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

CK 41054		NOT				SESTOS ABAT C 8:60 and 5:16		DEGE	1 [V	E	
Date of Notification (1)						Owner/Operator (2		n)	61.1			
	31 /	17		Way	ne Senic	or Citizens Runn	Job #1502 1959	Chk.	4657	1	11/	
Agencies Notified	Type Notification Street Address							i				
⊠ EPA			100	Runnym	ede Drive		ASBESTOS	CON	ITRO	21 8		
□ DOLWD	☐ Amended			City, St	ate, Zip C	ode	-	LICE		1	<i>y</i> u •	
□ DHSS □	Amendme	(9) (9)		Way	ne, NJ 0	7470	Securi					
DCA	☐ Emergence justification		1	Name	of Contact			Telephone Number	er			
(NJAC 5:23-8)	☐ Cancellation			Vinc	y Bruno							794
			_									
NI of Facility \Albana	hatament is Ta	kina Dlace	(2)	FAC	ILIIT IIV	FORMATION	Type of Facility	(4)				
Name of Facility Where A			(3)				School (K-12					
Edward Sisco Sr. C	itizens villaç	je					Subchapter 8	(Other than K-12)	Verwaya I	214229		
Street Address								rivate and commerc	ial bui	ldings	6,	
100 Runnymede Dr	ive						homes, etc.)	# of Floors	Did	g. Ag	0	_
City (5)							Square Feet	1	1 22	g. Ag 10	C	
Wayne							9000					
County (6)				Coun	ty Code (7)	(STATE USE ONLY)		ior if being demolish	lea)			
Passaic							R-2					
Name of Monitoring Firm		ing Owner	(8)	ASCM I	No.	Name of Abateme						
Criterion Laborator	ies						d Mold Service	es, Corp.				
Street Address						Street Address						
3370 Progress Driv	e, Suite J					3859 Sylon B						
City, State, Zip Code						City, State, Zip Co						
Bensalem, PA						Hainesport, I	NJ 08036					
Project Manager for Monitoring Firm Tele					No.	Telephone No.		License No.	2			
					-1300	609-702-0400)	00862				
Start Date (10) Scheduled Completi					e (11)	Name of OSHA N	Monitor					
4 / 14 /	17	4	14	_ / _	17	EMSL Analyt	tical, Inc.					
Occupancy Status During	g Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacate							ite 130 North					
Abatement Performed	d Outside of No	rmal Facili	ty Hour	ΛΛΛ,			ode					
Time of Abatement: _	AM	PM/	PM-		AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check a	II that apply)					7-1-2-3 500-0	es 200 17202 25409 25605					
	•••••			22		☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			enovati emolitic				g Procedure					
						⊠ Non-Exe	empted (*) and No	on-Friable Procedur	е			
		1	s Loca						Ab	ateme	ent T	уре
Location		He	Norma ed Sole			Description		Amount	Re	Re	En	En
Asbestos-Containing TO BE ABA			aintena			stos Containing Ma		(Specify	Remova	Repair	cap	clos
IN Facil		Cu	stodial		(1.0	surfacing, VAT		SF or LF)	val		Encapsulate	Enclosure
(13)			(12)			other miscellane	eous)				ate	
		Yes	No	N/A				anney ESE			5-7	
	s 827, 828, 829, 830, 831, 927,				Popcor	Popcorn Ceiling (1 " strip per unit) approx. 5						
928, 929, 930, 931	929, 930, 931							C-/172-7-1700-900				
SAME UNITS AS AB	S ABOVE				Floor T	ile & Mastic (14	SF per unit)	140 SF				
										Ш	Ш	
Name of Registered Was	ste Hauler		1.0	JDEP '		Cubic Yards of		stered Landfill				
Carnevale Disposa	ıl		1	17297		Waste 5	GROWS L	.andfill				
City, State						Disposal Date	City, State					
Hamilton, NJ						4/14/17	Morrisvill	e, PA 19067				
Completed By (Print or T	ype)	Title				Signature	1	Da		e nas	_	
Kimberly A. Trumb							1	0	3-31	1-11	1	

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

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

		(Pu	rsuar	IL TO M	JAC 0.0	60 and 5:16)		111	Ve # i	0 00		
						ner/Operator (2)		surgices surgices	APR	- 6 20	1	
e of Notification (1)		Valle	rizon (Commur	nications		and the same of th					
03 / 31 / 17									ASBESTOS	TMOOS	ROI	8
ncies Notified		100000000000000000000000000000000000000	t Addre					ASSESTOR	ENSING	1102	~	
EPA			100		rson St				Total State of the			
DOLWD	Amended City, State, Zip Code Amendment # Perth Amboy, NJ, 0866											
DOH	Amendment #	na				J, 08661		1	Telephone Number	er		
DCA (NJAC 5:23-8)	justification)	- 3		e of Co			, 5.0					
(NJAC 5,23-6)	☐ Cancellation		353	ex Bay						Al -Co n		
			F	ACILIT	Y INFOR	RMATION	Type of I	Facility (4)			
of Encility Where	Abatement is Taking Pla	ce (3)					Coho.	ol (K-12)				
Perth Amboy Cen		Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings,										
reet Address							⊠ Othe	r (i.e., priv	ate and commen	Ciai buliuii	.9-1	
183 Jefferson St							homes, etc.) Square Feet # of Floors Bldg. Ac				Age	
							33,77		4	+-5	0	
ty (5)						= 0.4114	Current	Lice (Pric	or if being demolis	shed)		
Perth Amboy			Co	ounty C	ode (7)(ST	TATE USE ONLY)	Current	056 (1 116	,, ,, ,,			
ounty (6)							- L Contr	actor (9)	u(t			
Middlesex	rm Hired by Building Own	er (8)	ASC	CM No.	N	lame of Abatem	ent Colli	MENTAL	INC.			
USA Environmer	ntal					BRISTOL EN	IVIRUNI	AILIAIAE	-,			
	Ital			-1-153	S	Street Address	n etpi	ET				
treet Address 8346 Enterprise	AVE					1123 BEAVE			E .			
City, State, Zip Code					C	City, State, Zip C	A 19007	7				
Philadelphia, PA	. 19153					BRISTOL, PA 19007						
Project Manager for N	Monitoring Firm	T		one No.		Telephone No.						
			0 215-788-6040									
				365-58								
Mark Jenkins	Schedul	ed Con	npletio	n Date	(11)	Name of OSHA	Monitor	IMENTA	L, INC			
Mark Jenkins Start Date (10)	Schedul	ed Con	npletio		(11) r	Name of OSHA BRISTOL E	Monitor	IMENTA	L, INC			
Mark Jenkins Start Date (10)	Schedul	/ _	npletion 29 e)	n Date ((11) r	Name of OSHA BRISTOL E Street Address	Monitor NVIRON		L, INC			
Mark Jenkins Start Date (10)	Schedul 1 17 04 uring Abatement (Check of Puring Entire Pering	only one	29 e)	n Date (7	Name of OSHA BRISTOL E Street Address 1123 BEAV	Monitor NVIRON		L, INC			
Mark Jenkins Start Date (10)	uring Abatement (Check of Acated During Entire Period	only one od of Ab	29 e) pateme	n Date (7	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip	Monitor NVIRON ER STR	EET	L, INC			
Mark Jenkins Start Date (10)	uring Abatement (Check of Acated During Entire Period	only one od of Ab	29 e) pateme	n Date (7	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip BRISTOL, I	Monitor NVIRON ER STR Code PA 1900	EET				
Mark Jenkins Start Date (10) 04 / 24 Occupancy Status D Facility Closed/Va Abatement Performance of Abatement	uring Abatement (Check of acated During Entire Periormed Outside of Normal Fent:AMPM.	only one od of Ab	29 e) pateme	n Date (7	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip BRISTOL, I	Monitor NVIRON ER STR Code PA 1900	EET				
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Mark Jenkins Start Date (10)	uring Abatement (Check of acated During Entire Periormed Outside of Normal Fent:AMPM.	/ _ only one od of Ab facility I f5:00P	e) coateme Hours M-1:3	n Date () /1 ent - Descri 0AM	(11) 1 7	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip BRISTOL, I	Monitor NVIRON TER STR Code PA 1900 Containment Enclosure Chang Processes Pr	ent with Ne	egative Pressure	edure	1	
Mark Jenkins Start Date (10)	uring Abatement (Check of acated During Entire Periormed Outside of Normal Fent:AMPM.	/ _only one od of Ab facility I 5:00 Ren □ Den Is N Usee	e) coateme Hours M-1:3	n Date (/ _ 1 ent - Descri OAM n b n y ly by	(11) 7 7 :	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip BRISTOL, I Full C Glove Non-E	Monitor NVIRON TER STR Code PA 1900 Containment of the containment of	ent with Net edure (ACM)	egative Pressure	edure	1	
Mark Jenkins Start Date (10) 04 / 24 Occupancy Status D ☐ Facility Closed/Va ☑ Abatement Performance of Abatement Scope of Work (Chee) ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260	uring Abatement (Check of acated During Entire Periormed Outside of Normal Fent:AMPM. ck all that apply) If cation of aining Material (ACM)	/ _ only onny on od of Abracility I	e) coateme Hours M-1:3 covation nolitior Locatic lormall d Solel ntenar	n Date (/ _ 1 ent - Descri OAM n y y by y by nce/	(11) 7 7 :	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip BRISTOL, I Full C Glove Non-E Descriptionstos Containing	Monitor NVIRON EER STR Code PA 1900 ontainmee Enclosure bag Prod exempted on of Material ms insula	ent with Net edure (ACM)	egative Pressure	Ab Remov	ateme	
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Mark Jenkins Start Date (10)	uring Abatement (Check of acated During Entire Periormed Outside of Normal Fent:AMPM. eck all that apply) If cation of aining Material (ACM) E ABATED Facility (13) cations Service Rm sement Power Room	/ _ only only only only only only only only	e) patemento de la constitución	n Date () / _1 ent - Descri OAM n n y y y nce/ Staff?	Asber (i.e.	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip BRISTOL, I Full C Mini-E Glove Non-E Descriptionstos Containing thermal syste surfacing, \ other miscell ASTIC	Monitor NVIRON TER STR Code PA 1900 Containment of the street of the str	ent with Notedure (ACM) ation,	Amount (Specify SF or LF) 220 SF 122 SF	Ab Removal	Repair	Encapsulate
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

n	E	C	E		\mathbb{V}		M
K	he	ck#	25	42			AT TOWNSON, SWITTER
		APR	-	6	2017	7	U

		(P				:00 and 5.10)	1				-	٦		
Date of Notification (1) 4/3/17			Name of Building Owner/Operator (2) Morgan ASBESTOS CONTROL & LICENSING											
Agencies Notified	Type Notification		Street Address								_			
EPA DEP	Initial Amended Amendment #		City, State, Zip Code Princeton, NJ 08542											
⊠ DOL	☐ Emergency (inclu	iding	Name of Contact Telephone Number									1		
DOH DCA	CA Cancellation						Heidi Joseph							
			F	FACILI	TY INFO	RMATION	T - (Capility	(4)				-		
Name of Facility Where Abatement is Taking Place (3) Residential						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)								
Street Address							rivate & commercia	rate & commercial buildings,						
City (5)	D in stan	NI OS	5/12	42			Square Feet 3500	# of Floors Bldg. Age 100+/-						
County (6)	Princeton,	NJ 00		County (Code (7)	(STATE	Current Use (Pi	ior if being demolis	ned)			-		
	Mercer Duilding On	wnor	-	CM No.	-	Name of Abater	nent Contractor (9)						
Name of Monitoring Fi	rm Hired by Building Ov MECS	WITEI	1	OW THO		Ste	vens Environ	mental Service	s, Inc			=		
Street Address			- 1 -			Street Address	PO I	3ox 322				_		
	PO Box 341				-	City, State, Zip	Code							
City, State, Zip Code	Crosswicks, NJ 0	8515				Allentown, NJ 08501								
Businet Manager for Monitoring Firm Telep				elephone No. Telephone No.			259-968800493							
	(609) 239-90					Name of OSHA Monitor								
Start Date (10)						Trainio or o o	N	1ECS				_		
4/12/17	uring Abatement (Chec	k only o	ne)		_	Street Address	P∩	Box 341						
□ □ □ = sility Closed \/s	cated During Entire Pe	riod of A	batem	ent		City, State, Zip		Bonto						
☐ Abatement Perfor ☑ Other - Describe:	med Outside of Normal 8 am 4 pm	Facility	Hours			Oity, Otato, =-P	Crosswic	ks, NJ 08515				=		
Scope of Work (Che						Full C	ontainment with N	legative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260		Ren Der	novatio nolition	n I		☐ Mini-E	Enclosure	Non-Friable Proced	ure					
≥ 160 si di <u>≥</u> 200		leli	ocation	1		INON	_xemples () since	1	A	bater Typ				
		No	omally			Description	of			Турс				
Locat	tion of ing Material (ACM)	Main	tenand	ce/	Asbes	stos Containing N , thermal system	Naterial (ACM)	Amount (Specify	R	71	Enca	Enc		
TO BE	ABATED acility		istodial (i.e Staff?			surfacing. V	Al, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	13)		(12)			other miscella	neous)		\a	-	late	re		
		Yes	No	N/A	T	hermal Pipe	Inculation	80 lf	×					
Bas	ement		×			hermal Duct		240 sf	×					
	Basement					hermal Duct		200 sf	×					
	/1 Space	×				hermal Pipe	Insulation	60 lf	×					
Name of Registere	wl Space	×	IN	NUDEP V	_	Cubic Yards	Name of R	egistered Lar dfill	22/2004					
	ronmental Servic	es, Inc	: <u> </u>	Hauler II 182	0 No. 292	of Waste 4 CU		Fairless La	ndfill			_		
City, State						Disposal Date 4/20/17	. /	Morrisvill	e, PA					
	Allentown,	NJ tle				4/20/17 Signatu		Date		2/17				
Completed By Mahlon E			rojec	t Ma	nager	11/1	4		4/.	3/17		_		
IVIAIIIOII L			_			/ /								