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

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Date of Notification			Nan	ne of	Bui	lding	Owne	r/Operato	r (2)	1					
0   4   /   0 Agencies Notified			1	orth H			- Vooi	hees R.H	.S.D.		APR	11	20	17	-[.
2	TAbe Worttr	201011											٠		
[X]EPA [X]DEP	[X]Initia. Notific	l cation	1 1	45 Rt			p Code			1-400	EOTO	S C		HOL	8
IX1DOL	[ ]Amende	đ	Ar	nand	ale	NJ 0	8801			Annual residence and a superior superior	11 W	to 1 9 5/			5-0.00
(X) DOH	Notifi		. I	me of					T	elephone N	Tumber				_
<b>⋉</b> ]DCA	[ ]Cancel	lation	llw	illiam	Mov	very,	Facilit	ies Direct	or						
							NFORMA								
Name of Facility Wh	ere Abateme	nt is Ta	king	Plac	e (3	1)			Type of Fac	ility (4)	373				
North Hunterdon Reg	ional High S	chool							[ ]Sub	ool (K-12 chapter 8 er (i.e., l buildin	(Oth	ate 8	COM	mer-	
								1	Square Feet	# of F	loors	Blo	ig. A	ge	_
1445 Rt. 31 S.		County	(6)			Cou	nty Co	ode (7)	50,000	2	=		50	5500	5
W 585						(ST	ATE US	SE ONI.Y)	Current Use		r ber	ng u	emoli	. Silet	.,
Annandale, NJ 08801 Name of Monitoring Owner (8)	Firm Hired	Hunter	don	ASCM	1 No	-	Name	of Abate	School Build	tor (9)					
Briggs Associates. Street Address				004			Four	Strong Bu	uilders, Inc.	12					_
3 Crosswicks St.	de						180	Sargeant,	Avenue Zip Code					-	-
Bordentown, NJ 0850	)5	Firm I'l	'a ar	ропе	Num	200	Clifto	on, NJ 070	)13-1935		Licen	se N	umpe	-	
Michael Hoodak EPA	A Project De	sianer 6	309-2	98-55	520		973-	614-0377			00807	7			
Scheduled Start Dat	e (10)   So	hed.Comp	2   4	$1/1\frac{1}{3}$	17 Year		Four	of OSHA Strong B	uilders, Inc.	64.14					
Occupancy Status Du	ring Abatem	ent (Che	eck c	only c	one)			et Addres							
	ormed Outsi					y		Sargeant . State.	Avenue Zip Code					_	
[ ]Other - Descri			_				Clifto	on, NJ 070	013						
Scope of Work (Chec [ ]Demoliti [X]>3 sf or [ ]>160 sf	on >3 1f	apply)	×	] Renot	vati	on		[X]Mini	Containmen L-Enclosure Vebag Proced Friable Pro	ure	gative	e Pre	ssur	e	•
			Γ.	Is	T				•			Abat	emen	t Ty	rpe E
Location Asbestos (13	Containing L (ACM) ABATED Llity		No.	cation rmally Used olely Main- nance stodia aff(1)	Y / al 2)		Asbe Ma (i.e., nsulat		taining ACM)	2.7	cify or	REMOVAL	REPAIR	NOAPSUL .	N CI. OSUR E
Faculty Dining Room	1		163	X		Fittin	g Insu	lation		4 each	1	X			
Faculty Dining Foyer				X			g Insu			6 each	1	X			
Men's & Women's La			<u> </u>	X		Fittin	g Insu	lation		2+8 ea	ach	X			
Library				X	1	Fittin	g Insu	lation		5 each	1	X			
Name of Registered	Waste Haul	er		JDEP auler			of Wa	Yards aste	Name of Re		Landf	ill			
Four Strong Builders	s, Inc.		1	2609			Dispo	sal Cate	G.R.O.W.S						
City. State															
Clifton, NJ	·	Title						Signatur	Tullytown,	PA /		TD:	ate		
Completed By (Prin	r of TAbs)		ا مدام	iot	0.5			#	8.1						
Bilyana Kulakovska		Office A	amır	istrati	or			0				14/	7/17		_
JUN 95														G46	67

state of New Jersey

									Char		11:15	U.	7	D.	)			
Date of Notification (1) 4/6/17	Name of Building Owner/Operator (2) Colonnelli Bros., Inc. Street Address							Hammer and		AP	D	1 1	201	7				
	Type Notification	1			Address South Rive	ar Str	oot		****	7	b.	AL	D.		<u> </u>	1		
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DEP X DOL	Amended Amendmer				ate, Zip Cod ensack, N		7601				ASB			CO NSII		OL		
× DOH	Emergency				of Contact					Tol	enhone							
DOH DCA	justification Cancellatio			Hank						, ,,,,								
Name of Facility Where Al	patement is Taki	ng Place (3	3)	FAC	ILITY INFO	RMAT	ION	Type	of Facility (	4)			=		-			
house		, , , , ,	*					.,,,,										
Street Address			_					H	School (K-1 Subchapter		er than l	K-12)						
								×	Other (i.e. petc.)					dings	, hom	es,		
City (5)			5211100					Squa	are Feet	# 01	f Floors		В	ldg. /	Age			
Hackensack								270	0	2			100	3				
County (6)					Code (7)			Curr	ent Use (Pri	or if bei	ng demo	olishe	d)					
Bergen					USE ONLY)	=	_		245		2000							
Name of Monitoring Firm F	lired by Building	Owner (8)		ASCI	M No.		The Control of the Co		atement Cor ronmenta			10	b same (a)					
Street Address							Street		A STATE OF THE PARTY OF T	i Serv	ices, L	LU						
Circle Address							The state of the s	District Con-	83, 4 E G	ate D	rive							
City, State, Zip Code									Zip Code				-	-	0.00			
							10000		d, NJ 074	18								
Project Manager for Monito	oject Manager for Monitoring Firm						Teleph				Licens	e No						
	art Date (10) Schedule						100000	764-2			703							
Start Date (10) 4/18/17	ed Cor 7	mpletion	Date (11)		Name	of OS	HA Monitor											
Occupancy Status During	Abatement (Che						Street	Addre	SS									
× Facility Closed/Vacate		50 V\$6500	-3.11	mont														
Abatement Performed Other – Describe:	Outside of Norr	nal Facility	Hour	S			Ci:y, S	tate, Z	ip Code									
Scope of Work (Check All	That Apply)			7.52.55				-7	-11-12	103					-			
≥3 sf or ≥3 lf		X R	enova	ation				] <sub>E</sub> ,,	II Containme	ent with	Negativ	o Dra	200111	· 0				
× ≥160 sf or ≥260 lf			emoli					Mi	ni-Enclosure	)	iveyativ	e rie	:55ui	В				
							Glovebag Procedure  Non-Exempted (*) and Nor					riabla	Dro	aadur				
		1.						1 140	II-Exempled	d (*) and Non-Friab				100	ement			
Location o	f	1000	Locat orma			0-									ре			
Asbestos-Containing M			d Sole		Asbesto	Description of os Containing Materia			(ACM)	Aı	mount				m			
TO BE ABAT In Facility	<u>ED</u>		ntena odial S	nce/ Staff?		hermal	sys:ems	insula		(S	pecify	1	Re	ZJ.	nce	Enc		
(13)			(12)		9		cing VA			SF	or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A									'al	-	late	re		
exterior				×		shin	gle sid	ina		2.8	00 SF		x					
							3	- 3							-			
Name of Registered Wests	Haulas		I N	LIDED W	(t- T	0.11	V .	-	I N									
Name of Registered Waste	22/2	IJDEP W lauler ID		of Wa	Yards ste		Name of F											
Freehold Cartage						TBD			Westerr		s Land	וווזב						
City, State Freehold, NJ					100	Dispos TBD	sal Cate		City, State									
						11/0000000000	Signature		Birdsbo	10, 14	\	Det						
A. Scott Higgins										-		Date		,				
	Scott Higgins Preside						dent						4/6/17					

NO CK

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

Scope of Work (Check All That Apply)    Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Mini-Enclosure Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type     Abatement Type     Asbestos Containing Material (ACM) (Specify Ser of LF)     Sop of Work (Check All That Apply)   Mini-Enclosure Glovebag Procedure     Non-Exempted (*) and Non-Friable Procedure     Abatement Type     Asbestos Containing Material (ACM) (Specify Ser of LF)     Sop of Work (Check All That Apply)   Sop of Work (*) and Non-Friable Procedure     Abatement Type     Asbestos Containing Material (ACM) (Specify Ser of LF)     Sop of Work (Check All That Apply)     Sop of Work (*) and Non-Friable Procedure     Abatement Type     Abatement Type     Asbestos Containing Material (ACM) (Specify Ser of LF)     Sop of Work (Check All That Apply)     Sop of Work (Check All That Apply)     Abatement Type     Abatement Type     Abatement Type     Asbestos Containing Material (ACM) (Specify Ser of LF)     Sop of Work (Check All That Apply)     Abatement Type     Abateme	NO CIZ				ICATIO	N OF ASE	ESTO	SABATE		00	oal	n.g	14 C	7		$\mathbb{V}$	E
Agencia Notified    EPA						12 N.C. 15				).	11		10	<u>ر.</u>	1 1	201	7
City State		-			Street	Address						Mark I	_AE	R		201	1
Section   December	DEP	Amended Amendment #						3011				ĀSE					₹OL
Name of Facility (4)  School (K-12)  School (T)  (Strate Just (No. Absterner)  Strat Address  Fo Box 483, 4 E Gate Drive  City. State, Zip Code  Cilenwood, NJ 07418  Telephone No. Telephone No. Telephone No. Telephone No. 973-764-2276  To Start Date (10)  School (Mexical Drive)  Start Date (10)  Asbestos Containing Material (ACM)  In Eacity  (Is)  School (Mexical Drive)  State Address  City. State, Zip Code  City. State  To Box AB3, 4 E Gate Drive  City. State  To Box AB3, 4 E Gate Drive  Cuther and Adapter and Control of Absternent  School Material (ACM)  In Eachty  (In Eachty  Yes No N/A  Pale Description of Asbestos Containing Material (ACM)  In Eachty  (In Eachty  Yes No N/A  Pale Description of Asbestos Containing Material (ACM)  In Eachty  Yes No N/A  Pale Description of Asbestos Containing Material (ACM)  In Eachty  Yes No N/A  Pale Description of Asbestos Containing Material (ACM)  In Eachty  Yes No N/A  Pale Description of Asbestos Containing Material (ACM)  In Eachty  Yes No N/A  Pale Description of Asbe		justification)	iciuaing								Tel	lephone	Num	ber			
Sched (Kr.12) Subchapter 8 (Other than Kr.12) Subchapter 9 (Ot	Name of Capita Miles At-		5	-	FAC	ILITY INF	ORMA	ATION								-	
Pennington   2800   2   66	house Street Address	tement is Taking	Place (	3)					×	School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Oth rivate	& comm		buil	- 50		es,
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  ABS Environmental Services, LLC  Street Address  FO Box A83, 4 E Gate Drive  City, State, Zip Code  City, Sta	Pennington								0.550 R.G		100	f Floors				\ge	
Street Address  Street Address  FO Box 483, 4 E Gate Drive  City, State, Zip Code  Cignwood, NJ 07418  Project Manager for Monitoring Firm  Telephone No.  T							)		Curr	ent Use (Prid	or if bei	ing demo	olishe	ed)			
FO Box 483, 4 E Gate Drive	Name of Monitoring Firm Hir	ed by Building Ov	vner (8		ASCI	M No.							LC				
City, State, Zip Code  Ci-y, State, Zip Code  Glenwood, NJ 07418  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Ne me of OSHA Monitor  4/18/17  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: roof  Other - Describe: roof  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebage Procedure  Norm-Exempted (*) and Non-Friable Procedure  Abatement Type  Ababetos Containing Material (ACM) In Facility (12)  Vas Solely by Mantenance/ Custodial Staff? (12)  Yes No N/A  Iower roof  Normally Description of Abatement Abatement Type  Ababetos Containing Material (ACM) Amount Type  Ababetos Containing Material (ACM) Am	Street Address									500 A C	ate D	rive					
Start Date (10) 4/18/17  Scheduled Completion Date (11)  Norme of OSHA Monitor  703  Norme of OSHA Monitor  703  Norme of OSHA Monitor  704  Norme of OSHA Monitor  705  Street Address  City, State, Zip Code  City, State  TibD  City, State	City, State, Zip Code							Ci:y, S	State, 2	Zip Code							->::::::::
A/18/17  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe: roof  Scope of Work (Check All That Apply)  ≥3 sf or 23 lf  ≥3 sf or 23 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  In Facility (13)    Vest   No   N/A     Iower roof   X   Disposal Date   City, State	Project Manager for Monitori	ng Firm			Telepho	one No.						L. C. Control Control	e No				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours    City, State, Zip Code				npletion	Date (11)		Name	of OS	HA Monitor								
Abatement Performed Outside of Normal Facility Hours  Other – Describe: roof  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if  ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Ves No N/A  Iower roof  Normally 10 yes No N/A  Name of Registered Waste Hauler Freehold Cartage  Name of Registered Waste Hauler Freehold Cartage  Title  Signa ure  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)  Name of Registered Landfill Western Berks Landfill  Western Berks Landfill  TBD  City, State Freehold, NJ  Completed by  Title  Signa ure  Date			27	105477				Street	Addre	SS						La Trans	
Example 23 sf or ≥3 lf	Abatement Performed C	During Entire Per Outside of Normal	riod of / Facility	Abaten	nent			City, S	tate, Z	ip Code	-		0			30.51117	
Demolition   De	Scope of Work (Check All Th	at Apply)															
Secretary   Secr	- Table - Tabl							×	Mini-Enclosure Glovebag Procedure								
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Ves No N/A  Iower roof  Name of Registered Waste Hauler  Freehold Cartage  To Be Abate (ACM) (12)  Name of Registered Waste Hauler  Freehold Cartage  Title  NJDEP Waste Hauler ID No. 15939  Title  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing (ACM) (i.e. thermal systems insulation, surfacing (ACM) (i.e. thermal systems i								Non-Exempled				411011111			Abate	ement	
Name of Registered Waste Hauler  Freehold Cartage  Disposal Date  Freehold, NJ  Completed by  Name of Registered Landfill  NJDEP Waste Hauler ID No. 15939  Disposal Date TBD  Disposal Date TBD  Disposal Date TBD  Date	Asbestos-Containing Mate TO BE ABATED In Facility		d Sole intenar odial S	ly by nce/		estos Containing Material (ACN .e. thermal systems insulation, surfacing, VAT, or				(S	pecify		Remova			Enclosu	
Name of Registered Waste Hauler  Freehold Cartage  Disposal Date Freehold, NJ  Completed by  NJDEP Waste Hauler ID No. 15939  Disposal Date TBD  Disposal Date TBD  Disposal Date TBD  Disposal Date TBD  Date																3:6	o o
Freehold Cartage    Hauler ID No.   15939   TBD   Western Berks Landfill	lower roof				X	F	pitch layer material					0 SF		x			
Freehold Cartage    Hauler ID No.   15939   TBD   Western Berks Landfill																	
TBD Western Berks Landfill  City, State Disposal Date TBD City, State Freehold, NJ TBD Birdsboro, PA  Completed by Title Signa ure Date	5	auler		11 5000		23.000.000				The second second	7756 13						
Freehold, NJ  TBD Birdsboro, PA  Completed by Title Signa ure Date		11 32533			TBD	)				s Land	dfill						
Completed by Title Signa ure Date	Freehold, NJ				7.0			1000		\		A COLON					
	Completed by A. Scott Higgins		dent				Signa ure	/	2			1.111.000.000.00					

### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES 1 1 2017

Must be submitted 10 days prior to the beginning of work. P	ASSET OF CONTROL &
1. NOTIFICATION INFORMATION	LIGENSING
Date of Notification: 4 / 6 / 17  X Initial Amended Cancellation Emergency (must include Type of Work: Demolition Renovation	de justification)
II. BUILDING INFORMATION	
Name of Building Owner/Operator: American Properties Realty,  Street Address: 517 Route 1 S, Suite 210@ity: Iselin  Name of Contact: Tom Mullen Tele	State: NJ Zip: 08830
III. FACILITY INFORMATION	
Name of Facility Where Work Activity is to Take Place: 105 West Frankli  Describe Facility Use: vacant  Street Address: 105 W Franklin Ave City: Pennington  County Name: Mercer County Code (State Scheduled Start Date: 4 / 18 / 17 Scheduled Completion Cocupancy Status During Activity (check only one):	State: NJ Zip:
<ul> <li>☐ Facility Closed/Vacated During Entire Activity</li> <li>☐ Activity Performed Outside Normal Facility Hours—Describe:</li> <li>☐ Other—Describe:</li> </ul>	
Scope of Work (check all that apply):  X Floor Tile Square Footage; 320	Percentage Asbestos: 2 %
Mastic Square Footage: 320	Percentage Asbestos: 2 %
Transite Square Footage:	Percentage Asbestos: %
Roofing Square Footage:	Percentage Asbestos: %
Square Footage:	Percentage Asbestos: %
Other: Square Footage:	Percentage Asbestos:%
IV. CONTRACTOR INFORMATION	
Company Name: ABS Environmental Services, LLC  Street Address: 4 E Gate, PO Box 483 City: Glenwood  New Jersey Asbestos License Number (if applicable): 703  Monitoring Firm (if applicable):	Telephone No.: 973-764-2276  State: NJ Zip: 07418  Telephone No.:
V. SIGNATURE	
Completed By (lype or print legibly): A. Scott Higgins Tile:  Signature: Da	President

			OTIE		of Ne	JT.										
1 10 100	54901	\	(P	ursuant	to NJAC	8:60 and	1 12:120	0)	41							
Date of Notification (1) 04/01/2017					Building Frediem		)perator	(2)			Α	PR	1 1	21	)17	-
Agencies Notified	Type Notification			Street A	ddress					-						
× EPA	Initial										ASBES					L &
× DEP	× Amended				te, Zip Co							LIG	-1/30	الالار	3	
x DOL	Amendment Emergency		-	Millbur	n, NJ 0	7041										
X DOH	justification)				Contact					3						
DCA	Cancellation			Scott F	rediem	amm										
				FACI	LITY INFO	ORMATI	MO	-								
Name of Facility Where	Abatement is Takir	ig Place (3	3)					Ту	pe of Facility (4	1)						
House									School (K-1)							
Street Address								×	Subchapter Other (i.e. p				nuild	inas	home	25
									etc.)	ivate c	x comme	roid; i	Juliu	go,	1101110	,0,
City (5) Millburn, NJ 07041								Sq N/	uare Feet A	# of N/A	Floors		1000	dg. A /A	ge	
County (6)			T	County (				CL	rrent Use (Pric	r if bei	ng demo	lished	)			
Essex				(STATE U	JSE ONLY			H	ouse							
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				batement Con atement, In		(9)					
Street Address							Street 11 R		iress engren Aver	iue						
City, State, Zip Code									, Zip Code NJ 07512							
Project Manager for Mor	itoring Firm			Telephor	ne No.		Teleph 973-		No. 5-8685		License 01311					
Start Date (10) 04/12/2017		ed Con 2017	npletion [	Date (11)				SHA Monitor atement, Inc	c							
Occupancy Status Durin	g Abatement (Chec	ne)				Street	111111									
Facility Closed/Vac	ated During Entire	Period of A	Abaten	nent			11 R	ose	engren Aven	ue						
Abatement Perform  Other – Describe:	ed Outside of Norr					, Zip Code NJ 07512										
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containme Mini-Enclosure Glovebag Proc	edure						
		T	-						Non-Exempted	( ) and	1 NOI1-F1	lable	the terminal	7	ment	
		(22%)	Locati Normal	30330										Ty		É
Location Asbestos-Containing			d Sole		Achoo		scr ption		rial (ACM)	Δ	mount					
TO BE AB		10.000000000000000000000000000000000000	intena			thermal					pecify		20	A)	inc	四
In Facil	ity	Cus	todial S (12)	stan?	10.00.00.00.00	surfac	cing, VA	Τ, ο	r	SF	or LF)		Remova	Repair	aps	Enclosure
(13)				other n	niscellar	neou	IS)				Val	Ħ	Encapsulate	ure		
	No	N/A											(D)			
Basem	Х			Pipe	Insula	tion	n	150 LF			x					
																econolii l
										du Lien						
Name of Registered Was	N	JDEP W	aste	Cubic	Yards		Name of F	Registe	red Land	dfill						
D&S Abatement, Inc		lauler ID 0996	No.	of Was	ste		Waste N	/lanag	gement	of F	Α					
City, State Fotowa, NJ				M(100 100 000 000 000 000 000 000 000 000	Dispos TBD	al Date		City, State Tullytow		1						
Completed by Ned Joksimovic		Title Proie	ct Ma	anager		S	igr ature	9	YN			Date 04/0	1/2	017		

Print Form

# New Jercey Dopartment of Health Consumer, Environmental and Occupational Health Service PO Box 369

Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0359	APPENDIND  I Copil of Health Schior Survices
Telephone; 609-826-4950 Fax: 609-826-4975	(Signature)
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITY	77714
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.	
10-	The state of the s
Date of Notification: 4 / 6 / 2017	ATT THE ZOTT
	CCTCC CONTROL
Type of Work: Demolition Renovation	BESTOS CONTROL & LICENSING
2	######################################
Name of Building Owner/Operator: Cherry Hill Public Schools	
	Zip:08003
Name of Contact: Tom Carter Telephone No.,	.,
Name of Facility Where Work Activity is to Take Place: Cherry Hill High School East	
Describe Facility Use: School	
Street Address: 1750 Kresson Road City: Cherry Hill State: NJ Z	ip: 08003
County Name: Camden County Code (State Use Only):	
Scheduled Start Date: 4 / 7 / 2017 Scheduled Completion Date: 4 /	8 / 2017
Occupancy Status During Activity (check only one):	
☐ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe: 3pm-12arn	- 900
Other—Describe:	
Scope of Work (check all that apply):	
☐ Floor Tilo Square Footage: 180 SF Percentage Asbestos:	1/6
☐ Mastic Square Footage: 180 SF Percentage Asbestos;	%
A STATE OF THE STA	
Company Name: Shade Environmental, LLC Telephone No.: 856	-755-0099
Street Address: 623 Cutter Avenue City: Maple Shade State: NJ Zi	p: 08052
New Jersny Ashestos License Number (if applicable): 00842	
Monitoring Firm (if applicable): TTI Environmental, Inc. Telephone No.: 858	-840-8800
Completed By (type or print legibly): Christina Lynch Title: Vice President of Op	perations
	1

Date: \_\_

Signature: (

# New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0:369 Telephone: 609-826-4950 Fax: 609-826-4975



### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

IO CYÓ Mus	t be submitted 10 days prior to	the beginning of wor	k. Please type or print legiply BE	STOS CONTROI LICENSING
	I. NOTIF	ICATION INFORMAT	TION	
Date of Notification: ☑ Initial ☐ Amende Type of Work: ☐ Demo	112	☐ Emergency (must i	nclude justification)	
	II. BUI	LDING INFORMATIO	ON .	
Name of Building Owner/C	perator:	Pennsauken	Board of Education	
Street Address: 1695 H		Pennsauken	State: NJ Zip:	08110
Name of Contact: Jack	Killion		Telephone No	
	III. FA	CILITY INFORMATIO	N .	
Name of Facility Where W	ork Activity is to Take Place: _	Po	ennsauken High School	
			State: NJ Zip:	08110
			State Use Only):	
Scheduled Start Date:	4 / 17 / 2017	Scheduled Co	empletion Date: 4 / 21	/ 2017
Occupancy Status Durin	g Activity (check only one):	e 0 0		
□ Facility Closed/Vacated	During Entire Activity			
☐ Activity Performed Outs	side Normal Facility Hours—De	escribe:		
Scope of Work (check all				
⊠ Floor Tile	Square Footage:	3,365 SF	Percentage Asbestos:	%
⊠ Mastic	Square Footage: _	3,365 SF	Percentage Asbestos:	%
	IV. CONT	RACTOR INFORMA	TION	
Company Name:	Shade Environmenta	al, LLC	Telephone No.: 856-7	55-0099
	tler Avenue City	Maple Shade	State: NJ Zip:	08052
	nse Number (if applicable):	00842		
Monitoring Firm (if applicat		.S., Inc.	Telephone No.: 267-6	85-1711
		V. SIGNATURE		
Completed By (type or print legibly):	Christina Lynch	Title:	Vice President of Ope	rations
Signature:		2	Date: April 7, 201	17

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) Kennedy University Hospital 04-07-2017 Street Address Agencies Notified Type Notification ASBESTOS CONTROL & 2201 Chapel Hill Campus $\boxtimes$ EPA LICENSING City, State & Zip Code DEP Initial $\boxtimes$ Cherry Hill, NJ 08002 Amended DOL Telephone Number Name of Contact Emergency DOH Cancellation Mr. James Barth DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kennedy University Hospital-Construction Area School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address ○ Other (i.e. private & commercial buildings, homes, etc.) 2201 Chapel Hill Campus # of Floors Bldg. Age Square Feet 250,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Camden Cherry Hill, NJ Hospital Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Resource Management Group, LLC Criterion Laboratories Street Address Street Address 2115 Hamilton Ave, Suite 202 3370 Progress Drive, Suite J City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Bensalem, PA, 19020 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 01185 609-914-4279 215-244-1300 Mr. Mike Panepresso Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) J&S Environmental Laboratories, Inc 04-26-2017 04-21-2017 Street Address Occupancy Status During Abatement (Check only one) 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours: 2<sup>nd</sup> shift-Friday, City, State & Zip Code Saturday & Sunday & Day Shift-Monday Union, NJ 07083 Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Glove Bag Procedures Demolition ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Abatement Type Amount Description of Is Location Location of (Specify Asbestos-Containing Normally Used Asbestos-Containing SF or LF) Encapsular Solely by Material (ACM) Enclosure Material (ACM) Remova (i.e., thermal systems TO BE ABATED Maintenance or insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (12)(13)N/A Yes No 35 SF X X Spray applied fire proofing Ramp area in Construction area П П П Cubic Yards of Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Grows Landfill 0035218 TBD Resource Management Group, LLC Disposal Date City, State City, State Morrisville, PA TBD Trenton, NJ Date Signaturé Completed By (Print or Type) Title 04/07/2017 President Mr. Brian J. Haney

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CK 605	0			ursuan	tate of Nev N OF ASBE t to NJAC 8	ESTOS AE 8:60 and 1	12 120	0)	• 5	Commence of the control of the contr					$\mathbb{V}$	E		
Date of Notification (1) 4/7/17					of Building ( Forsythe				Refuge		Ц	AP	'n í	1	2017		上	
	Type Notification			Street A	Address Great Cre					Of Assessment of the Control of the	ASI					OL 8		
DEP DOL	<ul><li>✓ Initial</li><li>✓ Amended</li><li>✓ Amendmen</li></ul>			City, St	ate, Zip Co way NJ (	de	-576			_	-		ICE	NSI	VG_		-	
☑ DOH ☐ DCA	Emergency justification) Cancellation		g	Name o	of Contact Smith					Tele	ephon	e Nur	nber	_				
		*			ILITY INFO	DRMATION	V										-	
Name of Facility Where All Ed B Forsythe Natio			(3)						of Facility (4)					7				
Street Address 800 Great Creek Rd								П	Subchapter 8 Other (i.e. pri	(Othe	er than	n K-12 mercia	2) al buil	dings	, hom	es,		
City (5) Galloway NJ 08205						19.5	-	Squa	etc.) are Feet	V	Floor	S		Bldg. A	Age			
County (6)			T		Code (7) USE ONLY)	,		Curre	ent Use (Prior	if beir	ng den	nolish		35+				
Atlantic  Name of Monitoring Firm F  N/A	Hired by Building	Owner (8	)	ASCI		I N			atement Contr	actor	(9)		1 2					
Street Address								naco Addre										
City, State, Zip Code		-1-11-11-11-11-11-11-11-11-11-11-11-11-					-	Box 3	29 ip Code									
Droiget Manager for Menit	naina Fian			<b>T.</b> 1. 1.			W'es	t Ber	lin NJ 0809	)1								
Project Manager for Monito	oring Firm			Telepho	ne No.			one N 753-9			Licen 007	se No 27	0.					
Start Date (10) 4/20/17		Schedul 4/24/1		npletion	Date (11)	1 .	laine Sam		HA Monitor						- 11			
Occupancy Status During	Abatement (Chec	k Only O	ne)			S	treet	Addre	SS									
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I I Outside of Norn	Abaten y Hours	ent		С	ity', S	tate, Z	ip Code						10-20				
Scope of Work (Check All	That Apply)									1/4								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(,,,,,	=	Renova Demolit				×	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (	dure	1270				9			
Location o	f		Locati Normal	у		Descri	intion	200		7 4114	11011	11001		Abate				
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ed Sole aintenar stodial S (12)	ice/	(i.e. t	os Contain thermal sys surfacing other misc	ing M stems g, VA	laterial insula T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure				
		No	N/A									3		ate	Гe			
Windows	6			x Window Glazing						23	units		х					
Name of Pagistand War	Unida:			DEE:														
Name of Registered Waste Transformation Ent.	nauler		H	JDEP W auler ID 8952	2008/07/2004	Cubic Yar of Waste	rds		Name of Re	gister	ed La	ndfill						
City, State Egg Harbor NJ	1.0	18952 10  Disposal Date			sal Date City, State													
Completed by			4/25/17   Signata				33											
Anthony T Perna		Title Pres	ident									0.000	e 7/17					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:12:0-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 4 17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code ASBESTOS CONTROL & DEP Amended Notification RAHWAY, NEW JERSEY 07065 LICENSING DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION Sandra M. Schenk **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80 U - 30 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 17 /17 4/ 30 /17 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR REMOVAL ENCAPSULE ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A BUILDING U-1ST FLOOR VAT 120 SQ. FT. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 4/17/17 - 4/30/17 MCINTGOMERY, PA 17752 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

Agencies Notified    Type Notification	Date of Notification (1) 4–6–17		Name of Building Owner/Operator (2) City of New Brunswick							APR I ZUII						
Beyon Del British Amended 1	Agencies Notified	Type Notification				- Contraction -	ZW DI		LCK	- 1	ACCIC	0770	77738	ITTO /	1 1	
Display   Disp							Stroo	ot.		-	ASDE				ノレ び	
Name of Facelity Where Abstement is Taking Place (3)	(CE) (CE)(CE)(CE)(CE)(CE)(CE)(CE)(CE)(CE)(CE)			+				=				L10.7L1	4-711 A			
Source   S			1					MT (	2002							
Name of Facility Where Abstement is Taking Place (3)   FACILITY INFORMATION		☐ Emergency (in		-			ATCK,	I'O (	70903							
Definition   Properties   Part   Part   Properties   Part											Telephone N	umber				
Name of Facility Where Abstracement is Daking Place (3)   D & R Cannal Pump Station	A DCA	Li Cancellation														
D. R. Canal Pump Station	Name of Facility Where A	hatement is Taking Pl	ace (3)		FACI	LITY INFO	DRMATI	ION	T 05	70 - 44						
Street Address   County Code (?)   County Code (?)   County Code (?)   Street Address   County (5)   Middlesex   More Members (1)   More of Abstement Contractor (9)   More of Contractor (9)	CONTRACTOR AND ARTHUR AND ADDRESS OF THE PARTY								Type of Fac	ality (4)						
1010 George Street		Pump Station	1					_								
Square Feet	(F) (F) (F) (F)	_1							□ Other	iapter 8 (O	ther than K-1.	2) ial buildi	nan h			
New Brunswick   10,000   2   65yrs		Street								171 84	te & commerc				tc.)	
Courty (6)   Middlesex	\$300 TeVA								Square Feet		# of Floors		3ldg. A	ge		
County (5)   County (5)   County (5)   Middlesex   County (5)   Carrent Use (Prior in Deep demoished)		k									2		65yï	s.		
Name of Monitoring Firm Hired by Building Owner (8)  Mott MacDonald  Street Address  111 Wood Avenue South  City, State, Zip Code TseeLint, NU 08830  Project Manager for Monitoring Firm Carol Walczyk  Sarb Eate (10)  4-24-17  Secuplated During Entire Period of Abactement (Check Only One)  Facility Closed/Vacated During Entire Period of Abactement  Abactement Performed Outside of Normand Facility Flows  Other - Describe 7: 200AM-4:00PM  Scope of Work (Check All That Apply)  Sept of Work (Check All That Apply)  Sept of Work (Check All That Apply)  Abetion-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Nore of Registered Waste Hauler Newark Carting  Nore Registered Waste Hauler Newark Carting  Nowark Carting  Title President  Asbestos Containing Material (ACM) To BE ABATED In Facility (12)  Yes No N/A  Name of Registered Waste Hauler Newark Carting  Nore Registered Waste Hauler Newark Carting  Title President  Title President  Second Work Carting  Nore Registered Waste Hauler Newark, NJ  Title President  Title President  Signetify Date Advanced Outside of Normal Registered Landfill Mini-Enclosure Cloy, State Cubic Yants Of Waste Mini-Enclosure Cloy, State Cubic Yants Of Waste Mini-Enclosure Cloy, State Newark, NJ  Nome of Registered Waste Hauler Nore Registered Landfill Mini-Enclosure Cloy, State Cubic Yants Of Waste Mini-Enclosure Cloy, State Newark, NJ  Nome of Registered Waste Hauler Nowark Carting  Nome of Registered Landfill Mini-Enclosure Cloy, State Newark, NJ  Nome of Registered Waste Hauler Nowark Carting  Nome of Registered Maste Hauler Nowark Carting  Nome of Registered Waste Hauler Nowark Carting  Nome of Registered Maste Hauler Nowark Carting  Nome of Registered Waste Hauler Nowark Carting  Nome of Registered Waste Hauler Nowark NJ  Date Alares  Abatement Contractor (P) Plymouth Environmental Co., Inc.  Sireter Address Norristown, PA 19401  Secondary Patrick Nome of Registered Master Manager Nome of Registered Master Hauler Nowark NJ  Date Alares  Abatement Contractor (P) Playmou												hed)				
Mott MacDonald					(SIAIE C	SE UNLY)	-		Water	Treat	ment Pl	Lant				
Sirect Address 111 Wood Avenue South  City. State, Zip Code Iselin, NJ 08830  Telephone No. Carol Walczyk  800-832-3272  Start Date (10) 4-24-17  Occupancy Status During Abatement (Check Only One)  Start Date (10) 4-24-17  Occupancy Status During Abatement (Check Only One)  Stockeduled Completion Date (11) 5-25-17  Occupancy Status During Abatement (Check Only One)  Stockeduled Completion Date (11) 5-25-17  Occupancy Status During Abatement (Check Only One)  Stocked All That Apply)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normal Facility Hours  Stope of Work (Check All That Apply)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normal Facility Hours  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normally Library (13)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normally Library (13)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normally Library (13)  Abatement Type  Ab	Name of Monitoring Firm	Hired by Building Ow	mer (8)		ASCN	1 No.		Name	of Abatement	Contracto	or (9)			2400		
Sirect Address 111 Wood Avenue South  City. State, Zip Code Iselin, NJ 08830  Telephone No. Carol Walczyk  800-832-3272  Start Date (10) 4-24-17  Occupancy Status During Abatement (Check Only One)  Start Date (10) 4-24-17  Occupancy Status During Abatement (Check Only One)  Stockeduled Completion Date (11) 5-25-17  Occupancy Status During Abatement (Check Only One)  Stockeduled Completion Date (11) 5-25-17  Occupancy Status During Abatement (Check Only One)  Stocked All That Apply)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normal Facility Hours  Stope of Work (Check All That Apply)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normal Facility Hours  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normally Library (13)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normally Library (13)  Stope of Work (Check All That Apply)  Abatement Performed Ousseld of Normally Library (13)  Abatement Type  Ab	Mott MacDona	ld						Ply	mouth E	Inviro	nmental	Co.	Inc			
City, State, Zip Code  Tsellin, NJ 08830  Project Manager for Monitoring Firm Carol Walczyk  800-832-3272  Telephone No. Teleph								Street .	Address					100		
Telephone No.   Telephone No.   Telephone No.   Telephone No.   Some of Carol Walczyk   Shert Date (10)   Scheduled Completion Date (11)   Shert Date (10)   Shert Address   Shert Date (10)   Shert Date (10)   Shert Address   Shert Date (10)   Shert Dat	111 Wood Ave	nue South						923	Haws A	venue	<u> </u>					
Tselin, NJ 08830   Norristown, PA 19401	City, State, Zip Code							City, S	tate, Zip Cod	e				-	_	
Telephone No.   Telephone No.   Solve Manager for Monitoring Firm   Carrol Walczyk   800-832-3272   Size Date (10)   4-24-17   Scheduled Completion Date (11)   Scheduled Completion Part (Check Only One)   Street Address   923 Haws Avenue   City, State Zip Code   Norristown, PA 19401   Scope of Work (Check All That Apply)   Scope of Work (Check All	Iselin, NJ	08830									19401					
Start Date (10)   Scheduled Completion Date (11)	Project Manager for Monit	oring Firm		- 1	Telephon	e No				, 111		No				
Start Date (10) 4-24-17 5-25-17 Scheduled Completion Date (11) Scheduled Completion Date (11) 5-25-17 Scheduled Completion Date (11) Sche							70			20						
A-24-17   S-25-17   Slymouth Environmental Co., Inc.			Comr	detion Do	32-32	12				003	90					
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   Street Address   923 Haws Avenue					ite (11)							_				
□ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Other - Describe: 7:00AM-4:00PM □ ≥3 sf or ≥3 lf □ ≥3 sf or ≥3 lf □ ≥3 sf or ≥20 lf □ Demolition □ Description of Glovebag Procedure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Asbestos Containing Material (ACM) □ DESCRIBE ABATED □ In Facility □ (13) □ Description of Other mix cellaneous) □ Description of Other mix cellaneous □ Section S	Occupancy Status During									nviro	nmental	. Co.,	Inc	•		
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code   Norristown, PA 19401    Stope of Work (Check All That Apply)			50 W													
Norristown, PA 19401		ted During Entire Period	od of Abate	ement			1									
Scope of Work (Check All That Apply)	Other – Describe:	7:00AM-4:00E	аспиу ног РМ	ILS			i									
□ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If □ Demolition □ Description of Asbestos Containing Material (ACM) (Specify Specify Opening Insulation, surfacing, Specify Opening Insulation, surfacing Insulati								Nor:	ristown	, PA	19401					
Demolition   Description of Asbestos Containing Material (ACM)   Amount   Type   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Description of Asbestos Containing Material (ACM)   Amount   Type   Demolition	Scope of Work (Check All	That Apply)														
Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure								2	Full Con	tainment v	with Negative	Pressure				
Non-Exempted (*) and Non-Friable Procedure	≥160 st or ≥260 lt			emolit	ion											
Location of Asbestos-Containing Material (ACM) Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Newark Carting  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe insulation 300 LF x Indianated Staff S								ble Proce	dure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Newark Carting  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Newark Carting  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe insulation  Name of Registered Landfill  Newark Carting  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe insulation  Name of Registered Landfill  Name of Registered Landfill  Newark, NJ  Disposal Date City, State Newark, NJ  Completed by James Kelly  Title President  Normally Used Solely by Maintenance/ Custodial Staff? (2)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VF.T, or other miscellaneous)  Name of Registered Landfill  Type  Type  Type  About Amount (Specify SF or LF)  Registered Landfill  Find Signature Date  Date  4-6-17			1.		PARTON		Non-Exempted (*) and Non-Friable Pr							ement		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Newark Carting  Newark, NJ  City, State Newark, NJ  Completed by James Kelly  Used Solely by Maintenance/ Custodial Staff? (12)  Vashestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other mis cellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other mis cellaneous)  Name of Registered Waste Hauler  Nowark Carting  Name of Registered Landfill  Name of Registered Landfill  Disposal Date City, State Newark, NJ  Completed by James Kelly  Title President  President  Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other mis cellaneous)  Name of Registered Landfill  Name of Reg	F-1230004-500-0	0000 <b>*</b> 0	2000													
Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/A     VA.T., or other miscellaneous   N/A   SF or LF   N/A   N/A     N/A			Use	d Solel	y by	Achae					A		1	T		
first floor x pipe insulation 300 LF x  Name of Registered Waste Hauler Newark Carting A509 A509 A509 A509  City, State Newark, NJ  Completed by James Kelly  President  Pipe insulation 300 LF x  Disposal Date City, State Waynesburg, OH  Signature  Date 4-6-17														En	т.	
first floor x pipe insulation 300 LF x  Name of Registered Waste Hauler Newark Carting A509 A509 A509 A509  City, State Newark, NJ  Completed by James Kelly  President  Pipe insulation 300 LF x  Disposal Date City, State Waynesburg, OH  Signature  Date 4-6-17		*	Cust		staff?		,	VA.T, or				cm	Rep	cap	nclo	
first floor x pipe insulation 300 LF x  Name of Registered Waste Hauler Newark Carting A509 A509 A509 A509  City, State Newark, NJ  Completed by James Kelly  President  Pipe insulation 300 LF x  Disposal Date City, State Waynesburg, OH  Signature  Date 4-6-17	(13)			1,,			other n	niscellar	neous)			oval	a	sular	sure	
Name of Registered Waste Hauler  Newark Carting  City, State  Newark, NJ  Completed by  James Kelly  Name of Registered Landfill  Name of Registered Landfill  Cubic Yards of Waste  A sol Minerval Landfill  Minerval Landfill  City, State  Vaynesburg, OH  Signature  President  Sol Minerval Landfill  Minerval Landfill  Signature  Date  4-6-17			Yes	No	N/A									c		
Name of Registered Waste Hauler  Newark Carting  City, State  Newark, NJ  Completed by  James Kelly  Name of Registered Landfill  Name of Registered Landfill  Cubic Yards of Waste  A sol Minerval Landfill  Minerval Landfill  City, State  Vaynesburg, OH  Signature  President  Sol Minerval Landfill  Minerval Landfill  Signature  Date  4-6-17	first floor		x			nine	ing	ılati	on		300 LE	v	1			
Newark Carting  Hauler ID No. 4509  of Waste 30  Minerva Landfill  Disposal Date City, State  Newark, NJ  Completed by James Kelly  Title  President  Of Waste 30  Minerva Landfill  City, State  Vaynesburg, OH  Title  President  A-6-17			1		+	PIPC	11150		.011		100 III.	^_	-	-	-	
Newark Carting  Hauler ID No. 4509  of Waste 30  Minerva Landfill  Disposal Date City, State  Newark, NJ  Completed by James Kelly  Title  President  Of Waste 30  Minerva Landfill  City, State  Vaynesburg, OH  Title  President  A-6-17																
Newark Carting  Hauler ID No. 4509  of Waste 30  Minerva Landfill  Disposal Date City, State  Newark, NJ  Completed by James Kelly  Title  President  Of Waste 30  Minerva Landfill  City, State  Vaynesburg, OH  Title  President  A-6-17																
Newark Carting  Hauler ID No. 4509  of Waste 30  Minerva Landfill  Disposal Date City, State  Newark, NJ  Completed by James Kelly  Title  President  Of Waste 30  Minerva Landfill  City, State  Vaynesburg, OH  Title  President  A-6-17																
Newark Carting  Hauler ID No. 4509  of Waste 30  Minerva Landfill  Disposal Date City, State  Newark, NJ  Completed by James Kelly  Title  President  Of Waste 30  Minerva Landfill  City, State  Vaynesburg, OH  Title  President  A-6-17	Name of Registered Waste	Hauler		IN	JDEP W	aste	Cubic '	Yards	Na	me of Reg	ristered Landf	111				
City, State Newark, NJ  Completed by James Kelly  Disposal Date 5-25-17  Waynesburg, OH  Completed by James Kelly  Disposal Date 5-25-17  Vaynesburg, OH  4-6-17				F	lauler ID		of Was	ite	.,,,		,					
Newark, NJ 5-25-17 Waynesburg, OH  Completed by James Kelly President Signature 4-6-17		.9		4	509		30	)	N	Minery	a Landf	ill				
Completed by  James Kelly  Title  President  Date  4-6-17					Dispos	al Date	Cit	ty, State								
Completed by  James Kelly  Title  President  Signature  4-6-17							5-25	-17	V	Vaynes	sburg. C	H				
James Kelly President 4-6-17							1 1000			11/10						
The territory	James Kelly Presi							MA	mon V	UVV	10/	4-6-	-17			
ASB-41 (R-06-08) * Do not use this form for asbestos licensure exempted activities		1 Julia Frank														
	ASB-41 (R-06-08)							()	* Do not use	this form t	fo dsbestos lie	censure e	kempte	d activ	rities	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CH		NOTI	State of New Jersey FOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)						DE C	E		V	Ē'.
Date of Notification (1) 4-6-17			Name o	f Building	Owner/Op	erator (2	2)		AF	B 1	1 2	017	
				y of N	Vew Br	าเทรพ	ick		fiel he			.017	-
Agencies Notified Type Notification  ME EPA Initial			Street A	ddress Bayard	Stre	et			ASBES	TOS	OON	THO	L &
□ DEP 🛣 Amended	1			ate, Zip Co						ICEN	SIN	3	
■ DOL Amendment □ Emergency			New	Bruns	wick.	N.T	0890	3					
■ DOH justification			Name o	t'Contact			0050	<u> </u>	Telephone Nu	mber			
☑ DCA ☐ Cancellation			Dani	iel To	rrisi								
Name of Facility Where Abatement is Taking	DI 2		FACI	LITY INF	ORMAT	ION							
Water Treatment Plant	Place (3)						Type	of Facility	(4)				
Street Address								School (K-	12)				
1 Comstock Street								Subchapter Other (i.e. r	8 (Other than K-12 private & commercia	) .t bootlat.			
City (5)		- 2/											etc.)
New Brunswick							12.00.00.000000000000000000000000000000	e Feet 000	# of Floors		81dg. A 65y.		
County (6) Middlesex				Code (7) USE ONLY)			Curre	nt Use (Pric	or if being demolishe eatment Pla	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	M No.	)		of Abat	ement Cont	ractor (9)				
ATC Associates						Ply	mout	h Env	ironmental	Co	Inc		
Street Address 3 Terri Lane						Street /	Address	s Aver		,		25).	
City, State, Zip Code BUrlington, NJ 08016						City, S	tate, Zi	Code	PA 19401				
Project Manager for Monitoring Firm John Lutz			Telephor	ne No. 5 <b>71–7</b> 5	522	Teleph	one No		License 1				
Start Date (10)			pletion Da		,22			A Monitor	003	98			
4-24-17	100000	5-17	7			Ply	mou	th Env	ironmental	Co.	.Inc	7.	
Occupancy Status During Abatement (Check O	nly One)					Street A							
☐ Facility Closed/Vacated During Entire Pe	riod of Aba	itement				923	Hav	ws Ave	nue				
□ Abatement Performed Outside of Normal  □ Other – Describe: 7:00AM-4:0	Facility Ho	ours				City, St	tate, Zip	Code					$\neg$
	0111		20.98		_	Nor	rist	cown, P.	A 19401				
Scope of Work (Check All That Apply)													
☐ ≥3 sf or ≥3 lf ☐X ≥160 sf or ≥260 lf		Renova Demoli				Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure							
		. 1					INOI	i-E.Xemptec	(*) and Non-Friabi	e Proced	- SX.55		
Location of	- 1	s Locat Norma				0.00400.0040.0000	- 112					ement vpe	
Asbestos-Containing Material (ACM)		ed Sole		Asbe	Des stos Conta	c iption ining Ma		ACM)	Amount			Ī	
TO BE ABATED In Facility		aintena stodial		(i.e. the	rmal syste	rr s insul	ation, s	urfacing,	(Specify	₽.	7	Enc	臣
(13)		(12)				/AT, or niscellan	eous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							2	=	late	ure
Boiler Room							ion		460 SF	x			
			pipe	insul	atio	n		150 LF	X				
Name of Registered Waste Hauler		   N	JDEP W	aste	Cubic Y	's rde		Namaar	Danietaral tarata				
Newark Carting		F	łauler ID		of Wast		Traine of Rogistered Langtin						
		4509		30	14.								
City, State Newark, NJ				Disposa			City, Stat						
Completed by				5-25		17 Waynesburg, OH							
James Kelly	Title Pr	esi	dent		St	grature	100	1001		)ate  -6-1	7		
ASB-41 (R-06-08)						*	Do not	use this for	rm for asbestos licer			l activ	ities.

Date of Notification (1)
Agencies Nonfried    Part
Agencies Notified    Dep
DOP
DOP
DOL   Amendment of   Dock   Do
DOH
Daniel   Torrisi
Type of Facility (1)   School (K-12)   Schoo
Type of Facility (1)   School (K-12)   Schoo
School (R-12)   School (R-12)   School (R-12)   Sutter than K-12)   Other (i.e. private & commercial buildings, homes, etc.)
Constock Street
New Brunswick   County (6)   County (7)   County (7)   County (8)
New Brunswick   County (6)   County (7)   County (7)   County (8)
County (6) Middlesex   County Code (7)   Middlesex   County Code (7)   Middlesex   Middle
Middlesex Name of Monitoring Firm Hired by Building Owner (8) ATC Associates  ATC Associates  Street Address 3 Terri Lane  City, State, Zip Code Burllington, NJ 08016  Project Manager for Monitoring Firm John Lutz  Scheduled Completion Date (11) 4-24-17  Scheduled Completion Date (11) 5-25-17  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement 2 Other - Describe 4-20 DPM - 12:00 AM  Scope of Work (Check All That Apply)  Abatement Performed Outside of Normal Facility Hours  Companies and the Abatement with Negative Pressure  Abatement Performed Outside of Normal Facility Hours  Companies and the Abatement of Check Only One)  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Scope of Work (Check All That Apply)  Abatement Performed Outside of Normal Facility Hours  Companies and the Abatement with Negative Pressure  Mini-Enclosure Wrap & cut City, State, Zip Code Norristown, PA 19401  Scope of Work (Check All That Apply)  Abatement Performed Outside of Normal Pacility Hours  Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Is Location Normally Used Solely by Maintenance/ Custodial Staff' (12)  Yes No N/A  To the Check Only One of Abatement Insulation, surfacing, Cypecity SF or LF)  Abatement Treatment Plant Norristown, PA 19401  Abatement Treatment Plant Plymouth Environmental Co., Inc.  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  To BE ABATED In Facility (13)  Second Staff' (12)  Yes No N/A  To the Check Only One of Abatement Insulation, surfacing, Cypecity SF or LF)  Abatement Type  Abatement Type  Abatement Treatment Plant AscM Account Abatement Type  Abatement Type  Abatement Check Only One of Abatement Insulation, surfacing, Cypecity Cype
ATC Associates    Plymouth Environmental Co., Inc.
Street Address 3 Terri Lane  Street Address 923 Haws Avenue  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm John Lutz  Telephone No. John Lutz  609-571-7522  Start Date (10) 4-24-17  Scheduled Completion Date (11) 5-25-17  Plymouth Environemental Co., Inc.  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Ousside of Normal Facility Hours  Other - Describe: 4:00PM - 12:00AM  Scope of Work (Check All That Apply)    3 st or ≥3 if
Street Address   3 Terri Lane   Street Address   923 Haws Avenue
City, State, Zip Code Burlington, NJ 08016  City, State, Zip Code Burlington, NJ 08016  City, State, Zip Code Norristown, PA 19401  Project Manager for Monitoring Firm John Lutz  Scheduled Completion Date (II) 4-24-17  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Ouside or Normal Facility Hours Concupancy Status During Abatement (Check Only One)  Street Address 923 Haws Avenue  City, State, Zip Code Name of OSHA Monitor Plymouth Environemntal Co., Inc.  Street Address 923 Haws Avenue  City, State, Zip Code Name of OSHA Monitor Plymouth Environemntal Co., Inc.  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  City State, Zip Code Norristown, PA 19401  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401  City State, Zip Code Norristown, PA 19401
Burlington, NJ 08016   Norristown, PA 19401
Project Manager for Monitoring Firm  John Lutz  Scheduled Completion Date (11)  4-24-17  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Plymouth Environemntal Co., Inc.  Street Address  923 Haws Avenue  Giv, State, Zip Code Norristown, PA 19401  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  In Facility In Facility In Facility In Facility (13)  Is Location VA.To Be ABATED In Facility (13)  To Be ABATED In Facility (12)  Yes No N/A  To St Floor-Gravity filter  Telephone No. 510-239-9920  Telephone No. 510-239-9920  Name of OSHA Monitor Plymouth Environemntal Co., Inc.  Street Address  923 Haws Avenue  Giv, State, Zip Code Norristown, PA 19401  Full Containment with Negative Pressure  Mini-Enclosure Wrap & cut Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VA.To other miscellaneous)  To St Floor-Gravity filter  X pipe insulation  Assume of OSHA Monitor Plymouth Environemntal Co., Inc.  Street Address  922 Haws Avenue  Giv, State, Zip Code Norristown, PA 19401  Full Containment with Negative Pressure  Mini-Enclosure Wrap & cut Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VA.To other miscellaneous)  To St Floor-Gravity filter  X pipe insulation  Abatement Type  Abatement T
Start Date (10)   Scheduled Completion Date (11)   Street Address   Stre
Start Date (10)  4-24-17  Scheduled Completion Date (11)  5-25-17  Scheduled Completion Date (11)  5-25-17  Screet Address  923 Haws Avenue  (ity, State, Zip Code Norristown, PA 19401  Scope of Work (Check All That Apply)    Start Date (10)   Abatement Performed Outside of Normal Facility Hours   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)    Abatement Performed Outside of Normal Facility Hours   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Abatement With Negative Pressure Winin-Enclosure Wrap & cut Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Stope of Work (Check All That Apply)   Stope of Work (Check
4-24-17   5-25-17   Plymouth Environemntal Co., Inc.
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 4:00PM - 12:00AM  Scope of Work (Check All That Apply)    23 sf or ≥3 lf
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Norristown, PA 19401    Scope of Work (Check All That Apply)
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Norristown, PA 19401    Scope of Work (Check All That Apply)
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Full Containment with Negative Pressure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Abatement Type □ Abatement Type □ SF or LF) □ SF or LF or
Scope of Work (Check All That Apply)    3 sf or ≥3 lf
Demolition   De
Demolition   De
Non-Exempted (*) and Non-Friable Procedure
Location of Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A    Staff Ploor-Gravity filter   X   Pipe insulation   Containing Material (ACM)   Contai
Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  To Floor-Gravity filter  Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe insulation  Description of Asbestos Containing Material (ACM) (i.e. thermal system; insulation, surfacing, VA.T., or other miscellaneous)  For LF  Type  To BE ABATED (Specify SF or LF)  Type  T
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal system; insulation, surfacing, VA.T. or other miscellaneous)  Yes No N/A  Pipe insulation  65 LF x
TO BE ABATED In Facility (13)  Yes No N/A  1st Floor-Gravity filter x pipe insulation (i.e. thermal system; insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Figure 1
1st Floor-Gravity filter
1st Floor-Gravity filter
1st Floor-Gravity filter x pipe insulation 65 LF x
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Hauler ID No.   of Waste
Newark Carting 4509 30 Minerva Landfill
City, State Disposal Date City, State
Newark, NJ 5-25-17 Waynesburg, OH
Completed by Title Signature Date
James Kelly President Mmh 4-6-17

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT OF ASSESSMENT STATES AND ASSESSMENT STATES AND ASSESSMENT ASSESSME

								,	70M (	1078	UNU	le	
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)					
	6 /	17			St	Francis	Medical Center		IJ I AP	9 1	1 :	2017	7
Agencies Notified	Type Notific	cation			Stree	et Address							
☐ EPA					60	1 Hamilto	on Ave		ASPECT	007	200	To the second	
□ DOLWD	☐ Amende				15000	State, Zip			ASEEST	US ( UEN	SIN	1H(	)L &
□ DHSS     □	Amenda	-	725 (200)			enton NJ					CHIVE	3	
DCA (NJAC 5:23-8)			cluding	3		e of Contac			Tolophone Nive	222			
(143/10/3.25-0)	☐ Cancella					ta Gelli	al .		Telephone Num	ber			
		7.00			FA	CILITY II	NFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)				
St Francis Medical	Center							School (K-1					
Street Address									8 (Other than K-12)				
601 Hamilton Ave								homes, etc.	private and commer	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	ne.	
Trenton								70,000	3	"	60+	ge	
County (6)					Cou	nty Code (	7)(STATE USE ONLY)		rior if being demolis	hed)			
MERCER						· ·	,	Hospital	and a sure of the				
Name of Monitoring Firm	Hired by Bui	lding C	wner	(8)	ASCM	No.	Name of Abateme	The state of the s	)			-	
Environmental Con	nection							VIRONMENTA					
Street Address							Street Address			24=11000			
120 North Warren S	treet						1123 BEAVE	R STREET					
City, State, Zip Code			-	-			City, State, Zip Co						
Trenton, NJ 08608							BRISTOL, PA						
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.			-	
Rollie Jones				1 00	. Tilan arasını	2-4200	215-788-3040	ĺ	00509				
Start Date (10)		Sched	uled C	omple	tion Da	ate (11)	Name of OSHA M					-	
_4_/_7_/	1000					17	10.000001700000000000000000000000000000	VIRONMENTA	LINC				
Occupancy Status During	Abatement (						Street Address						
☐ Facility Closed/Vacate					ment		1123 BEAVER	STREET					
Abatement Performed						scribe	City, State, Zip Co						
Time of Abatement:							BRISTOL, PA						
Scope of Work (Check all	that apply)	<del></del>					DRIOTOL, FA	13007					
			Π-	700				ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			⊠ Re □ De				☐ Min -Enc ☑ Glovebag						
		0		HOILK	211		☐ Non-Exe	mpted (*) and No	n-Friable Procedur	Э			
				Loca			-			Ab	atem	ent T	vpe
Location	5.0	.		lorma	lly ely by		Description o			-	1		1
Asbestos-Containing N TO BE ABA		A)		ntena		Asbe	stos Containing Ma ., thermal systems i	terial (ACM)	Amount	em	Repair	nca	nclo
IN Facility			Cust		Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		-	.,	(12)	T	-	other miscellane	ous)	5.20 - 200 - 200 <b>- 6</b>			late	(D)
	Yes	No	N/A										
1 <sup>ST</sup> Flr Micro Lab				$\boxtimes$		Pipe Ins	sulation		20 LF	$\boxtimes$			
													П
										П	П		
			П	П					The second of the second				
Name of Registered Waste	e Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill	I_			Щ
BRISTOL ENVIRONMENTAL, INC.					auler II	NG 17 17 17 17 17 17 17 17 17 17 17 17 17	Waste		NORTH LANDE	ILL			
City, State					18706	)	1 Cu Yd Disposal Date	City, State					
BRISTOL, PA 19007							4/10/17		LLE, PA 19067				
Completed By (Print or Type) Title							Signature						
Gino Pizzigoni	/	3.174.00.0	timat	or			M/M/s	Rimison	y / JK Dat	¥-	6-	17	

						FP (	6) E	n v	, , , , , ,	HILLO
CK 1179	NO	TIFICATIO	State of New Jers ON OF ASBESTO at to NJAC 8:60 a	SABATE	EMENT (0)		3 E	U V	<u> </u>	Lawrence -
Date of Notification (1) 04//04/17			of Building Owner X LUXURY HO			A A	PR 1-1	-20	17	Same and
Agencies Notified Type Notification	n		Address	JIVIL LL		ACDEC	STOS G	CHIT	ROL	2
EPA Initial			VERETT RD.			ASSEC	LICENS	SING	TIOL	
DEP Amended  DOL Amendme	nt#		tate, Zip Code AREST NJ.07	627						
Emergence	y (including		of Contact	021		Telephone	Number			
DOH justification Cancellation			N SEIDNMAN			1 relebitione	: Minime			
Name of Facility Where Abatement is Tak	ing Place (2)	FAC	CILITY INFORMA	TION	T= := ::::	-				
PRIVATE	ing Place (3)				Type of Facility					
Street Address					School (K Subchapt	er 8 (Other than	K-12)			
					Other (i.e etc.)	. private & comm	nercial bu	ildings	s, home	es,
City (5) DEMAREST NJ. 07627					Square Feet	# of Floors		Bldg.	Age	
County (6)		10	0.1.73		1,480	1 STO	100000	86		
BERGEN		(STATE	Code (7) USE ONLY)		Current Use (P YES	rior if being dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name	of Abatement C	ontractor (9)				
					RTH EAST EN		TAL LL	C.		
Street Address					Address					
City, State, Zip Code					51 ST. State, Zip Code					
• • • • • • • • • • • • • • • • • • • •					RTH BERGEN	NJ. 07047				
Project Manager for Monitoring Firm		Telepho	one No.	1	none No.	Licens	se No.			-
Start Date (10)	10-1-1-10		D :		776.0642	0130	00			
04/0 <b>3</b> /17	Scheduled C 04/09/17	ompletion	Date (11)		of OSHA Monito					
ccupancy Status During Abatement (Che	The second second				Address	AL INO.				_
Facility Closed/Vacated During Entire	Period of Abat	ement		307	W. 38TH ST.					
Abatement Performed Outside of Non Other – Describe:	mal Facility Ho	urs			tate, Zip Code					
cope of Work (Check All That Apply)				NEV	YORK NY.	10018				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation olition		×	Mini-Enclosu Glovebag Pro				re	
Location of	Is Loc Norm	ally		oorin #=	of				ement ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	olely by nance/ I Staff?	Asbestos Cor (i.e. therma surfa		laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING	X	1	TRAN	SITE: SI	DING	1,130 SF.	X	-		-
BASEMENT	X			FLOOR		130 SF.	X			-
ame of Registered Waste Hauler		NJDEP W	faste Cubic	Yards	Name of	Registered Land	dfill			
RI - STATE - ASSOCC.		Hauler ID 19951	No. of Wa			RVA ENTERF		NC		

19951

SAFETY MANGER

City, State

BRONX NY.

Completed by

CARLOS ESQUIVEL

TBD

Disposal Date

TBD

Signature

City, State

WAYNESBURG, OHIO

Date

04/01/17

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	-		41	- #	111111
			47	#	

				(0.35-0		(0)		****	APR	11	201	7
Date of Notification (1)	-17		Mame of	of Building Owner	nchi.	_	olit	1 4		5	201	
Agencies Notified Type Notifi	ication	Sec.	Street A	Address		- VCM	6111	ASB	STOS	; CO	NTR	ice:
□ EPA . ★ Initial	CONTRACTOR OF THE PARTY OF THE		OH . C4	348 F	urit	ville	- (5)	restoch	Roa	d	vG_	
DEP Amer	ided idment#	1	City, St	ate, Zip Code	1	N.	$\tau$	0808			ň	
🗆 Emer	gency (including	_ h	Name o	Dew e	-	10.	ر	Telephone I		1		
/	cation) ellation		Ma	nk Fra	nchi			1-2				_
Name of Facility Where Abatement is	Taking Dlace (2	2)	FAC	ILITY INFORMA	TICIN	Type o	f Facility	(4)				
CiiC	1 2		<b>a</b>				thool (K-	~	- 2			
Street Address J	19 0000	-	)			□ St	ubchapte	r 8 (Other than K	(-12)			
					14		ther (i.e. c.)	private & comme	ercial bui	ldings.	home	es,
City (5)	A 41	, <del>,</del> ,		18		Square	Feet	# of Floors		Bldg. A	\ge	
Lindenwol	d, $N$	J	County	Code (7)		Current	llee (Dr	ior if being demo	lichad)	20	17-	
County (6)				USE ONLY)		6	nale	family		11:	15	
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASC	A No.	Name			ntractor (9)				
EPC Techno	alogie:	<b></b>		MA		FPC	ST	chnole	qie	5	In	16
Street Address Box	337				1 100	Address	hox	337	J			
City, State, Zip Code	17.74		20	533		State, Zip		AL Al	71	04	<b>7</b> 2	2
Project Manager for Morait ri .g. Firm	. 14 6	7	elepho	ne No.	Telepi	hone No.	<del>- 3</del> 7	License	No.	90	10	
Steve Schen	Ker			758-336		758			<u>, o</u>	54	7	
Start Date (10) 4-12-17			pletion ) -	Date (11)	1300000000	of OSHA		hnologie	s I	nc.	٠	
Occupancy Status During Abatement		Garage			Street	Address		~				
Facility Closed/Vacated During I	Entire Period of A	bateme	ent			State, Zip		337				
Other - Describe:	n Normal Facility	riouis	**			ew E		ALT	08	53	3	
Scope of Work (Check All That Apply	)						J.P.		00			
≥3 sf or ≥3 !f		enovat			[			ent with Negative	e Pressu	ıre		
≥160 sf or ≥260 lf	×	emolitic	חכ			] Glove	Endosur ebag Pro	cedure	W00 424			
						Non-	Exempte	d (*) and Non-Fr	iable Pro		e ement	-
	10 000	Locatio						27			ре	
Location of Asbestos-Containing Material (AC	M) Use	d Soleh	by by	Asbestos Co	_	laterial (/	S S	Amount			m	E
TO BE ABATED In Facility		odial St		(i.e. them sur	al system facing, VA		on,	(Specify SF or LF)	Remova	Repair	псар	Enclosure
(13)		(12)			r miscellar			1.5	oval	air	Encapsulate	sure
	Yes	No	N/A								0	
exterior walls			X	Sidina	$\_Sh$	ingl.	es"	1500 S	FX			
	.2			J		J						
Name of Registered Waste Hauler			IDEP W		ic Yards /aste p	1	25 2	Registered Land				
EPC Technolo	gies		70	00	I	2		te Manag	ena	to	E t	H
City, State	N5				osal Date - 20 - 6		City, Stat	usuille	PA			
Completed by	Title		3		Signature				Date	-7	,-	Z
Steve Schenker	Pre	side	nt		Sle	we	Och	oh	4.	-7-	1	7

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

				(Fui	Suam (	IO INC	JAC 8:60-7 and 12:	120-7)	114		Chi	eck#	AS	1
Date of Notification (							Operator (2)			A D.D. 1			,	
	5/17			ens U	reconstitution and	sity				APR 1	1 1	2017		L
Agencies Notified	Type of Notifica	NEWSCHOOL ST		Address		n L	Hudson							-
[] EPA	[x] Initial		Ud	istie P	OITIL O	ח וונ	luason		ASB	ESTOS	CON	ITRO	)L 8	Š
[] DEP	Notificatio	n C	City, S	tate, Zip	Code				1	LICE	<b>USIN</b>	<u>G</u>		
[X] DOL	[] Amended			oken, i		703	0							
[X] DOH	Notificatio		lome	of Conta										
[X] DCA	[] Cancellation			or Conta d Herr				l_Te	lephone Num	ber	_			
	[] Gancenatio		Javi	а пеп	iande	θZ		- I						
					FACII	LITY	INFORMATION							
Name of Facility Whe			ice (3	)				Type of Facility (4						
Stevens University	sity – Howe C	enter					<u></u>	Subchap	K-12) ter 8 (Other t	han K-12)	0			
Street Address  1 Castle Point of	n Uudaan							homes,	e. private and etc.)	commerc	ial bu	ldings	5,	
T Gastle Fullit C	n nuuson							Square Feet	# of Floors		Dista	Λ		
City (5)		County	(6)			Cour	nty Code (7)	60000	13	5	Bldg. ~ 50	Age		
Hoboken		Huds	on		(	(STA	TE USE ONLY)	Current Use (Prio		nolished)				
Name of Monitoring F	irm Hired by Build	ina Owne	er	ASCM N	Jo		Name of Abatem	Office/lab/classrooment Contractor (9)	om					
TTI Environmen		5	100	0003				upiter Environi	mental Se	rvices	Inc			
Street Address						1	Street Address	spitor Entiron	morntar oc	7 71000,	1110.			
1253 N. Church	St.						3	23 Changebrio	dge Road.	Suite	100			
City, State, Zip Code							City, State, Zip C		,					
Moorestown, N.								Pine Brook, NJ	07058					
Project Manager for M				e Numbe			Telephone Nurnb			License	e Num			
Jeffrey Seaman Scheduled Start Date		ed. Comp		0-8800		+	Name of OSHA	973-575-8700				008	52	6
4/18/1			1/17		1)			ris Environmer	ntal Lahor	atories	110	`		
Occupancy Status Du						1	Street Address	113 ETIVITOTITIE	ital Labor	atories	, LL	,		
[] Facility Close	ed/Vacated During	Entire P	eriod	of Abate	ment			333 Route 22	West					
[] Abatement Pe	erformed Outside	of Norma	I Faci	lity Hour	s –		City, State, Zip C	ode						
[x] Other - Desc	cribe: partially vac	ated					Į	Jnion, NJ 0708	33					
Scope of Work (Check	k all that apply)													
[] Demolition					D		2727		ontainment w	vith Negat	ive Pr	essur	е	
[] ≥3 sf or ≥3 lf				[]	Reno	ovatio	on		Enclosure bag Procedur	'e				
[x] ≥160 sf or ≥2	260 If								Friable Proce					
		10000	Loca	tion Used			Donor	intion of				Abate	eme	nt
Locatio			Solely					ption of - Containing		Amount		Type R F	R E	E
Asbestos – C		100000000000000000000000000000000000000		ce/Cus			Materia	al (ACM)		(Specify	/	EE	N	N
Material ( TO BE AB		todi	al Sta	ff (12)				nal systems urfacing, VAT,		SF or LF	-)	MF	375	100
In Faci								scellaneous)				O A	A	
(13)	1	Yes	No	N/A								AF	S	S
9 <sup>th</sup> floor			X		TSI	-			2	50 LF	_	X	U	U
9 <sup>th</sup> floor			X	1	VAT	/ma	stic			500 SF		X	-	+
9 <sup>th</sup> floor			х		Spra					760 SF	-	X	+	+
														$\vdash$
Name of Registered W				Waste			ic Yards	Name of Register						1
Jupiter Environm	nental Service	es   Ha	uler I 04782	D No. 2		Of V	Vaste 60	Alliance Lan	dfill					
City, State						Disp	osal Date	City, State				-		_
Pine Brook, NJ					.00	0-20-59	3/17	Taylor, PA						
Completed By (Print or	г Туре)	Title					Signature	1		Date				
Pane Repic		Gen	eral	Mana	ger		/_	$(\Lambda$		4/5/	17			
SB-411							1						38077	
TOTAL COLUMN														

#### State of New Jersey

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

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LA	SB	EST(	OS CEN	CC	NTR NG	OL &	8

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Date of Notification (	1) 4/5/17			f Building ngenit		perator (2)			APR 1	21	)17		L
Agencies Notified	Type of Notifica			ddress	0			1 1					-
[] EPA	Type of Notifica	ition Str	CCLA	uuress				AS	BESTOS C	ON	TRO	)L	Ž
	[X] Initial								LICEN	SING	<u>ì</u>		_
[] DEP	Notification	Cit		te, Zip C					2-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-				
[X] DOL	[] Amended		orth	Arling	ton, NJ	07031							
[X] DOH	Notification	n Na	me of	f Contac	t		Tole	nhone Numl	her				-
[] DCA	[] Cancellatio			ngenit	200			1 .					
				-		INFORMATION							
Name of Facility Whe	are Ahatement is T	aking Plac	e (3)		PACILITY	INFORMATION	Type of Facility (4)			_	_	_	_
Residence	ere Abatement is 1	aking r iac	C (U)				[] School (K-	12) er 8 (Other th	oon V 12\				
Street Address							T [x] Other (i.e.	private and	commercial	ouildir	ngs,		
Street Address							homes, et	c.)					
					_		Square Feet	# of Floors		g. Age	9		
City (5)		County (				nty Code (7)	1500 Current Use (Prior	2 f boing dom	~95				_
North Caldwell		Berge	n		(S1A	(TE USE ONLY)	residence	i being dem	olistieu)				
Name of Monitoring	Firm Hired by Build	ing Owner	A	SCM No	o.	Name of Abatem	nent Contractor (9)						
N/A			0	000			Jupiter Environm	ental Se	rvices, Inc	0.			
Street Address						Street Address		D. 0					
							323 Changebride	ge Rd., S	Suite 100				_
City, State, Zip Code	2					City, State, Zip		07058					
Duningt Manager for	Manitarina Firm	Tolon	hono	Number		Telephone Num	Pine Brook, NJ	07030	License No	ımhei			_
Project Manager for	Monitoring Firm	Telep	none	Number			973-575-8700		LICENSE IN		085	52	
Scheduled Start Date	e (10) Sche	ed. Comple	etion	Date (11	)	Name of OSHA							
4/21/	500 (100 (100 (100 (100 (100 (100 (100 (	4/30					Iris Environmen	tal Labor	atories, L	LC			
Occupancy Status D	uring Abatement (0	Check only	one)			Street Address							
	sed/Vacated During Performed Outside						2333 Route 22W	/					
	scribe:	or Normal	i aciii	ty Hours		City, State, Zip 0		•					
[] Other – Des	scribe: partially vac	ant					Union, NJ 0708	3					
Scope of Work (Che	ck all that apply)	-0.						17 W	by				
[] Demolition				[ ]	Renovat	tion		ntainment w Enclosure	vith Negative	Press	ure		
[] Demolition [] ≥3 sf or ≥3	If			1 1	rtenoval	lion	[x] Gloveb	ag Procedu					
[x] ≥160 sf or 2	≥260 If						[X] Non –	Friable Pro	cedure				
			Locat			D						mer	t
Locat	ion of		olely	Used bv		Asbestos	cription of - Containing		Amount	R	pe R	E	E
Asbestos -	Containing	Maint	enand	ce/Cus		Mater	rial (ACM)		(Specify	E	E		1
Materia		todia	I Staf	ff (12)			rmal systems surfacing, VAT,		SF or LF)	M	P	C	
TO BE A				T			niscellaneous)			V	1	P	(
(1	NO. 350	Yes	No	N/A						A	R	1000	
Attic closet			X		Vormice	ulate insulation			1200 SF	L		U	l
Attic, closet			^		vernic	ulate irisulation				1			Т
	Nese Company												
Name of Registered		1 1 2 2 2 2 2		Waste	5333356	bic Yards	Name of Register						
Jupiter Environ	mental Servic	,00	uler II 4782	D No.	Of	Waste 15	Alliance Land	Illitc					
City, State					Dis	posal Date	City, State				-		
Pine Brook, NJ	I				4/	11/17	Taylor, PA					-	
Completed By (Print		Title				Signature	1		Date				
Pane Repic		Gen	eral	Mana	ger	1/-		_	4/5/17				
ASD 41 UNIOS			977					-		_	-		-
ASB-41 JUN 95													

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			88			In.B	G E						
Federal N	otification of	Schoolog	Abatamant (D	Dura	int to NJAC 8:60-7 and	42422 [5]							
Date of Notification	ouncation of A	ASDESIOS	ame of Buildin	or Own	int to NJAC 8:60-7 and		PR 1	1 2017					
0 4 0	6 1	7 AT	LANTIC HEA	ALTHC	ARE SYSTEMS		111111	2011					
Agencies Notified Type X USEPA	e of Notification Initial		reet Address BEAUVIOR A	A1/ENI	ı.	ASBL		CONTRO					
X DEP	Amended		24	9775 CHILD	JE		HOE	NSING					
X DOL	Amendment Emergency		y, State, Zip 0 IMMIT, NJ 0										
X DOH X DCA	Cancelation	Na	me of Contac	ot		Telephone Num	ber						
		MA	RTIN MANFE	REDO		I.							
		FAC	CILITY INFOR	RMATI			-						
Name of Facility Where Aba	tement is Takin	g Place			Type of Facility								
OVERLOOK HOSPITAL					( ) School (K-12)								
OVERLOOK HOSPITAL Street Address					( ) Suti-Chapter 8 (								
Street Address					( X ) Other (I.e. priva								
99 BEAUVOIR AVENUE				SE	buildings, homes, of Bldg.	# Floor		I Ago of Die					
City	County	Count	ty Code	-	A CONTRACTOR OF THE CONTRACTOR		13	Age of Blo					
			use Only	Curr	rent Use (prior if being		10						
SUMMIT, NJ	UNION				,								
Name of Monitoring Firm Hire	ed by Building (	Owner	ASCM No	. Nam	ne of Abatment Contrac	ctor							
Partner Engineering and Scie													
Street Address	ence				CONSULTING CORE	Р.							
otreet riddress				Stre	et Address								
611 Industrial Way West				STANLEY TERRACE	=								
City, State, Zip Code					State, Zip Code	-							
5500 5 V66													
Eatontown, NJ 07724					ON, NJ 07083								
Project Manager for Monitorin	ng Firm	Telepho	ne No.	Tele	phone Number	License Number	6						
TO BE DETERMINED	170	O RE DET	ERMINED	000	687-1008		-						
Scheduled Start Date	Scheduled Co				e of OSHA Monitor	0057	5						
	Journal of Oc	mpiction L	Jaco	INAIII	e of OSTIA Monitor								
CANCEL				EMS	L ANALYTICAL								
	Month Da	ay Yea	ır		et Address								
Occupancy Status During Aba Facility Closed/Vacated	atement (Check During Entire I	Only One Period of A	e) Abatement	307 \	WEST 38'TH STREET								
Abatement Outside Nor Describe: 7:30PM TO 3		urs	14, 10	City,	State, Zir Code								
Other - Describe:	3:30AM			NICIA	WORK NV 40440								
other bescribe.				INEV	YORK, NY 10118								
Scope of Work (Checl Only O	ne)		Abatement	t Metho	od		-						
Demolition	10.00E				Containment with Nega	tive Pressure							
>3sf or >3lf				Mini-	Enclosure								
≥ 160sf or ≥ 260lf					ebag Procedure								
Renovation		lla l a · ·	tion Manager		Friable Procedure		Lea						
ocation of ACM Facility			ation Normally		Describtion of	Amount to be	Abate	ement Type					
Socion of Acivi Facility		Yes	y Custodial S s NO		ACM to be Removed	Removed	D	Don					
nd Floor Mechanical Room C	Chase	163	S NO		PIPE INSULATION	(Specify SF/LF)	Rem.	Кер.					
				+	I II L INSULATION	750LF	X						
			+	+-			+-						
				+-			1						
							1						
				1			+						
lame of Registered Waste Ha		NJD	EP Waste ID	No.	Cubic Yds waste	Name of Register	red Lan	dfill					
RI-STATE TRANSFER ASS			SW1896		TBD	MINERVA ENTER							
ity, State		Disp	osal Date		City, State of Registere	ed Landfill	1.1.0						
RONX, NY		TBD			WAYNESBURG, OHIO								
completed By (Print or Type)		Title			Signature	1		Date					
inita Smolar													

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

Initial Friable Notification Check#: 6885

G4667

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Date of Notification			Na	me o	f Bu:	ldin	g Owner/Opena	tor (2)					-
0 4 1/10	15 1/11	171	Je	ersev	City	Free	Public Libra y	*					1
Agencies Notified	Type Noti	fication		reet					TI AP	7 1	+8	017	
[X] EPA	(Note it		147	72 Je	rsev	Aver	nue.		The second secon				
[X] DEP	[X]Init: Noti:	fication					p Code		ASEEST				)L &
X1DOL	[ ]Ameno		Je	ersey	City	NJ (	07302			ICEN	SIN	<u> </u>	
(×) DOH	127. 137.	fication	2			ntact		T	elephone Numb	er			
X1DCA	[ [Cance	ellation	II PI	riscill	a Ga	rdnei	r, Library Direct	for					
			11			-	NFORMATION		- 0				
Name of Facility W	here Abater	ment is T	aking					Type of Fac	ility (4)		_		
Jersey City Free Pub	olic Library							[ ]Sch	ool (K-12)	•	CONTRACTOR OF		
Street Address	one Library							Sub	chapter 8 (Ot er (i.e., pri	vate	& co	K-12	2) c-
472 Jersey Avenue								ll cia	# of Floor	home	S. 6	(C.)	-
City (5)		Count	y (6)				inty Code (7)	50,000	4		50		
Jorgan City, NJ 0720	2					(ST	TATE USE ONLY)		(Prior if be	ing (	demo.	Lishe	ed)
Jersey City, NJ 0730		Hudso		ASC	M No		Name of Abit	Vacant Libra	ary Building			_	
Owner (8)		<u>-</u>											
Whitman Companies	, Inc.			001	10		Four Strong E	Builders, Inc.					
116 Tices Lane, Unit	D 1							₹500 E					
City. State. Zip Co	ode .						180 Sargeant	Zip Code					_
East Brunswick, NJ 0	08816						Clifton, NJ ()7	013-1935					
Project Manager for	Monitoria	ng Firm	Telep	hone	Numi	er	Telephone Wu	mber	Lice	nse	Vumb	ET	
Kevin Lovely			732-3				973-614-0377		0800	)7			
Scheduled Start Dat						2.5	Name of OSKA	Monitor					
Occupancy Status Du	Year	0   4   /  . Month /	Day	1/1-	Year		Four Strong E						
STacility Close							Street Addre						
of Abatement []Abatement Peri		2					180 Sargeant	Avenue					
Hours - Descri	lbe:					-	orej, seass,	arp code					
Scope of Work (Chec		annly					Clifton, NJ 07	013					
{   Demoliti		- appry/	N1	Reno	vatio	20	[X]F111	l Containment i-Enclosure	with Negativ	e Pr	essu	re	
[X]>3 sf or [ ]>160 sf	>3 lf		N	Keno	AGET	211	[ ]G.Lo	vebag Procedu -Friable Proc					
1 1 <u>/</u> 100 S1	01 /200 11			Is			£ 1M2H	-Friable Proc	edure	INC		- m	
Locati	or of		Loc	ation			Dogganiaui	6			ceme:	E E	E
Asbestos-C	Containing		U	sed			Description Asbestos-Con	taining	Amount	RE	R	N C A	N C
Material TO BE A	BATED		pA	lely Main	-		Material (	systems	(Specify SF or	M	P	P	T. 0
in Faci			Cus	todi	al	11	or other mis		LF)	V	A	S	S
			Yes	ff(1:	V/A					L	R	L	R
Attic area			X		F	Pipe i	nsulation		50 LF	X			
Name of Registered	Waste Haul	er		DEP   uler			Cubic Yards of Waste	Name of Reg	istered Landf	ill		10-0-0	
Four Strong Builders	, Inc.		12	609				G.R.O.W.S.,	Inc.				
City. State							Disposal Dake	City. State					
Clifton, NJ								Tullytown, P.	A				
Completed By (Print	or Type)	Title					Signatur	e IV		Da	ate		
Bilyana Kulakovska		Office Ad	dmini	strato	or		AX	Dun		4/	5/17		
ASB-41								Z					

NOTIFICATION OF ASBESTOS ABATEMENT Initial Friable N
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check #: 6885

Initial Friable Notification

Date of Notification		7 .	Мал	ne of	Bui	lding	g Ow	ner/Ope	erato	or	(2)						
0 4 1/10							Pub	lic Libra	an'								_
Agencies Notified	Type Notific	ation	Sta	reet	Addi	ess	-								8		
[X] EPA	[X]Initial	ı	47	2 Je	rsey	Aven	ue					CH-12/00/10/20 10:20			_		
[X] DEP	Notific		CI	ty.	State	, Zi	p Co	de	1434								
X1DOL	[ ]Amended Notifie		Je	rsey	City	NJ 0	730	2									
(X) DOH	1417AF 200 A 1117AF 200 A		Nar	me o	f Co	itact					Tele	phone N	umber				
<b>X</b> 1DCA	[ ]Cancel:	Lation	Pr	iscilla	a Ga	rdner	, Lib	rary Di	recto	or							
								MATION									
Name of Facility W	here Abateme	nt is Ta	king							T	ype of Facili	ty (4)					
Jorgov City Eroo Buk	olie Library										[ ]School [ ]Subcha	(K-12)	(Oth	or t	200 1	x-121	1
Jersey City Free Pub Street Address	one Library										10ther	(i.e.,	priv	ate i	COI	nmer-	
									1	5	cial b	# of F	loors	Bl	dg.	Age	
472 Jersey Avenue		County	7 (6)			Cou	ntv	Code (	71-		50.000	4			50		
CITY (3)		Codire	(0)			(ST	ATÉ	USE ON	ILY)	C	Current Use (P	rior i	f bei	ng d	emol.	ishe	1)
Jersey City, NJ 0730	)2	Hudso				1_,	-110			1	Vacant Library	Building	9			-	
Name of Monitoring Owner (8)	Firm Hired	by Bullo	iing	ASC	M NO		Na	me or A	108 Ce	eme	ent Contractor	. (5)					
Whitman Companies	s, Inc.			001	10						ders, Inc.						
Street Address							Sŧ	reet Ad	dres	SS							
116 Tices Lane, Uni	t B-1						18	0 Sarge	eant.	Av	/enue						
City, State, Zip C	ode							_			p Code						
East Brunswick, NJ Project Manager to	08816	Eirm I	raler	hone	Mine	her	CI	fton, N.	J (170	010	3-1935		Licen	se N	umbe	r	
AND STATE OF THE S	r montrorras	1								_	3.3	1	00807	7			
Kevin Lovely Scheduled Start Da	te (10)  Sc	hed.Com	732-3			(11)	1	3-614-0			onitor		00007		_		
0 4 / 1 7 /   Day / Occupancy Status D	1   7     ( M	)   4   /  .	2   8 Day	1/12	1   7 Year			ur Stro			ders, Inc.						
Occupancy Status D	uring Abatem	uring E	eck c	only e Per	one,				at 2013 - 201								
of Abatement []Abatement Per								0 Sarg			venue ip Code						
Hours - Descr	ibe:		J_111.G_1			_					- T						
[ ]Other - Descr				_			CI	ifton, N	J ()7(	01	3						-
Scope of Work (Che		abbīA)	5.77								Containment w	ith Neg	ative	Pre	ssui	e	1.7
[ ]Demolit [X]>3 sf c	r >3 1f		IX.	Rend	ovati	on		ĺ	] G.Lot	vet	Enclosure bag Procedure						
[ ]∑160 sf	o <del>r</del> ≥260 lf							l .	INOD-		riable Proced	ure		****		- M-	
				Is catio											emer	E E	E
	ion of Containing			rmal: Used				Descr	-Cont	tai	ining	Amou		R	R	N C A	N C T.
	ABATED			olel; Mai			(i.e	Materi the	rm-11	S	ystems	(Spec	or	0	E	P	0
in Fac	ility			nance stod:		i					cing. VAT. llaneous)	LF	7)	V A	A	S	S
	. = ,			aff(										L	R	L	R
Attic area			X			Pipe	insu	lation				50 LF		X			
			1														
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Name of Registered	Waste Haule	er			Was			oic Yar	ds	T	Name of Regis	tered I	andf:	11			
- 0. 0					r ID	NO.	01	Waste		1	G.R.O.W.S., In	10					
Four Strong Builder	s, Inc.		11.	2609			Dis	posal	Date		City. State	10.				_	
2000000 = 1 0 0 10 00 00 00 00 00 00 00 00 00 00											Tullytown DA						
Clifton, NJ Completed By (Prin	it or Tynel	Title					<u></u>	Sign	atur		Tullytown, PA			Da	ate		
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Bilyana Kulakovska	1	Office A	amın	iistra	ior			7	21	7	200	/		14/	5/17		
JUN 95												/				G46	67

NOCH		NOT		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		D) E C	ß		V	E,	
Date of Notification (1)  4 /	3 / 5 17	C	01	Name	of Buildin	g Owner/Operator ( f Woodbridge	2)	TI L TAP	R. T	1.2	017		
Agencies Notified	Type Notification	erogre	is Co	Street	Address			ACDEC	7007	2021	TDO	1 P	
□ EPA	☐ Initial			1 M	ain Stree	et		ASBES1	US ( ICEN			IL a	
☑ DOLWD ☑ DHSS	Amended Amendment #	1-4/4/1	17	157	State, Zip (		April 3, 201	†					
□ DCA		100		Wo	odbridge	e, NJ 07095							
(NJAC 5:23-8)	justification)			To describe the	of Contac	370	Mr. Anthon	Telephone Num	ber				
	Cancellation			Cor	nstructio	n office	Bristoi Envi	ч					
				FA	CILITY IN	IFORMATION	1123 Beave	r Street					
Name of Facility Where A		g Place	(3)				Type of Fability	<b>(4)</b> (07					
Vacant Residential		45					School (K-12		ix.				
Street Address	L. i. C	<b>`</b> .!					Other (i.e., b	8 (Other than K-12 rivate and comme	rcial bu	ildino	IS.		
9 Federal Street							homes etco				(=)		
City (5)							Square Feet e	de#of Floors	BI	dg. A	ge		
Metuchen													
County (6)				Cour	ity Code (7	()(STATE USE ONLY)		ior if being demoli	shed)				
Woodbridge						-	School	5)					
Name of Monitoring Firm						Name of Abateme	ent Contractor (9)	nage					
Environmental Con							VIRONMENTA	L, INC	1	301			
Street Address	, in a 1				55 75	Street Address	readires set	a Hear of the					
120 North Warren S	treet	3018	eti at	Ki ding		1123 BEAVE	101011111111	11.11.11					
City, State, Zip Code Trenton, NJ 08608						City, State, Zip Co							
Project Manager for Moni		1.5 - 5		phone		BRISTOL, PA	7 19007	License No.				-	
Dominick Dercole				9-392		215-788-3040	(	00509					
Start Date (10)	School	4.5	2.7	tion Da	4.1.	Name of OSHA M	N 1 1 12 1 1 1 1 1	c1 (xc)	-		_		
04 /04 /	Average and the second	2.4	1	<u> </u>		The state of the s	VIRONMENTA	L, INC.			£1		
Occupancy Status During	Abatement (Chec	k only c	ne)			Street Address	Alle me prose	- 1.+0					
☐ Facility Closed/Vacate						1123 BEAVE							
☐ Abatement Performed Time of Abatement: 8			/ Hour M-	s - Des AM		City, State, Zip Co	ode	<i>y</i>					
						BRISTOL, PA	19007	1.5					
Scope of Work (Check all    \( \geq 3 \) sf or \( \geq 3 \) If    \( \geq 160 \) sf or \( \geq 260 \) If	that apply)	☐ Re 図 De	novati molitic				g Procedure	gative Pressure	re			200-001	
Mark Company (Mark Company)	577 <b>-</b> 5	100	Locat			10m2 accord	100 m 200 m		Ab	atem	ent T	ype	
Location Asbestos-Containing I			lorma d Sole	ely by	Ashe	Description of Asbestos Containing Material (ACM)						E	
TO BE ABA			intena			., thermal systems i	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facilit	У	Cusi	(12)	Staff?		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	ure	
(10)		Yes	No	N/A		other miscellane	ousj				ē		
Throughout residence	е				VAT	, , , , , , , , , , , , , , , , , , ,		0					
Throughout residenc	е			$\boxtimes$	Flue ins	sulation		0					
Roof		П			Roofing			0		П	П		
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			1							1			
Name of Paristand Miss	to Hauler			IDED.	Maata	Cubic Variate	Name of Day's	stored Landfill		Ш	Ш	Ш	
Name of Registered Was			7300	JDEP V lauler II 20990	No.	Cubic Yards of Waste TBD	Name of Regis						
City, State		133 15.		ST 100	1 to 11(00)	Disposal Date	City, State						
NEW CASTLE, DE		4				4/5/2017	WAYNESB	URG. OH					

ASB-41 MAY 11 GI 17090

Gino Pizzigoni

Completed By (Print or Type)

Title

Estimator

Signature

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

NOCK				(F	ursu	ant to NJ	AC 8:60 and 5:		hk#3	19	[] [V	U	U
Date of Notification (1)	8				Na	me of Buildi	ng Owner/Operator	r (2)	11111111111				- 1
	3	/	_		1	ownship	of Woodbridge		ILL APR	11	20	7	
Agencies Notified	Type No	otification			Str	eet Address	_						+
□ EPA					1	Main Stre	eet	200	ASBESTO	)S CC	THIT	101	2
□ DOLWD	☐ Amer				City	y, State, Zip	Code			IENS!		111	α
☑ DHSS	The second second second	ndment #					je, NJ 07095						
DCA (NJAC 5:23-8)	iustifi	rgency (incluication)	ıdıng			me of Conta			Tolophone M	lumb or			
(140/10/0.25-0)	☐ Cano					onstruction	-		Telephone N	umber			
					_				1				
Name of Facility Where A	Abatamant	is Takina D	lana	(2)		ACILITY	NFORMATION	1					
Vacant Residential		is raking P	lace	(3)				Type of Facili					
	-							School (K	-12) er 8 (Other than K	12)			
Street Address								Other (i.e.	, private and com	mercial	l build	nas.	
9 Federal Street								homes, et	c.)			3-,	
City (5)								Square Feet	# of Floors		Bldg.	Age	
Metuchen													
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (	Prior if being dem	olished	i)		
Woodbridge								School					
Name of Monitoring Firm	Hired by B	Building Owr	ner (8	3)	ASCI	M No.	Name of Abatem	ent Contractor (	9)				-
Environmental Con	nection,	Inc.					BRISTOL EN	VIRONMENT	AL, INC.				
Street Address							Street Address						_
120 North Warren S	treet						1123 BEAVE	R STREET					
City, State, Zip Code				-			City, State, Zir C	ode					-
Trenton, NJ 08608							BRISTOL, PA						
Project Manager for Monit	oring Firm			Tele	ephone	e No	Telephone No.	. 10001	License No.				_
Dominick Dercole	-					2-4200	215-788-6040	į.	00509				
Start Date (10)		Scheduled	1 Cor				Name of OSHA N		00509				
04 / 04 /	17	The second				17	Figure 1 to the contraction of the property of the contraction of the		AL INC				
							BRISTOL EN		AL, INC.				
Occupancy Status During								£ .					
<ul><li>☑ Facility Closed/Vacated</li><li>☑ Abatement Performed (</li></ul>							1123 BEAVE				9 9 5		
Time of Abatement: 8A							City, State, Zip Co						
							BRISTOL, PA	19007					
Scope of Work (Check all t	hat apply)												
≥3 sf or ≥3 If			Reno	vati	on		☐ Full Cont		gative Pressure				
≥160 sf or ≥260 lf		⊠ 1	Dem	olitio	n			Procedure					
			0.0				Non-Exer	npted (*) and No	on-Friable Proced	ure			
9 0000 9			Is Lo	ocati mal						A	batem	ent T	уре
Location of Asbestos-Containing Ma		M) U			ly by	Achos	Description of tos Containing Mat			R	R	ū	П
TO BE ABATE		V	Maint				thermal systems in		Amount (Specify	Removal	Repair	cap	CIO
IN Facility		Ci		12)	Staff?		surfacing, VAT,	or	SF or LF)	val	7	Encapsulate	Enclosure
(13)		Yes	7	VO	N/A	1	other miscellar eo	us)				ate	O
Throughout residence					N/A ⊠	VAT			TBD				-
Throughout residence				7		Flue insu	ulation		TBD		1		-
Roof			+	7									_
1001			1-	7	V 1 1	Roofing			TBD		Ш	Ш	L
Ioma of Posistered Wests	Haules		JL	1									
lame of Registered Waste I		0		100000	DEP V		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPOR	I GROUI	r		100000000000000000000000000000000000000	20990	T (POG/800)	TBD	MINERVA	LANDFILL				
ity, State					-		Disposal Date	City, State					
NEW CASTLE, DE							4/5/2017	WAYNES	URG, OH				
ompleted By (Print or Type	)	Title					Signature	-	Turnson to the company	ate			-
Gino Pizzigoni		Estima	ator					an mon		W . 1	3-1	7	

15.	CLESSES N	107:2/A TO 10
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Ch 601	13		(F	Pursuan	t to NJAC	8:60 and	12:120	)				(5)	1	- 1-		15
Date of Notification (1) 4/5/17					of Building ape Regio				trict		ŀ	APR	Qr.	1 2	2017	
Agencies Notified	Type Notification			Street	Address					1						-
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DEP DOL	Amended Amendment	#			tate, Zip Co									2.1.7		
	☐ Emergency		_		mong NJ	08088										
DOH DCA	justification) Cancellation	ii 81			of Contact	2722				Tel	ephone	Nun	ber			
					ony Voiro				3 2							
Name of Facility Where	Abatement is Takin	g Place (	3)	FAC	ILITY INFO	DRMATIO		Type of	Facility (4	4)						
Lenape High Scho	loc						1.5	200000	hool (K-1	20822						
Street Address								Su	bchapter	8 (Othe	er than	K-12	)			
235 Hartford Rd								Oth etc	ner (i.e. p	rivate 8	& comm	nercia	l bui	ldings	, hon	nes,
City (5)								Square	-/	# of	Floors		E	Bldg.	Age	
Medford NJ 08055 County (6)	0							1000+		2				35+	0	
Burlington				County (STATE	Code (7) USE ONLY)		_	Current	Use (Pric	r if bei	ng dem	olish	ed)			
Name of Monitoring Fire	m Hired by Building (	Owner (8	)	ASCI	M No.		Vame o	f Ahatan	nent Con	tractor	(0)					
Coastal Environm	ental Compliance	e LLC	6	1				aco Inc		liacioi	(9)					
Street Address								ddress								
PO Box 167								ox 329								
City, State, Zip Code						C	ty, Sta	te, Zip C	Code							
Hammonton NJ 08						1	West	Berlin	NJ 080	91						
Project Manager for Mo Cathy Ledden	nitoring Firm			Telepho			elepho		1868		Licens					1172
Start Date (10)		Cahadul	24 02-		85-9984			53-980	V-X-10		0072	7				
4/17/17		4/19/1		npietion	Date (11)			f OSHA	Monitor							
Occupancy Status Durin	ng Abatement (Check				-			eet Address								
X Facility Closed/Vac	cated During Entire P	erind of	Ahatom	nent				te, Zip C	ode	+					1.7100	
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 If	ac/\ppiy)	П,		41												
≥160 sf or ≥260 lf			Renova Demolit				XX	Mini-Er Gloveb	ontainmer nclosure pag Proce kempted	dure						
		Is	Locati	on				NOTI-L	Kempled	( ) and	INOTI-FT	Iable			emeni	-
Locatio	n of	1	Vormal	У		Descri	gtion of	f	ļ						ре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Iity	Ma	d Sole intenar todial S (12)	ice/	(i.e. tl	os Containi hermal sys surfacing other misc	ing Mat stems in g, VAT,	terial (A0 nsulation or		(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		ate	e e
Rm A-102				х		Pipe ins	sulatio	n		2	LF		x			
Rm A-				х		Pipe ins	sulatio	n		4	LF		x			
Rms A,213/211/20	09/200/203/207			х	F	loor Tile	& ma	stic		4 SF	each	Qm.	х			
A win				х	wrap	and repa	air pip	e insul			LF	-	x			
Name of Registered Was	ste Hauler			JDEP W	aste	Cubic Yard			me of Re							-
United Roll Off						of Waste 2		// same	.R.O.W							
City, State						Disposal D	Date	Cit	y, State			-	-			
Elm NJ						4/19/17			lorrisvill	e PA	19067	7				
Completed by Anthony T Perna		Title Presi	dent			Signa	ure	,				Date 4/5/				
						1 (	-			-	1.0	.,01	1.1			

# New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

APR 1 1 2017

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

	I. NO	TIFICATION INFORMA	TION			
Date of Notification:  ☑ Initial ☐ Amended  Type of Work: ☐ Demoli		Emergency (must i	include justification			
	II.	BUILDING INFORMATION	ON			
Name of Building Owner/Op	erator:	Vict	oria Harvey			
Street Address:		City: Williamstown		NJ	Zip: _	08094
Name of Contact: Victor	ia Harvey		Telephone No.			
	III.	FACILITY INFORMATION	ON			
Name of Facility Where Wor	rk Activity is to Take Place	e:	Harvey Resid	lence		
Describe Facility Use:	30 	Reside	nce			
Street Address:		City: Williamstown	State:	NJ	Zip: _	08094
County Name: Glouceste	er	County Code	(State Use Only):			
Scheduled Start Date:		7 Scheduled C	ompletion Date:	4 /	15	/ 2017
Occupancy Status During		e):				
Occupancy Status During  Facility Closed/Vacated I  Activity Performed Outsid  Other—Describe:	During Entire Activity de Normal Facility Hours-					
<ul><li>☐ Facility Closed/Vacated I</li><li>☐ Activity Performed Outside</li></ul>	During Entire Activity de Normal Facility Hours- that apply):	—Describe:				
<ul><li>☐ Facility Closed/Vacated I</li><li>☐ Activity Performed Outsid</li><li>☐ Other—Describe:</li></ul>	During Entire Activity de Normal Facility Hours- that apply):		Percentag	e Asbestos	s:	%
<ul> <li>☐ Facility Closed/Vacated I</li> <li>☐ Activity Performed Outsid</li> <li>☐ Other—Describe:</li> <li>☐ Scope of Work (check all topics)</li> </ul>	During Entire Activity de Normal Facility Hours- that apply):  Square Footage:	—Describe:	Percentag	e Asbestos	s:	%
<ul> <li>☐ Facility Closed/Vacated I</li> <li>☐ Activity Performed Outsid</li> <li>☐ Other—Describe:</li> <li>☐ Scope of Work (check all t</li> <li>☐ Floor Tile</li> </ul>	During Entire Activity  de Normal Facility Hours-  that apply):  Square Footage:  Square Footage:	—Describe:	Percentag Percentag	e Asbestos	s:	%
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☐ Facility Closed/Vacated I ☐ Activity Performed Outsid ☐ Other—Describe: ☐ Scope of Work (check all t ☐ Floor Tile ☐ Mastic  Company Name:	During Entire Activity  de Normal Facility Hours- that apply):	Describe:	Percentag Percentag  ATION Telephone N State:	e Asbestos e Asbestos lo.:8 NJ	856-755 Zip:	% % 5-0099 08052
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#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

	l. N	IOTIFICATION INFORI	MATION	L	dorna	CONTROL
Date of Notification:	4 / 4 / 2	017		AUL AUL		HE-VG
☑ Initial ☐ Amend Type of Work: ☐ Der	ded ☐ Cancellation molition ☐ Renovation	_ , ,	ust include justification	1)		
	1	. BUILDING INFORMA	ATION			
Name of Building Owner	/Operator:	D	arryle Sterling			
Street Address:		City: Willingboro	State;	NJ	Zip:	08046
Name of Contact: Dar	rryle Sterling		Telephone N _	_		
		I. FACILITY INFORMA	ITION			
Name of Facility Where V	Work Activity is to Take Pla	ce:	Sterling Resid	dence		
Describe Facility Use: _		Resid	dence		1000000	
Street Address:		City: Willingboro	State:	NJ	Zip: _	08046
County Name: Burling	ton	County Cod	de (State Use Only):		A1 15	
Selection 12 - 4 C/- 4 C - 4 C	4 / 13 / 20	17 Cabadulas	10 10 51	4 /	15	/ 2017
Occupancy Status Duri	ng Activity (check only or ed During Entire Activity		Completion Date:	- <u>-</u>	-10	7 2017
Occupancy Status Duri ☑ Facility Closed/Vacate ☐ Activity Performed Ou	ng Activity (check only or ed During Entire Activity atside Normal Facility Hours	ne): s—Describe:			77	
Occupancy Status Duri ☑ Facility Closed/Vacate ☐ Activity Performed Ou	ng Activity (check only or ed During Entire Activity Itside Normal Facility Hours	ne): s—Describe:			77	
Occupancy Status Durion  ☐ Facility Closed/Vacate ☐ Activity Performed Ou ☐ Other—Describe:	ng Activity (check only or ed During Entire Activity Itside Normal Facility Hours	ne): s—Describe:			7.	
Occupancy Status During  ☐ Facility Closed/Vacate ☐ Activity Performed Ou ☐ Other—Describe: ☐ Cope of Work (check a	ng Activity (check only oned During Entire Activity atside Normal Facility Hours all that apply):	ne): s—Describe: e: 280 SF		Asbestos	:	
Cocupancy Status During Facility Closed/Vacate Activity Performed Ou Other—Describe:  Cope of Work (check and Floor Tile	ng Activity (check only oned During Entire Activity Itside Normal Facility Hours It that apply):  Square Footage Square Footage	ne): s—Describe: e: 280 SF	Percentage	Asbestos	:	%
Ccupancy Status During  Facility Closed/Vacate  Activity Performed Ou  Other—Describe:  Cope of Work (check and Floor Tile  Mastic	ng Activity (check only oned During Entire Activity Itside Normal Facility Hours It that apply):  Square Footage Square Footage	ne):  S—Describe:  E: 280 SF  E: 280 SF  CONTRACTOR INFORI	Percentage	Asbestos	:	% %
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Cocupancy Status During Facility Closed/Vacate Activity Performed Ou Other—Describe: Cope of Work (check at Floor Tile Mastic Company Name: Street Address: 623 Ct	ng Activity (check only of ed During Entire Activity stside Normal Facility Hours all that apply): Square Footage Square Footage IV. C	ne):  S—Describe:  280 SF  280 SF  CONTRACTOR INFORITION INFORITION INFORMATION INFORMATIO	Percentage Percentage  MATION  Telephone No	Asbestos	56-755	% % -0099
Cocupancy Status During Facility Closed/Vacate Activity Performed Ou Other—Describe: Cope of Work (check at Floor Tile Mastic Company Name: Street Address: 623 Ct	ng Activity (check only of ed During Entire Activity staide Normal Facility Hours all that apply):  Square Footage Square Footage IV. C  Shade Environmutler Avenue ense Number (if applicable	ne):  S—Describe:  280 SF  280 SF  CONTRACTOR INFORITION INFORITION INFORMATION INFORMATIO	Percentage Percentage MATION Telephone No. State:	e Asbestos e Asbestos o.: 8 NJ	56-755	% % -0099 08052
Facility Closed/Vacate Activity Performed Ou Other—Describe: Cope of Work (check a Floor Tile Mastic Company Name: Circet Address: 623 Cu	ng Activity (check only of ed During Entire Activity staide Normal Facility Hours all that apply):  Square Footage Square Footage IV. C  Shade Environmutler Avenue ense Number (if applicable	ne):  S—Describe:  280 SF  280 SF  CONTRACTOR INFORM  nental, LLC  City: Maple Shade  ): 0084	Percentage Percentage MATION Telephone No. State:	e Asbestos e Asbestos o.: 8 NJ	: : 56-755 Zip:	% % -0099 08052
Facility Closed/Vacate Activity Performed Ou Other—Describe: Cope of Work (check a Floor Tile Mastic Company Name: Street Address: 623 Cu	ng Activity (check only of ed During Entire Activity staide Normal Facility Hours all that apply):  Square Footage Square Footage IV. C  Shade Environmutler Avenue ense Number (if applicable	ne):  S—Describe:  E: 280 SF  E: 280 SF  CONTRACTOR INFORM  nental, LLC  City: Maple Shade  E): 0084  Consulting Service  V. SIGNATURE	Percentage Percentage MATION Telephone No. State:	Asbestos  Asbestos  D.: 8  NJ  D.: 6	: : : 56-755 Zip: 	% % -0099 08052 -4070

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ate of Notification (1)		10.000000	me of Buhmad A		er/Operator	(2)		li i	VC1 11				
1/5/17 pencies Notified Type Notificat	tion	100	reet Addr						ASEESTO	18 01	TT		-
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EPA X Initial Amende	d			Zip Code									
DOL Amendr	nent #			Brook, NJ	07663			Tolor	phone Numb	ner			
L Emerger	ncy (including	Na	ame of C	ontact				rele	phone Num	Jei			
DOH Justification Cancella													_
			FACILIT	TY INFORM	ATION	Type of	Facility (4	)					
ame of Facility Where Abatement is T	aking Place (3)					10.525							
Residential House					-	F 9	hool (K-12	R (Othe	r than K-12)				
treet Address						▼ Ot	her (i.e. pr	ivate &	commercial	buildir	igs, ho	omes,	ř
			0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Square		# of	Floors	Bld	g. Age	9	
City (5)						1500	1 001	1		50			
Wayne				1- (7)			Use (Prio	r if beir	ng demolishe	ed)			
County (6)		C (S	ounty Co	ide (/) E ONLY) _			dential H						
Passaic		,,		371 ===	Name		ment Cont		(9)				
lame of Monitoring Firm Hired by Build	ding Owner (8)		ASCM N	NO.			Contractin						
n/a			11/d			Address							
treet Address						Palisa							
n/a					211352700	State, Zip							
City, State, Zip Code							J 07026					-	
n/a		ТТ	elephone	e No		hone No			License No	٥.			
Project Manager for Monitoring Firm		1	n/a	, , , , ,	100	460.60			01255				
n/a	Scheduled			ate (11)	Name	of OSH	A Monitor						
Start Date (10)	4/22/17	00,	product. =		Har	mony (	Contracti	ng Ind					
4/14/17 Occupancy Status During Abatement		)				t Addres							
Occupancy Status During Abatement					000	D-1:	do Ava						_
	ti- Desired of Ab	otom	ont			) Palisa							
Escility Closed Vacated During E	intire Period of Ab f Normal Facility F	atem Hours	ent		City,	State, Zip	Code						
	ntire Period of Ab f Normal Facility H	atem Hours	ent		City,	State, Zip							
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Print Form

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	1				FACILI	TY INFOR	RMATION	Time	of Facility (4)						_
Name of Facility When Commercial Bldg		ent is Taking	Place (3)					<b>=</b>	School (K-12)	) (Othe	r than K-12)				
Street Address								×	Other (i.e. pri	vate &	commercial	buildir	ngs, h	omes	,
115 River Rd								Sau	etc.) are Feet	# of	Floors	Bld	ig. Ag	е	
City (5)								100	000	5		50	)+		
Edgewater				10	ounty Co	nde (7)			ent Use (Prior	if beir	ng demolishe	d)			
County (6)				(5	TATE US	SE ONLY)			mmercial B						
Bergen	12 J E	ni Buildina C	luner (2)		ASCM	No.	· .   N		atement Cont		(9)				
Name of Monitoring Fi	rm Hired b	by building C	Wilei (0)		n/a				Contractin						
n/a					100			treet Addre						16-7-2	
Street Address							3	360 Palis	sade Ave						
n/a							С	ity State,	Zip Code						
City, State, Zip Code									NJ 07026						
n/a Project Manager for M	Ionitoring I	Firm		Telephone No.				Telephone No.			License No	).			
n/a	ior ittoring i	-4.000		Telephone No.				973460.6026 01255							
Start Date (10)			Scheduled	Com	oletion D	ate (11)	10000		SHA Monitor						
4/20/17			5/15/17				1	Harmon	/ Contractir	ng Ind					
Occupancy Status Du	ring Abate	ement (Chec	k Only One				100	treet Addr							
To ciliby Classed A	acated Du	ırina Entire F	Period of Ab	ateme	ent			TOTAL STATE	sade Ave		- 12				
Abatement Perfo	ormed Outs	side of Norm	nal Facility H	lours			1	ity, State,							
Other - Describe	e:							Garfield	, NJ 07026					_	
Scope of Work (Chec	k All That	Apply)							XVV188 - A.J. A.G. SERVICE CO.	uroyo angas			_		
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Name of Registered	Waste Hai	uler			JDEP W		Cubic Y		Name of	Regis	tered Landfil	1	1		
Harmony Contra				10000	lauler ID 33137	No.	of Wast		GROV		ındfill				
City, State				000.0.			Sposal Date City, State  Morrisville, PA								
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Completed by									perino		4	/5/17	7		
Tina Caporino			0001	J.u. y		140000000	U	W/WC	100						

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CH	1			OF ASBE to NJAC 8				÷	OK	#1	168	7	-	-
Date of Notification (1) 4/4/17				f Building ( Brunswi				ation		AP	H 1		2017	
Agencies Notified Type Notification  EPA Initial		100	Street A	ddress cutive Dr	ive				400	ASBEST	TOS	GON	THO	)L &
DEP Amended  DOL Amendment				ite, Zip Coo outh Jun		NJ ()8	3852		No. of Contract of	·	-			
➤ DOH justification)  ➤ DCA		1055		f Contact eus Tho	mpson				Tele	nhone Nii	mhar			
				LITY INFO		N			1					
Name of Facility Where Abatement is Takir Greenbrook School	g Place (3	3)						of Facility ( School (K-1	2)	Title: 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2000			
Street Address 23 Roberts Street							ħ,	Subchapter Other (i.e. p etc.)				dings	home	es,
City (5) Kendall Park, NJ 08824					11.000 - 0.000		Squa 30,0	re Feet 00 +		Floors 3+		81dg. A 50+	\ge	
County (6) Middlesex County			County C	Code (7) USE ONLY)	-		Curre	ent Use (Prid ool	or if bein	g demolisi	ned)			
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8)		ASCM 0004					tement Con ontracting		50.275				
Street Address 3 Crossroads Street							Addres /illow	5,5%						
City, State, Zip Code Bordentown, NJ 08505								ip Code Park, NJ	0742	4				
Project Manager for Monitoring Firm Michael Hoodak		11 8	Telephor 609-29	ne No. 98-5520			none No 333-9			License N 01331	lo.			
Start Date (10) 4/8/2017	Schedule 4/15/20		pletion [	Date (11)				HA Monitor on Consu	Itants,	Inc.				
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addres	37.						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:						City, S	tate, Zi	garaw Rd ip Code , NJ 074		. 35-E				
Scope of Work (Check All That Apply)														
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н	-		X	1 19	Boiler			1011		SF	XX			
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Boiler Room Old Wing  Name of Registered Waste Hauler		I N	JDEP W	acte	Cubic Y		ation	Name of F			1000			
Unicorn Contracting Corp.		На	auler ID   35844	No.	of Waste			Fairless						
City, State Woodland Park, New Jersey					Disposa TBD	I Date		City, State Morrisvi						
Completed by Dimo Golcev	Title Gene	ral Ma	anager	in the second	Sig	nature		111		14/4/	te 4/20	17		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)  4/4/17  Agencies Notified  Type Notification  Initial  Amended  Amendment #  Emergency (including justification)  X DCA  Name of Facility Where Abatement is Taking Place (3)  Monmouth Junction School  Street Address 630 Ridge Road  City (5)  Monmouth Junction, NJ 08852  County (6)  Middlesex County	S   S   Z   C   C   C   C   C   C   C   C   C	South B Street Add 4 Execu City, State Monmon Name of C Thadde	dress utive Dri E, Zip Cod uth Jun Contact us Thor	te ction, NJ	of Ed	ducation	L		08 C	:ON						
Agencies Notified  Type Notification  Initial Amended Amendment # Emergency (including justification)  Cancellation  Name of Facility Where Abatement is Taking Place (3)  Monmouth Junction School  Street Address 630 Ridge Road  City (5) Monmouth Junction, NJ 08852  County (6)	_ [1]	4 Executity, State Monmore Name of Control Thadde	itive Dri e, Zip Cod uth Jun Contact us Thor	ction, NJ	088	52	L		JE			L &				
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Monmouth Junction School  Street Address 630 Ridge Road  City (5)  Monmouth Junction, NJ 08852  County (6)		FACILI	ITY INFO	RMATION							_					
Monmouth Junction School  Street Address 630 Ridge Road  City (5)  Monmouth Junction, NJ 08852  County (6)					T	Type of Facility (4)	)									
630 Ridge Road  City (5)  Monmouth Junction, NJ 08852  County (6)						School (K-12 Subchapter 8	(Other	than K-12)								
Monmouth Junction, NJ 08852 County (6)						Other (i.e. pri etc.)	ivate &	commercial				\$,				
						Square Feet 30,000 +	3	Floors +	5	ig. Ag O+	е					
		County Co	ode (7) SE ONLY)		100	Current Use (Prior School	r if bein	g demolishe	ed)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM	No.			of Abatement Cont rn Contracting										
Briggs Associates Street Address		0004				Address	ООГР.									
3 Crossroads Street						llow Way										
City, State, Zip Code Bordentown, NJ 08505						ate, Zip Code lland Park, NJ	0742									
Project Manager for Monitoring Firm Michael Hoodak	0.4	Telephon 609-29		1.75		one No. 33-9176		License No 01331								
Start Date (10) Schedule 4/13/2017 4/15/20		npletion D	ate (11)			of OSHA Monitor Ovision Consul	tants,	Inc.								
Occupancy Status During Abatement (Check Only One	e)					Address Wagaraw Rd.	Blda	35-F								
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:	batem	nent		Cit	ty, St	ate, Zip Code -awn, NJ 0741		. 00 L								
Scope of Work (Check All That Apply)							-	-				-				
× ≥3 sf or ≥3 lf	enova emolit				×	Full Containme Mini-Enclosure Glovebag Proc	edure									
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Location of Use Asbestos-Containing Material (ACM) Mai	Locati Normal d Sole intena todial s (12)	lly ely by nce/		Descriptos Containi thermal sys surfacing other misc	ing M sterns g, 'VA'	aterial (ACM) insulation, T, or	(S	mount pecify or LF)	Remova	Ty Repair	e Encapsulate	Enclosure				
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			34													
Name of Registered Waste Hauler Unicorn Contracting Corp.	H	NJDEP W Hauler ID 035844	No.	Cubic Yar of Waste 15 CY		100000000000000000000000000000000000000		red Landfill Ifill, LLC			2000					
City, State Woodland Park, New Jersey				Disposal TBD	Date	City, Stat Morrisv		A								
Completed by Title	eral N	//anage	r	Sign	nature	Mind !	11	D2 4/	te 4/20	17						
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2755 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 2017 04 05 \_ / \_ 17 Ms. McGowan Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ✓ Initial ☐ EPA X DOLWD Amended City, State, Zip Code X DHSS Amendment # Fair Lawn, NJ 07410 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Ms. McGowan FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Fair Lawn, NJ 07410 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 14 / 17 04 / 15 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/ PM\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation >3 sf or >3 If = 160 sf or >260 If Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Descript on of Repair Encapsulate Used Solely by Removal 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 SIF or LF) (12)(13)other miscellaneous) Yes No N/A $\boxtimes$ Basement Pipe insulation 50 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wavne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature N.Jevtic Owner 04/05/17 ASB-41

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Date of Notification (1) 4/4/17	)			Name of Joe Ba		ner/Operator	(2)	<u> </u>	<b>T</b>	Ā		1	201	1
Agencies Notified	Type Notification	i		Street A	ddress				1	ODE	TO	000	DITE	100
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× DOH	Emergency justification)			Name of	Contact				Telephon	ne Num	ber			
X DOH DCA	Cancellation			Joe										
				FACI	LITY INFOR	MATION								
Name of Facility Wher	e Abatement is Takir	ng Place (3	)				Туре	of Facility (4	)					
home								School (K-12						
Street Address							×	Subchapter of Other (i.e. pr				dings,	home	s,
City (5)							Saus	etc.) are Feet	# of Floo	rs	В	ldg. A	ae	
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Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCN	1 No.			atement Conf						
						ABS	<b>Env</b>	ironmental	Services	, LLC				
Street Address						Street	t Addre	ess						
						PO	Box 4	183, 4 E G	ate Drive					
City, State, Zip Code						City,	State, 2	Zip Code						
						Gle	nwoo	d, NJ 074	18					
Project Manager for M	onitoring Firm			Telepho	ne No.	Telep	hone N	10.	Lice	nse N	٥.			
,						973-	-764-	2276	703	3				
Start Date (10)		Schedule	ed Cor	npletion I	Name	me of OSHA Monitor								
4/18/17		5/17/17	7											
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	acated During Entire			oont										
	rmed Outside of Nor					City,	State, 2	Zip Code						
Scope of Work (Check	( All That Apply)													
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baser	ment			X		pipe insul	ation		95 LF	:	Х			
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Freehold Cartage				fauler ID 5939		of Waste ΓBD			n Berks La	andfil				
City, State Freehold, NJ						Disposal Dat: FBD	9	City, State Birdsbo						
Completed by Title				tle Signature Date										
A. Scott Higgins Presider							12			4/	4/17			

CIC 4035

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

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Date of Notification (1)  A   S   17		N		Building Owner40 - JOSE			and the same of th					
Agencies Notified Type Notification		S	treet Add	dress				ASBESTO LIC	IS C ENS	Carried and a		_ &
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DOH Emergency (inc justification)	luding	N	lame of	Contact .			Tel	ephone Numbe	ı			
□ DCA □ Cancellation		L	1.	TY INFORMA						-		
Name of Facility Where Abatement is Taking Plan			FACIL	ATT IN CALLE		Type of Facil	ity (4)					
MK. JOSE BU	JKG-	20	-			School	(K-12) oter 8 (Other	than K-12)				
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County (6)				ode (7) SE ONLY)			Prior if bein	g demolished)				
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Name of Montoring I am Times by Danding Own					Be	st Remov	al Inc	- 122				
Street Address						Address						
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City, State, Zip Code					1	ckensack,		1				
Project Manager for Monitoring Firm		7	Telephon	e No.	Teleph	one No.		License No.				
						201-329-7		003	88			$\dashv$
Start Date (10) 4 20 17	Scheduled 2	- 1	etion Da	te (11) 7		nega Envi		al				
Occupancy Status During Abatement (Check Onl	y One)					Address 80 Huyler	Street					
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal Formation  Other - Describe: 7:90	od of Abate	ement SPM			City. S	State, Zip Code outh Hack		NI 07606				
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Scope of Work (Check All That Apply)	-/-			8	ſ	☐ Full Conta	inment with	Negative Pres	sure			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovati emoliti		8	-1	T Mini-Encl	osure					
					400	Glovebag Non-Exen	Procedure npted (*) and	l Non-Friable l	roced	ure		
	Is	Locatio	on	·							ment pe	
Location of	N 20011,5-15	lormally d Solely		I	Description	n of Material (ACM)		Amount				
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenan odial S	ice/	(i.e. thermal sy	stem: inst	ulation, surfacit	ng,	(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure
In Facility (13)	Cus	(12)	WALL:	othe	VA.T, or miscella		'	or Oi Li )	oval	Repair	sulat	osure
	Yes	No	N/A								· c	
BACK OF HOUSE	$\dagger$			MUNITE	SID	iNG		500 SF	×			
BASELLENT				THERMAN SY			J	30 LP	×			
Name of Registered Waste Hauler		1	JDEP W auler ID		ic Yards			ered Landfill				
Best Removal Inc		Н	171	3000 H	4:/2	Annual Control of the		erva Enter	pris	es, L	LC	
City, State Hackensack, NJ 07601	// 111			Disp	osal Date		, State Vavnesh	urg, OH 4	468	8		e7/##
Completed by	Title				Signatur			Da Da	te / I	1		
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Date of No	# (4)	7				Name o	82	OHINATIO	Parator	(2)			ASBI	EST	79.0	YGN	
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Name of F	edity Where	<b>Abatem</b>	ont is Talkin	g Pisce (	3)	FACI	LITY IN	ORMATI	ON	Type	of Feelity (	4)					
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County (8)	CANSON				$\neg \tau$	County	Code (7)	4		- 1		or If bul	g demplat	ed)		-	
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My, State,	Zip Code								City, Si	ato, Zi nd Pa	p Code Brk, N.J.						
roject Mes	neger for Mon	toring F	ion .		T	Telepho	na No.		Tale sh	one No	3.		Upense N	<b>)</b> .			_
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DEP Amended Amendment #		11 52		te, Zip Cod e, NJ 072											
Emergency (ii			The second	Contact					Tele	ephone N	umber				
DOH justification)  DCA Cancellation		191	ather						E 100000						
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Name of Facility Where Abatement is Taking	Place (3	)						f Facility (4	4)						
The Patrick School						-		chool (K-1. ubchapter		er than K-	12)				
Street Address 397 Columbia Avenue							o et	ther (i.e. p	rivate 8	k commer	cial bu	ildir	ngs, l	home	S,
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Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	l No.	Na	me i		ement Con	tractor	(9)					
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Street Address							Address 69 Stre					3,000-1			
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Project Manager for Monitoring Firm		1	elephor	ne No.	775536		one No. 295-17			License 01074					
Start Date (10)	Schedule	ed Com	pletion [	Date (11)		20010	12 x 1206 200 - 11 700	A Monitor							
4/17/17	4/1817			AS AS	Sa	am	e as al	bove							
Occupancy Status During Abatement (Check	Only Or	ne)			Str	reet	Address	3							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Starting at 8:30 AM	eriod of A al Facility	Abatem Hours	ent		Cit	ty, S	tate, Zip	Code							
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	Yes	No	N/A											a)	
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City, State Freehold, NJ					Disposal D	Date		City, Stat		4					
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Gina Betances	Offic	e Mar	nager				Eli	was	_		4/5/2	201	7		

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gencies Notified	Type Notification		Stree	t Addres				Sanita Parent Pa		ESTOS	CON	TRO	L &	
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DOH DCA	justification) Cancellation		Pa	ul Vele	lis	ON								=
Name of Facility Where Golden Door Chart Street Address	Abatement is Taking Fer School	Place (3)	F	ACILITY	/ INFORMATI	<u> </u>	⊠ Sc	Facility (4) shool (K-12) abchapter 8 sher (i.e. priv	(Other th	nan K-12) mmercial b	ouilding	s, hoi	mes,	
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HUDSON Name of Monitoring Fire	m Hired by Building O	wner (8)	10000	ASCM N		Nam	e of Abate	ement Contr es Corpora	ntractor (9) oration					
Street Address						Stree	t Address	s						
City, State, Zip Code						Gu		g, NJ 0709	93	icense No.				
Project Manager for Me	onitoring Firm			lephone		20	1-295-1	700		01074			- 17	_
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Office Basem	ent: Utility Room											-		
									of Docisi	ered Landf	ill			
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City, State Freehold, NJ		Title				bd	nature /	Newb	ourg, P		Date 4/6/2	017		_
Completed by Gina Betances		10.130.3	е Ма	anager			_E	Jua			4/0/2	011		_

Print Form

Date of Notice of Control of Assessing State (Action)  Date of Notice of Control of Cont	C 14 111 11		Nome	State of New	Jersev		IS E		3 1	W/ [
State Date (1)   Stat	Date of Notification (1)		NOTE	FICATION OF ACRE	TOTOC IT.	ATEMENT 120)		, U	<u> </u>	
Aspecied Notified Type Notification Sizera Address DDA DDA DDA DDA DDA DDA DDA DDA DDA D	4/4/17			Name of Building Ov	vner/Operate	or (2)		100	1 1	2017
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DOH	Ame	ndment#		City, State, Zip Code		7,100		LICE	ENSI	vG
Name of Facility Where Abstraces is Taking Place (3)  Stress Address  Stress Address  County (5)  City (5)  County Code (7)  Name of Monitoring Firm Hired by Building Owner (8)  Stress Address  Stress Addre	□ DOH □ Emer	gency (including		West ford	NT	AC.	9 /			
Name of Facility Where Abstances is Taking Place (3)  Street Address  County Code (7)  South Facility (4)  South Facility (4)  South Facility (5)  South Facility (4)  South Facility (5)  South Facility (5)  South Facility (5)  South Facility (6)  South Facility (6)  South Facility (6)  South Facility (7)  South Facility (7)  South Facility (7)  South Facility (7)  South Facility (8)  South Facility (7)  South Facility (8)	DCA Cance	cation)		Name of Contact	J	200		ne Niverb		
Street Address City (5) County (6) County (6) County (6) County (7) Square Feet  County (7) County (6) County (7) Square Feet  County (7) County (8) Street Address Street				- Ren L	22		Librid	ic taninger		
Schedulers & Other than K-12)  City (5)  County (6)  County (6)  County (6)  County (6)  County (7)  Name of Monitoring Firm Hired by Building Owner (8)  September & Sold Monitoring Firm Hired by Building Owner (8)  Steet Address  Steet Address  Steet Address  Steet Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Coupandy Status During Abatement (Check Only Only)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Name of Standard Monitorial Firm  Telephone No.  126phone N				FACILITY INFOR	MATION	1 -				
September 1 School (K-12)  City (5)  County (6)  Count	Street Address	\				Type of F	acility (4)			
City (5)  County (6)  County (	1 (10)					Scho	ool (K-12)			
County (6)  County (7)  County (8)  County	- 10	-				Othe	chapter 8 (Other than I	(-12)		
County Code (7)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street A	Deater					1			lings, h	omes, et
Name of Monitoring Firm Hured by Building Owner (8)  Street Address  Street Address  City, Sate, Zip Code  City, Sate, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Street Address  City, Sate, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Telep	County (6)					Square ree	# of Floor:	;	Bldg.	Age
Street Address  City, Start, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  Nam: of OSHA Monitor  Occupancy Status During Abatement (Check Only Only Only Only Only Only Only Only	6/04/154		Co	ounty Code (7)		Current List	(Prior if L.			
Street Address  City, State, Zip Code  City, State, Zip Code  Street Address  City, State, Zip Code  State  Abattement  Type  Abattement	Name of Monitoring Firm Hired by Buildin	ng Oumar (0)					(. Hor it being demo	Ished)		
Size Address  Street Address		is Owner (8)	1	ASCM No.	Name	of Abatement	Contractor (9)	-		
City, State, Zip Code    Project Manager for Monitoring Firm	Street Address				- FINI	1 100	Abotances	λ.		17
Project Manager for Monitoring Firm  Telephone No.					Ource! W	100ress	1	Will.	11127	1/(
Project Manager for Monitoring Firm	City, State, Zip Code				12.12	2 10cz	lingson	1110		
Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor	Drains M.				City, Sta	ate, Zip Code	J	1100		
Start Dette (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Name of OSHA Monitor  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code  City, State, Zi	Project Manager for Monitoring Firm		Tele	Phone No.	17/0	10110	= NITO	240)	(	
Scheduled Completion Date (11)   Name of OSHA Monitor	Start Data (10)		1	110.	Telejihon	ne No.	Licamo	No.		
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours  City, State. Zip Code  Scope of Work (Check All That Apply)    3 sfor 23 if	11/22/17	Scheduled Co	mpletion	n Date (11)	No C	-546-	0416 6	1071	)	
Street Address  City, State, Zip Code  City, State, Zi	Occupancy Status During About		/7	5-	realit: Of	OSHA Monit	tor	Electric Disconnection		
Other - Describe:  Scope of Work (Check All That Apply)    35 st or 23 lf	Facility Closed 11	Only One)			Street Adv	drage				
Scope of Work (Check All That Apply)    S st or ≥3 if	Abatement Performed Outside of Normal	eriod of Abatemer	nt		Jacob Aut	11622				
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Demolition □ Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted	Other - Describe:	II Facility Hours			City, State	Zin Coda				
Section of Asbestos-Containing Material (ACM)   Section   Sectio	Scope of Work (Check All That Apply)					, our code				
Renovation Demolition  Renovation Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos-Containing Material (ACM) Amount Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellanecus)  Renovation  Renovation	☐ ≥3 sf or >3 If	_								
Cleation of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (I3)  Yes No N/A  Cold  Co	≥160 sf or ≥260 lf	Renova	tion			Full Contains				15-12
Clovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exemp		/ Delitoit	lion	0	-	THE EUCIOSE	re	essure		
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Yes No N/A  Per No N/A  Column  Containing Material (ACM) Yes No N/A  Column  Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellanecus)  Abestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellanecus)  For LF  Region  Regio						Glovebag Pro	cedure			
Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  To Be Abated Yes No N/A  To Be Abated To Be Abated To Be Abated (i.e. thermal systems insulation, surfacing, other miscellanecus)  To Be Abated Type  About (i.e. thermal systems insulation, surfacing, other miscellanecus)  To Columbia (Specify SF or LF)  To Columbia (Spec	1					von-Exemple	d (*) and Non-Friable			
Asbestos Containing Material (ACM) In Facility (I3)  Yes No N/A  Politic Days  No N/A  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellanecus)  Yes No N/A  Politic Days  No N/A  Amount (Specify SF or LF)  Republic Secretary  Republic	Asbestos-Containing Material (ACM)	Normall Used Solel	y v by	Desc	ription of					rt
(13)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (19)  (10)  (10)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (16)  (17)  (17)  (18)  (18)  (18)  (19)  (19)  (10)  (11)  (12)  (12)  (12)  (13)  (14)  (15)  (15)  (15)  (16)  (16)  (17)  (18)  (18)  (18)  (18)  (18)  (18)  (19)  (19)  (19)  (19)  (10)  (11)  (11)  (12)  (12)  (12)  (13)  (14)  (14)  (15)  (15)  (16)  (16)  (16)  (17)  (16)  (17)  (16)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (11)  (11)  (12)  (12)  (12)  (12)  (13)  (14)  (14)  (15)  (16)  (16)  (16)  (17)  (16)  (17)  (16)  (17)  (17)  (18)	TO BE ABATED	i Maintenan	ice/	Asbestos Contain	ning Materia	il (ACM)	Amount	1	Туре	T
The of Registered Waste Hauler  NJDEP Waste Hauler DNo.  State  Disposal Date  City, State,  Disposal Date  City, State,  Disposal Date  Signature  Date  Date  Date  Date			afī?	(i.e. dicilial system	is insulation.	, surfacing,	(Specify	=	15	
Tong College South College State Name of Registered Landfill State Disposal Date City, State, College Signature Signature Date City, State, College Signature Date City, State, College Signature College Signature Date City, State, College Signature City, College				other mix	cellanecus)		SF or LF)	Repa	caps	inclo
The of Registered Waste Hauler  NJDEP Waste Hauler DNo.  State  Disposal Date  City, State,  Disposal Date  City, State,  Disposal Date  Signature  Date  Date  Date	0	Yes No	N/A		-			<u>8</u>   <del>2</del>	Mat	Sure
Tools Cestre Society  Name of Registered Landfill  Cost of Waste  Disposal Date  Title  Title  V. Riesadent  Signature  Date  Date	150/41 Rusa		1,	B011			0::1	1	c	
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NJDEP Waste Hauler ID No. State  Disposal Date  City, State  Disposal Date  City, State  Name of Registered Landfill  City, State  Disposal Date  Signature  Date  Date  1 (R-06-08)	V		7				la IF	1	1	
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Disposal Date  City, State,  LED  I CHICC.  Disposal Date  City, State,  I Clipton Pick  I (R-06-08)	State	20	CAT NO	of Waste	1	I I I I	Essered Landfill			
pleted by  Sept. 7 Hell.  Title  V. Pinesident.  Signature  Date  Date  1 (R-06-08)	1)2/ ///	1 26	21/	Disposal D	1	WM	of PA			1
JEEPH T MIL. V. RIESIDENT. Signature Date Date	pleted by					City, State,	11 0			-
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CK 47016	NOT	State of New TIFICATION OF ASBE (Pursuant to NJAC 8:	STOS AFIATEMENT	T			3 1 1
Date of Notification (1)		Name of Building Ow	ner/Operator (2)	To the same of the	li A	rn ·	1 1 20
Agencies Notified Type Notif	ication	Street Address	VU ASSOCIA	tes LLC			
G EPA Initia		[ 6991 A	1 Park D	hive	ASBE		CONT
Amci	idment#	City, State, Zip Code	15	2/2 1 ()		LIUI	INOUNC
Justifi	gency (including cation)	Pen Sauto	2 (11)	08129			
Cance		13.11 Main	165	i			
Name of Facility Where Abatement is Ta	aking Place (3)	FACILITY INFOR		of Facility (4)			
Street Address	5-			School (K-12)			
6941 N Part	Prive	D	D, S	Subchapter 8 (Other than Other (i.e. private & com	n K-12)	ldinn 1	
City (5)			Square		200.00000000000000000000000000000000000		
County (6)		County Code (7)	1410	$m \mid 4$	5588	Bldg.	415
Can den	1	(STATE USE ONLY)	Ситеп	Use (Prior if being den	nolished)	,	/
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASCM No.	1 71 1	nent Contractor (9)	1	11	
Street Address		I .	Street Address	e Ahistemen	1 Buil	litie	11/6
City, State, Zip Code			1212 130		Anu		
2000			City, State, Zip C		. 11		e e
Project Manager for Monitoring Firm	T	elephone No.	Telephone No.		OSO.	) [	
tart Date (10)	Scheduled Comple	tion Data (LL)	6-17-34	6-0916 6	0/07	0	
9/15/17	15/17/17	nion Bate (11)	Name of OSHA N	Monitor			
ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Normal			Street Address				
Abatement Performed Outside of Norm Other – Describe:	al Engility II		City, State, Zip Co	de			
ope of Work (Check All That Apply)	T. V. S.		7; - a.u. s.p co	uc			
≥3 sfor≥3 if	☐ Renovation		-				
≥160 sf or ≥260 lf	Demolition		□ Mini-En	ntainment with Negative closure	Pressure		
			☐ Gloveba ☐ Non-Exe	g Procedure empted (*) and Non-Fria	able Procedu	ire.	
Location of	Is Location Normally					Abateme	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely by Maintenance/	Asbestos Conta	eription of tining Material (ACM	) Amount		Туре	
In Facility (13)	Custodial Staff? (12)	1	ms insulation, surfacil AT, or iscellaneous)	(Specify SF or LF)	Removal	Repair	Enclosure
	Yes No N		iscellane(us)		lavo	sulate	osure
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2nd Floor		W mas	V Coulk	300	1/	-	+-
3 ( d Floor	1			windows	11/	+	+
of Registered Waste Hauler			V		17	+	
HILLINE // C	NJDEP Hauler I	D No. of Waste	1	of Registered Landfill			
State / ///	2054		16/1	· L			
ICHICC. N		Disposal I	Date City, S	State, I illy town	0.		
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\* Do rot use this form for asbestos licensure exempted activities.

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Type Notification Agencies Notified Street Address ASBESTOS CONTROL & D D D D **EPA** D Initial DEP City, State, Zip Code Amended DOL Amendment # Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ware her School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address-City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-346 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥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 Normally Type Lecation of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, Encapsulate (Specify Custodial Staff? Enclosure Repair In Facility VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 20847 City, State Disposal Date City, State, 1.51 Completed by Signature Date V. Riedent

			(P	ursuant t	to NJAC	C 8:60	and 12:120	0)		11-11		E	П	v//	
Date of Notification (1	04/06/17				of Build		Owner/Ope	erator (2	2)		<u> </u>	ولل		Ů	7
Agencies Notified	Notification				Addres		dge Avə	nue - :	Suite 1		AP	7 1	1 2	017	allowed to the second
(X) EPA ( ) DEP (X) DOL	( ) Initial N (X) Amende Amendr	ed			State, Zi wood,	•				A.SI	BEST		CON		L&
(X) DOH ( ) DCA	( ) Emerge justificat ( ) Cancell	ion)	cluding	1000000 100	of Con Seise							Miim		7	
	( ) Cariceii	ation		FACIL	ITY INF	FORM	IATION								
Name of Facility Whe Browntown Shopping		t is Tak	king Place					( ) Sc	of Facility	8 36050	than K	(12)			
Street Address 2695 County Road 5	16 (Main Offic	:e) -> {	Store 2665	5				(X) C	Other (i.e. omes, etc	private 8 c.	comr	nerci			
City (5) Old Bridge Township								Squar	e Feet	# of I	Floors		Bldg.	Age	
County (6) Middlesex County				County USE O		(7) (S	TATE	Curre	nt Use (P	rior if bei	ng der	nolis	hed)		
Name of Monitoring F	irm Hired by	Bldg. C	Owner	ASCM	No.		Name of C	ontract	tor (9)						
(8) EMWA						(	CID CONS	STRUC	TION SE	RVICES,	LLC				
Street Address	7					1	Street Add	Iress							
100 Misty Lane						;	365 River	Drive							
City, State, Zip Code Parsippany, NJ 07054	4						City State,	•							
Project Manager for N	Monitoring Fire	m T	elephone	Number	.:		Telephone			-	Licer	nse N	lumb	er	
Kevin Se	30.000		113	) 923-71			(973)685-9				0119	91 "/	۸"		
Scheduled Start Date	(10)		Scheduled				Name of C		lonitor						
04/05/20	117	(	11)	5/05/2017	7		Testor Tec	ch							
Occupancy Status Du	0.15.15	ent (Ch			1		Street Add	Iress							
							10-59 Jacl	kson Av	/enue						
(X) Facility Closed/Va () Abatement Perform () Other – Describe:	cated During med Outside	Entire of Norr	Period of mal Facility	Abateme y Hours	ent	1	City, State	56 8		1					
Source of Work (Che	ck all that app	oly)													
( ) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260		()	X) Renova ) Demolit				() Mir	ni-Enclo		ith Negat re	ive Pre	essur	e .		
(V) = 100 01 01 = 100							(X) No	n-Exem	npted (*)	and Non-l	Friable				
Location o	f	ls Lo	ocation No	rmally								Aba	teme	nt Ty	pe
Asbestos-Containin (ACM) TO BE ABAT in Facility	g Material ED	N U	sed Solely Maintenan todial Staf	/ by ce/	Conta ther	aining rmal s urfacin	tion of Asl Material ( ystems in g, VAT, o	ACM) (i sulation r other	i.e.	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		11118	scellaneou	5)						(e	
Rear-Room #2				x	VAT 8	& Mas	tic			200 SF		X			
Front Room				X	Masti	ic (Mul	ltiple layer	rs)		400 SF		Х			
Name of Reg. Waste Cid Construction Sen		100000000000000000000000000000000000000	DEP Wast 2905	e Hauler	35363	Cubic TBD	Yards of \	Naste	1077562 7650	of Reg. La					
City, State Garfield, NJ						Dispo: TBD	sal Date		City, St Melville						
Completed by Roque G Schipilliti	Title Project N	Manage	er		Sign	nature	17035	de	hipelf	Ty	Date		1/06/1	7	

NoTIFICATION OF ASSESTIGA BATEMENT (Pursuant to NJAC 580 and 12:120)  APR 1 2017  APR 2 2017  APR 1 2017  APR 2 2017  APR 1 2017  APR 2 2017  APR 1 20									In E	C	E		\/Pri	nt Form			
Agendes Notified    Type Notification	Ch 504	NC	(Pursi	TION (	OF ASBESTOS NJAC 8:60 ar	ABATE nd 12:12	0)	3				1 2	2017				
Agencies Notified    Type Notification   Steet Address   City, State, Zip Code   City, State   City, State, Zip Code   City, State   City, State   City, State   City, State   City, State   City, Sta	, ,		0.0000000000000000000000000000000000000					ı	a feed box								
Parameter   Para						olouly 3	Scriiat	1	ASE	EST	OS (	CON	TRO	)L &			
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Talanhone Number   Talanhone N	X DOL Amendment					052											
Name of Facility Where Abatement is Taking Place (3)	DOH justification)								Telephon	A Niim	hor						
Street Address   Str	_ Cancenation		0.5000			TION							-				
Subchapier 8 (Other than K-12)   Subchapier 9 (Other than K-12)		g Place (3)					Туре	of Facility (4	1)								
Some Contracting LLC   Scheduler   Sche										o K 12)							
City (5)	Street Address						×	Other (i.e. pr	rivate & com	mercia	build	dings,	home	es,			
Vest Orange NJ 07052	City (5)						-		# of Floor	'S	B	lda A	ge.				
See Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Amax	1983 T. 20 T. 1						1283100				1 66		.30				
ASCM No.   Name of Abatement Contractor (9)	County (6)						2000 to 1900			molishe	ed)	-92,62					
Street Address Woodland Park NJ 07424  Telephone No. License No. D1266 Start Date (10) O4-28-2017 Start Date (11) O4-18-2017 O4-18-2017 O4-28-2017 Start Date (10) O4-28-2017 Amax Contracting LLC  Street Address O1266 Start Date (11) O4-18-2017 O4-18-2017  Start Date (10) O4-28-2017 Amax Contracting LLC  Street Address O1266 Start Date (10) O4-28-2017 Amax Contracting LLC  Street Address O1266 Start Date (11) O4-28-2017 Amax Contracting LLC  Street Address O1266 Start Date (10) O4-18-2017  Amax Contracting LLC  Street Address O1266  Start Date (10) O4-18-2017  Amax Contracting LLC  Street Address O1266  Street Address O1266  Start Date (10) O1266  Start Date (11) Name of OSHA Monitor Amax Contracting LLC  Street Address O1266  Street Address O1266  Start Date (10) O1266  Street Address O1266  Start Date (10) O																	
Street Address 2108 Fulton St, Suite 2A  Street Address PO BOX 734  City, State, Zip Code Brooklyn NY 11233  Project Manager for Monitoring Firm Kayode Adefisorye Start Date (10) 04-18-2017  O4-28-2017  O4-28-2017  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)  23 sf or 23 If  Asbestos-Containing Material (ACM) In Facility (13)  Basement  Asbestner  Normally See No N/A  Basement  Normally See No N/A  Basement  Normally See Solely by Maintenance/Custodial Staff? (12) Yes No N/A  Name of Registered Waste Hauler  Name of Registered Landfill Fairless Hill Followood Address PO BOX 734  License No. City, State, Zip Code Woodland Park NJ 07424  Street Address PO BOX 734  Amax Contracting LLC  Scope of Work (Check All That Apply)  Street Address PO BOX 734  Amax Contracting LLC  Street Address PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Woodland Park NJ 07424  Street Address PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Woodland Park NJ 07424  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Proce		Owner (8)	A	ASCM I	No.												
2108 Fulton St, Suite 2A  City, State, Zip Code Brooklyn NY 11233  Project Manager for Monitoring Firm Kayode Adefisoye  Start Date (10)  Q-28-2017  Scheduled Completion Date (11) Q4-28-2017  Occupancy Status During Abatement (Check Only One)  Perfolity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 if  Location of Asbestos-Containing Material (ACM) In Basement  Name of Registered Waste Hauler  Amax Contracting LLC  PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Street Address PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Street Address PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Asbestos-Containing Material (ACM) In Basement In Genity (12)  Yes No N/A  Basement  NJDEP Waste Hauler ID No. 0036184  Disposal Date Vity, State Vity, St																	
Project Manager for Monitoring Firm Kayode Adefisoye  Start Date (10) 04-18-2017  Occupancy Starts 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)  23 sf or ≥26 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement  Name of OSHA Monitor Amax Contracting LLC  Street Address PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Scope of Work (Check All That Apply)  Street Address PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Facility (12)  Yes No N/A  Basement  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME  NAME of Registered Landfill Fairless Hill  Name of Registered Landfill Fairless Hill  City, State  Cubic Yards Of Waste Fairless Hill  City, State																	
Telephone No. 347-241-7673   Telephone No. 973-692-6298   Dizense No. 01266						100000000000000000000000000000000000000			naster-toparent								
Start Date (10)						1,000	0.000 11 (1777) 11 (1777)		Management of the second								
Start Date (10) 04-18-2017  O4-18-2017  O4-28-2017  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)  Sope of Work (Check All That Apply)  Staff or 23 If Demolition  Is Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement  Name of CSHA Monitor Amax Contracting LLC  Street Address PO BOX 734  City, State, Zip Code Woodland Park NJ 07424  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement	15.1										•						
04-18-2017  Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other – Describe:		Scheduled							012	.00	-						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement  Abatement  X  VAT  Some of Registered Waste Hauler  Amax Contracting LLC  City, State  PO BOX 734  City, State				don De	ate (11)				LC.								
Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf  x ≥ 160 sf or ≥260 lf	Occupancy Status During Abatement (Chec	k Only One)	)			Street	Addre	ss									
Other – Describe:    Woodland Park NJ 07424				i		100											
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf    Secope of Work (Check All That Apply)   Mini-Enclosure Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   Abatement Type   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Secope of Work (Check All That Apply)   Secope of Work (All That Apply)   Secope of Work (All That Apply)   Secope of Work (*) and Non-Friable Procedure   Abatement Type   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Secope of Work (All That Apply)   Secope of Work (All That Apply)   Abatement Type   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Secope of Work (All That Apply)   Secope of Work (All That Apply)   Abatement Type   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Secope of Work (All That Apply)   Abatement Type   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Secope of Work (All That Apply)   Secope of Work (All That Apply)   Secope of Work (All That Apply)   Secope of		nal Facility H	lours			100											
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf						VVOC	Julanic	I FAIK INJ	07424			-	_	-			
Secretary   Secr	≥3 sf or ≥3 lf			rs			Glo	ni-Enclosure ovebag Proc	edure				_				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A    Basement   X   VAT   500 SF   X    Name of Registered Waste Hauler   Amax Contracting LLC   City, State   Disposal Date   City, State    Normally Used Solely by Maintenance/ Custodial Staff? (12)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount (Specify SF or LF)   Registered (Specify SF o		To F					i No	n-Exempled	( ) and Non-	-FIIADIE							
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Basement  X  VAT  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  Name of Registered Waste Hauler Amax Contracting LLC  City, State  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Registered Landing  Ramount (Sp	Location of	No	rmally		D	escription	n of					Ту	ре				
Basement X VAT 500 SF X  Name of Registered Waste Hauler Amax Contracting LLC  City, State  No N/A  VAT 500 SF X  Name of Registered Landfill Fairless Hill  City, State	Asbestos-Containing Material (ACM)				Asbestos Cor	ntaining N	Materia				71		En	m			
Basement X VAT 500 SF X  Name of Registered Waste Hauler Amax Contracting LLC  City, State  NAME VAT 500 SF X  Name of Registered Landfill Fairless Hill  City, State		Custoo	dial Staff		surf	acing, VA	AT, or	CONTRACTOR OF THE PARTY OF THE			₹em	Rep	caps	nclo			
Basement X VAT 500 SF X  Name of Registered Waste Hauler Amax Contracting LLC  City, State  No N/A  VAT 500 SF X  Name of Registered Landfill Fairless Hill  City, State	(13)		(12)		other	miscella	neous)				oval	air	sulat	sure			
Name of Registered Waste Hauler Amax Contracting LLC  City, State  NJDEP Waste Hauler ID No. 0036184  Cubic Yards of Waste Fairless Hill City, State		Yes	No N	N/A									е				
Amax Contracting LLC  Hauler ID No. 0f Waste 5 CY  Fairless Hill  Disposal Date City, State	Basement			х		VAT			500 SF	=	Х						
Amax Contracting LLC  Hauler ID No. 0f Waste 5 CY  Fairless Hill  Disposal Date City, State																	
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Amax Contracting LLC  Hauler ID No. 0f Waste 5 CY  Fairless Hill  Disposal Date City, State																	
Amax Contracting LLC 0036184 5 CY Fairless Hill  City, State Disposal Date City, State	Name of Registered Waste Hauler		1 2 1 C C C C C C C C C C C C C C C C C		\$300 m - c			Name of F	Registered La	andfill							
City, State Disposal Date City, State	Amax Contracting LLC		100000000000000000000000000000000000000		1.5000000000000000000000000000000000000	Fairlage Hill											
	City, State				CARROLL STATES			4									
	Woodland Park NJ 074242						///	Morrisvi	lle PA								
	Completed by Tome Maslarkov		t Mana	ger		Signature	1/1		$\supset$			2017	90				