

(V)				FICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		(11) 3/28/ T			C			宣
Date of Notification (1) 3/1/2019				A-2006 1000-0-	of Building						4	1PR	- 2	201	
Agencies Notified	Type Notification		-		Address	TT TOIG!	TE EITIO	/ 							
× EPA					old Dom	inion V	Vay				ASB	ESTO	S CC ENSI	NTE NG	1 8
X EPA X DEP X DOL	Initial Amended				ate, Zip C					_	SA COLUMN TO SAIL	210	LING	1000	-
X DOL	Amendmen			5.5000000000000000000000000000000000000	asville,		360								
□ DOH	Emergency justification)		9	Name o	of Contact					Tele	ephone No	ımber			-
DCA	Cancellation			Micha	el Digg	S					6-239-4				
N 65 W 115				FAC	ILITY INF	ORMAT	ION								
Name of Facility Where		ng Place (	(3)					Тур	e of Facility (4	1)					
Old Dominion Term	inal Building								School (K-12						
Street Address									Subchapter (				1 -11		
200 S. Inman Ave	A							×	Other (i.e. pr etc.)	ivate 8	commerc	ciai bui	laings	, nom	i,
City (5)						S. 1-121 y - 335		20000000	are Feet	# of	Floors		Bldg. A	Age	
Avenel									000	1			50		
County (6) Middlesex					Code (7) USE ONLY	0			ent Use (Prio		ng demolis	shed)			100000
							_		ipping term						
Name of Monitoring Firm		Owner (8	)	ASCA	∕l No.				atement Cont						
Environmental Con	suiting								Environmer	ntal In	IC	-0.00			
Street Address 2002 Renaissance	Dlud Cuito 110					Street									
City, State, Zip Code	bivu, Suite 110							wood Dr							
King of Prussia								Zip Code		400==					
Project Manager for Mon	itarias Firm		<b>T.</b> 1 1			And the second second		ton Crossin	ig, PA						
Andrew D. Hubley	itoring rinn			Telepho	ne No. 79-7070	,	Teleph 215-				License 1	VO.			
Start Date (10)				010-2	19-1010	,					01225				
3/18/2019			04	/05/201	9		same		HA Monitor						
Occupancy Status During	Abatement (Cher	k Only O		100/201	-										
		13	83277				Street	Addre	ess						
Facility Closed/Vaca Abatement Performe Other – Describe: _	ed Outside of Norn	Period of nal Facility	Abater y Hour	ment s			City, S	tate, Z	Zip Code						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		×	Renova Demoli	ation tion			×	GI	III Containmer ni-Enclosure ovebag Proce on-Exempted	dure				e	
		Is	Locat	ion										emen	t $\square$
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Asbestos-Containing TO BE ABA		Ma	ed Sole iintena	nce/		tos Cont	aining M	ateria			nount			ш	
In Facili		Cus	todial	Staff?	(1.8.	thermal surface	systems cing, VA		ation,		oecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other n	niscellan	eous)		٠.	0, 2, )	SVOL	pair	Sult	IIISC
		Yes	No	N/A								-		ate	D)
Attache	ed							-		-		+			-
,		-						-				-			
Name of Registered Wast	e Hauler		IN	JDEP W	aste	Cubic '	Yards		Name of Re	egister	ed Landfill				1
Service Transport Gr							te		Minerva						
City, State							15	-		_11101	hi 1969				
New Castle, DE					al Date		City, State		211						
Completed by		Title				TBD			Waynest	-					
Andre Gosek		ct Ma	anager		Si	ynature	dr	e Goses	é	Da	ite 3/27/1	2010			

01/- 11-50	1 -	-	<b>-</b>				L	CI	ieck i	1 20
(h)(0)	16	Furst	ant to NJ	AC 8 : 60.	STOS ABATEMENT -7 and 12:120-	7)	ME	CE		VE
Date of Notification $3-28-10$	,	L	1 1 1 1	1 -	Owner/Operato			O TOP INC. OF THE		-
	Type Notific	ation	Street Ad	SON	KANO	7		PR -	13. 21	A44 —
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[ ]DEP	Notific	ation	City, Sta	te, Zip	Code		ASBE	STOS	CONT	N N
[ ]DOL	[ Amended Notific	ation	The second second		eway.	MIT	1000	LIGE		
[ ]DOH			Name of C	ontact	200 /23	Teleph	none Number	, ()		
[ ]DCA	[ ]EMERGENC		1.55	10 h	LANG			-466		
	[ ]Cancella	tion	1		INFORMATION					
Name of Facility Wher	e Abatement	is Taki	ng Place (	(3)	INFORMATION	Type of Fac	ility (4)			
_1205106	WCI	-				[ ]Schoo	l (K-12)			
Street Address							apter 8 (Othe (i.e., priva			
							s, homes, etc			
W. C.						Consume Fresh	U - 5 m			
City (5)	(	County (	6)	(A) (12 CO (12 CO)	nty Code (7)	Square Feet	# of Floo	rs B	ldg.	Ag
ROCKWH	2	MO	1-215	(ST	ATE USE ONLY)	Current Use	(Prior if be	ing de	molis	she )
Name of Monitoring Fin	A-	Building	ASCM No		Name of Abate	ment Contract	or (9)			
Owner (8) N/A	8.00			9		MANAGEMEN				
Street Address					Street Addres	s				
10	25				86 Chris	topher S	t.			
City, State, Zip Code					City, State,		0.40			
Project Manager for Mc	mitoring Fir	m mal	ephone Num	hor		r, NJ 070				
	**** **********************************	N/.		mer	Telephone Num (973) 744		100	icense		er
duled Start Date (	10) Sched	. Comple	etion Date	(11)	Name of OSHA I					
A-7-/9 Month Day Year	- 1,5	1- 4	- 19		N/A					
Occupancy Status Durin	g Abatement	(Check	nly one)		Street Address	3				-
[X]Facility Closed of Abatement	I/Vacated Dur	ring Ent	ire Period	i						
[ ]Abatement Perfo Hours - Describ	rmed Outside	of Nor	mal Facili t»	Lty	City, State, 2	ip Code				
[ ]other - Describ	e: «Other Occ	upancy	Descript»							
Scope of Work (Check a	ll that appl	y)	,		[ ]Full (	Containment w	ith Negative	Draces	ira	
[ ]≥3 sf or ≥3 [ ]≥160 sf or	lf >260 lf		Renovatio		[\[Mini-]	Enclosure -bag Procedure	-	21ess	TT.E	
						riable Procedu		25 75000		
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Asbestos-Conta: Material (AC	-	1	Used olely		Asbestos-Cont Material (A		Amount (Specify	R	RE	C C
TO BE ABATE	<u>D</u>	By Mai	ntenance/ todial	4 20 22	i.e., thermal	systems	SF or	O	PA	PO
In Facility (13)	Į.	Yes	No N/A	1	ulation, surfa r other miscel		LF)	A	I	S S U U L R
Bara	into i			Jan. 1	0 - 10 1.1	1 111 -	00		-	. <u>E</u>
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//	0031						10001=	-		
Name of Registered Wast			EP Waste		c Yards	Name of Regi	stered Landf:	111		
AZTECH MANAGEM	ENT, INC	· Hau	ler ID No. 040	of W	Jaste	TEI !	TATES			
City, State	7040				osal Date	City, State	71. J. E.		•	
ntclair, NJ 0				14	-10-19	BUN	4/150	6 6	1 %	E
Completed By (Print or					Signature	1/1/	7.	Date	1 / 5	
Constantine Viv	lan Pre	siden	t		V Tind	Torchill		4 -	28	- 9
COLLEGE CONC. CO. C. P.S.					( , , , , , , , ,	11				- 1

ND CX		N		ICATION	OF ASE	ew Jersey BESTOS A 3 8:60 and	BATE		т		R		2 [	- F	n Fr
Date of Notification (1) 3/27/2019	1				f Building OF CAN	g Owner/Op MDEN	perator	(2)				AF	11 -	- 5	2019
Agencies Notified	Type Notification	1		Street A 520 M		Γ STREE	T				1	SBES	STOS		Ţnr
EPA DEP DOL	Initial Amended Amendmen			City, Sta	ate, Zip C	7	7			1-12-16	A STATE OF THE PARTY OF THE PAR	Continuence particular	the second	90	-
☑ DOH DCA	Emergency justification Cancellatio	)			f Contact S RIZZ						ephone Nu 6-757-70				
				FACI	LITY INF	ORMATIC	N			-					-
Name of Facility Where A		ng Place (3)						Тур	oe of Facility (4 School (K-12						8-
Street Address 1601 FEDERAL ST	REET							×	Subchapter 8 Other (i.e. pr etc.)	(Oth	er than K-1 & commerc	2) cial buil	dings,	hor	ıs,
City (5) CAMDEN						1,		Squ	uare Feet	# 0	f Floors	E	Bldg. A	ge	110 V
County (6) CAMDEN				County (	Code (7) JSE ONLY	n		Cur	rent Use (Prior	r if bei	ng demolis	hed)			-
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.				patement Cont ROTHERS C			IG, IN	IC.		8 <u>2</u>
Street Address							Street .		ess ELAND AVE	NUE					-
City, State, Zip Code									Zip Code A, NJ 07512	2					
Project Manager for Moni	toring Firm			Telephor	ne No.		Teleph	one			License N	No.			
Start Date (10) 4/1/2019		Scheduled		npletion [	Date (11)		Name	of OS	SHA Monitor S (9) ABOV	/E	00.101			_	
Occupancy Status During	Abatement (Che	ck Only One	)		-		Street		Annual Control of the					_	1
Facility Closed/Vaca Abatement Performe Other – Describe: V	ed Outside of Norr	Period of Ab	aten	nent			City, St	tate,	Zip Code						1
Scope of Work (Check All	That Apply)						-								-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,	Re X De	nova molit	ition ion			×	G	ull Containmer lini-Enclosure llovebag Proce lon-Exempted	dure				۵	
Location	of		ocati rmal			Dogo	ription			)			Abate		
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	Material (ACM) TED	Used Main Custo	tenai	nce/	Asbes (i.e.	stos Contai thermal s surfacir other mis	ning M ystems ng, VAT	ateri insu T, or	ılation,	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
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				ASBEST									_		
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Name of Posistered West	o Haules		1.	IDED 141	- at -	0 1: 1:									
Name of Registered Wast TWO BROTHERS C	Н	JDEP Wa auler ID 1 8743		of Waste	Contract of		Name of Re	253			R.C	).W	<b>;</b> .		
City, State TOTOWA, NJ					Disposa 4/22/20	- 3		City, State	SVILI	E, PA				-	
Completed by VIVECA RAMOS		Title PROJE	ECT	COOR	DINAT		nature	11.	eac Po		N 8040	ate 27/20	)19		

		N		TION OF	f New Jerse ASBESTOS IAC 8:60 ar	ABATE			ID	) E	G	E	7	
Date of Notification (1) 3/22/2019					ding Owner/ CAMDEN	Operato	r (2)			L A	PR	- 2	20	3
Agencies Notified	Type Notification			eet Addres	s ET STRE	ET								_
EPA DEP DOL	Initial Amended Amendment		City	y, State, Zi	andri assigniture					ASBE	STOS		NIT!	- t
DOH DCA	justification) Cancellation	ncluding	0.0000	me of Cont	2000				100000000000000000000000000000000000000	none Nu 757-70			_	302
			53077		INFORMAT	ION			000-	101-10	52			
Name of Facility Where VACANT BUILDIN		Place (3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MI OKINAT	ion		f Facility (4 chool (K-12			-		_	_
Street Address 1625 FEDERAL S	TREET						Si X O	ubchapter 8 ther (i.e. pri c.)	(Other t	han K-1 ommerc	2) ial buil	dings,	hoı	38
City (5) CAMDEN							Square		# of FI	oors	E	Bldg. A	ge	
County (6) CAMDEN				unty Code of			Current	t Use (Prior	r if being	demolis	hed)			( <del></del>
Name of Monitoring Firm N/A	m Hired by Building C	wner (8)	A	SCM No.				ment Contr			G, IN	IC.		_
Street Address							Address REELA	ND AVE	NUE					
City, State, Zip Code							State, Zip OWA, I	Code NJ 07512	2				_	-
Project Manager for Mo	nitoring Firm	Tele	ephone No	61 er		none No. -956-87			cense N 0494	0.			-	
Start Date (10) 4/1/2019		Scheduled 4/22/201		tion Date (	11)		of OSHA	Monitor 9) ABOV						( <del>)</del>
Occupancy Status Durin			50.				Address	the entire the second						_
Abatement Perform  Other – Describe:	cated During Entire Poned Outside of Norma VACANT	eriod of Ab al Facility F	atement lours			City, S	tate, Zip	Code						:5
Scope of Work (Check A	All That Apply)												_	-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novation molition			×	Mini-l Glove	Containmen Enclosure ebag Proce Exempted (	dure				e e	
1			ocation rmally		888	= W						Abate		
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Used Maint Custoo	Solely by tenance/ dial Staff' (12)	AS	bestos Cont i.e. thermal surfa	scription taining M systems cing, VA niscellan	laterial (A s insulatio T, or	ACM) on,	Amor (Spec	cify	Remova	Repair	Encapsulate	-
		Yes	No N	I/A							=		ate	
			Bl	JILDING '	TO BE	DEMO	ED							
				S ASBES	100		2015							
				A	S UNSAF	ESTR	RUCTUI	RE					_	_
Name of Registered Wa			P Waste or ID No.	Cubic of Was 200			Name of Re	877		NT G	.R.O	 .W	3.	
City, State TOTOWA, NJ	City, State					sal Date 201,9		City, State MORRIS	SVILLE	PA			_	-
Completed by VIVECA RAMOS		Title PROJE	CT CC	ORDINA	/ s	ignature		D,	.nl	Da	te 22/2	019	_	

int Form

CH360	178		NOT		ATIO1 ursua	N OF AS	New Jersey BESTOS ABA AC 8:60 and 5:1	16)	DE C	; [		4 -		The state of the s
Date of Notification (1)  03 /	28 /	19			100000		ng Owner/Operator  vg Demolition	(2)	LL LI API	7 - 8	2 20	1	Trees to	The same of
Agencies Notified	Type Notific										(F #)			
□ EPA	☐ Initial	alion			1000000	t Address  D Box 32			ASBES			1	8.	100
□ DOLWD	Amended	(T)			2 2	State, Zip	<u> </u>		<u> </u>	JOENS	MMC.			
⊠ DOH	Amendm						NJ 08742							
DCA (NJAC 5:23-8)			cluding	g	-	of Conta			Telephone Num	hor				_
(110/10/05/20/0)	Cancella				Jin				732-899-520					
	The Control of State						NFORMATION		732-033-320	U .		-		
Name of Facility Where A	batement is	Takino	Place	(3)	FA	CILITTI	NFORWATION	Type of Facility	(4)			_		_
Residence		· uning	, , , , , , ,	(0)				School (K-12	3000					
Street Address								─ Subchapter 8	(Other than K-12	)				
								Other (i.e., property)	rivate and comme	rcial bu	ildings	3		
City (5)								Square Feet	# of Floors	RI	dg. Ag	-		-
Point Pleasant			\$17					2000 sf	2	10 - 5	39. Ay 8 <b>5</b>	c		
County (6)				-	Cour	nty Code (	7)(STATE USE ONLY)		or if being demolis					+
Ocean					0.000	, (	. /(07/112 002 0/12/)	Residence	or it being demons	ileu)				ı
Name of Monitoring Firm I	Hired by Build	dina O	)wner	(8)	ASCM	No	Name of Ahatem	ent Contractor (9)				-	_	1
N/A	,	J		,				ontracting, Inc.						
Street Address					Street Address	macariy, mc.						1		
					1889 Route 9	9. Unit 61								
City, State, Zip Code					City, State, Zip C				-					
							700 20 20	New Jersey 08	755					l
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.			-		1
				100000000	•		732-349-9932	2	00624					l
Start Date (10)	18	Schedi	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor				-		1
03 /29 /	19	0	4_ /	01		19	E.M.S.L. Ana							
Occupancy Status During							Street Address					-		1
Facility Closed/Vacated	d During Entir	re Per	iod of	Abate	ment		1056 Stelton							
Abatement Performed Time of Abatement:	Outside of No	ormal	Facility	y Houi	s - Des		City, State, Zip C	ode						1
			<i>''</i>			AM	Piscataway,	New Jersey 088	354					١
Scope of Work (Check all	that apply)						Π	••				-		
≥3 sf or ≥3 lf			□Re	novati	on		☐ Full Con	tainment with Neg	ative Pressure					ı
≥160 sf or ≥260 lf			□ De	molitic	n		☐ Gloveba	g Procedure						١
			1-	1		T	⊠ Non-Exe	empted (*) and Nor	n-Friable Procedu	930		-		
Location of	nf.			Locat Norma			Description of			Aba	ateme	r T	ype	
Asbestos-Containing N	laterial (ACM	1)		d Sole		Asbe	stos Containing Ma		Amount	Rer	Repair		Enc	ı
TO BE ABAT				intena todial			e., thermal systems	insulation,	(Specify	Remova	pair		Enclosure	ı
(13)				(12)			surfacing, VAT other miscellane		SF or LF)	<u>a</u>			l e	١
			Yes	No	N/A			,						١
exterior-gable ends				$\boxtimes$		asbest	os siding		400 sf			- [ ]		ı
										П	П	1	П	١
				П	П					+-		1		
		-								12		l	屵	
Name of Registered Waste	Hauler				JDEP \	Maata	Cubia Vanda af	I November 1	Land Land		Ш	l		
Guardian Contractin					auler II	No.	Cubic Yards of Waste	Name of Regist T.R.R.F.	tered Landfill					
City, State			20223		2 Disposal Date	City, State				-		-		
Toms River, New Jer					04/01/19		Pennsylvania							
Completed By (Print or Typ	oe)	Title					Signature	1	/ Da	te /		-		-
Nicholas Fernicola		Pr	oject	Mana	ager			4.1		3/2	15/	1	9	

H3027	9	NOT	IFIC	CATIO	V OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10	FEMENT 6)	DEG	E		7 [	
Date of Notification (1)	*			Nam	e of Buildin	g Owner/Operator (	2)	II II APR	- 2	201	₹ -	
03/28	/19	-		Sa	koutis Br	others Disposal						
Agencies Notified Typ	e Notification			Stree	t Address	4		ASBESTO	OS C	ONT	ee =	8
	Initial			11	3 Route 3	4 South			EMS			
The state of the s	Amended			City,	State, Zip (	Code						
	Amendment # Emergency (ir		-	Fa	rmingdal	e, NJ 07727						
	justification)	iciuuiii	9	Nam	e of Contac	et		Telephone Numb	er		- C	
1 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Cancellation			Jo	hn Sakou	ıtis		732-683-0600				
				FA	CILITY IN	FORMATION						
Name of Facility Where Abate	ement is Takin	g Place	e (3)	7.5			Type of Facility (	4)			_	
Residence							School (K-12)	197				
Street Address							☐ Subchapter 8	(Other than K-12) ivate and commerce	cial bu	ıildings	S,	
City (5)							Square Feet	# of Floors	Ble	dg. Ag	e	
Westfield							2000	2		65		
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Prid	or if being demolish	ned)		-	
Union							Residence					
Name of Monitoring Firm Hire	Control of the Contro	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
Guardian Contracting,	Inc.					Guardian Co	ntracting, Inc.					
Street Address						Street Address						
1889 Route 9, Unit 61						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
Toms River, New Jerse	•					Toms River,	New Jersey 087	755				
Project Manager for Monitorin	g Firm			lephone		Telephone No.		License No.				
Nicholas Fernicola				732-349		732-349-9932		00624				
Start Date (10)04 /07 /19				letion Da		Name of OSHA M E.M.S.L. Ana						
Occupancy Status During Aba		-	-			Street Address					-	
☐ Facility Closed/Vacated Du						1056 Stelton						
Abatement Performed Outs Time of Abatement:	side of Normal	Facilit	у Но			City, State, Zip Co	ode					
		VI/	PI	VI	_AM	Piscataway, I	New Jersey 088	154				
Scope of Work (Check all that  □ ≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf	apply)	⊠ De		tion		☐ Mini-Enc ☐ Glovebag	g Procedure	ative Pressure	9			
l continu of			S Loc Norm	ation					Ab	ateme	n [	ype
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Use Ma	ed So ainter	olely by nance/ Il Staff?	Asbe (i.e	Description o stos Containing Ma a., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair		Enclosure
Little Laster		Yes	No		1							_
kitchen, laundry, 1 <sup>st</sup> fl bat				-		os floor tile		232 sf				
3 <sup>rd</sup> fl stairwell, hallway, 2	bedrooms			-	Asbest	os floor tile		516 sf			<u> </u>	10
								<del>4</del> 9			L _	
											[	
Name of Registered Waste Ha				NJDEP		Cubic Yards of	Name of Regist	ered Landfill			_	
Guardian Contracting, I	nc.			Hauler I 2022		Waste 3	T.R.R.F.					
City, State						Disposal Date	City, State				-	

Toms River, New Jersey

Title

Project Manager

Completed By (Print or Type)

Nicholas Fernicola

04/09/19

Signature

Tullytown, Pennsylvania

Date

ASB-41 JAN 13

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 5:16)

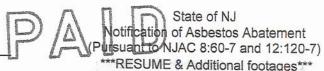
3				
	ADD	- 2	2010	

Date of Notification (1)  03 / 27 /	10				ng Owner/Operator	(2)	APR APR	2	2019	-	1
	19			C Service	Group	-				una l	
Agencies Notified Type Notifie   ☐ EPA ☐ Initial	cation			t Address			ASBEST(	<del>DS COI</del> DEMSIN		٠,	
□ DOLWD □ Amende	ed			00011233533533	n-Southard Road	l Lun	-	meaning the color	·	_	
☑ DOH Amenda		48	1 35.50	State, Zip							
	ncy (includin	g		well, NJ						_	
(NJAC 5:23-8) justificat			Jei	of Contac	ot		Telephone No				
Gancelle	2001						732-610-5	535			
Name of Facility Where Abatement is	Takina Dina	- (2)	FA	CILITY II	NFORMATION					_	
Residence	raking Plac	e (3)				Type of Facility					
Street Address						School (K-12	?) 3 (Other than K.	-12)			
- Chock Address						Other (i.e., p	rivate and comr	nercial b	uilding	s,	
City (5)						homes, etc.)					
Howell						Square Feet 2000	# of Floors	В	ldg. Ag	ge	
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	_	المصاعدال	80	_	
Monmouth			000	nty code (	MOTATE OOL ONET)	Residence	ioi ii being dem	olisnea)			
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCM	No	Name of Abatem	ent Contractor (9)					
Guardian Contracting, Inc.	•	\-/				ntracting, Inc.					
Street Address					Street Address	madang, mo.					
1889 Rte. 9, Unit 61					1889 Route 9	9. Unit 61					
City, State, Zip Code	N • ■ 100 ·					ode				_	
Toms River, New Jersey 0875	5					New Jersey 08	755				
Project Manager for Monitoring Firm	Те	lephone	No.	Telephone No.		License No.			-		
Nicholas Fernicola		7	732-349	-9932	732-349-9932	2	00624				
	Scheduled C				Name of OSHA N	Monitor				-	
04 /08 /19			2 /	19	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement					Street Address					-	
☐ Facility Closed/Vacated During Ent					1056 Stelton						
Abatement Performed Outside of N Time of Abatement:AM	ormal Facilit	y Hou	urs - Des 1_	cribe	City, State, Zip C	ode					
				/ divi	Piscataway,	New Jersey 088	854				U
Scope of Work (Check all that apply)					M Eull Con	tainmant with No-	-ti D			_	
≥3 sf or ≥3 lf	☐ Re	enova	tion		☐ Mini-End		ative Pressure				
≥160 sf or ≥260 lf	⊠ De	emolit	ion		☐ Gloveba	g Procedure	- F: II B				
	Is	Loca	etion		⊠ Mou-Exe	mpted (*) and Nor	n-Friable Proce				
Location of		Nom	ally		Description of	of		-	ateme		уре
Asbestos-Containing Material (ACN			lely by ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Livapoula	Enclosure
TO BE ABATED  IN Facility	10000		Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVOL	ai.	cho	losu
(13)		(12		-	other miscellane		01 01 11 )	=		a a a	Гe
	Yes	No									
interior-hallway				texture	wall/ceiling mat	erial	1200 sf			Е	
exterior				asbesto	os roof		1960 sf			Ē.	
exterior				roof fla	shing		240 sf	$\boxtimes$		Ε	
		П	П							 [	$^{\dagger}$
Name of Registered Waste Hauler	1	NJDEP \	Vaste	Cubic Yards of	Name of Regist	tered Landfill					
Guardian Contracting, Inc.	100	Hauler II	No.	Waste	T.R.R.F.						
City, State			20223		20 Disposal Date	City, State				-	
Toms River, New Jersey							Pennsylvania	a			
Completed By (Print or Type)			04/12/19 Signature	, any town,		- 1	-	_			
Nicholas Fernicola	Title Project	Mar	nager		Signature		1	Date	_ /	,	
1SR 41			9					-72	7/1	9	

Ch 7972	N	IO LIF	S ICATIO Pursuah	tate of N NOF AS to NJAC	ew Jerse BESTOS 8:60 ar	ABATE	MEN	NT			C	E		$\overline{\mathbb{A}}$	
Date of Notification (1) 03/28/19				of Building	g Owner/	Operato	r (2)		111		APR	-	2 2	01	-
	<b>L</b> in		Kusch								and the same of	*introvied			
-	1		Street /	Address					- Augusta	ASE	BEST	OS	CONT	ĪĀ	1.8.
EPA X Initial DEP Amended		-	City, St	ate, Zip C	ode				-	THE CONTRACT		OEN	OHEC		
X DOL Amendmen		_		York, N		3									
■ DOH Emergency justification	)		Name o	of Contact					Tele	ephone	e Num	ber		_	
DCA Cancellatio	n		EAC	ILITY INF	ODMAT	ION									
Name of Facility Where Abatement is Taki	ng Place (3)		1 40	ILIT IN	ORWAT	ION	Тур	oe of Facility (	(4)					-	
Ctroot Address								School (K-1	12)						
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Othe private 8	er than k comn	K-12 nercia	l buile	dings,	hc	es,
City (5) Long Branch							Squ	uare Feet	# of	Floors	3	В	Bldg. A	ge	
County (6) Monmouth			County (STATE	Code (7) USE ONL	0		Cui	rrent Use (Pri	or if beir	ng dem	nolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.				batement Cor			;			_	
Street Address						Street	Addı	ress							-
City, State, Zip Code								Zip Code	JURI					_	
Project Manager for Monitoring Firm			Telepho	no No				DOD, NJ 0	8701						
						Teleph 732-6		-9078		Licens 1200					
Start Date (10) 04/08/19	Scheduled 04/11/19		pletion	Date (11)				SHA Monitor AD PROFE	SSION	NALS					
Occupancy Status During Abatement (Cher	k Only One	)				Street	Addr	ess						_	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab nal Facility F	atem Hours	ent			City, S	tate,	Zip Code						-	
Scope of Work (Check All That Apply)						LAKE	=W(	DOD, NJ 08	3701					_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processors.	novat moliti		0#		×	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure					•	
	- W. W. W. W.	ocatio											Abate	me	t
Location of Asbestos-Containing Material (ACM)	Used		y by	Δehae		scription		al (ACM)	۸		ŀ		Тур	— —	$\Box$
TO BE ABATED In Facility	Main: Custoo	tenan dial S	(SE) (SE)	(i.e.	thermal	systems	insu	al (ACIVI)	(Sp	nount pecify		Re	R	Enca	En
(13)	-	(12) No	N/A			cing, VA <sup>-</sup> niscellan		)	SF	or LF)		Removal	Repair	⊏ncapsulate	Enclosure
INTERIOR	100	110	19//		FLO	OORIN	G		150	00SF	-	ĸ		_	
														_	
													_		
Name of Registered Waste Hauler	ame of Registered Waste Hauler							Nors of 5	) = =! - t -	- 41 -	15"			_	
NEWARK CARTING	IDEP Wauler ID 509	511777F	of Was			Name of F	registere	ea Lan	atill						
City, State NEWARK, NJ			Dispos 04/11/	al Date /19		City, State BETHLE		PA	2002			-			
Completed by JOSEPH PERLSTEIN	ARK, NJ										Date		a	_	

B & G proj. #:

2019-46



Da o proj. ".			LJ L	****RE	SUME & Ad	dition	al footages***	Check	# 9183			
Date of Notification	1 (1)	11	Name of Bu	ilding Own	er/Operator (2	)	-					
10  3  /12  6					Community		ge	ME	CEI	7 [	E	7
Agencies Notified EPA	Type Notificat	tion	Street Addr	ess								H
□ DEP	☐ Initial				ire, 14th Flo	or			002 2	10	Onaderjot and A	
X DOL	X Amend		City, State, Jersey	Zip Code City, NJ	07306				<del>/              </del>	10-	l less	
X DOH		1	Name of Co	ntact		-		Telephoni	S SILINIBECON	13.1	. 8:	
☐ DCA	☐ Cancell	ation	Ilya As	hmyan					LICENSING 60-4099	J	(and and an area	
				FAC	ILITY INFORM	MOITAI	l			_		T
Name of facility wh	nere abatement	is taking p	lace (3)					Type of Facility (4		) <del>,                                     </del>	a Charles	
Hudson Coun	ity Communit	ty Colleg	e (Sub-cl	napter 8)					(K - 12)		400	
Street Address							-	The state of the s	opter 8 (Other the Private/Comme		-12)	
81 Sip Avenu	le							Bldgs./I	Homes, etc.		dg. Ag	ne ne
City (5)		Cou	inty (6)				nty Code (7)				29.719	,0
Jersey City, I			ıdson			(Sta	te use only)	Current Use (Pr vacant buildi		lishe	ed)	
Name of Monitorin AHERA Cons		Bldg. Own	ier (8)		ASCM No.		Name of Abatemen			_		
	Suitarits				0057		B & G Restora	tion, Inc.		_		
Street Address P.O. Box 38	5						Street Address 105 Ryerson	Road				
City, State, Zip Cod Oceanville, N	e NJ 08231						City, State, Zip Code Lincoln Park,			-		-
Project Manager for	r Monitoring Firm	n	Pi	none Numb	er	-	Telephone Number	143 07033	License Numl	r	-	_
John Smoye	er		(6	09)652-1	833		(973)696-68	69	00378			
Scheduled Start Da	ite (10)	Sche	d. Completi	on Date (1	1)		Name of OSHA Mo B & G Restora		5:00-1			
03/27/2019	***	04/	30/2019				Street Address	ition, mc.		-		_
Occupancy Status I							105 Ryerson F	Road				
Facility closed Abatement per Describe:	d/vacated during erformed outside	entire per of normal	riod of abate I facility hou	ement. rs-			City, State, Zip Code	e				
Other-Describ	be: start 7:00	am (occ	upied)			_	Lincoln Park,	NJ 07035				
Scope of Work (ch	eck all that appl	y) Renovati				[Z] -				_		
>3 sf or >3 lf		>160 sf or				_	ull Containment w/ne	egative pressure [	Glovebag pr			
Location of	<u> </u>	_	on normally	used solely	/	Ш.	min-cholosure		Non-friable R	R	E	1
asbestos-con			tenance/cus		1	on of a	sbestos-containing	Amount	e	е	n	E
material to be abated in faci		Yes	No	N/A	material (	(ACM)	) =	(Specify Si	o o	p a	c a	CL
Vault room AAG	le in Davi		1	37,000	l Annhalt				v e	1	p	
Vault room/Wal	K-IN BOX			×			cork interior on freezer box	522 sf	×	+	<u> </u>	H
										탁	H	H
										5		
Registered Waste H	auler	II.			A/- :					$\Box$		
B & G Restorat	tion, Inc.	NJD	EP Hauler 19563	ID#   C	ubic Yards of V 8 cy	vaste	Name of Registere Grand Ce	d Landfill entral Landfill		-200 Table		
City, State Lincoln Park, N	NJ			Disposal D 03/27		/19	City, State Pen Arg	Market State Control of the Control				
Completed by (Print Gordana Luna	t or Type)	Title Secreta	ary/Treas	urer	Signature		Gordana Luna		Date 03/26/201	}	V	

Mar 2000 06:26PM NJ Asbes	tos Contr	ol 60	9.633.	0664			age 1							
						,	age 1		7 E	C	; [	. [	$\mathbb{V}$	
26.03.2019 07:12 AM	A. M		D ,	acting	Contraction of the contraction o	]]	2012620	321	1	AP	R -	AGE.	201	
Children		INC		Tidnof As		FABAT INI 12:1:	EMENT 20)		I AS	_ ]	Net	MY	7	
Date of Notification (1) 3/2-6	/15		Nar	ne of Building	6 Owner	Operei	ir (2)	Station			LIGE	NSIN	G	
Agencies Notified Type Noti	cation		Sing	L. B.L.	MM	ENT			į.		_	1	1	
DEF Initia	ided idment #	2000	City	ORANI	ode	-		L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.	V	1	
I I I I I I I I I I I I I I I I I I I	gency (indu	ding	Nam	o of Contact	- Linkson	203	076			de um de	100 1 1			
LI OSIL	affallon			E V	AMILE	-		J. 18	ephone i	4FILLID	er.		_	
Name of Facility Where Abatement I	Taking Plac	≫ (3)			DE CONTRACTOR DE	ION	Type of Fed	fity (4)			700		_	
Street Address City (5)							School Subship Other ()	(K-12) pter 8 (Oth le. private (	er than K	-12) rolal b	Mildin	gs, ho	ТΑФЩ	
COUNTY (6)				18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -			Square Feet	# 01	Floore			. Age		
BERGEN			Coun	ty Code (7) W USE ONLY)		-	Current Use	Prior I beir	g demol	Ehed)		14		
Name of Monitoring Pirm Hired by Bu	iding Owner	(8)	AS	CM No.		Name	of Abstement	Contractor	(0)		_			
Street Address						Bireat,	ec Contracti							
City, Siete, Zip Code							resignd Av	0.	T SET MANAGEMENT AND ADDRESS OF THE PARTY AND	_				
Project Manager for Monitoring Fem	-	-	Take	ione Na.		Midla	nd Park, N.	07432						
Start Date (10)	Caller						62-5641		Licerias I	Vo.	-		<del>pliness</del>	
3/20/19	1 3	<i>[ ] i</i>	/t6	n Dista (11)	T	Name e	nega Environmental Servicer Inc.							
Cosupancy Status During Abelement ( Paolity Closed/Veceted During El Abelement, Performed Outside of Other - Describe:	Check Only o Normal Face	One) TAbete Nu Natio	ment			Street A 280 H	reet Address 80 Huyler Street							
Scope of Work (Check At That Apply)		117 1100					te, Zip Code	07806		100	*******			
23 of or 25 H 2160 of or 2200 H		Renovi				TI LW	Full Contains Mini-Enclose Glovebag Pr Non-Example	nnediles					PERSONAL A	
Location of		A Locat	U		Danes	/s:U== ==	12		G17-112-0	FIR	Abst	emen(	10,000	
Asbestos-Centeining Materiel (ADM <u>TO BE ABATED</u> In Facility (13)	TVS	ed Sale sintens Radis) ( (12)	100	(1:10, 10)	<ul> <li>Contain</li> </ul>	Bierns ir o. Vat.	erial (ACM) saulation,	Amo (Spe SF or	diffe	Remova	Repair		Endosure	
BASEMENT	Yes	No	N/A							E	4	date	Care	
The Grand of the Control of the Cont			×		V	97		77	TSF.	)e				
						-								
Name of Registered Weste Hayler		J N.	DEP W	asta I A	ukla Ma						-	+		
Newark Carting Inc.		1 141	Ivler ID	No.	Waste	/ .		Registered Central S		Lan				
City, State Newark, NJ 07105				Б	1 /3-6 [	Pale	City, Stat	6			-	7, .	_	
Completed by R. McDonald	Title Presi	dent	-		Signi		Pen An	IVI, PA OL	3072 Deta	· ,	-	, ·	_	
						-	C. 1119	market	1 2	/8	16/2	9		

g.	P	Al	Notifi (Purs	State of Ne cation of Ash mant to N.J.A.C.	ew Jersey estos Abatement 8:60-7 and 12:120-7)	CHECO	F6 EC				
Date of Notification (1)			5000 (00)	**************************************	Name of Building Owne	r/Operator (2					
3/27/2019 Agencies Notified		Motification	Tunn		Frank Cooper	2 201		7			
Agencies Notified		Notification	Type		Street Address		- 1				
⊠ EPA		☑ Initial No		1	City, State, Zip Code		AODEO	TOC	TIMOS	11.8:	
□ DCA ☑ DOL		☐ Amende		cation (including	Brick, NJ 08724			ICEN	SINC	31. O:	
□ DEP		justification		cation (including	Name of Contact	mber	and Being	e-1- 1+			
⊠DOH		☐ Cancelle	d		Frank Cooper						
		<u> </u>		FACILITY IN	  FORMATION						
Name of Facility Where Abater	ment is T	aking Place (	3)	TAGILITTIN	Type of Facility (4)						
Private House					☐ School (K-12)	12 12/2000					
Street Address					Subchapter 8 (other xOther (i.e. private & co	than K-12)	ldings hor	man a	to \		
City (5) Cou	(C)		10	0 1 /50	Sq. Feet: # 1,800 of Flo	ors:2 Blda.	Age: 52 ve	ars old	10.)		
1	unty (6) ean			y Code (7) Use Only)	Current Use (prior if beir						
Name of Monitoring Firm Hired	by Bldg	. Owner (8)	ASCN	l No.	Name of Contractor (9)						
*****					BL Contracting Inc.						
Street Address					Street Address						
City, State, Zip Code					5 Marguerite Lane						
Oliv. Otale, Zib Code					City State, Zip Code Towaco NJ 07082						
Project Manager for Monitoring	Firm	Telephone i	Number		Telephone Number		License	Numb	er		_
					973-901-0153		01265		-		
Scheduled Start Date (10) 4/06/ 2019		Scheduled ( 4/12//2019	Complet	on Date (11)	Name of OSHA Monitori BL Contracting Inc	ng					
Occupancy Status During Abate □ Facility Closed/Vacated Duri ☑ Abatement Performed Outsic Describe	ng Entire	Period of Ab	atement	i	Street Address 5 Marguerite Lane City, State, Zip Code						
⊠Other - Describe: Monday-S	Sunday	7AM-4;30 PN	1		Towaco, NJ 07082						
Source of Work (Check all that	apply)										
≥ 3 sf or ≥ 3 l X≥ 160 sf or ≥				⊠ Renovat  □ Demoliti	on 🗆	Mini-Enclos Glove-bag P I Non-Friable	ocedure				
Location of Asbestos-		cation Norma	lly		sbestos Containing Materia	Amo	ınt	777 P. V. 100	tement	ре	
Containing Material (ACM) in Facility (13)		l Solely by /Custodial Sta	off (12)	(ACM) (i.e. them surfacing, VAT, or	nal systems insulation,	(Spe	cify SF or	Remov	ve Repair	cap Enc	lose
	YES		NA		Service Control of the Control of th	[ ]				50	
Exterior			X	Removal transit	te siding	1,200	SF	X			
									1		
Name of Reg. Waste Hauler		NJDEP Was 0036784	te Haule	r ID#	Cubic Yards of Waste		stered L	ndfill			
BL Contracting Inc		6 T.R.RF									
III		T1	-			Disposal D	ate	Tr	City, Sta		
									ully tov		
Completed by (Print or Type)		Title			Signature	4/18/2019	Date 3/2	77/204	0		
Nedo Vasilic		Project Man	Neto Vasi	LE	Date 3/2	<u> </u>	J				

Ch5001

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

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	1	APR		2	2019	-

Date of Notification (1)	4		N	ame o	f Building	Owner/Operator	(2)	H APR	-2 2	119	1	7		
3/27/19	4			RS. MARY CREXI										
Agency Notified	Type Notification		S	treet A	ddress			ASBESTO	SCON	FOL	£.			
C) EPA	Ja Initial		-	14. Ct	ate, Zip C	`ndo		19 LIC	111011			$\dashv$		
DEP EDOL	Amended Amendment#			Ry, Su	2 –	ode .	.14	07450				1		
	☐ Emergency (including	ıg	RDGEWSOD. NJ. 07450  Name of Contact  Telephone Number											
ET DOH	justification)	(5) (1)	Name of Contact Telephone Number											
DCA	☐ Cancellation										-	-		
				FACIL	JTY INFO	ORMATION					_	_		
Name of Facility Where	Abatement is Taking Place	œ (3)				1	Type of Facility	(4)						
MS M	ARY CREVI			200			School (K-12							
Street Address	1	*				•	☐ Subchapter 8	(Other than K-12	) Ukuildina					
							homes, etc.)	ivate & commercia	il bailailig	٠,				
City (5)					1100		Square Feet		Bldg. A		1000			
	DOEWOOD			4			1900.	. 2	19	30		- A		
	DESMOOD	16		0-4-100	(STATE USE		rior if being demol			_	_			
County (6)	RGEN			ONLY)		(SINIE DOE		DEN CE						
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Name of Monitoring Firm	Hired by Building Owner	FA	ASCM I	No.		Name of Abatem								
(8)							noval In	<u>c</u>			_			
Street Address		100		25 22		Street Address	X 1							
						450 Sout		_	_					
City, State, Zip Code						City, State, Zip Code								
	€	×				Hackensack, N.J. 07601								
Project Manager for Mo	nitoring Firm	Tel	ephon	e No.		Telephone No.		License No.						
	Ĩ					201-329-	-7444 .	00388		_	1200			
Start Date (10)	Scheduled Co	ompletio	on Date	e (11)		Name of OSHA				-				
4/5/19	41	6/1	9			Omega 1	Environm	ental						
	g Abatement (Check on	y one)	-			Street Address								
				2.4		280 Hi	ıyler St							
☐ Facility Closed/Vacat	ed During Entire Period of d Outside of Normal Faci	or Abate	ement es			City, State, Zip C	ode	·.		•				
2 Other - Describe:				2		S. Had	ckensack	,N.J. 0	7606					
Scope of Work (Check	all that apply)													
,	The englishment of the englishment			a bon	ovation		Containment witi Enclosure	Negative Pressu	re					
_22 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf					nolition	-El Glov	ebag Procedure		- 8					
<b>2</b> 1 100 01 01 2 200 11						□ Non-	Exempted (*) an	d Non-Friable Pro	cedure	Aba	me	nt		
		Is	Location	on						T		110		
			lormall		-	Description	of		Ī	T	8500			
. Locat Asbestos-Containi			d Solel intenar		Asbe	stos Containing M	aterial (ACM)	Amount		_	5	m		
TO BE A	BATED	17500000	ustodi		(i.e	, thermal systems		(Specify SF or LF		Repair	cap	1clo		
	cility	1	Staff?		1	surfacing, VA		SP UI LI		Removal	Encapsulate	Enclosure		
(1	3)		(12)			outer masterial.	/			-	6			
54		Yes	No	N/A								<u> </u>		
BASEMEN	+			1	THERH	AL STEEM IN	BULATION	75	LF	*	Nes :			
Brw. igi					140.				29.00					
<u> </u>			-	1	-						_	Γ		
			_	-	-					+		T		
	10				1	Costi Va ta d	Nome of De-	istered Landfill			_	1		
Name of Registered W		3 55.0	IDEP V No.	Vaste I	Hauler	Cubic Yards of Waste				÷	~			
Best Rem	oval Inc	10		109		2075	Minerv	a Enterp	rises	, 1	ı,C			
			Τ /	109		Disposal Date	City, State					-		
03.04.							100 m = 100 m	1000			100			
City, State	als N T OF	7601				1181.9	Marra	ahura M	1 4/16	88	7.0			
Hackensa		7601				4/8/19	Wayne	sburg, Ol	1,446	88	-			
	Title	7601 ima				Signature /	Wayne	sburg, 01 2		88 27/	9			

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	Form



State of New Jersey

	7 11 1			nt to NJAC				IT		CL	#	05	17	91	7
Date of Notification (1) 03/26/19				of Building ersey Cit			r (2)				- C	-		-	0.0
Agencies Notified Type Notifica	ition		Street Address 855 Lexington Avenue								)		9 [	3 [	
EPA Initial Amende	ed		City, State, Zip Code									4 D	n	_	
X DOL Amendr	nent # ncy (including	_	New York, NY 11065							14 1	4	AP	н -	- 2	2019
DCA justificat	ion)			of Contact Fric Albar					Te 97	B-300	e Nun	nber	TOO	00	
No. of the last of			FAC	CILITY INF	ORMA	TION						[	ICE	VSII	IRC
Name of Facility Where Abatement is T Residential	aking Place (3	3)					Тур	e of Facility			10		93		7 7 845
Street Address							×	School (K- Subchapter Other (i.e. p	8 (Oth	er than & comr	n K-12 mercia	) al buil	dings	, hoı	<b>3</b> S,
City (5) Jersey City							3/2/2/2019	etc.) lare Feet		f Floors	S		Bldg.	Age	-
County (6)		-	County	Code (7)				000 + rent Use (Pri	6 d		nolish		+ 0		
Hudson			(STATE	USE ONLY	2							ouy			
Name of Monitoring Firm Hired by Build  Street Address	ing Owner (8)		ASC	M No.		J.R.	Con	eatement Cor tracting &			ntal (	Cons	sultir	ng, I	٥.
Street Address					Street 1141		ess ute 23								
City, State, Zip Code	+ I		City, State, Zip Code Wayne, NJ 07470												
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-6				Licen 0040					
Start Date (10) 04/08/19	Schedule 06/10/1							HA Monitor racting & E	Enviro	nmer	ntal C	`one	ultin	a l	
Occupancy Status During Abatement (C	1			-		Street		to accept the second	_117110	mner	ital C	OHS	uitii	y, 1	). ——
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: Occupied	ire Period of A ormal Facility	baten Hours	City, State, Zip Code								-				
Scope of Work (Check All That Apply)					_	Wayr	ne, N	J 07470							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emolit				×	Mi Gl	ill Containme ni-Enclosure ovebag Proc on-Exempted	edure					e	
	5760	_ocati											Abate	emer	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ormal I Sole ntenar odial S (12)	ly by nce/		os Cont thermal surfac	systems cing, VAT	g Material (ACM) ems insulation,			nount pecify or LF)		Removal	Repair	e Encapsulate	Enclosure	
D 204	Yes	No	N/A											te	
Room 301			X	F	Floor T	Tile & M	lasti		3,20	00 SF	-	X		_	
												-		-	-
Name of Registered Waste Hauler J.R. Contracting & Environmental	Consul., In	H	JDEP Wauler ID '819		Cubic of Was			Name of R	. T				<u> </u>		
City, State Wayne, New Jersey	al   ''				al Date		City, State Pen Arg	yl, Per	nnsylv	vania	i i				
Completed by Jerry Bijelonic	t Ma	nager		Si	ignature	7		S		Date 03/2		9	-		

Project Manager

03/26/19

Char	19	,	NOTII	FICATIO Pursuan	tate of N N OF ASI t to NJAC	BESTOS 8:60 ar	ABATE 10 12:12	O)							<u> </u>	2	SANGER CONTRACTOR CONT
Date of Notification (1) 3/21/2019					of Building			(2)		шц	A	PR	- (	21	119		-
Agencies Notified	Type Notification	V		Cliflake Associates LLC  Street Address  ASBESTOS CON										OB ! T	DO	8:	_
EPA	× Initial			430 F	Park Ave	enue, S	Suite 20	)1			ASDE	LIC	ENS	SIME	17431	0;	
EPA DEP DOL	Amended			City, State, Zip Code New York, NY 10022													
	Amendment Emergency						2										
DOH DCA	justification)		,	11100 T 11100 T 11100 T 11100	of Contact	•				2,970	ephone					0	
DCA	Cancellation	1			ew Wals					64	16-357	-200	6				
Name of Facility Where	Abatement is Takir	g Place (	(3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (	4)							_
			0.70 <b>7</b>					Т	500								
Street Address							-5-3 - 45-3-1-1	H	School (K-1 Subchapter		er than I	K-12)					
								×	Other (i.e. p				buil	dings	, hoi	⊋S,	
City (5)								Saus	etc.) re Feet	# 0	f Floors		TB	lldg. A	Ane		_
Clifton								33,		1			1	950			
County (6) °					Code (7)				ent Use (Pri	or if hei	ng demo	olishe	R 0		_		-
Passaic County				(STATE	USE ONLY	0			occupied								
Name of Monitoring Firm				ASCI	M No.		Name	of Aba	tement Cor	tractor	(9)				-		-
Assessment Resor	urces & Techno	logies,	Inc.				Incir	ia Co	ontracting	, INC							
Street Address							Street		(3 / No.	00000 000							-
111 John Street, S	uite 538						ton Avenue Unit 365										
City, State, Zip Code New York, NY 100	00						1000		ip Code								
Project Manager for Mor									J 07012			-					
Paul Ottens	illoring Firm			Telepho	one No. '85-0266	-	Teleph				Licens						
Start Date (10)		Schodul	ad Ca		Date (11)	5	973-		HA Monitor		0103	6					
4/1/2019		4/19/2		mpletion	Date (11)		1.35		ntracting	Inc							
Occupancy Status During	a Abatement (Chec	100000000000000000000000000000000000000					Street			, IIIC					_	_	_
		7/		mont	25				on Avenu	e Uni	365					ø	
Abatement Perform	ed Outside of Norm	al Facility	y Hour	s					ip Code	0 0111	. 000		_				-
Other – Describe:				Clifton, NJ 07012													
Scope of Work (Check A	ll That Apply)															1	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- December -	Renova Demoli	- Company					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc						e		
		7.1	Locat											Abate			
° Location			Norma ed Sole			Des	scription	of				-	-	ТУ	pe_		+
Asbestos-Containing TO BE ABA	ATED	Ma	intena	nce/	Asbes (i.e.	tos Cont	aining M systems	aterial insula	(ACM)		nount pecify		70		En	m	1
In Facili	ty	Cus	todial ( (12)	Staff?	(,,,,,	surfac	cing, VA7	Γ, or	.uon,		or LF)		Remova	Repair	Encapsulate	Enclosure	
(13)			(/			other n	niscellan	eous)					oval	air	sula	sure	
_		Yes	No	N/A			23								— —		
Throughout Wareh			Х			Vinyl	Floor T	iles		23,0	000 SF	K					
Main Re	X			Roof I	Penetra	ation		40	SF	X							
						å		-56									
**************************************														5.0			
Name of Registered Was	te Hauler		100	JDEP W		Cubic			Name of F	Register	red Land	Hill			-		1
Atlantic Carting	11 33	lauler ID I <b>J64</b> 1/J		of Was	ste						tary Landfill						
City, State				0.00	al Date							~	1				
Wayne, NJ				TBD	Pen Argyl, PA												
Completed by		Signature								Date					1		
Sean Zoric		Pres	ident					-	}			3/21	/20	119			

	10 Ch	N	OTIFIC	ation of uant to N	IJAC 8:6	S ABATEMENT 0 and 12:120)			E C		<u>  W</u>	- Carrier	Control Contro		
1	Date of Notification (1) N	MARCH 27, 2019		Name of I	Building Ov	vner/Operator (2) V	Chemi	cals (p	lant)	_	11				
	Agencies Notified	Notification Type		Street Add	dress 17	ss 170 US 130 ASBESTOS CONTE									
	☐ EPA ☐ DEP X DOL	Initial x ☐ Amended Amendment #		City, State Sweede		J 80850		LICENSING							
	☐ DOH ☐ DCA	☐ Emergency (Includ Justification) ☐ Cancellation	ling		Name of Contact John Nepi  Telephon 856-46										
			ITY INFOR	MATION						_					
	Name of Facility Where Al	alty Chemic	als	Type of Fa		š (1)									
	Street Address 107 US	130			School Subcha XOther	pter 8 (i.e. p	(other th	commer	cial b	din	gs,				
	City (5) Sweedesboro NJ 80850	)				Square Fee	et .	# of Flo	ors	Bld		je			
ľ	County (6) Salem				County (	Code (7) (STATE LY)	Current Us	e (pri	or if being	demoli					
T	Name of Monitoring Firm H Harvard Environment	lired by Bldg. Owner (8)	)	ASCM No.		Name of Contractor (9) County Environmental									
	Street Address 760 Pulaski Highway				Stree	et Address New Churchma				-		<u> </u>			
	City, State, Zip Code New Castle, DE 1972	10			City	State, Zip Code V Castle, DE 197						1	10.00 A = 100		
Γ	Project Manager for Monito Wesley Morrison	oring Firm		one No. 326-2333	Tele	phone Number 2) 322-8946	20		License 00578	Numbe	г	-			
	Scheduled Start Date (10) 04-10-2019	Scheduled Com 04-11-2019			Nam	e of OSHA Monitor nty Environmen	tal		00370						
	Occupancy Status During /				Stree	t Address New Churchma									
	☐ Facility Closed/Vacated Abatement Performed C X☐ Other – Describe: ext Scope of Work (Check all ti	Outside of Normal Facilit erior work only	Abater ty Hours	ment s -	City,	State, Zip Code Castle, DE 197						_			
	≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf	пасариу)			Renovation Demolition	Full Containm  Mini-Enclos  Non-Exemp	sure X G	loveb	ag Proc	edure					
				s Location Normally		Description of					Aba	pe	ent		
Location of M				ed Solely by aintenance/ Custodial Staff? (12)	(i.	estos Containing Ma e. thermal systems i surfacing, VAT other miscellane LF of exterior pipe in ft high in the a	insulation, , or ous) nsulation 15		Amour (Specif SF or L 140 LF	fy F)	Removal X	Encapsulate	Enclosure		
Name of Reg. Waste Hauler  Service Transport Grp  ID N					Hauler	Cubic Yards of Waste	Name of F		andfill						
City, State New castle DE						Disposal Date TBA	City, State Waynesbu	)	JH )						
	Completed by /irgel Cassel	Signature	0	/		Date 3-27-2	019	1							