NOCH			NO	TIFIC:	ATION O	F ASB	ESTOS A	BATEME	NT	4	NE	G 1		W/
Date of Notification (1)	31 /	1	6		Name of	Building C	Owner/Opera	ator (2)			Pg	1		2017
Agencies Notified T	ype Notif	_			rince	ton Unit	versity-Off	ice of Des	gn an	d Con	structio	on a	- (2017
Ø EPA 0904 ₽	Initial	CallOI	l	1	Street Add	ress				+-	Ĺ			
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Ø DHSS 0911 Ø DCA 1/50 □	Amend				City, State,					-		LICE	MSIN	3
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Princeton University-Fin	estone	Libra	ry	19.7 1				Type of F	acility (4	()				
Street Address								School Subcha	Infor P	1016- 1	ha- 1/ //			
Washington Rd										ate and	comme	!) fcial bi	ildinas	
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ATC Group Services LLC Street Address				000	98	BRIS	STOL ENV	IRONMEN	TAI IN	JC				
Three Terri Center						Street A	Address		, , , ,					
ity, State, Zip Code						1123	BEAVER	STREET						
Burlington, NJ 08016						City, Sta	te, Zip Code	е						
roject Manager for Monitoring Firm			-			BRIS'	TOL, PA 1	9007						
Michael Keehn				phone h		Telephor	ne No.		Lice	ense N	0			
art Date (10)	School	uland C		9-386-			38-6040		1	0509	0.			
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cupancy Status During Abatement				_ ′ _	17	BRIST	OL ENVIR	ONMENTAL	L, INC.					
Facility Closed/Vacated During Ent	iro Porio	only or	ne)		S	treet Add	ress							
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ime of Abatement: 7:00AM-3:30F	PM/	_PM-	10015 -	AM	10		Zip Code				• =			_
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l sf or ≥3 lf 60 sf or ≥260 lf		Renov				☐ Min	i Containme i-Enclosure	nt with Negat	ive Pres	sure				
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	7	Is Loc	ation	1		□ Non	-Exempted	(*) and Non-F	riable P	rocedu	re		- 1	
Location of	1	Norm	ally	1		Description	1		1000000		Abate	ement 1	Type	
estos-Containing Material (ACM) TO BE ABATED	M	ed So sinten	lely by ance/	11	Asbestos C	ontaining	Material (A	cm)	A				-	
IN Facility	Cus	stodial	Staff?	1	(i.e., then	mal system	ms insulatio	n,	Amount (Specif	1,5,50	Removal	nca	nci	
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)L ENVIRONMENTAL, INC.		Hau	ler ID 1 3706	Vo.	Waste	elus (I	G.R.O	Registered La .W.S. NORT	ndfill H I AM	IBEII I			1	
L, PA 19007					Disposal	Date	City, State		- LAN	DEILL				
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Date of Notification (1)				Name o	f Building (Owner/Opera	tor (2)	-115%	Pa 2
	31 /	16		Princ	eton Uni	versity-Offi	ice of Design ar		APR - 2017
1	Type Notification	n		Street A	ddraec		The Design at	nd Construct	ion COLL
1 —	Initial □		- 1		lm Dr.			L	
⊠ DHSS	Amended Amendment	4	H		e, Zip Code			ASBE	STOS CONTRO
Ø DCA □	Emergency (i	ncludin			ton, NJ 0			f	LILENSING
(14JMC 5.23-8)	justification)		F	lame of (
	Cancellation				Ortego			Telephone fi	Jumber
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Name of Facility Where Abate	ment is Taking	Place	(3)	TOIL	TREUE	CIMATION	1=		-
Princeton University-Fi	estone Libr	ary					Type of Facility	(4)	
Street Address							School (K-12)	104	
Washington Rd							Subchapter 8 Other (i.e., pri	vale and comm	12)
City (5)									ercial buildings,
Princeton						. 1	Square Feet	# of Floors	Bldg. Age
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MERCER				,	CIMULATE	USE UNLY)	Current Use (Prior	if being demoli	shed)
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ATC Group Services LLC			000		Pos	or Abatemen	t Contrador (9)		
Street Address		2 10 11	1		Circal	STOL ERVI	RONMENTAL, II	NC.	
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City, State, Zip Code						BEAVER S			
Burlington, NJ 08016					1	ite, Zip Code			
Project Manager for Monitoring Firm	1	Tele	phone h	10		TOL, PA 19	007		1
Michael Keehn			9-386-8		Telephor		Lic	ense No.	
Start Date (10)	Scheduled C	Complet	ion Data	(11)		88-6040		0509	1
9 / 14 / 16	_1 /	30	/ /	17		OSHA Monito			
ccupancy Status During Abatement	(Check only -		_ ′				DINMENTAL, INC	•	
Facility Closed/Vacated During En	ire Period of			1	Street Add				
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Time of Abatement: 7:00 AM-3:30	PM/PM	-	AM AM	e [City, State,	Zip Code			
ope of Work (Check all that apply)					BRISTO	L, PA 1900	7		
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TO BE ABATED IN Facility	Mainter	ance/	1 ^	(i.e., the	Containing	Material (AC	M) Amou	nt B	Enclos Encap
(13)	Custodia (12		1	88	urfacing, V	AT, or) (open	Removal FY F)	
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B, A and 1	Ø n						320 SF		
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Registered Waste Hauler									
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OL ENVIRONMENTAL, INC.		ler ID 1 8706	VO.	Waste		GROV	W.S. NORTH LAN	(m. m	
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BS 16120 . DO	not use this fo	rm for a	chocine					1-110	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2 27 / 17 TRUSTEES OF PRINCETON UNIVERSITY Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA 200 ELM DRIVE ☑ DOLWD LICENSING City, State, Zip Code ☑ DOH Amendment #1-3/27/17 PRINCETON, NJ 08544 ☐ Emergency (including **⊠** DCA (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation ROBERT ORTEGO **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRINCETON UNIVERSITY - FIRESTONE LIBRARY School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 WASHINGTON ROAD homes, etc.) City (5) Square Feet # of Floors Bldg. Age PRINCETON, NJ 1,000,000 70 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MERCER UNIVERSITY LIBRARY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC GROUP SERVICES LLC 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 TERRI LANE 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BURLINGTON, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. MICHAEL R. KEEHN 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __3 / 13 / 17 8 / 1 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVR STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 4:00AM-12:30PM/ PM- AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Removal Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) 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 PHASE 5A - LEVELS C & B П \boxtimes PIPE INSULATION 1010 LF X PHASE 5A - LEVELS C & B X FLOOR TILE & MASTIC 43,057 SF \boxtimes PHASE 5A - LEVELS C & B П \boxtimes Packed fittings on fiberglass 285 EA PHASE 5A - LEVELS C & B \boxtimes Hanger pads on fiberglass 40 EA X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE WAYNESBURG, OH Completed By (Print or Type)

Signature

Title

ESTIMATOR

BRIAN SCAFIRO

8517124

ASB-41

NOCK		N	OTIF	ICATI (Pursu	ON OF A	New Jersey SBESTOS AB JAC 8:60 and 5	ATEMENT :16)		C	E_	P	2		
Date of Notification (1)	27 /	17	V- 1940			ling Owner/Operato			APR	- 4	20	17		
Agencies Notified	Type Notific		-			S OF PRINCETO	ON UNIVERSITY							
⊠ EPA	☐ Initial	cation		1000000	eet Addres:	50		ASBE	STO	S CC	TVC	RO		
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☑ DOH ☑ DCA	Amendr	nent # <u>1-3</u>		100		ON, NJ 08544								
(NJAC 5:23-8)	justificat	tion)	uing	-	me of Conta			Telephone Nu	mbor					
	☐ Cancella	ation		R	OBERT	ORTEGO		Telephone 140	mbei					
				F	ACILITY	INFORMATION		1						
Name of Facility Where A	batement is	Taking Pl	ace (3)				Type of Facility	/ (4)			-			
PRINCETON UNIVE	RSITY - FIF	RESTON	IE LIB	RARY			School (K-1	2)						
Street Address							Subchapter	8 (Other than K-1 private and comm	12)	المانييط				
1 WASHINGTON RO	DAD						homes, etc.	.)	erciai	Dulla	ngs,			
PRINCETON, NJ							Square Feet	# of Floors		Bldg.	Age			
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3 TERRI LANE						1123 BEAVE	RSTREET							
City, State, Zip Code						City, State, Zip C								
BURLINGTON, NJ 08						BRISTOL, P.								
Project Manager for Monito			Te	lephone	e No.	Telephone No.		License No.			-	_		
MICHAEL R. KEEHN					6-8800	215-788-604	0	00509						
Start Date (10)	S	cheduled				Name of OSHA	Monitor			de la				
				1_ /	17	BRISTOL EN	IVIRONMENTA	L, INC						
Occupancy Status During	Abatement (C	Check only	one)			Street Address				-				
☐ Facility Closed/Vacated ☐ Abatement Performed C	During Entire Outside of No.	e Period (of Abat	ement		1123 BEAVR								
Time of Abatement: 4:0	0AM-12:30	PM/	_PM-	A - CIL	SCRIDE M	City, State, Zip C								
Scope of Work (Check all the						BRISTOL, PA								
☐ ≥3 sf or >3 lf	.а. арріј)	⋈ =	Renova	tion		☐ Full Con	ative Pressure	ative Pressure						
≥160 sf or ≥260 lf			emolit			☐ Mini-End	losure g Procedure							
						☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	ire					
Location of			ls Loca Norma						At	patem	ent T	уре		
Asbestos-Containing Ma	terial (ACM)	Us	ed Sol	ely by	Asbes	Description o stos Containing Ma		Amount	Re	Re	m	ū		
TO BE ABATE IN Facility	<u>-D</u>		aintena stodial	ance/ Staff?	(i.e.	, thermal systems	insulation.	(Specify	Removal	Repair	Encapsulate	clos		
(13)			(12)			surfacing, VAT, other miscellane	or ous)	SF or LF)	/a	-	sula	Enclosure		
		Yes	No	N/A							te			
PHASE 6 - LEVEL 1				\boxtimes	ACOUS	TICAL CEILING	PLASTER	6075 SF						
PHASE 6 - LEVEL 1				\boxtimes	PIPE IN	SULATION		200 LF	\boxtimes					
PHASE 6 - LEVEL 1					SPLINE	CEILING TILES		4050 SF						
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lame of Registered Waste I SERVICE TRANSPOR		INC	100000	IJDEP V lauler ID		Cubic Yards of Waste	Name of Registe							
City, State	i GROUP,	INC.		20990			MINERVA L	ANDFILL						
NEW CASTLE, DE						Disposal Date	City, State	IDC CII						
ompleted By (Print or Type) Т	Γitle				Signature	WAYNESBU							
BRIAN SCAFIRO		ESTIM	ATOR			Signature	0. 0-	/- Dat	e/11	10				
5B-41 A -	,					Gress	Jeaser	0/20/1/11						

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NOCH	15.	N	IOTIF	(Purs	ION OF	ASBESTOS AB NJAC 8:60 and 5	ATEMENT :16)	CE	#	97	165	2
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DOH 2267	☐ Amended Amendme			C	ity, State, Z	ip Code			HOE	16313	10	
DCA2274	☐ Emergend	y (inclu	ding		PRINCET	ON, NJ 08544						
(NJAC 5:23-8)	justificatio			11 12000	ame of Con			Telephone N	lumba	r		
	Cancellation	on				ORTEGO						
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PRINCETON UNIVER Street Address	15 Y I - FIRE	STON	IE LIE	BRAR	Y		School (K	-12)				
1 WASHINGTON ROA	. D						Other (i.e.	er 8 (Other than K , private and com	(-12)	d built	dinas	
	ND						homes, et	c.)	Hercia	ii buiii	ings,	63
City (5) PRINCETON, NJ							Square Feet	# of Floors		Bldg	. Age	
County (6)							1,000,000			70		
MERCER				C	ounty Code	(7)(STATE USE ONLY)		Prior if being dem	olishe	d)		
		_						TY LIBRARY				
Name of Monitoring Firm His ATC GROUP SERVICE		ig Owne	er (8)	A STANFORD	M No.	Name of Abatem						
Street Address	S LLC			0	0098	BRISTOL EN	VIRONMENT	AL, INC.				
3 TERRI LANE						Street Address						
City, State, Zip Code						1123 BEAVE	R STREET					
BURLINGTON, NJ 080	16					City, State, Zip Co						
Project Manager for Monitoria			1=			BRISTOL, PA	19007					
MICHAEL R. KEEHN	ng Firm		1	lephon		Telephone No.		License No.				G-15/6
Start Date (10)	Cal	- 1 1 1	100		6-8800	215-788-6040		00509				
3 / _13_ / _1					Date (11)	Name of OSHA M						
				1_/	17	BRISTOL EN	VIRONMENTA	AL, INC				
Occupancy Status During Aba	atement (Che	ck only	one)		2/22/2009	Street Address				No.		
☐ Facility Closed/Vacated Do	uring Entire P	eriod o	f Abate	ement	500000000	1123 BEAVR	STREET					
Time of Abatement: 7:00	M-3:30PM	ai Facili F	ity Hot PM-	ırs - De	scribe	City, State, Zip Co						
					BRISTOL, PA 19007							
Scope of Work (Check all that	apply)					M	. 2					
$\square \ge 3$ sf or ≥ 3 if $\boxtimes \ge 160$ sf or ≥ 260 if			enovat emoliti			☐ Mini-Enclo ☑ Glovebag	osure Procedure	gative Pressure				
		1	Loca	tion	1	□ Non-Exem	npted (*) and No	n-Friable Procedu	-			
Location of			Norma	lly		Description of			_	patem	ent T	ype
Asbestos-Containing Mater	ial (ACM)	Use	ed Sole	ely by	Asbe	stos Containing Mate	erial (ACM)	Amount	Removal	Re	E	En
TO BE ABATED IN Facility		Cus	todial	Staff?	(i.e.	., thermal systems in	sulation,	(Specify	Mov	Repair	сар	clos
(13)			(12)			surfacing, VAT, o other miscellaneou		SF or LF)	a		Encapsulate	Enclosure
		Yes	No	N/A							te	
PHASE 5A - LEVELS C & I					PIPE IN	SULATION		1010 LF				
PHASE 5A - LEVELS C & E					FLOOR	TILE & MASTIC		43,057 SF				
PHASE 5A - LEVELS C & E					Packed	fittings on fibergl	ass	285 EA				
PHASE 5A - LEVELS C & E					Hanger	pads on fiberglas	s	40 EA 🛛 🗆 🗆				
lame of Registered Waste Hau SERVICE TRANSPORT G			10.0000	JDEP V		Cubic Yards of Waste	Name of Regist					_
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ity, State NEW CASTLE, DE						Disposal Date	City, State			- Je		
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ompleted By (Print or Type) BRIAN SCAFIRO	Title	STIMA:	TOR			Signature	Scoliro	10 Dat	e/27	/17		
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Agencies Notified EPA DOLWD DOH DCA (NJAC 5:23-8)	Type Notific ☐ Initial ☐ Amende ☐ Amendm ☐ Emergen ☐ justificati ☐ Cancellat	eation d ent # ecy (inclu	uding		TRUSTE Street Addre 200 ELM	ilding Owner/Operate ES OF PRINCETO ess		Y	PR -	- 4	201	7			
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Street Address 1 WASHINGTON ROA		aking P	lace (3	5)			Type of Facili	y (4)			-				
1 WASHINGTON ROA	1311 - FIR	ESTO	VE LI	3RAF	RY		School (K-	12)							
							Subchapte	r 8 (Other than	K-12)						
City (5)	\D						homes, etc	private and cor	nmercia	al build	egnit	,			
I The state of the							Square Feet	# of Floors		Bldo	. Age	_			
PRINCETON, NJ							1,000,000	8		70		ř.			
County (6)		H		1	County Code	e (7)(STATE USE ONLY)	Current Use (F	rior if being der	nolishe						
MERCER							UNIVERSIT	Y LIBRARY		۵,					
Name of Monitoring Firm His		ng Own	er (8)	AS	SCM No.	Name of Abatem						-			
ATC GROUP SERVICE	ES LLC				00098		VIRONMENTA								
Street Address						Street Address									
3 TERRI LANE						1123 BEAVE	R STREET								
City, State, Zip Code						City, State, Zip C	ode								
BURLINGTON, NJ 080						BRISTOL, PA									
Project Manager for Monitorii	ng Firm		Te	elepho	one No.	Telephone No.		License No							
MICHAEL R. KEEHN				609-3	386-8800	215-788-6040		00509							
Start Date (10)	Sc	heduled	Comp	letion	Date (11)	Name of OSHA M	onitor	00000				-			
3 / 13 / 1	7	88	/	1	/17	The second secon	VIRONMENTA	INC							
Occupancy Status During Aba	atement (Ch	eck only	one)	-		Street Address									
☐ Facility Closed/Vacated Du	uring Entire	Period o	f Abat	emen	t	1123 BEAVR	STREET								
∆ Abatement Performed Out:	side of Norn	nal Facil	ity Ho	irs - F	Describe	City, State, Zip Co									
Time of Abatement: 7:00	M- <u>3:30</u> PM		PM	A	M	BRISTOL, PA									
Scope of Work (Check all that	apply)						10001								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emoliti			☐ Mini-Encl									
		l:	s Loca	tion	T		ipica () and 1401	-Friable Proced				_			
Location of	400000000000000000000000000000000000000	11-	Norma	ılly		Description of			-	patem	ent T	1			
Asbestos-Containing Mater TO BE ABATED	ial (ACM)		ed Sol		Asue	stos Containing Mate	erial (ACM)	Amount	Removal	Repair	Enc	Linconia			
IN Facility		Cus	todial		, (i.e	., thermal systems in surfacing, VAT, of	sulation,	(Specify SF or LF)	VOU	air	aps	100			
(13)		-	(12)	_		other miscellaneo	is)	3F 01 LF)	1 20		Encapsulate	0			
		Yes	No	N/A	4						e				
HASE 6 - LEVEL 1						TICAL CEILING P	LASTER	6075 SF							
					-	SULATION		200 LF	\boxtimes						
HASE 6 - LEVEL 1				\boxtimes	SPLINE	CEILING TILES		4050 SF	\boxtimes						
										П	П	Г			
me of Registered Waste Hau						Cubic Yards of	Name of Registe	red Landfill				_			
SERVICE TRANSPORT G	ROUP, IN	C.		auler I 2099(Waste	MINERVA LA								
y, State				2000		Disposal Date	City, State								
IEW CASTLE, DE							WAYNESBU	SG OH							
mpleted By (Print or Type)	Title)	-			Signature									
RIAN SCAFIRO	0.333.5	STIMA	TOR			Signature	P 1.	k - Da	ite/27	1	\sim				

N	0 Ch		١		State of New Jersey DTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)							D E G E I V E							
1	te of Notification (1) 30/17					f Building IE BRA		Operator	(2)		ШЦ	Ar	11	7	20	1			
Ag	encies Notified	Type Notification			Street A	ddress					,	ASBES	TOS			ROL	. &		
	EPA DEP	☐ Initial ★ Amended				ite, Zip Co							ICEN	IOII	N CA	-			
×	DOL	Amendment Emergency		-		/ Corner	, NJ 0	7938											
×	DOH DCA	justification) Cancellation			Name of	f Contact					I Tel	enhone N	lumber						
Ш	BOA	Caricellation			FACI	LITY INFO	ORMATI	ON									-		
Na	me of Facility Where)					Тур	e of Facility (4)								
Str	eet Address	erty Corner, N.	07938						X	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ilding	ıs, h	nome	s,		
0.000	y (5) perty Corner								Squ	are Feet	# 0	f Floors		Bldg	. Ag	е			
0.0000	unty (6) omerset				County (Code (7) USE ONLY,			Cur	rent Use (Pri	or if bei	ng demol	ished)						
Na	me of Monitoring Firm	Hired by Building	Owner (8)		ASCM	I No.				atement Cor AD PROFE									
Str	eet Address							Street 6 Wh		ess DOVE CO	DURT	9							
City	y, State, Zip Code									Zip Code OOD, NJ 0	8701								
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 732-		No. 9078		License 1200	No.						
1,000	rt Date (10) 24/17	ed Cor	mpletion I	Date (11)				SHA Monitor D PROFE	SSIO	NALS									
Oc	cupancy Status During Facility Closed/Vaca				mont			Street 6 Wh		ess DOVE CO	DURT	9							
-	Abatement Performe Other – Describe: _																		
Sco	ope of Work (Check Al	II That Apply)											9						
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				Locat										Ab	1.17	nent			
	Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Mai	Vorma d Sole intena odial (12)	ely by ince/ Staff?		tos Con thermal surfa	scription taining N system cing, VA niscellar	Materi s insu T, or		(5	mount Specify or LF)	Remova	Nepail	T	Encapsulate	Enclosure		
			Yes	No	N/A											ite	Ф		
	INTERIO	OR					F	loor Til	е		13	315SF	Х						
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	EXTERI				F	Roofing]		6	00SF	x								
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	me of Registered Was WARK CARTING	ŀ	NJDEP W Hauler ID 14509		Cubic of Wa 10	Yards ste		Name of IESI	Registe	ered Land	lfill								
	v, State WARK, NJ			Paren		sal Date		Çity, Stat	ite LEHEM PA										
	mpleted by SEPH PERLSTEI	N	IER	Signature					Date										

Date of Notification (1) 3/30/17		17 377/6/25	ame of B Oan Chi		er/Operator	(2)			APR -	4 201	7		川
Agencies Notified Type Notification EPA DEP Amended Amendment #_		Ci		ress , Zip Code ord, NJ 0	7070				ESTOS (SING	ROL	&	
	cluding	1.000	ame of C Dan					Tele	phone Nun	nber			
Name of Facility Where Abatement is Taking I	Place (3)		FACILI	TY INFORM	MATION		of Facility (4						
home Street Address						×	Subchapter Other (i.e. pretc.)	8 (Othe	er than K-12 commercia	2) al buildir	ngs, h	omes	
City (5) Rutherford						Squa 210	re Feet 0	2	Floors	63	g. Ag	e	not),
County (6) Bergen			County Co STATE US	ode (7) SE ONLY) _			ent Use (Prid						
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCM	No.	Name ABS	of Aba Envi	itement Con ronmenta	tractor I Serv	(9) ices, LLC				
Street Address					PO		83, 4 E G	ate D	rive				
City, State, Zip Code							Zip Code d, NJ 074	18					
Project Manager for Monitoring Firm		Т	Telephon	e No.	973	hone N -764-	2276		License N 703	10.			
Start Date (10) 4/13/17	Scheduled 5/13/17	Com	pletion D	ate (11)	Name	of OS	HA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe: basement	atem	ent		1000000	State,	Zip Code					-		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			rovation molition Full Containment with Negation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-							ble Procedure			
	JPESS-0-07	.ocati	220000								Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	ly by nce/	(i.e. th	Descriptions Containing nermal system surfacing, Vother miscell	Materi ns insu 'AT, or	ulation,	Amount (Specify SF or LF)				Encapsulate	Enclosure
	Yes	No	N/A		pipe insu	lation			60 LF	×		35%	
Basement			X		pipe irisu	lation							
			-									-	
Name of Registered Waste Hauler Freehold Cartage	H	NJDEP W Hauler ID 5939		Cubic Yards of Waste TBD		Weste	ern Be	stered Land erks Land					
City, State Freehold, NJ				Disposal Da		City, St Birdst			Data				
Completed by A. Scott Higgins	Title Presi	dent	•		Signat	ure	lo-	_	_	Date 3/30/1	7		

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Name of Notification (1) Name of Notification Street Address Street Address School (K-12) Substitute (2) ASBESTOS CONTROL
Agencies Notified Type Notification FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Name of Monitoring Firm Assembly Street Address Fireth A
Agencies Notified Pope Initial Amended Amended
City, State, Zip Code County (6) Count
DOL Emergency (including justification) Name of Contact Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12
DOH
School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet
Name of Facility Where Abatement is Taking Place (3)
Street Address Tey Horizontal Doron Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age / D
Street Address TGI HUM del 2014 City (5) County (6) Name of Monitoring Firm Hired by B:iliding Owner (8) Street Address City, State, Zip-Gode City, State, Zip-Gode Project Manager for Monitoring Firm A HUD CALL ALL ALL ALL ALL ALL ALL ALL ALL AL
City (5) County (6) County (6) Name of Mopitoring Firm Hired by B:iliding Owner (8) Street Address City, State, Zip Code City, Sta
County (6) County (6) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by B: iliding Owner (8) ASCM No. Street Address Street Address City, State, Zip-Gode City, State, Zip-Gode Project Manager for Monitoring Firm HERD COLUMN TO TO GODE Start Date (10) Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Renovation County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Current Use (Prior if being demolished) Name of Abatement Contractor (9) City, State, Zip Code City
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Street Address Address Project Manager for Monitoring Firm Address Start Date 100 Scheduled Completion Date (11) Scheduled Completion Date (11) Project Manager for Monitoring Firm Address Start Date 100 Start Date 100 Street Address Street Address Street Address City, State, Zip Code City, State, Zip Cod
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City, State, Zip-Gode City, State, Zip Gode
City, State, Zip Code City, State, Zip Code City, State, Zip Code Cochelle No. 3-07095 Project Manager for Monitoring Firm Ale N H N D C 2
Start Date (10) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Renovation Name of OSHA Monitor Out pro Normal Facility Closed Address The
Start Date (10) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Renovation Name of OSHA Monitor Out pro Normal Facility Closed Address The
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Renovation Street Address City, State, Zip Code World Wilele M & 70 95 Full Containment with Negative Pressure
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation City, State, Zip Code Word Work (2 of Normal Facility Hours Full Containment with Negative Pressure
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure
□ ≥160 sf or ≥260 lf □ Demolition □ Mini-Enclosure Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure Abatement
Is Location Type
Location of Ligad Solely by
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) Output The part of the par
Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF
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LHI3 D-167 V VAT Floor Tile 100SF V
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Name of Registered Waste Hauler ANDEP Waste Hauler ID No. Name of Registered Landfill ANDEP Waste Hauler ID No. Name of Registered Landfill EST LANDFULL EST LANDFULL
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill

CK# 53/4

.27 0 3/7		(1	Pursuant	t to NJAC	3 8:60 an	d 12:12	20)			927.00				161 300	
Date of Notification (1) 03/31/2017					g Owner/O Maplew		r (2)			—AP	R -	4	201	7—	
Agencies Notified Type Notification X EPA Initial	ก			Address /alley S	t.		46.00		A	SBES	TOS			OL	34
DEP X Amended Amendme				ate, Zip C ewood, i	ode VJ 0704	0				The Shaper areas of 1					
DOH justification Cancellation				of Contact Kittner	Ė		- Jensie		Te	elephone	e Num	ber			
Name of Facility Where Abatement is Tak	ing Place (3)	FAC	ILITY INF	ORMATI	ON	Ту	pe of Facilit	y (4)				-		
Maplewood Hilton Library Street Address								School (k Subchapt		ner than	K-12	Y			
1688 Springfield Ave	- natio							Other (i.e etc.)	. private	& comn	nercia	l buil			ies,
Maplewood, NJ 07040							1	uare Feet 100÷	1	of Floors	3	1	3ldg. / 50+	Age	
County (6) Essex				Code (7) USE ONLY	n		3	rrent Use (F brary	rior if be	ing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building Matrix New World Engineering, In	Owner (8))	ASCN N/A	I No.			of A	batement C Diagnost		r (9)					
Street Address 26 Columbia Turnpike			1.07			Street	Add	ress	IC LLO						
City, State, Zip Code						City, S	state,	wild Ave						N	
Florham Park,NJ 07932 Project Manager for Monitoring Firm		1	Telapho	ne No.		Bloo		gdale,NJ,	07403	Licens	se Nn				
Matthew Sheldon Start Date (10)	Cabadul			40-1800		973-	928	-3995		0118					
04/07/2017	05/31/2	2017		Date (11)				SHA Monito Diagnosti							
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Ahaten	nent		and the same		len	wild Ave								
Other - Describe: 7:00am-4:00pm	man r admity	rious	>					Zip Code gdale,NJ,	07403						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 if	Connect		olition Mini-End Glovebag					lini-Enclosu Blovebag Pr	nment with Negative Pressure					A	
Location of	A	Locati	ly		Des	cription	V2=5					-	Abate	pe pe	t
Asbestcs-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenai lodial 5 (12)	nce/ Staff?	Asbes (i.e.	tos Conta thermal s surfaci other m	ystems ng, VA	insu T, or	llation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Yes	No X	N/A		Windo	w Cau	lkin	n	51	54 LF	+	х			
					. 000		3) LI		Λ.				
Name of Registered Waste Hauler		110000	NUDEP Waste Cubic Yards Name of Registered Landfill												
Hazmat Diagnostic LLC	120,333	auler ID I 035440	1000000	of Wast	e		G.R.O								
City, State Bloomingdale, NJ					Disposa TBD	l Date		City, Sta Morris		\					
Completed by Tatiana Rotaru	Completed by Title					Signature Date 03/31/2017									

MOH 1971	032029	NOTIF (F	State of New J FICATION OF ASBES Pursuant to NJAC 8:6	ī	DECE 1 V								
Date of Notification (1) 03/31/2017			Name of Building Ow Yurij Trytjak	ner/Operator	(2)			AFR	4 2011	1			
Agencies Notified X EPA X DEP X DOL	Type Notification Initial Amended		Street Address City, State, Zip Code				P	ASBESTO LIC	OS CONTR CENSING	IOL 8			
X DOL X DOH DCA	Amendment #_ Emergency (in justification) Cancellation	cluding -	Plainfield, NJ 07 Name of Contact Yurij Trytjak	060			Teleph	one Numbe	er				
		1	FACILITY INFOR	MATION									
Name of Facility Where House Street Address	Abatement is Taking I	Place (3)			Type	school (K-12) Subchapter 8 Other (i.e. privetc.)	(Other th		buildings, home	ies,			
City (5) Plainfield					are Feet	# of Flo	ors	Bldg. Age N/A					
County (6) Union			County Code (7) (STATE USE ONLY)		Curr		or if being demolished)						
Name of Monitoring Firm	n Hired by Building Ov	vner (8)	ASCM No.			atement Contra tement, Inc	actor (9)						
Street Address			•	Street 11 R		ess ngren Avenu	ie						
City, State, Zip Code						Zip Code NJ 07512	it .						
Project Manager for Mor	nitoring Firm		Telephone No.	Telepi 973-		No. 8685	// 2020	cense No. 1311					
Start Date (10) 04/10/2017	0	4/11/2017	mpletion Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SHA Monitor tement, Inc							
	ated During Entire Pe	riod of Abater		Street 11 R		ess igren Avenu	ie						
Abatement Perform Other – Describe:	ned Outside of Normal Occupied	Facility Hour	Datement										

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	terrores .	Renova Demolit			X X	Mini-Enclosur Glovebag Pro	A			e	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. the	Description of Containing Mar ermal systems in surfacing, VAT, her miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	Ф
Basement		X		F	Pipe Insulation	on	210 LF	х			
Name of Registered Waste Hauler		l N	JDEP W	/aste C	ubic Yards	Name of	Registered Land	dfill			
D&S Abatement, Inc	Hauler ID N 20996				f Waste BD	Waste	Waste Management of PA				
City, State Totowa, NJ				1111111	isposal Date BD		City, State Tullytown, PA				
Completed by Ned Joksimovic	Title Project Manager			;	Signature	Date 03/31/					

Totowa, NJ 07512

Scope of Work (Check All That Apply)

× ≥3 sf or ≥3 lf

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Date of Notification (1) Agencies Notified Type Notification		manufacture to the form	(0)	of Building C K. D. Con C Abdress	4.0	3		Theps.fed	100		110	
X EPA X Initial Amended		and the same of th	35 City, St	O Mc.	<u>a </u>) -}-		ASBESTO	S CC ENSI	NTF NG_	OL 8	3
DOL Amendment Emergency justification)	(including	-		of Centact	10.	Non	, Serse	Telephone N	unher	-	1-47	
DCA Cancellation				TOAY	LIS				2,300			
Name of Facility Where Abatement is Takin		7.	< n 20	-1 >		1	Type of Facility	y (4)				
Street Address 145 Par-cadural	3,110	<u>. P:</u>	THE	+		A STATE OF THE PARTY OF THE PAR	Other (i.e.	C-12) ter 8 (Other than K-1 L private & commerc		dings	, hom	93.
division francis		***************************************					Square Feet	# of Floors		ilda.)		
County (6)		dente control		Code (7) USE ONLY)		, K	11	Prior if being demolis	1 .			
Name of Monitoring Firm Hired by Building	Ovmer (8)		ASC	M No.		T	of Abstement Clinsulation Cl	to real tribler on representations.				
Sireet Address	Proposition of the second		1			Street	Address ontrose Rd					
City, State, Zip Code	NATIONAL STATES OF ASSESSED TO A SERVICE	***			And the second second	City, St	ate, Zip Code Neck, New	Jersev				
Project Manager for Monitoring Firm		7.0	Telepho	sne No.	1	Telepho		License P	lo.			1
Start Pale (10)	Schedule	- 1	npletion	Date (11)			of OSHA Monite					
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Facility Closed/Vacated During Entire F Abatement Performed Outside of Nam Other - Describe:	at Facility	Hours	ent		The transfer of the second second	City, St	ate, Zip Code					100
Scope of Work (Check All That Apply)							Terring Francisco					
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	\$00 Contract	Locati Iomiali			Si		The second secon			Abat	emeni ipe	
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	Yes	No	NA								Š	0
Dosement	1		X	ppeis	ital.	1	Yes	1000 (=	X			
Cellular Store			A A	Hoorti	16	pink+	1. 1. 1	450 10	X			
DCJC ON COL			X	underly	and a	F/Jose		1900 U	 			
Name of Registered Waste Hauler	-LL	2	IDEP IN	**************************************	Cubic 1	ا لامالار Yards	(4"+(;") Name o	ن 3 و ال عن 18 و 13 و الم	1X	<u></u>		
Ace Insulation Co., Inc.	***		aufer ID 1086		of Was	4	i	Landfili				A CONTRACTOR OF THE PARTY OF TH
Colts Neck, New Jersey				7	Disposa U	18 1	City, Sta 7. Eastor	to 7 PA				45
Completed by Bree McGuire	Tille Secret	tary 1	reasu	irer	s,	ghatule B	À	Da Oa	te / -{///	1,-	7_	h selection of the extra
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		#11 - SERVINE CO. 1	e whe course	d 12:120	HENT 1	D) E G		\mathbb{V}	E	
Date of Notification (1) Agencies Notified Type Notification EPA Initial Amended Amendment #_ Emergency (inclinity)	uding -	Street Ac 350 City, Stat	mcco te, Zip Code 1 2 tu 1 e, Contact	Crtn St New		ASBESTO LIC O JOU	OS CO ENSIR	NTR	1	8
Name of Facility Where Abatement is Taking Pl Linu Branch Partners ((Street Alidress 149 Branch Way	-		760 Y /UI LITY INFORMATI	IS A	Type of Facility (School (K-1 Subchapter Other (i.e. p etc.) Square Feet		ai buildi Bio	ings.	30	28.
County (6) Name of Monitoring Firm Hired by Building Own	ner (8)	County C (STATE)	USE ONLY)	Mame		or if being demolis				
Street Address City, State, Zip Code				Street 95 M	Insulation Co., Address Iontrose Rd tate, Zip Code					100
Project Manager for Monitoring Firm Start Date (10) So	ireduled Ç o	Telephor		Telsph 732	s Meck, New Ja one No. 294 1757 of OSHA Monitor	Ucense N 00029	lo.			and the second s
Occupancy Status During Abatement (Check O Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I Other - Describe: (A)	od of Abate Facility Hour	s 			Address itate, Zip Code					er en
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demok			S. Carlotte and Ca	Mini-Enclosure Glovebag Pro		ble Proc			and the second
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Mar room	And the second s	7 7	Floor +- (e (bi)	own, redyhla stra (green	1) 900 I) 100 I) 800 ID	X X			1000
Name of Registered Waste Haufer Ace Insulation Co., Inc. City. State	1	NJDEP VI Hauter ID 12086	No. of Wa	c Yards aste	Chrins	Registered Landfi Landfill	4	4		
Colts Neck, New Jersey	Title Secretary	y Treasi	14)	Signatur O	Easton	PA	ate }	t toward		

9 2017 03:28PM NJ Asbe 03/29/2017 08:52	stos Co		609.6	33.066	54		page -	∍ 1	O TOTO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPA	$ D)_{r}$		C	E	
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Date of Notification (1)				Nan	of Build	Sing Owner Court	/Operator			the last of the last	200	and in contrast to the		N N
EPA D	Notificatio	R	MMSK Rebustamas	Stre	m 6 46 de de	THE RESERVE OF THE PERSON NAMED IN	William Property lies	E AVE	- L ■ WAI	VER	API	PRO)\/F	
E DOH	Amendma Emergenc justification		ng	1	# of Con	THOR	NE	NTO	محد	6			Midra et a	
Martin of Pacifity Where Abeter	Cancellado	kn			ROSE	NIF CHEMAT	TIČSN		Tes	ephone h	(carr)()	or	-	-
Street Addresse								Type of Fedi	K-12)					
CHY (5) HAW TOTO TWE	<u> </u>	AVI	٤	<u> </u>				Other (c.	plant 8 (OS) a. priveje 8	COMBINE	-12) rold b			
County (8)	 			Court	V Corte /	7)		8 duzes Feet	.	Ploon			Age	
Name of Meditoring Firm Hired t	by Dulkling	Owner (a)		y Code (E UEE OA CM No.	<u> </u>		Current Use (/24 of Absterners of	کے		wiwed)			
Otress Address							Street A	o Contracti	ng inc.				Miles comme	
City, Stella, Zp Code		-					City, Se	Twelsind Ave						
Project Manager for Maniforing P	im	,		Telopi	ione No.		Midlar Telepho	nd Park, N.	-	Licanca i	, prame at	and the same of th		
Start Date (10) /24/17		Sched	Annel Co	177	Date (1	1)	Mema es	OSHA Monto a Environm	BF C	00155				
Cosupency Status During Abates Facility Obsect/Vacanted During Abatemant Participated Outsi Cohor - Describe:	nert (Chac ing Entire)	k Only C	(Abeles	raint			Street A			VICES II	nc,			
Cities - Describe: Scope of Work (Check All That A	-	MI PAOR	y Maur	S				No. Zip Cease ⊓aseck, N.J.	07806				······	····
20 m or 20 th			Renovi Damoi)				1000	Full Contains Mini-Endosu Glovabag Pri	Pe Domeium		ž.			Minimum
Location of		6	Locat Norma	on			Ы_	Non-Exemple	pd (*) and (Very-Friend	le Pro	adress hedA	SECOND SECOND	14
Autostre-Containing Nateries TO RE ANATED In Facility (13)	(ACM)	Um Ms	ed Sole Amana Apollo I (12)	ey by 1067	Ason (i.e	alòs Conta r. themat a	oripition of ining Mab yeddense in ng, VAT,	erial (ACN)	Armo (Spe	MA	20	Π	Pit Egg	E.0
BASEMBUT		Yes	No	N/A		other mi	scellenso	(E) ,) PH	ru-)	Respond	Repair	Епсернава	Enclocare
Dipur, and				×		PI	PE		1	BOLF	×			
						-				-		1		-
Name of Registered Weste Hauter Newsrik Carting, inc.			H	IDEP W	martic No.	Cubic Yi of Waste	untie		Registered					
City, State	 	-	109	509	* Company of the Comp	Disposal 3 18	师。	City, Stet			Lan	dfill		
Newark, N.J. 07105 Completed by						7 6 8	71 1 2 2	Pen An						

Check# 7717

Date of Notification (1)			-	Building Owne	and the second second second second	CONTRACTOR STATE OF THE STATE O					
03-30-2017			Ge.	rrie &	Ern	e Smit	h me	C	F	1 1	// F
Agencies Notified Type Notification		100	Street A	ddress					********		
EPA Initial		-	754 . O4=	to Tin Code			2	100			
DEP Amended Amendment #	ŧ	1	Jity, Sta	te, Zip Code	040	Jan H	eights.	APP	0	202	14
Emergency (in		- h	Vame of	Contact	laac	7011 110	Telephone Nur	nber	00	202	19
DOH justification) Cancellation		1		errie!	3mi	th.			************		
				LITY INFORMA			1		artic white days		
Name of Facility Where Abatement is Taking		Ziloren vegetti				Type of Facility	(4)		-	3 49 U	
Residential D)we	1/11	19			School (K-					
Street Address			7	a			er 8 (Other than K-12 private & commerci		lings,	home	s,
074 (5)			,	.,		etc.)	# of Floors		ldg. A		-
City (5)	ois	1-7	C			Square Feet	# 01 Floors		_	•	
County (6)	<u> </u>	116	County (Code (7)		Current Use (Pr	ior if being demolish	ed)	07	YEO	35
1,0mden	, `	3 1	STATE	ISE ONLY)			en tial	,			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	l No.	Name	of Abatement Co					\dashv
Quality Environmental Concepts, In	c.		NA	50	Qua	lity Environme	ental Concepts, I	nc.			
Street Address	· ·		·			Address					
1053 North Tuckahoe Road				-1		North Tuckal	noe Road			-	
City, State, Zip Code	9					State, Zip Code	. James 00004				
Williamstown, New Jersey 08094							v Jersey 08094				_
Project Manager for Monitoring Firm Edward J. Knorr	10		Felephor 856-62	ne No. 19-1166		hone No. 629-1166	License N 01086	0.			-
Start Date (10)				Date (11)		of OSHA Monitor					\neg
04-10-2017	U 1	1 1	-20	17	Qua	lity Environme	ntal Concepts, I	nc.			
Occupancy Status During Abatement (Check	Only On	ie)				Address	han Dood				
Facility Closed Vacated During Entire P						North Tuckal	moe Road				
Abatement Performed Outside of Norma Other - Describe: Emergency Clean Up	al Facility	Hours		14 No. 10 10 10 10 10 10 10 10 10 10 10 10 10		State, Zip Code	v Jersey 08094				Tuesday
Scope of Work (Check Ali That Apply)					AAIII	amstown, Nev	V Jersey 00094				\dashv
DOM:	alteres			-7 -	. ·				200		-
≥3 sf or ≥3 if ≥160 sf or ≥260 if	CASC TORROW	tenovat Demoliti	3777/FG	3: 4	200	Mini-Enclosu	nent with Negative F re	ressu	re		- Contraction of the Contraction
	1		***	£		Glovebag Pro				23	-
·	T					_ Non-Exempte	ed (*) and Non-Friab	le Pro	100000000000000000000000000000000000000	ement	-
4		Location				*		-		pe	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by		Description	n of Material (ACM)	Amount	-		-	
TO BE ABATED	* CONTRACTOR OF THE PARTY OF TH	intenan lodial S		(i.e. them	nal system	is insulation,	(Specify	Re	Z.	nca	Enc
In Facility (13)	1	(12)	turi.		facing, V/ r miscella		SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A:			8	000	<u>a</u>	-	late	re
2	165	NO	INT.	۸. ۵ ۱۱	1.1		,==	1			\rightarrow
Basement				Air Cel			155LF	X			
÷*				pipe	insu	lation					
			12	, ,							
			or other parts				-				
Name of Registered Waste Hauler	لـــــــــــــــــــــــــــــــــــــ		JDEP W	515 15 TANK	ic Yards	Name of	Registered Landfill		1:0	1	
Quality Environmental Concepts	24 Th 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4	auler ID 1710	No. of V	Vaste CU	vds Sale	em Counti	tex	C(٥	
City, State					oosal Date	City, Sta	ite 1				\neg
Williamstown, New Jersey				104	1-18-	11 All	Jury NJ				
Completed by Edward J. Knorr	Title	Presid	dont		Signatur	E ()	(I C) Da		70	20	17
Euwaru J. Kiloff	vice	riesio	reill		Ci	Lucus	From 0	5-	DU.	20	11

CH4021

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

CK 4021

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

				31 (2 10	(2)						-		
Date of Notification (1) 3/31/17					Building (perator (2)		. 14-		\ P (п	7.7	P
Agencies Notified	Type Notification			Street Ac		JOTA	7 72	2610	NA	41	JE (W	E
Agencies Houried	Type (volitication				adicos						VI T				
□ EPA □ DEP	☐ Amended		H	City Sta	te, Zip Coo	le	1	- 11 10 100		-	11	· D	- A	004	7
DOL	Amendment #		_				. NJ	۲.	2729	4	L AF	H -	· Д	2017	ſ
DOH	☐ Emergency (in justification)	cluding	H		Contact						ephone Numi	er			
□ DCA	☐ Cancellation			MA	Fact	TALIO	0						-		
					LITY INF		TION			-1		LICE	NSI	VG	
Name of Facility Where A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							Type o	f Facility (4)					
	FORTUN	ATC	>						chool (K-1						
Street Address							1				than K-12) commercial	ouildin	gs, ho	mes, e	etc.)
					- :			-							
City (5)	. /							Square		# 01	Floors	_ •	Idg. A	941	_
SECAL	ICUS								000 000		<u> </u>		' '	41	
County (6)	e\				Code (7). USE ONLY)			Curren			demolished				
Name of Monitoring Firm		mer (8)		ASCN	4 No		Name of	F A hate	ment Contr						
reame of retointoring I it in	rinca by banding Ow	nor (o)		Abeli	1110.		1		noval I	(5,0)					
Street Address				1			Street A	-	IIO VAI I	110					
							150	Sou	th Rive	r Stre	et				
City, State, Zip Code							City, Sta			Date	01				
	and Manager for Manitaring Firm								ck, NJ	0760	1				
Project Manager for Monit	roject Manager for Monitoring Firm						Telephor	ne No.			License No				
	roject Manager for Monitoring Firm						2	01-3	29-744	4	00:	388			
Start Date (10)		Scheduled	0.01		100 1000		Name of	FOSHA	Monitor						
	13/17		41	14/1	7		Om	ega.I	Environ	ment	al				
Occupancy Status During	Abatement (Check Onl	y One)			•	,	Street Ac		.1 04						
☐ Facility Closed/Vaca								-	yler Str	eet					
Abatement Performed Other – Describe:	Sisside of Normal F	acility Hot	ILS I	m			City, Sta			ack 1	NJ 07606				
Scope of Work (Check All							500		Idokom						
	mat Apply)	-/ -					_			-	r				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enovat emolit					-	Containme Enclosure		Negative Pres	sure			
		-					Ø	Glov	ebag Proce	dure					
					Τ			Non-	-Exempted	(*) and	Non-Friable	roced			
		1	Locati											ement pe	
Location	-,		iormal d Solel				scription o		CM	- A	mount				
Asbestos-Containing TO BE AB			intena				aining Mat ems insulat			750	Specify	R	×	Enc	En
In Facil	*	Cusi	odial 8 (12)	tair!			VAT, or miscellane)		SI	or LF)	Removal	Repair	Encapsulate	Enclosure
(13)				T	-	outer	miscenance	ousj				al	7	late	ire
<u> </u>		Yes	No	N/A		- 6	20								\vdash
BASEMENT			Allegaes		TRAL	ISME	Pile	È		3	OLF	X			
			-c_1///-c												
							W								
Name of Registered Waste	ame of Registered Waste Hauler						Yards .		Name of I	Registere	d Landfill	,			
							ste /	-3				•	_ +	T ~	
	Best Removal Inc						212	7			va Enter	prise	s, L	LC	
Hackensack, NJ	07601					Dispos	sal Date	7	City, State		ra ∩∐ 4	1600	2		
Completed by	07001	Title				3 - 20 - 20 - 20 - 3	ignature		w ayı	iesdu	rg, OH 4		,		
J. Maiorano			+i	tor		3	\ \	Pa	بصرة.	بصر	Da	3/	3,	/,-	7
o. maioralio		L ES	tima	101			Y	100				-/	/		

Ch 1/420

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

Check # 11620

Date of Notification (1)						g Owner / Operator (2		vicion				
Agencies Notified	bruary 1, 201 Type Notificati			_	Address	gional Medical Cente	r – Mainiand Di	1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	C 1	D/	I	
□EPA □DEP	□ Initial			65 Wes		e Leeds Road		D) E C	<u> </u>	201	7	I I
DOL	Amend	ded		100000000000000000000000000000000000000	ate & Zip			field bei	-	401	4	Linner
⊠doh	Amend	dment # <u>3</u>										
DCA	Cance	llation		Name o	of Contac	ct		ASBERTA	sinhain	ia\Nih	nbei	· & —
				FAC	ILITY	INFORMATION			+ + + + + + + + + + + + + + + + + + + +			4
Name of Facility When AtlantiCare Regional				ion		Type of Facilit						
Street Address							ter 8 (Other than	200 - Maria 200 - 100 -			9	
65 West Jimmie Leed	ls Road					E_3		ommercial buildings			(C.)	
City (5)						Square Feet	# of Flo	oors Blag	. Age	2 Yea	rs	
Pomona, NJ						Current Use (I Hospital	Prior if being den	nolished)				
County (6) Atlantic			unty Code E ONLY_	(7)								
Name of Monitoring Fi		ilding Own	ier (8)		ASCM	No. Name of Abat Synatech, Inc	ement Contracto	or (9)				
Hillmann Consulting, Street Address	IIIC.					Street Addres		in-				
1600 Route 22 East, 5						829 Radio Ro				-		_
City, State & Zip Code Union, NJ 07083						City, State & Z	rbor, NJ 08087					
Project Manager for M	onitoring Firm		50000	ephone N		Telephone Nu	mber	License Numb				
Stephen Cherepany Scheduled Start Date ((10) To	Scheduled		3-688-780		609-296-6916 Name of OSH			0081	7		-
February 13,		crieduled		15, 2017	1)	Synatech, Inc						
Occupancy Status Dur			nly one)		t	Street Address 829 Radio Ro				**************************************		
Abatement Pe	erformed Outsid	de of Norm	nal Hours			City, State & 2	Zip Code	- Ver				
Other - Desci	ribe: pied During Aba	atement				Little Egg Ha	rbor, NJ 08087					
Scope of Work (Check	all that apply)											
						=		nt with Negative Pressi	ure			
≥3 sf or ≥ 50 lf	ie:		_	Renovatio		-	Mini-Enclosure	0.40000000				
≥160 sf or ≥260	IT.			Demolition	1		Glovebag Proce	dure (*) and Non-Friable Pro	a a a du	r0		
Loca	ition of		Is I ocatio	on Normal	lly Used) and Non-Fhable Fit		atem	ent T	vpe
Asbestos-Contain TO BE	ning Material (A ABATED	CM)	Solely by	y Maintena dial Staff?	ance or	Asbestos-Co Material (ontaining ACM)	Amount (Specify SF or LF)	L			,
	acility 13)					(i.e., thermal insulation, surfa					En	m
3	10)					or other misce			₹em	Repair	cap	nclo
									Removal	pair	Encapsulate	Enclosure
			Yes	No	N/A						te	w
First Floor					Х	Floor T		1,600 SF	Х			
Endo Suite					Х	Floor T		4,000 SF	X			
Operating Room Hall	way				Х	Floor T	Tile	3,100 SF	X			
Name of Registered W	/aste Hauler		NJDEP V Hauler ID		Cubic \	Yards of Waste	Name of Regis	tered Landfill	1			_
Synatech, Inc.				429	30		Fairless Hills					
City, State					Dispos	al Date	City, State					
Little Egg Harbor, NJ	08087				May 16		Morrisville, PA					
Completed By		Title			Signatu	ure An		Date March 30, 2017	7			
Diane Aloia		Executiv	e Admini	strator	1 No	ione alox	~	February 1, 2017				

Date of Notification (1) Fe	bruary 24, 2017		Nar	ne of Build	ing Owner / Opera	.t (0)	Cn	eck #	£ 115	64	
Februa	ary 1, 2017		Atla	intiCare R	egional Medical (itor (2) Center – Mainland	Division F	0 1	= n	n	7
Agencies Notified Type	Notification		Stre	et Address	3	onter mannanu	DIVISION	rs T	- 1	-11/	_
□EPA □DEP	1				ie Leeds Road		III AF	'R -	4	201	7
⊠DOL □	Initial			, State & Z						-01	1
⊠doh ⊠	Amended Amendment : Cancellation	#_2_		nona, NJ (ASBEST	OS	CON	TR	01
			l'ican	ic or come	o.		And the state of t	elenh	ona N	Eimi	hor
				ACILITY	INFORMATIC	N					
Name of Facility Where Aba AtlantiCare Regional Medic	itement is Taking cal Center – Ma	Place (3) inland Div	vision			acility (4)					
Street Address				- Section of the sect		chapter 8 (Other th	an K 12\				
65 West Jimmie Leeds Roa	ad						commercial building	gs, ho	ome,	etc.	.)
City (5)					Square F	eet # of F		dg. Ag			,
Pomona, NJ					Current U	se (Prior if being de	emolished)		42 Ye	ars	
County (6) Atlantic		County Co	de (7)		Hospital						_
lame of Monitoring Firm Hire	ed by Building O	wner (8)		ASCM	No. Name of	Abatement Contrac	1 (0)				
Illmann Consulting, Inc.				, toolii	Synatech	. Inc.	tor (9)				
treet Address 600 Route 22 East, Ste 10	7				Street Add	dress				_	_
ity, State & Zip Code	,				829 Radio						
nion, NJ 07083					Little Fac	& Zip Code Harbor, NJ 0808	7				
roject Manager for Monitorin	ng Firm		elephone		Telephone	Number	License Nun	nher		-10-	_
tephen Cherepany cheduled Start Date (10)	Cob a dula		08-688-78		609-296-6	916	License Ivui	008	17		
February 13, 2017		d Comple	tion Date		Name of C Synatech	SHA Monitor					
ccupancy Status During Ab	atement (Check	only one)			Street Add					- 20	
Facility Closed/Vaca	ted During Entire	e Period of	Abateme	ent	829 Radio						
Abatement Performe Other – Describe:	ed Outside of No	rmal Hour	S			& Zip Code					_
Facility Occupied Du	ring Abatement				Little Egg	Harbor, NJ 08087	7				
cope of Work (Check all that											_
≥3 sf or ≥ 50 lf			D	·	I	Full Containme	nt with Negative Press	sure			
≥160 sf or ≥260 lf		H	Renovati	300	ļ	Mini-Enclosure					
			Demona	J11	!	Glovebag Proce					
Location of		Is Locat	ion Norma	ally Used		Non-Exempted iption of	(*) and Non-Friable Pr	_		_	
Asbestos-Containing Ma TO BE ABATE		Solely b	y Mainter	nance or		-Containing	Amount (Specify	Ab	atem	ent	Гу
IN Facility	<u>. D</u>	Custo	odial Staff	? (12)		al (ACM)	SF or LF)				
(13)					insulation, s	nal systems urfacing, VAT				п	T
					or other mi	scellaneous)		Re	Z,	nca	15
		Yes	No	N/A				Removal	Repair	Encapsulate	Linconsula
st Floor				Х	Floo	r Tile	1,600 SF	X			1
do Suite				Х	Floo	r Tile	4,000 SF	$\hat{\mathbf{x}}$			ı
me of Registered Waste Ha	uler	NJDEP V		Cubic Ya	ards of Waste	Name of Regist	tered Landfill				L
natech, Inc.		1000	429	30		Fairless Hills					
/, State				Disposal	Date	City, State					
le Egg Harbor, NJ 08087				April 11,	2017	Morricuitte Da					
mpleted By	Title			Signature		Morrisville, PA	Date			_	
ne Aloia	Executiv	e Adminis	strator	1 / /	En allo	7	February 24, 20	017			
				1	1/1/10	- 1	Echruany 1 2017				

			(Pursua	nt to N.	JAC 8:60 and	12:120)		Fn Fn	€ck Æ	156	1//	F
Date of Notification (1) February 22, ebruary 1, 2017					g Owner / Operato		nland Divisio	HJJ	egk #_I	1902	₹ ,∀/	<u>IC</u>
Agencies Notified	Type Notification	n			Address			1	11.1:	PR -	1 0	017	,
□EPA □DEP				65 We	st Jimmie	Leeds Road			UL A	.111	4 6	UII	
DOL	Initial			City, S	tate & Zip	Code			ASBE	STOS (OL ?
⊠doh	Amend			Pomo	na, NJ 08	240				LICEN	SIMO	3	-
	Amend	ment #_1_											
DCA	Cancel	lation		Name	of Contac	t			ľ	Telephor	e Nur	mbe	r
	1			FA	CILITY I	NFORMATIO	N						
Name of Facility Whe AtlantiCare Regional				ion		Type of Fa	acility (4) ool (K-12)						
Street Address				1,72,72,71		── ☐ Subc	chapter 8 (O	ther than K-12	2)				
65 West Jimmie Lee	ds Road							ate & comm		nas, hon	ne. et	(c.)	
						Square Fe		# of Floors		Bldg. Age			
City (5)		-9-1192									Yea	rs	
Pomona, NJ						Current U: Hospital	se (Prior if b	eing demolish	ed)				
County (6) Atlantic			ty Code ONLY_										
Name of Monitoring F		lding Owner	(8)		ASCM N			Contractor (9)			22748	e e vida	
Hillmann Consulting Street Address	j, inc.					Synatech Street Add		=			_		
1600 Route 22 East,	Ste 107					829 Radio							
City, State & Zip Code							& Zip Code)				- 22	
Union, NJ 07083			1				Harbor, NJ	08087					
Project Manager for M Stephen Cherepany	Ionitoring Firm			ephone N 3-688-780		Telephone 609-296-6			License Nu	umber 0081	7		
Scheduled Start Date	(10) S	cheduled Co					OSHA Monito	nr		0001	_		_
February 13,	2017		April	10, 2017	10.00	Synatech							
Occupancy Status Du Facility Close	ring Abatement (ed/Vacated Durin	(Check only g Entire Pe	one)	Abatemer	nt	Street Add 829 Radio							
Abatement P	erformed Outsid	e of Norma	Hours			City, State	& Zip Code	i					
Other – Description Facility Occur	cribe: pied During Abat	tement				Little Egg	Harbor, NJ	08087					
Scope of Work (Check	k all that apply)												
							Full Cor	tainment with	Negative Pre	essure			
≥3 sf or ≥ 50 lf				Renovatio	on		Mini-En						
≥160 sf or ≥260	0 If			Demolitio	n		☐ Gloveba	g Procedure					
							Non-Ex	empted(*) and	d Non-Friable	Procedu	re		
	ation of	Is		n Norma			ription of				ateme	ent T	ype
Asbestos-Contai	ning iviaterial (At ABATED	JIM)		/ Mainten dial Staff			s-Containing ial (ACM)	A	mount (Specif SF or LF)	ty			
	Facility	1	1		(,=/	(i.e., then	mal systems	,	01 01 11)				
((13)		- 1				surfacing, V			70	70	nc	m
						or other m	iscellaneous	5)		Remova	Repair	aps	Clos
			Yes	No	N/A					oval	air	Encapsulate	Enclosure
First Floor					Х		and Masti	С	1,600 SF	X			
Endo Suite					Х	Flo	or Tile		4,000 SF	X			
										_			
Name of Registered V	Vaste Hauler	N	JDEP V	Vaste	Cubic Y	ards of Waste	Name	of Registered	Landfill				
		Н	auler ID					V0000005					
Synatech, Inc.			27	429	30	I Data		s Hills					
City, State					Disposa	Date	City, St	late					
Little Egg Harbor, N.	J 08087				April 11	, 2017	Morris	ville, PA					
Completed By		Title			Signato	re > //.		Date	12222			177	
Diane Aloia		Executive /	Admini	strator	I N	ane alo	2-	Fab	February 22	2, 2017			
Diane Alvia		-verning l	-unilli	ionaroi	1	- 0000	The same of the sa	I Febru	Jary 1, 2017				

										C	heck#	1150	1	¥
Date of Notification (1) February 1, 20	17				ng Owner / gional Me		or (2) enter – Mair	nland Divis	ion DE	; C	E 11	W	7 F
Agencies Notified	Type Notifica	ation		Street	Address								-	Lite
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⊠ DOL		ıl		City, S	tate & Zi	p Code				1 1				
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	L Can	Jeliation		Ivallie	OI COIIIa	CL					Telepho	one:Ni	imbe	r
				FA	CILITY	INFORM	ATION	N			1			
Name of Facility Who	ere Abatement	is Taking	Place (3)			Ту		cility (4)					1100	
AtlantiCare Regiona Street Address	al Medical Cer	iter – Mai	nland Divis	sion		_		ol (K-12)						
	ada Daad					L		hapter 8 (Of			•			
65 West Jimmie Lee	eas Road									mercial build			etc.)	
City (5)						Sq	uare Fe	et	# of Floors		Bldg. Ag	e 42 Ye:	ars	
Pomona, NJ							rrent Us spital	e (Prior if b	eing demoli	shed)				
County (6) Atlantic			County Code			110	opital							
Name of Monitoring F	Firm Hired by B		JSE ONLY wner (8)		ASCM	No. Na	me of A	batement C	Contractor (9))				
Hillmann Consulting					1.00		natech,		ontractor (c	7.				
Street Address 1600 Route 22 East,	Sto 107						eet Add					-ules-t	- 10	
City, State & Zip Cod			y				9 Radio	& Zip Code						
Union, NJ 07083								Harbor, NJ						
Project Manager for I Stephen Cherepany	Monitoring Firm	1		lephone N 8-688-780			lephone 9-296-69	Number		License N	lumber 008	17		
Scheduled Start Date	(10)	Schedule	ed Completi	on Date (11)	Na	me of O	SHA Monito	or		- 000	17		
February 13 Occupancy Status Di		nt (Check		h 13, 201	7		natech, eet Add							
Facility Clos	ed/Vacated Du	ring Entire	e Period of	Abatemer	nt		Radio							
<u> </u>	Performed Outs	side of No	rmal Hours			Cit	y, State	& Zip Code	8					
Other – Des	cribe: upied During Al	natement				Lit	tle Egg	Harbor, NJ	08087					
Scope of Work (Chec			<u> </u>										-	
							[th Negative Pr	essure			
≥3 sf or ≥ 50 lf >160 sf or >26			=	Renovatio				Mini-End						
≥160 sf or ≥26	11 00		Ш	Demolitio	n			Gloveba						
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Asbestos-Conta		ACM)		y Mainten		А		-Containing		Amount (Spec		batem	ent i	ype
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	Facility (13)							nal systems urfacing, VA					m	_
	()							scellaneous			Rer	\ Z	пса	nc
											Remova	Repair	Encapsulate	Enclosure
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First Floor					Х	Fle	oor Tile	and Mastic	;	1,600 SF	X	T		
Name of Registered \	Waste Hauler		NJDEP V Hauler ID		Cubic \	ards of Wa	aste	Name o	of Registere	d Landfill		-		
Synatech, Inc.				429	12			Fairles	s Hills					
City, State					Disposa	al Date		City, St	ate					
Little Egg Harbor, N	J 08087				March	14, 2017		Morries	ville, PA					
Completed By		Title			Signatu	ıre 、	1.		Dat	е		110110	-11	
Diane Aloia		Everyt	ivo Adestat	.t.n.t	1	Vani	11/10	71						
Sidile Aluid		Lxecut	ive Adminis	strator	1 7		UUUU		lFeb	ruary 1, 2017				

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Date of Notification (1) 3/27/2017				Name o	of Building Brunsw	Owner/	Operator ard of	r (2) Edu	cation	- Fi	75.3450	1 (C	0		ח ח	Л Г
Agencies Notified	Type Notification			Street A									7	1515		
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DEP × DOL	Amended Amendment	#			ate, Zip Ci nouth Ju		N.I. O	8852)	Annual Ind	Annual Control	AP	P	- 4	20	17
⊠ DOH	Emergency justification)		_		of Contact	11001011,	140 04		•	Tel	lephone					
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Name of Facility Where	Abatamant is Takin	- Dl //	2)	FAC	ILITY INF	ORMAT	ION	-		1	//			NS		TIVL
Greenbrook School		g Place (3)					Тур	e of Facility (500		: 7)		-		
Street Address								×	School (K-1 Subchapter		er than	K-12)				
23 Roberts Street									Other (i.e. p				oliuc	lings,	hom	es,
City (5) Kendall Park, NJ 0	8824							023253453	etc.) lare Feet 000 +	2000	f Floors }+			ldg. A	ge	
County (6) Middlesex County					Code (7) USE ONLY)			rent Use (Pri	or if bei	ing dem	olished	1)		= - 10	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.		1000-2012-2013		patement Cor			-			-	
Street Address							Street	3346-0	Contracting	Corp	0.					
							32 V	Villov	v Way							
City, State, Zip Code								Zip Code d, Park, N	J 074:	24						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 973-		No. 9176		Licens 0133						
Start Date (10) 4/8/2017		Schedule 4/15/20		npletion	Date (11)	7. (100000000000000000000000000000000000000		SHA Monitor sion Consu	Itants	Inc					
Occupancy Status During	g Abatement (Chec			- 11-37	11010		Street		8		, 1110.		-			
X Facility Closed/Vaca	ated During Entire F	Period of A	Abaten	nent			20-2	1 Wa	agaraw Rd	., Bld	g. 35-E	Ξ				
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	3		_			Zip Code n, NJ 074	10						
Scope of Work (Check A	Il That Apply)								27							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					3	
		Is	Locati	on .						2000				Abate	ment	:
Location		10 20010	Normal d Sole	A			scription					-		Ту	pe	
Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	ATED	Ma	intenar todial S (12)	nce/		thermal surfa		s insu T, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ਰ	,,,
Boiler Room N	lew Wing			X	Е	Breechi	ing Ins	ulati	on	3	0 SF	X	7			
п				X	Pip	oe & El	bow In	isula	ition	7	0 LF	X	<			
ıı .			Х		Boile	r Insula	ation		6	0 SF	X	2				
Boiler Room	Old Wing			х		Elbov	v Insula	ation		3	0 LF	X	<			
Name of Registered Was			9,000	JDEP W		Cubic		- 111 17 17	Name of F	Registe	red Lan	dfill			-	
Unicorn Contracting	Corp.			auler ID 035844		of Was			Fairless	Land	fill, LL	С				
City, State Woodland Park, New	/ Jersey					Dispos TBD	al Date	1	City, State Morrisyi	le, P	4					
Completed by Dimo Golcev		Title Gene	ral M	anager	r	S	ignature		18	1	7	Date 3/27/	20	17		

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

(Pu	rsuant t	to NJAC 8	:60 and	d 12:120))	CK	(50	03	3_			-	-
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Normall	у		De	scription	n of								
aintenar stodial S (12)	ice/ staff?		therma surfa	I system icing, VA	s ins	ulation,	(8	Specify		Removal	Repair	Encapsulate	Enclosure
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House City, State, Zip Code West Berlin NJ 080 Street Address PO Box 329 City, State, Zip Code West Berlin NJ 080 Telephone No. 856-848-0800 856-753-9800 Abatement Ty Hours Street Address City, State, Zip Code West Berlin NJ 080 Telephone No. 856-848-0800 Street Address City, State, Zip Code West Berlin NJ 080 Telephone No. Street Address City, State, Zip Code West Berlin NJ 080 Telephone No. Street Address City, State, Zip Code Telephone No. Street Address City, State, Zip Code Telephone No. Street Address	Name of Building Owner/Operator (2) Bethrotha Magee private Home Street Address City, State, Zip Code Marlton NJ 08053 Name of Contact Kris FACILITY INFORMATION 3)	Name of Building Owner/Operator (2) Bethrotha Magee private Home Street Address City, State, Zip Code Marlton NJ 08053 Name of Contact Kris FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than tother (i.e. private & commetce) Square Feet # of Floors 1000+ 1000+ County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-848-0800 856-753-9800 O072 Abatement by Hours Tile Phone No. City, State, Zip Code Renovation Demolition Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NIDEP Waste Hauler ID No. 22459 Name of Registered Lar Glovebag Procedure Non-Exempted (*) and Non-F Serot Lip Containment with Negating Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NIDEP Waste Hauler ID No. 22459 Disposal Date A/3/17 Name of Registered Lar Morrisville PA 1900 Signature*	Name of Building Owner/Operator (2) Bethrotha Magee private Home Street Address City, State, Zip Code Mariton NJ 08053 Name of Contact Kris FACILITY INFORMATION Type of Facility (4) School (K-12) Other (i.e. private & commercial etc.) Square Feet # of Floors 1000+ County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Pernaco Inc. 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Date of Notification (1)					Building Owne Turnbull P			Participate and a series		APF	} -	4	2017	1	出
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Agencies Notified	Type Notification		5	treet Ado	iress			Ì	Ā	SBEST	ns	CO	NTB	01.8	2
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Name of Facility Where	Abatement is Taking	Place (3)		IAOIL	11 111 011111		Туре	of Facility (4)						
Garrett Turnbull Pri								School (K-12	2)						
Street Address								Subchapter of Other (i.e. pr	8 (Othe	er than K-	12)	mildi	nas h	omes	
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City (5)							Squa	are Feet	# of	Floors		Blo	g. Ag	е	
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Atlantic			(3	STATE US	SE ONLY)		Но	use & gara	ige		*				
Name of Monitoring Firm	Hired by Building C	Owner (8)	_	ASCM	No.	Name	of Ab	atement Con	tractor	(9)	and the co			5-11-25-0	
N/A		**************************************				Per	naco	Inc.							
Street Address						Stree	t Addre	ess							
Oli Cot / Iddi Coo						PO	Box 3	329							
City, State, Zip Code								Zip Code	2725 VV						
ony) on the party of						We	st Be	rlin NJ 080	91						
Project Manager for Mor	nitoring Firm		1	elephon	e No.	Telep	hone N	No.		License					
						856	5-753-	-9800		00727					
Start Date (10)		Schedule	d Com	pletion D	ate (11)	100000000000000000000000000000000000000		SHA Monitor							
4/17/17		4/21/17	7			Sar	ne								
Occupancy Status Durir	ng Abatement (Chec	k Only On	e)			Stree	t Addre	ess	ą.						
	cated During Entire F			ent											
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	Hours)		City,	State,	Zip Code							
Scope of Work (Check	All That Apply)														
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Name of Registered W	aste Hauler			lauler ID		f Waste	,		3		-				
Pernaco Inc.			100	1787	6			ACMU	JA						
City, State						isposal Da	ite	City, Sta							
West Berlin NJ					4	1/21/17		Egg H	arbor	Twp N	J 08	3234			
Completed by		Title				Signat	ure				Da				
Anthony T Perna		Pres	sident				2		-6		3/	30/1	1		

Print Form

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Date of Notification (1)		Asset Asset	Name	of Building Owner	Operato	r (2)		L A	PR	- 1	201	7
03/29/2017 Agencies Notified Type Notification								Ĺ	-			
	1		Street	Address				ASBE	STO	S CC ENSI	NTF	₹OL
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DOH justification Cancellation)			of Contact than Wilf			T	elephone Ni	ımbe		•	
None of Facility Name			FAC	CILITY INFORMAT	ION				-			
Name of Facility Where Abatement is Taki	ng Place	(3)				Type of Facilit						
Street Address						School (F	<-12) ter 8 (Ot	her than K-	12)			
						Other (i.e etc.)	. private	& commerce	cial bu	uildings	, hom	ies,
City (5) Short hills NJ						Square Feet 5000	3	of Floors		Bldg.	Age	
County (6)			County (STATE	Code (7) USE ONLY)		Current Use (F Residential	Prior if be	eing demolis	shed)			
Name of Monitoring Firm Hired by Building Crown Air services LLC	Owner (8	3)	ASC	M No.	Name	of Abatement C	ontracto	ır (9)				
Street Address						Environmen	tal Ser	vices Cor	p.			
478 Albany Avenue Suite 76						Address North 13th St	reet					
City, State, Zip Code						tate, Zip Code			30 lle-3			
Brooklyn NY11203 Project Manager for Monitoring Firm			Talaah			ark NJ 07107			Salestice			
Vanessa Miller			Telepho 34753	32093		one No. 902416		License N 01335	10.			
Start Date (10) 04/10/2017	Schedu 09/30/	led Co 2017	mpletion	Date (11)		of OSHA Monito Environment						
Occupancy Status During Abatement (Chec	k Only O	ne)				Address		.1000 001				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abater	ment			North 13th St	reet					
Other – Describe:	nai Facilit	y Hour	s 			tate, Zip Code ark NJ 07107						
Scope of Work (Check All That Apply)						311(140 07 107						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demoli			×	Mini-Enclosu Glovebag Pro	re ocedure					
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In Facility (13)		(12)	otan:		ing, VAT		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>a</u>	7	late	Ге
Building interior walls		Х		asbestos	s wall p	olaster	120	0 SQFT	x	-		
Building pitch roof		Х		non friable re	oof shi	ngle slate	250	0SQFT	x			
Garage roof		Х		non friable ro	of shir	ngles slate	1000	SQFT	x			

Signature Chika Onwukaife president

Title

NJDEP Waste

Hauler ID No.

4506

Cubic Yards

Disposal Date

of Waste

Date

03/29/2017

Name of Registered Landfill

Tully-town Re facility

City, State

City, State

Name of Registered Waste Hauler

Newark Carting Inc

Newark NJ 07102 Completed by

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	1	71	201)

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Date of Notification (1) 03/30/2017				of Building (Ille Board				Check I	Vo. 46	\$150.0	APA	- 4	201	7
Agencies Notified Type Notification EPA Initial	1			Address Morris Ave	enue				7010000	ASBE		S CO ENS		ROL
X DEP Amended Amendmen Emergency				ate, Zip Co Ile, New		y 07834	4			-			1134	
X DOH justification Cancellation)			of Contact d J Marin	nelli				laT l	enhone Ni	umber			
Name of Facility Where Abatement is Tak	na Placa (S	2)	FAC	ILITY INFO	RMAT	ION	T	-f F104.	-					
Lakeview Elementary School	ing riace (3)					×	of Facility (School (K-1	(2)					
Street Address 320 Diamond Spring Road								Subchapter Other (i.e. petc.)				ldings	, hom	es,
City (5) Denville, New Jersey 07834							Squa 20,0	re Feet 000	# 0	Floors		Bldg. / 55+	Age	
County (6) Morris				Code (7) USE ONLY)			Curre	ent Use (Pri ool	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building New Wave Consultants	Owner (8)		ASCI	M No.				atement Cor poration	ntractor	(9)				
Street Address PO Box 4128						Street 606 N		ss ide Avent	ie					
City, State, Zip Code Wayne, New Jersey 07470								ip Code I Park, Ne	w Jer	sey 074	24			
Project Manager for Monitoring Firm Nadine Bello			Telepho 973-6	ne No. 16-4601		Teleph 973-2				License I	No.			
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* Do not use this form for asbestos licensure suampled extilities.

Print Form

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Street Address 7 Pleasant Hill Road						Street 606 I		ess ride Avenu	e					
City, State, Zip Code Cranbury, New Jersey 08512								Zip Code d Park, Ne	w Jersey	0742	4			
Project Manager for Monitoring Firm Kevin Lovely			Telepho 732-39	ne No. 90-5858		Teleph 973-2				ense N 104	0.	illess.ore		
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U* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)		Name of	f Building Ov	wner/Ωne	erator (2)			m) 15	(C)	3	1 7/	
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NCAPSU NCHOND Staff (12) A (13)or other miscellaneous) Yes No Basement X Pipe insulation 30LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1.0 AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040

City, State City, State Disposal Date Montclair, NJ 07042 4-10-17

Waynesburg, Ohio 44688 Completed By (Print or Type) Title Signature

Constantine Vivian

President

Date 3/29/2017

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 29 17 APR - 4 2017 1 Diocese of Camden Agencies Notified Type Notification Street Address **⊠** EPA Initial 631 Market Street ASBESTOS CONTROL & □ DOLWD City, State, Zip Code ☑ DOH Amendment #2 Camden, NJ 08102 □ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation Pat Williams **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Holy Cross Cemetery School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 5061 Harding Highway and Route 40 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mays Landing 5,000 2 100 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Atlantic Maintenance Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) MDG Environmental, LLC Shade Environmental, LLC Street Address Street Address 1000 Maplewood Drive, Suite 207 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Chris Macri 856-755-9300 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03 / 27 / 17 04 / 14 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) 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 Maintenance Building X П Floor Tile 800 SF \boxtimes Maintenance Building X Floor Tile Mastic 860 SF X Maintenance Building X Cement Wall Board 768 SF \boxtimes Maintenance Building X П П Cloth Vibration Collar 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Shade Environmental, LLC Waste Atlantic County Utilities Authority 32426 20 City, State Disposal Date City, State Maple Shade, NJ 4/14/2017 Egg Harbor Township, NJ Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations 3/29/17

State of New Jersey

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Project Manager for Monitor	ng Firm		T	elapho	na No.	Telephone No.			License No.		57.10.00			
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Freehold, NJ						3/28/2017		Nawburg, PA						
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* Do not use this form for pabeatos licensure asempted activities.

CK 101)31	1		CATION	OF ASBE to NJAC 8	STOS	ABATE						<u> </u>		
Date of Notification (1) 3/29/17	,				Building (w Duffy						APR	- 4	20	17	
Agencies Notified	Type Notification			Street A	ddress					i	ODEOT	20.0	ONIT	DOL	-
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DOH	justification)	J		Name of Andre	Contact					Tele	ephone Nur	nber	153		
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Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITTINC	INIMI	ON	Туре	of Facility (4)			-		
Andrew Duffy Priva	ate Home							П:	School (K-1	2)					
Street Address									Subchapter	8 (Othe					
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County (6) Ocean					Code (7) JSE ONLY)				nt Use (Pri		ng demolish	ned)			
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCN	l No.		l	of Aba	tement Cor	ntractor	(9)				
Street Address								Addres	1989					-	
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City, State, Zip Code							8508		ip Code in NJ 08(091					
Project Manager for Mo	nitoring Firm		- 1	Telephoi	ne No.			none N			License N	0.		·	-
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Start Date (10) 4/7/17		Schedule 4/13/1		pletion l	Date (11)		Name Sam		HA Monitor						
Occupancy Status Durin	og Ahatement (Check							Addres	e						
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Scope of Work (Check /	All That Apply)				7.1 mill. 2000. 11.2000.										
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United Roll Off				2459		5	-1 .		G.R.O	.W.S.					
City, State							sal Date		City, Stat						
Elm NJ						4/13/	/17		Morris	ville P	A 19067				
Completed by		Title				5	Signature	9			Da	ate	1		
Anthony T Perna		Pres	sident			1	/	R			1.5	129	17		

Print Form

Date of Notification (1) 03/29/2017				Name	of Building	g Owner/	Operato	r (2)		NE	SE		$\overline{\mathbb{V}}$	Eli
-	Type Notification			Street	Address				700) As	PR -	1 2	ก17	Paris Compensation
DEP X DOL	Amended Amendmen Emergency	(including		Lake	ate, Zip C wood, N of Contact	J 0870)1		Total Control of the	4.000	*****************	11		100
DOH DCA	justification) Cancellation			Hersh	ney	7.1	7		11 16	lephone N	inlinet	ISIN	G_	
Name of Facility Where Ab	eatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Fac	ility (4)			140.460		
Street Address	5	E	X.V.					School Subcha Other (etc.)	(K-12) apter 8 (Oti i.e. private	ner than K- & commer	12) cial bui	ildings	s, hom	ies,
City (5) Lakewood								Square Feet 2000	2	of Floors		Bldg. 30+	Age	
County (6) Ocean					Code (7) USE ONLY)		Current Use Residence		ing demoli				
Name of Monitoring Firm H N/A	lired by Building	Owner (8)		ASCI	M No.			of Abatement	Contracto					
Street Address		V	rii .		0)		Street	Address Bartlett Ave	,	10 - 50 ₋				
City, State, Zip Code		M I	100				City, S	tate, Zip Code Creek, NJ	9					
Project Manager for Monito	ring Firm		Telepho	ne No.		Teleph	one No. 185955	00002	License 01319	No.	500000 111	10-		
Start Date (10) 4/7/2017		ed Cor	mpletion	Date (11)	ĺ		of OSHA Mon	itor	01010					
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Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F	Period of A	Abater	ment 's				ate, Zip Code						
Scope of Work (Check All T	hat Apply)													
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Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Mai	d Sole ntena odial ((12)			tos Cont thermal surfac	aining Ma	aterial (ACM) insulation, , or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Extorior		Yes	No	N/A									ite	Ф
Exterior	Exterior						Siding		200	00 SF	X			
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic \	Yards	Name	of Registe	ed Landfil	525			
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City, State West Creek, NJ						Dispos	al Date	City, S Tully	tate town, PA					
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CHILLYS			CATION	to NJAC	ESTOS A	ABATE				M	E	C	E		VE
Date of Notification (1) 03/27/17	200			f Building		7	35.05	****	Annual Property Control	K					- Inches
Agencies Notified Type Notification	1	-+	Street A	ddress								APF	-	4 1	2017
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DOH justification Cancellatio	n		Debor	ah Serio	laki					_			# 8	20 7 20	-
			FACI	LITY INFO	DRMATI	ON	-								
Name of Facility Where Abatement is Taki		3)					Туре	of Facility (4)							
Scotch Plains/Fanwood High Sch	001							School (K-12) Subchapter 8		r than	V 12)				1
Street Address 667 Westfield Rd.							П	Other (i.e. privetc.)				build	lings,	home	es,
City (5) Scotch Plains							Squa 50.0	re Feet 000	# of 2	Floors		1 22	dg. A 0+	ge	
County (6)				Code (7)	,		Curre	ent Use (Prior i	if bein	g dem	olishe	d)			
Union			(STATE	USE ONLY)	-		Sch	iool							
Name of Monitoring Firm Hired by Building EnviroVision Consultants, Inc.	Owner (8))	ASCN 0007					atement Contra rvices Inc.	actor (9)					
Street Address						Street									
20-21 Wagaraw Rd. Building 35E	1							e Ave.							
City, State, Zip Code Fair Lawn, NJ 07410								ip Code n, NJ 07057	7						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N	0.		Licens	se No.		115-1-27		
Guilermo Morales	- ,		973-63	36-9145		862-	221-9	9092		0110	7				
Start Date (10) 04/10/17	Schedul 04/12/		npletion	Date (11)				HA Monitor alodka							
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addre	SS							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, S	tate, Z	e Ave. Tip Code n, NJ 07057	7						
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TO BE ABATED		intenar todial S			thermal	systems	s insula		(S	pecify		Re	Z.	Encapsulate	Enc
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Bathroom	Yes *	No	N/A		pipe	insula	tion		7	Olf.	-	*			
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Name of Registered Waste Hauler		13.5535	JDEP W auler ID		Cubic of Was			Name of Re	gister	ed Lan	Idtill				
Newark Carting Inc.		0:	5409		1			GCSL							
City, State Newark, NJ					Dispos 04/13	al Date /17		City, State Pen Argy	I, PA						
Completed by	Title				S	ignature	•	1 1			Date			- T 65-45	
Leslaw Nalodka	Pres	ident				1		Nohr			03/2	27/1	7		

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Date of Notification (1)				of Building		Operator	(2)					-	1,1	
03/27/17 Agencies Notified Type Notification			1000	vale BC)E						AD	D -	. 1	2)/12
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DOL Amendment			North	vale, N.	07647	•				AS	BEST	ros	COI	VTR
Emergency justification)		' İ		of Contact					Te	lephone Nu	mber	ICE	48H	G_
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Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ON	Tyne	of Facility (4	1					
Northyale School	9 1 1000 (0)					Paramet.	5.00	20					
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Name of Monitoring Firm Hired by Building	Owner (8))	36533333	M No.		100000000000000000000000000000000000000		tement Cont	ractor	(9)				
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City, State, Zip Code							2.5	e Ave.						
Fair Lawn, NJ 07410					1500		ip Code 1, NJ 0705	7						
Project Manager for Monitoring Firm			Telepho	ne No		Teleph	_			License N	lo			-
Guilermo Morales			36-9145	5		221-9			01107	10.				
Start Date (10)	Schedul	ed Cor		Date (11)		2032/02/03	Marie Company	HA Monitor		0.1.01				
04/11/17	04/13/					Lesla	aw Na	alodka						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addres	SS						
X Facility Closed/Vacated During Entire F	Period of	Abaten	nent			156 [Maple	e Ave.						
Abatement Performed Outside of Norm Other – Describe:								ip Code	C 100 C 100					
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				×	Mir Glo	I Containmer ni-Enclosure ovebag Proce n-Exempted	dure	Section 2000			re	
	Is	Locati	ion										emen	
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In Facility	Cus	todial S (12)	Staff?	(1.0.	surfac	cing, VA	T, or	idon,		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscellan	eous)				oval	air	sular	sure
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Storage Room		*		pipe	insulat	tion		;	35lf.	*				
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Name of Registered Waste Hauler			JDEP W auler ID		Cubic of Was	The second second		Name of R	egiste	red Landfill				10-27
Newark Carting Inc.		0.00	5409	110.	1			GCSL						
City, State					Dispos	al Date		City, State						
Newark, NJ					04/14	A 15 15 15 15 15 15 15 15 15 15 15 15 15								

Completed by

Leslaw Nalodka

Title

President

Date

03/27/17

Signature

CK 4011

Date of Notification (1)			Name	of Building	Owner/O	perator (2)		T	SE	(0)	R	77	// [
3/29/17							LARK	10	n) L	<u>U</u>	<u>L</u>	<u> </u>			
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DOL Amendment Emergency (_	6	ほりし	كحدا	C . P	72. E								
DOH justification)			Name o	of Contact				Tel	lephone Nun	ipei. O	SC	ONT	ROL		
□ DCA □ Cancellation			ELC	145	-	rkin									
Name of Facility Where Abatement is Taking F	Place (3)		FAC	ILITY IN	FORMA		ype of Facility	(4)				-			
MS. LAR							15) 5	1505 Characa							
Street Address							School (K-12) Subchapter 8 (Other than K-12)								
						Æ	Other (i.e. private & commercial buildings, homes, etc.)								
City (5)				(4)		S	quare Feet	# 0	f Floors		Bldg. A				
GLEN ROCK	-			t a	* 1		Z 200	,	2	-	19	45			
County (6) BERGEN			Code (7)	,	C	urrent'Use (Pri			i)						
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Name of Monitoring Firm Hired by Building O		ASC	M No.		1	Abatement Con)							
Street Address					Street Add	Removal	inc								
								C4							
City, State, Zip Code							South Riv	er Stre	et						
						7500	ensack, NJ	0760	1				1		
Project Manager for Monitoring Firm		T	Telepho	ne No.		Telephone	lephone No. License No.								
			4		20	1-329-744	4	00	388						
Start Date (10)	Schedule					Name of C	SHA Monitor								
4/11/19		4/1	2/1	7			ga Enviro	nment	al						
Occupancy Status During Abatement (Check Or				~		Street Add									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	iod of Aba	tement					Huyler Str	reet							
Other - Describe: 8:20 AH TO	5:30	em			-		th Hacken	sack. 1	NJ 07606	5			1		
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≥3 sf or ≥3 lf	-ET	Renovat	ion				Full Containm	ent with ?	Vegative Pre	SSIITE					
□ ≥160 sf or ≥260 lf		Demolit				4	Mini-Enclosur	re	10500110110	35000					
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TO BE ABATED In Facility	100000000000000000000000000000000000000	stodial S		(i.e. the		ems insulatio VAT, or	n, surfacing,		pecify or LF)	Removal	Re	Encapsulate	Enclosure		
(13)		(12)				niscellaneou	s)	J. 31	OI LII)	lova	Repair	slusc	osur		
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Name of Registered Waste Hauler		1 - 3 - 3 - 3	JDEP W auler ID		Cubic of Was		Name of	Registere	d Landfill	.,	8				
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City, State					Dispos	al Date	City, Stat				,_		-		
Hackensack, NJ 07601						12/17	Way	nesbur	g, OH 4	4688					
Completed by J. Maiorano	Title			12184-100116-2-7000	S	ignature _)	`	Dat		1				
J. IVIAIOTAHO	⊥ Es	stima	tor			Y To	aisau	<u>ځ</u>		129	117	/			
ASB-41 (R-06-08)						# Do	not use this for	m for asb	estos licensu	ire exe	npted	activit	ties.		

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Date of Notification (I)	00 0		1	Name of	Building Ow	mer/Oper	1			<u> </u>	5 U	Ü	
March	29,201)			79	Dil	cker	Son	LH67				
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		*********		FACIL	ITY INFOI	RMATIC							
Name of Facility Where A	batement is Taking Pia	ce (3)					Typ	e of Facility (4	D &				
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Street Address			i					Subchapter 8	(Other than K-12)	1 5	_		
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City (5)	100000000000000000000000000000000000000							are Feet	# of Floors	В	ldg. A	ge	
Newar	-K, NJ						9	,000 SF	1 3		100)	
County (6)			10	County C	ode (7)		Cur	rent Use (Prior	if being demolishe		1		
			1	STATE U	SE ONLY)			Storage			+		
Name of Monitoring Firm	Hired by Building Our	ner (R)		ASCM	No.		Name of Ab	atement Cont	actor (9)	للك			
Total of Monther Hill Little	and of somming Own	(0)		, 4000	2.50				i con men	1	1	77	5
Street Address					<u></u>	-	Street Addre	2 LII	i Coman	/LL]	-	2.	
Stiest Address						-	2			.00	1.0	U	-
G: 0 . G: 0 :							S.5 City, State, 1	Hort	men H	veni	ac		
City, State, Zip Code									17	1 7 M			
								Field	License 1	1700)	
Project Manager for Monit	toring Firm			Telephon	e No.		Telephone l			- 1	2		
								570-3	421 01	2	2)	
Start Date (10)	The state of the s	Scheduled	1				Name of OS	HA Monitor					
	017	4	103	3/2	017								
Occupancy Status During	Abatement (Check Onl	y One)					Street Addr	ess					l
Facility Closed/Vaca	ted During Entire Perio	d of Abat	ement								470		
Abatement Performe	d Outside of Normal Fr					. [City, State,	Zip Code					1
☐ Other – Describe: _						-							
Scope of Work (Check All	That Apply)		7		and comments and the same								
□ ≥3 sfor≥3 lf		TE R	enovati	On				Full Containme	nt with Negative P	ressure			
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(4#3129	State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											
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			ate of New Jersey		C	heck	29	40)	
			OF ASBESTOS AE to NJAC 8:60 and 1			IN E	C		W	/ E
Agencies Notification (1) Agencies Notified Type Notification EPA		Street A City, Sta	H9 Abbe Morristow fcontact hael Schi	ER tt	ie Railu AUL NJ	0 79/6ZES	PR STOS	= 4	201	ROL
Name of Facility Where Abatement is Taking Morristown + Eric R Street Address 49 Abbett.	ailway		LITY INFORMATION		Other (i.e. p	`		ings,	home	es,
City (5) Monnis town NJ		7.96 7	-,.)		etc.) Square Feet	# of Floors	BI	dg. A		
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Name of Monitoring Firm Hired by Building On Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) L1-10-17 Occupancy Stars 3 During Abatement (Check	NJ Scheduled Co 4-30-	mpletion	533 ne No. 758-3365 Date (11)	Street / City St.	Address 337 at W License N	0	35	In 33	3	
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Name of Registered Waste Hauler EPC Technologies City, State		NJDEP W Hauler ID	No. of Waste	2	Wast	Registered Landfill Managen isville F		- 0 (E P	A'

President

Completed by

OL #13

Date of Notification (1)				Name of Building Owner/Operator (2)								<u></u>	R	7 П	\/7 [9	3 17		
03/30/2017					m Hodg	son) E	C	E		<u> </u>	5.11		
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Street Address								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes										
City (5)								etc.) Square Feet # of Floors					TE	Bldg. Age				
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City, State, Zip Code					3000		, Zip Code reek, NJ 08	8092										
Project Manager for Monitoring Firm									phone No. License No.									
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Occupancy Status Durin		150	- 6	Street Address														
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City, State West Creek, NJ							sposal Date City, State BD Tullytown											
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Amanda Mears		Owner- Safeway				The same of the sa	X			3/30/2017								

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) APR - 4 2017 03-29-2017 Woodcliff Gardens Owners Inc. Agencies Notified Type Notification Street Address \boxtimes EPA 8700 Boulevard East ASBESTOS CONTROL & DEP Initial City, State & Zip Code LICENSING \boxtimes DOL Amended North Bergen, NJ 07047 X X DOH Emergency Name of Contact Telephone Number DCA Cancellation Jorge Faerman **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Woodcliff Gardens School (K-12) Street Address Subchapter 8 (Other than K-12) 8450 Boulevard East, Apartment 1E Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 15,320 North Bergen, NJ Hudson Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC 117 Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04-03-2017 04-03-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West $\overline{\boxtimes}$ Abatement Performed during Normal Hours: City, State & Zip Code Describe: 9:00am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition X Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Abatement Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure Remova Repair TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) N/A Yes No Kitchen Wall Pipe Wrap 6 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA

Title

President

Signature

03-29-2017

Completed By (Print or Type)

Mr. Brian Haney

State of New Jersey

Mar 29 2017 04:	OOPM NJ Asbe	estos Control	609.633.0664	page 1
Mar 29 17 03:01	Resource	Managemer	nt Group	6099144651 DECEIV
Date of Notification	1008	NOTIFIC	suant to <u>N.J.</u>	New Jersey ASBESTOS ABATEMENT A.C. 8:80 and 12:120) ASBESTOS CONTRO
Agencies Nothing	07-20 2047	08	TARGETTINI PARTE	ng Owner / Operator (2)
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	- 30.100%		Jorge Feerman	Telephane Numb
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Name of Monitoring Health and Safety	Firm Hired by B	ilding Owner (B) ASCM N	
Street Address P.O. Box 366	28141058	<u> </u>	117	Resource Management Coults (9)
City, State & Zip Co	rida			Street Address 2115 Hemilton Ave, Suite 202
derin, NJ DB009				Uny, State & Zin Code
Project Manager for Mr. Jim Proctor		Tole	phone Number -452-1311	Trenton, NJ 08618 Telephone Number License Number
Scheduled Start Da 04-03-201	te (10) Sche	duled Complet	ion Date (11)	Name of OSHA Monitor
Occupancy Status F	Nedos Abov	04-03	3-2017	J45 Environmental Laboratorios I
				Street Address 2933 Route 22 West
Describe:	8-00am - 8-00-	Piormai Hours:	300	City, State & Zip Code
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⊠ 23 8/ or ≥3 H	.1			D Editors
☐ ≥160 sf ≥260	19		Renovation Demolition	Full Containment with Negative Pressure Mini-Enclosure
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in	Facility (13)	Cust	tenance or odial Staff?	
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City, State Trenton, NJ 08619				Grows Landfill Disposal Date City, State
Completed by (Print o	Tune			BD Cky, State Morrisville, PA
Mr. Brien Heney	114061		Title President	Date 03-29-2017
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