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

Check No.

3206

Date of Notification (1)				Mar	no of Bulle	dina O 10			ta la la				
April 06, 2016						ding Owner/Operat		1	W Seer San				
Agency Notified	Type Notification			Stre	et Addres	Park School D	2016 APR	-	814 0				
□ EPA	☐ Initial					ield Street	COM HI IV	P	AH 8:49				
Not required per State Prop. 10-2004	☑ Amended				, State, Zi		4	+	7111111111111				
<b>⊠</b> DOL	Amendment # 2	ıdina			hland I		2111	F	CLATROL ISING				
⊠ DOH	justification)	unig			ne of Cont		CO 4.10		elephone Num	hor		_	
□ DCA	☐ Cancellation			Mid	chael O	Donnell		1	orephone Mulli	Del			
				FA	CILITY IN	FORMATION		+					
Name of Facility Where A	Abatement is Taking F	Place (	3)				Type of Facilit	(11)					
Highland Park High	h School												
Street Address							School (K-1	2)	ther than K-12)				
102 N 5th Ave.							Uther (i.e. p	rivate	e & commercial	build	ings,		
City (5)	154.0						homes, etc.	)			55.6		
Highland Park							144,286		of Floors		g. Ag	9	
County (6)				Cour	ty Code (	7) (STATE USE		2			26		
Middlesex				ONL	()		School	ipri	f being demolis	ned)			
Name of Monitoring Firm	Hired by Building Own	ner	ASC	M No.		Name of Abates	ment Contractor (	9)					
Prinkerhoff Environm	nental Services, In	C.	001	00			storation Co.,						
Street Address						Street Address		1110	'e	_		_	
1805 Atlantic Avenu	ue					223 Randol	ph Avenue						
City, State, Zip Code						City, State, Zip		+		-			
Manasquan, NJ 087	36					Clifton, NJ							
Project Manager for Monito	oring Firm		elepho	ne No.		Telephone No.		Lic	ense No.	-		_	
Gary W. Fleming Start Date (10)				23-22		973-478-468	31		0120				
April 23, 2016	Scheduled C		tion Da	ate (11)		Name of OSHA	Monitor	+		-			
Occupancy Status During	May 31, 2	016				McCabe En	vironmental S	erv	ices, L.L.C.				
						Street Address							_
☐ Facility Closed/Vacated  Abatement Performed O	During Entire Period	of Aba	itemen	t			Brook Avenue						
Abatement Performed O     Other - Describe:	utside of Normal Faci	lity Ho	urs			City, State, Zip C							
Scope of Work (Check all ti	nat apply)					Lyndhurst, I	NJ 07071-199	8					
≥ 3 sf or ≥ 3 If	77-77					☐ Full (	Containment with	Nega	tive Preceure				
□ ≥ 160 sf or ≥ 260 lf					ovation olition	≥ Iviini-	Enclosure	, y	uve riessure				
						⊠ Non-	ebag Procedure Exempted (*) and	Non-	Friable Proced	ıre			
			Locati								Ab	atem	
Location (	of .		Normal ed Sole			Description of	of					Туре	_
Asbestos-Containing II TO BE ABA		Ma	intena	nce/	Asbes	tos Containing Ma	iterial (ACM)		Amount			m	
IN Facility	/	,	Staff?		(1.e.,	thermal systems i surfacing, VAT.	nsulation, or		(Specify SF or LF)		Ren	nca	Encl
(13)			(12)			other miscellane	ous)		SF OF LF)		Removal	Encapsulate	Enclosure
		Yes	Na	NI/A							20	ate	9
Boiler Room NNE Wa	sII.	X	No	N/A	Chim	ney Packing		+				+	_
Rolley Deem MME W. II						icy racking			20 s	X			
Boiler Room NNE Wa		$\Diamond$			Chimn	ou Classes & D							
	all	$\Diamond$				ey Cleanout Do	or Packing		2 s				
	all	X				ey Cleanout Do ical Panel	oor Packing		2 s 20 s		X		
Boiler Room South o	all f Boilers	X	DEP W	aste H	Electr	ical Panel			20 s		X		
Boiler Room South o	all f Boilers Hauler	ID	No.	aste H	Electr		Name of Registe		20 s		X		
Boiler Room South on Name of Registered Waste	all f Boilers Hauler	ID		aste H	Electr	ical Panel  Cubic Yards of			20 s		X		
Boiler Room South of Name of Registered Waste HB&N&K. Restoration City, State	all f Boilers Hauler	ID	No.	aste H	Electr	Cubic Yards of Waste <5	Name of Registe		20 s		X		
Name of Registered Waste R B&N&K. Restoration City, State Clifton, NJ 07011	all of Boilers Hauler Company, Inc.	ID	No.	aste H	Electr	Cubic Yards of Waste	Name of Registe	erpr	20 s andfill rises, Inc.		X		
Boiler Room South of Name of Registered Waste HB&N&K. Restoration City, State	all f Boilers Hauler	1D 12	No. 2695	aste Ha	Electr	Cubic Yards of Waste <5 Disposal Date 04/16/2016 -	Name of Registe Minerva Ent City, State	erpr	20 s andfill rises, Inc.	q ft	X		

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

Check No. 3203

														_
Date of Notification (1)					Name of	f Building	g Owner/Operator	(2)		11 11 1				
April 11, 2016				1	Andre	ew Pea	rson							
Agency Notified	Type No	otification		-	Street A	ddress		Ž	016 APR 15	AMII				
□ EPA	Initia	l						-		MT     :	18			_
Not expired per State Pag. 10:2004	☐ Ame	3000 7400		- 1 -		ate, Zip C		2	15577	F1				
<b>⊠</b> DOL		ndment # rgency (including					NJ 07028		BLICEN	JN TRI	91			
☑ DOH	justi	fication)		- 4		f Contac			Telephone Num	pelC				
□ DCA	☐ Cano	cellation			Anare	ew Pea	rson				_			_
					FACIL	ITY INFO	ORMATION							
Name of Facility Where	Abatemer	nt is Taking Place	(3)					Type of Facility	(4)					
								☐ School (K-12		,				
Street Address								Subchapter &	(Other than K-12 ivate & commercia	) Il building	ıs.			
								homes, etc.)						
City (5)								Square Feet	# of Floors	Bldg.	Age			
Bloomfield, NJ 07	003							2,119	2	191	2			
County (6)						Code (7)	(STATE USE	Current Use (P	for if being demoli	shed)				
Essex					ONLY)			Residential		2017				
Name of Monitoring Firm	Hired by	Building Owner	AS	CM	No.		Name of Abatem	ent Contractor (	9)					
Saban Environme	ntal						B&N&K Res	toration Co.,	Inc.					
Street Address							Street Address							
201 Stuyvesant Av	vneu						223 Randolp	h Avenue						
City, State, Zip Code							City, State, Zip C	Code						
Lyndhurst, NJ 070	71						Clifton, NJ 0	7011						
Project Manager for Mon		rm	Tele	phon	e No.		Telephone No.		License No.					
Stephen Pharai	5		201	-67	3-006	4	973-478-468	1	00120					
Start Date (10)		Scheduled Com	pletion	Dat	e (11)		Name of OSHA	Monitor						
April 12, 2016		4/31/16					McCabe Env	/ironmental	Services, L.L.	C.				
Occupancy Status Durin	g Abatem	nent (Check only o	ne)				Street Address						1	
□ 510	ad Daniela	Custine Deviced of A	l la ede u	a a mà			464 Valley E	rook Avenue	Þ					
☐ Facility Closed/Vacate ☐ Abatement Performed							City, State, Zip C	Code			/=-n+			
Other - Describe: Ba	sement w	ill be vacated durin	g abat	emen	ıt		Lyndhurst,	NJ 07071-199	8					
Scope of Work (Check a	II that app	oly)				100-20-20			N D	2				
≥ 3 sf or ≥ 3 lf					⊠ Reno	ovation		Containment with Enclosure	Negative Pressur	е				
☐ ≥ 160 sf or ≥ 260 lf					☐ Dem	olition		ebag Procedure	= : : : 5	and the same				
							□ Non-	Exempted (*) an	d Non-Friable Prod	edure	A	bate	mei	ni
				ocati rmall								Ту	ре	
Locati			Used				Description							
Asbestos-Containii		al (ACM)	Main		100		stos Containing M ., thermal systems		Amount (Specify		D	_	Enc	m
TO BE A				stodi:	330	(1.6	surfacing, VA		SF or LF)		Removal	Repair	aps	Enclosure
(13	3)			(12)			other miscellan	eous)			oval	air	Encapsulate	ure
													æ	
Basement			es	No	N/A	Thor	mal Systems	Inculation	1/	49 In ft	V			
Dasement			-	-	$\triangle$	HIGH	illai Systems	modiation	-	10 111 10				
			-											
													_	H
Name of Devistance W.	ata Hauta	N#	NID	ED W	Vaste H	aular	Cubic Yards of	Name of Region	stered Landfill				_	
Name of Registered Wa		100	ID N		raste II	auiti	Waste		200	(4				
B&N&K. Restorat	ion Cor	mpany, Inc.	126	95			<5	Minerva E	nterprises, In	C.				
City, State							Disposal Date	City, State						
Clifton, NJ 07011							04/12/2016 - 04/22/2016	Waynesbu	ırg, OH		STREET			
Completed by		Title					Signature			Date				
G. Roger Woodma	an	Project Mar	nage	r			12	6		4/11/	201	6		

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

Date of Notification (1) Name of Building Owner/Operator (2) 4 14 / 16 State of New Jersey, Department of Corrections Agencies Notified Type Notification Street Address **⊠** EPA Whittlesey Road, PO Box 863 □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # ☐ DCA Trenton, NJ 08625 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Joseph Fuca (EICOM) **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mid State Correctional Facility School (K-12) Street Address Subchapter 8 (Other than K-12) Fort Dix Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet Wrightstown, NJ # of Floors Bldg. Age 20.000 County (6) 1 50+ County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Correctional Facility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental Management** 00112 Controlled Environmental Systems Street Address Street Address 344 West State Street 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Trenton, NJ 08618 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. William Weisgarber License No. 609 656 8101 215 542 7000 Start Date (10) 00847 Scheduled Completion Date (11) Name of OSHA Monitor 4 / 25 / 16 7 / 30 / 16 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 1121 N. Bethlehem Pike - Suite 60 Time of Abatement: 7:00AM-3:00PM/\_\_\_ City, State, Zip Code \_\_PM-\_\_\_ AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ >3 sf or >3 if Full Containment with Negative Pressure Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal TO BE ABATED Encapsulate Maintenance/ Amount (i.e., thermal systems insulation, nclosure IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A Exterior Windows. П Glazing and Caulking X 5216 LF X П П П П П П Name of Registered Waste Hauler П П NJDEP Waste Cubic Yards of Name of Registered Landfill Hilltop Enterprises Hauler ID No. Waste GROWS Tullytown 3175 City, State 120 Disposal Date 1157 Phoenixville, Pike # 102-West Chester PA 19380 City, State 7/30/2016 Tullytown, PA Completed By (Print or Type) Title Signature Patricia Visco Date Office Manager ASR-41

JAN 13

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

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

				- 1980 - 1980 <del>- 1</del>	adile to 1	NJAC 8:60 and 5	:16)	8.1	- 1 <sup>77</sup>			
Date of Notification (1)	14 /	16		N	ame of Bui Verizon	lding Owner/Operato	r (2)	2012 00			41.	
Agencies Notified  EPA	Type Notifica	tion		St	reet Addre	se		2016 AP	11 15	AMI	1	
☑ DOLWD				1						4111	1:4	8
☑ DHSS	☐ Amended			Ci	LIO LEAT	ngton Avenue		1 : 55	1000	. 6572		
□ DCA	Amendme				ty, State, Z			18/1	C.F.W.	41	1101	-
(NJAC 5:23-8)	☐ Emergence justification	y (inclu	iding			d, NJ 08701			18.7	MG	4.	2.0
	☐ Cancellation	) )		10.00	me of Con			Telephor	ne Numb	25		
	Garicellatio	)II		/	Alex Bayl	or		· siophior	ic raunipe	=1		
Name of Facility Whose	Abot			1	FACILITY	INFORMATION		1				
Name of Facility Where Verizon	Abatement is Ta	king P	lace (3	3)			Type of Facility	140				
Street Address							School (K-1)					
							☐ Subchapter	8 (Other tha	n K 12)			
216 Lexington Ave	nue						Durier (i.e., p	nvate and c	ommerci	al bui	Idinas	
City (5)							nomes, etc.				idiligo	,
Lakewood							Square Feet	# of Floo	ors	Bld	g. Age	e
County (6)				C	unty Code	/71/07477	10,000	2		4	0+	
Ocean				00	Julily Code	(7)(STATE USE ONLY)	Current Use (Pr	or if being o	lemolishe	ed)		_
Name of Monitoring Firm	Hired by Ruildia	0.000	05 (0)	1						-/		
USA Enviornmenta	l	y Own	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)	-				
Street Address	F.H.					JVN Restora	tion Inc					
8436 Enterprise Ave	20110					Street Address		-			11.	
City, State, Zip Code	enue					47 Foster Ro	ad					
Philadelphia, PA 19	450				72.00	City, State, Zip Co						
						Staten Island						
Project Manager for Monit	oring Firm		T	elephon	e No.	Telephone No.	141 10303					
Mark Jenkins				215-36	5-5870	718-605-6256		License N			-	
	Sch	eduled	Comp	oletion D	ate (11)			00774				
05/02/	16	12	Comp	oletion D	ate (11)	Name of OSHA M		00774				
05 / 02 /	Abatement (Che	12	Comp	oletion D	ate (11)	Name of OSHA M Testor Tech		00774				
05 / 02 / Decupancy Status During Facility Closed/Vacated	Abatement (Che	12 ck only	Comp / / one)	oletion D	Pate (11) 16	Name of OSHA M Testor Tech Street Address	onitor	00774				
05 / 02 / Occupancy Status During Facility Closed/Vacated Abatement Performed 0	Abatement (Che During Entire P	ck only	/ one)	oletion D 31 /	Pate (11)16	Name of OSHA M Testor Tech Street Address 10 59 Jackson	onitor	00774				
05 / 02 / Occupancy Status During Facility Closed/Vacated Abatement Performed 0	Abatement (Che During Entire P	ck only	/ one)	oletion D 31 /	Pate (11)16	Name of OSHA M Testor Tech Street Address 10 59 Jackson City, State, Zip Co	onitor	00774				
05 / 02 / Decupancy Status During Facility Closed/Vacated Abatement Performed 0 Time of Abatement: 7:0	Abatement (Che During Entire P Outside of Norma Abatement (Che	ck only	/ one)	oletion D 31 /	Pate (11)16	Name of OSHA M Testor Tech Street Address 10 59 Jackson	onitor	00774				
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05 / 02 / Decupancy Status During Facility Closed/Vacated Abatement Performed ( Time of Abatement: 7:0  Coope of Work (Check all to 1) ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf	Abatement (Che I During Entire P Outside of Norma 30 AM-3:30 PM hat apply)	ck only eriod cal Facility	Comp / one) of Abai lity Ho _PM enova emolit s Loca	tement urs - De A	Pate (11)16	Name of OSHA M Testor Tech  Street Address 10 59 Jacksor City, State, Zip Co LIC NY 11101   Full Conta  Mini-Enclo Glovebag Non-Exem	n Avenue de	tive Pressur	re			
O5 / O2 / Decupancy Status During Facility Closed/Vacated Abatement Performed ( Time of Abatement: 7:0 Cope of Work (Check all to 1) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Ma	Abatement (Che During Entire P Outside of Norma O AM-3:30 PM hat apply)	eck only Period coal Facility  Representation of the control of th	comp / one) of Abar lity Ho PM enova emolit s Loca Norm ed So	tement urs - De Attion ally lely by	scribe	Name of OSHA M Testor Tech  Street Address 10 59 Jacksor City, State, Zip Co LIC NY 11101   Full Conta  Mini-Enclo Glovebag Non-Exert	n Avenue  de  de  ainment with Nega ssure Procedure apted (*) and Non-	tive Pressur	re cedure		ment 7	_
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05 / 02 / Decupancy Status During Facility Closed/Vacated Abatement Performed ( Time of Abatement: 7:(  cope of Work (Check all t  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Ma TO BE ABATE IN Facility	Abatement (Che During Entire P Outside of Norma O AM-3:30 PM hat apply)	eck only Period coal Facility  Representation of the control of th	/ one) of Abadity Ho enovalemolities S Local Normed Solutions aintenstodial	tement urs - De Antion ally ance/ Staff?	scribe M	Name of OSHA M Testor Tech  Street Address 10 59 Jacksor City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in	n Avenue  de  de  summent with Nega sure Procedure apted (*) and Non-	tive Pressur Friable Prod Amount (Specify	re cedure			_
05 / 02 / Decupancy Status During Facility Closed/Vacated Abatement Performed ( Time of Abatement: 7:(  cope of Work (Check all t  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Ma TO BE ABATE	Abatement (Che During Entire P Outside of Norma O AM-3:30 PM hat apply)	eck only eriod c al Facil   R D Us Ma	one) of Abai lity Ho PM- enova emolit s Loca Norm ed So ainten stodial (12)	tement urs - De Antion ally lely by ance/ Staff?	scribe M	Name of OSHA M Testor Tech  Street Address 10 59 Jacksor City, State, Zip Co LIC NY 11101   Full Conta  Mini-Enclo Glovebag Non-Exerr  Description of stos Containing Mate	n Avenue  de  de  sinment with Nega ssure Procedure apted (*) and Non- erial (ACM) sulation,	tive Pressur Friable Proc	cedure			_
05 / 02 / Decupancy Status During Facility Closed/Vacated Abatement Performed ( Time of Abatement: 7:0  cope of Work (Check all to 1) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mator BE ABATE IN Facility (13)	Abatement (Che During Entire P Outside of Norma O AM-3:30 PM hat apply)	D Ck only Period of all Facility D Ck Ma Cus	Comp / / one) of Abai ity Ho PM- enova emolit s Loca Norm Norm (12) No	tement urs - De Antion ally lely by ance/	scribe M Asbe	Name of OSHA M Testor Tech  Street Address 10 59 Jackson City, State, Zip Co LIC NY 11101  Full Conta Glovebag Non-Exem  Description of stos Containing Mate , thermal systems in surfacing, VAT, co other miscellaneous	n Avenue  de  de  sinment with Nega ssure Procedure apted (*) and Non- erial (ACM) sulation,	tive Pressur Friable Prod Amount (Specify	re cedure			_
05 / 02 / Decupancy Status During Facility Closed/Vacated Abatement Performed ( Time of Abatement: 7:0  Coope of Work (Check all to 1) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Manual State (1) N Facility (13)  Cterior	Abatement (Che During Entire P Outside of Norma O AM-3:30 PM hat apply)	eck only eriod c al Facil   R D Us Ma	one) of Abai lity Ho PM- enova emolit s Loca Norm ed So ainten stodial (12)	tement urs - De Antion ally lely by ance/ Staff?	scribe M Asbe	Name of OSHA M Testor Tech  Street Address 10 59 Jackson City, State, Zip Co LIC NY 11101   Full Conta  Mini-Enclo Glovebag Non-Exern  Description of stos Containing Mate thermal systems in surfacing, VAT of	n Avenue  de  de  sinment with Nega ssure Procedure apted (*) and Non- erial (ACM) sulation,	tive Pressur Friable Prod Amount (Specify SF or LF)	cedure	Repair		_
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