CHECK # 24035

Date of Notification (1) 04-11-17				of Building O			r (2)							
Agencies Notified Type Notification X EPA X Initial Amended			400 C	Address Cedar Aver	e							7 [5		V
X DOL Amendmen Emergency justification Cancellation	(including	-	Name o	Long Brar of Contact rt L. Corne		NJ 077	64-	1898	Tele	ephone Nu	A P mber	R 1	7	2017
Name of Facility Where Abatement is Takin Monmouth University: Edison Sch		enc		ILITY INFOR	RMATI	ON	Тур	oe of Facility (4	. 1	ASI			CON	ITROL IG
Street Address 400 Cedar Avenue							×	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	commerc		ldings	, hom	es,
City (5) West Long Branch County (6)			0 .	0 1 (7)			~5	are Feet 9,000	3	Floors		3ldg. / 1968		
Monmouth			(STATE	Code (7) USE ONLY)		_	Ac	rent Use (Prio ademic			hed)			
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8)		0004					eatement Con Environme						
Street Address 3 Crosswicks Street						Street 200		ess ad Street				=		
City, State, Zip Code Bordentown, NJ 08505								Zip Code t, NJ 07072						
Project Manager for Monitoring Firm Mike Hoodak			Telepho (609)	ne No. 298-5520		Teleph 201-		No. 6565		License N 00756	lo.			
Start Date (10) 05-30-17	Scheduled 08-31-17		npletion	Date (11)		Name Ever		SHA Monitor Inc.						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire	887. 138		nent			Street 10-5		ess ckson Aver	nue					
Abatement Performed Outside of Norm Other – Describe: The Floor will be vac	nal Facility H	lours	3	ent	-			Zip Code and City, N	/ 1110	01				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		nova				×	F M	SHA Class I ull Containme lini-Enclosure lovebag Proce on-Exempted	I & Sit nt with edure	e Specific Negative F	ressu	re	e	
Location of		ocati rmall			Dose	cription	of						ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enar dial S 12)	nce/ Staff?		Conta ermal s surfaci	ining N	lateria s insu T, or	lation,	(SI	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Level 2	Yes	No	N/A X	Acous	stical	Ceilin	g Pla	aster	18,0	00SF	х		1 35%	
									· · · · · · · · · · · · ·					
Name of Registered Waste Hauler		10000	JDEP W	0000 (00000) The 200	Cubic Y			Name of R	egister	ed Landfill				
ATC, Inc. / JBT (50071)		1.00	auler ID 1310	Т	f Wast BD			Minerva	Enter	prises				
City, State Shirley, NY / Bronx, NY				1 100000	isposa BD	I Date	ラ へ	City, State Waynest	ourg,	OH 4468	88			
Completed by Richard Doran	Title Project	Ма	nager		Sig	nature	ho	25	WE	Da 04	te -11-	17		

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Charlo		(F	ursuan	t to NJAC	8:60 and 1	2:120)						
Date of Notification (1) 4/10/2017					Owner/Ope				APR	1 7	201	7—	
Agencies Notified Type Notification				Address	zestocno	owa a	SCHOOL						
			100/01/01/01/01		Bouleva	rd		ASB	ESTOS LICE			ROL	&
EPA Initial DEP Amended Amendment			City, St	ate, Zip Co	ode				See 1 Nay 1.0		THE COL		
DOL Amendment			Jerse	y City, N	IJ 07302								
DOH Emergency justification)		1	Name o	of Contact				Telepho	one Num	ber			6.71
DCA Cancellation			Mrs. I	Kalin Ma	son			115					
Name of Facility Where Abatement is Takin	- DI	(0)	FAC	ILITY INFO	ORMATION	V						_	
Our Lady of Czestochowa School	ig Place ((3)					Type of Facility						
Street Address							School (K-	·12) er 8 (Other th	an K-12				
48 Luis Marin Blvd							Other (i.e.	private & co	mmercia	l buil	dings,	home	es,
City (5)						-	etc.) Square Feet	# of Flo	ore	F	lldg. A	me	
Jersey City							50,000	4	013	1263	60+	igo	
County (6)				Code (7)			Current Use (Pr	for if being o	lemolishe	ed)			
HUDSON			(STATE	USE ONLY)	-	School						
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.			of Abatement Co	0.000		- 100	12 - 1 ₁		T 1 1 1 2 2
					1	EA S	ervices Corp	oration					
Street Address							Address						
City, State, Zip Code						10000000	9th Street				2-00-00		
City, State, Zip Code							ate, Zip Code enberg, NJ 07	003					
Project Manager for Monitoring Firm			Telepho	ne No			one No.		ense No				
,			rolopho	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100		295-1700	10000	074	•			
Start Date (10)	Schedu	led Cor	mpletion	Date (11)	N	lame o	of OSHA Monitor			Constitu		V	
4/21/17	4/24/2	017			5	Same	e as above						
Occupancy Status During Abatement (Chec	k Only O	ne)			S	treet /	Address						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Starting at 11 AM	Period of nal Facilit	Abater y Hour	ment s		C	City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				е	
	Is	s Locat	ion								Abate		
Location of		Norma ed Sole			Descri	iption	of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		aintena			tos Contain thermal sys		aterial (ACM)	Amou	7.123	т		Ē	ш
In Facility	Cus	todial ((12)	Staff?	(1.0.	surfacing	g, VAT	, or	(Spec SF or I		Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other misc	cellane	eous)		1000	oval	air	sula	sure
	Yes	No	N/A									е	
Cafeteria		Х			Pipe In	sulat	ion	5 LF			х		
									UCUC				
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Ya	rds	Name of	Registered	Landfill				
Freehold Carting		10.00	lauler ID 5939	No.	of Waste tbd		Cumbe	erland Lan	dfill				
City, State					Disposal	Date	City, Sta	te			-	- 22.11.5	83111
Freehold, NJ					tbd			ırg, PA					
Completed by	Title	SSSS			Sign	ature	DO.	1	Date				
Gina Betances	Office	e Mai	nager				111/11/11	_	1/6	/201	7		

Paragon Job#	_		ication of As		J s Abatement 7 and 12:120-7)		E G E	7 20	/ E	The second second
Date of Notification (1) 0 4 / 1 1 / 1 7 Agencies Notified Type Notificatio	VEE	of Building Ow CO Instrume Address	ner/Operator (2 ents, Inc.	2)		A	SBESTOS C	ONT	A	
DEP Initial Amendment # DOH Emergency (in justification)	ent City, Si	rminal Dr. tate, Zip Code nview, NY 1 of Contact	1803			₹elepho	one Number			
DCA Cancellati	on Mic	hael Marx					-			
		FAC	CILITY INFORM	ATION	ı					
Name of facility where abatement is	aking place (3)				Type of Facility	(4) ol (K - 12)			
Warehouse							hapter 8 (Other	than K	-12\	
Street Address						Other	(Private/Comm		-12)	
394 Elizabeth Ave.						Square Feet	# of Floors	I BI	dg. A	ae
City (5)	County (6)			Cou	nty Code (7)	80,000 SF	01	45	-3	3-
Somerset	Somerse			(Sta	te use only)		Prior if being der	nolish	ed)	
Name of Monitoring Firm Hired by Blo			ASCM No.	<u> </u>	Name of Abatement	Industrial Bu	ııldıng			
WCD Group	,		710011110		Paragon Contrac					
Street Address				=	Street Address	ting, me.				
23 Rt. 31 North Suite B26					590 River Rd.					
City, State, Zip Code					City, State, Zip Code	and the second				
Pennington, NJ 08534		4-			Clifton, NJ 070	14	***************************************			
Project Manager for Monitoring Firm		Phone Num			Telephone Number (973) 614-1600		License Num 00748	ber		
Michael Garambone Scheduled Start Date (10)	ICohod Com	609-730-0 pletion Date (1		_	Name of OSHA Mor		00740			
		10 (33)	1)		Paragon Contrac	cting, Inc.				
04/21/2017 Occupancy Status During Abatement	05/01/201			_	Street Address					
Facility closed/vacated during er					590 River Rd.					
Abatement performed outside of					City, State, Zip Code					
Describe: Storage Room	Under Containn	nent		- 1	Clifton, NJ 070	14				
Scope of Work (check all that apply)								-		
☐ Demolition ☐ R	enovation			⊠ F	ull Containment w/ne	gative pressure	☐ Glovebag p	rocedu	ıre	
> 3 sf or > 3 lf	60 sf or <u>></u> 260 l	f		\square N	fini-enclosure	Non-Exer	mpted (") Non-	friable	proce	edure
asbestos-containing	s location norm by maintenance taff(12) Yes N		1		sbestos-containing	Amount (Specify LF)	v	R e p a	E n c a p	E n c L
Storage Room			VAT&Mas	tic		1,040 SF	e 🛛			
Registered Waste Hauler	NJDEP Ha	ular ID# 17	Cubic Yards of V	Masta	INC. of D. of C.	1511				
Paragon Contracting, Inc.	22161		Jubic Yards of V 15 cyds	vasie	Name of Registered GROWS/Tullyto					
City, State		Disposal [and the second second second		City, State				-	-
Clifton, NJ 07014		TRD			Tullytoup DA					

Signature

Date

04/11/2017

Completed by (Print or Type) Goran Lazevski

Title

President

#134

Date of Notification (1) 4/10/2017			Name Mark	of Building Selco	Owne	er/Operato	r (2)	-	ſ		P	<u> </u>	P 1	7\//	F
Agencies Notified Type Notification		-		Address							E	G	EU	<u>M</u>	E
EPA DEP DOL Initial Amended Amendment		_		tate, Zip C ate, NJ		2			And Project District of Management		A	PR	1 7	201	7
DOH justification) DCA Cancellation			Name of Mark	of Contact			7		Te	lephone	Nu	mber	. CC	NTF	ROL 8
Name of Facility Where Abatement is Taking	a Diago (2)		FAC	ILITY INF	ORMA	ATION	-							NIC3	
residence	g Place (3)							of Facility					. To the	5	57.0
Street Address	7							School (K- Subchapte Other (i.e. etc.)	er 8 (Oth				dings	, hom	es,
City (5) Margate				- 19		11	Squa 143	re Feet	2	f Floors		100	3ldg. / 70+	Age	
County (6) Atlantic				Code (7) USE ONLY)			ent Use (Pr sidence	rior if be	ing dem	olish	ned)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCI	M No.	4			atement Co Abateme							
Street Address		111					Addre Bartle	ss ett Ave					783	()	
City, State, Zip Code		3	50 10					ip Code ek, NJ 08	3092						100
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 6096	none N 31859			Licens 0131		0.			
4/19/2017	Scheduled 4/26/201	7	pletion	Date (11)		Name N/A	of OSI	HA Monitor							
Occupancy Status During Abatement (Check	Only One)					Street	Addres	ss							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Aba al Facility H	atem ours	ent			City, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)	-22					1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promotes:	novat				×	Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure						
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Location of	Nor	mall	y		D	escription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enan ial S 12)	ce/ taff?	Asbest (i.e.	os Co therma surf	ntaining M al systems acing, VA miscellan	laterial insula T, or	(ACM)	(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior		Vo X	N/A			Siding			1/1	30 SF		х		w	
						Olding			14.	30 31		Α			
Name of Registered Waste Hauler		NJ	IDEP W	aste	Cubi	c Yards		Name of	Registe	red Lan	dfill				_
Timster Trucking Inc		Jan 1980083	uler ID 079	No.	of Wa			Waste	Activity						
City, State West Creek, NJ)E				Dispo	osal Date		City, State							
Completed by Amanda Mears	Title Owner-	Sat	feway	201		Signature	1		\		Date 04	_	2017		

M.	E	C	E		\mathbb{V}	E	(30)
		APR	1	7	2017		land.

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Date of Notification (1)	10-17			Na	me of Build	ing Owner/Operato		DINITIRE	AGTAN	W.F.	SAFTI	201	3
Agencies Notified	Type Notificati	ion		Str	eet Address			1,10	LICE	3 4 0			
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	Amended			Cith	, State, Zip			-		_			_
Ø DOL	Amendmen			1		RELIMETE	LO MI.	7	580	30			
⊠ DOH	☐ Emergency justification		ing	-			CIO M.						
I DCA	Cancellation			Nar	ne of Conta			Telep	shone Num	ber			
					GR	UCE		_					
	90			F	ACILITY IN	FORMATION							
Name of Facility Where A	Abatement is Tal	king Pla	ce (3)				Type of Facili	ity (4)					
RE	ESIDENC	=					School (K-	-12)					
Street Address	010						Subchapte		r than K-12	2)			
90000 E300							Other (i.e.		. commerci	al bui	dings	5,	
City (5)							homes, et Square Feet		Floors	T D	lda /		
The contract of the contract o	(A.1 (171/						# 01	Floors	- B	ldg. A		
	AN C	117		1 0			2000		<u></u>	1-	50	2 -	_
COUNTY (6) CAPE V	MAY	V.			E ONLY)	7) (STATE	Current Use (C AW		shed)			
Name of Monitoring Firm	Hired by Building	Owne	r	ASC	d No.	Name of Abatem	ent Contractor	(9)					_
(8)	110					KIE	EMCO I	NIC					
Street Address	*					Street Address							=
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City, State, Zip Code						City, State, Zip C		ou i	400				_
City, State, Zip Code								\ /= ./	U.J	10	ne.)	
							E SHAD			080	، در		_
Project Manager for Monit	toring Firm		Tel	ephone	e No.	Telephone No.	0 01100		nse No.				
			1-			856-77		_	0041	44			_
Start Date (10)		eduled (Comple	etion D	ate (11)	Name of OSHA N	Monitor 1						
4-20-17	V/.	4-	-27	1-1)		NIA						
Occupancy Status During	Abatement (Che	eck only	y one)	30 N 110		Street Address							
Facility Closed/Vacated	d During Entire P	eriod o	f Abate	ment									
Abatement Performed	Outside of Norm	al Facili	ty Hou	rs	1	City, State, Zip Co	ode						
Other - Describe:													
Scope of Work (Check all	that apoly)												_
						☐ Full Con	tainment with N	egative Pr	ressure				
≥3 sf or ≥3 lf .			enovat			Mini-Enc							
≥160 sf or ≥260 lf		₩ De	emolitic	n		Gloveba	g Procedure mpted (*) and N	lon-Eriable	Drocadur	0			
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Location of			Solet			Description of				-		-	
Asbestos-Containing Ma			ntenan ustodia			os Containing Mate thermal systems in			ount ecify	_		E.	m
TO BE ABATE IN Facility	Π	1000000	Staff?	ă.	(i.e.,	surfacing, VAT,		SFo		Ren	Re	13	nck
(13)			(12)			other miscellaneou			/	Remova	Repair	Encapsulate	Enclosure
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		Yes	No	N/A								0.5003	
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och ve stolenke ser etc. econocide de la													
Name of Registered Waste	Hauler			JDEP V	Control of the Contro	Cubic Yards	Name of Reg	istered La	ındfill				
KITMIO	INC		H	auler ID	No.	of Waste	C 14	1 0	M 1).	A			
	1/11		-17	110	24	Disposal Date	City, State		٠٠١٠٧-	,		_	=
City, State WAPLE SHA	LDE IN	·T				Disposal Date	WOC	DBI	NE				
Completed By	Title		7550			Signature	^ >		Date	1004	-		
w 1	MM _	SI	OP.			- Mull	Du						

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Date of Notification (1)	10-17			Name of Build	ing Owner/Operato ANAWS	(2)	UZ ASBERTAR	ÇO	NTF	OL	8
Agencies Notified	Type Notification	n	+	Street Addres	s		1 -	112.11	13		=
☐ BPA	Initial Amended					faut W	ALE_	2		-14	=
⊠ bor □ be	Amendmen			City, State, Zip	OCF AN	d CITY	N. J 08	522	26		
₩ DOH	Emergency justification)	-	Name of Conta	act		Telephone Numb	er		14.5	
□ DCA	Cancellation	1			EAN		L			_	=
Name of Facility Where	Abatamant is Tak	ing Place (3)	FACILITY IN	FORMATION	Type of Facility	v (4)			-	
RE	SIDENCE	ing race (52		School (K-1	12)	2			
Street Address						Other (i.e.,	r 8 (Other than K-12 private & commercia		dings		
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
	CTAUL	CLTS				1000		_	50	+	
County (6)	E MAY			County Code USE ONLY)	(7) (STATE	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm		Owner	- L	SCM No.		ent Contractor (9	9)				_
(8)	A					O INC			_	_	
Street Address					Street Address	SPRUC	E AUE				
City, State, Zip Code					City, State, Zip C	ode		-^-	7		
					MAPCE Telephone No.	SHAPE	N.J 08	02	_	_	_
Project Manager for Moni	itoring Firm		i elepi	none No.	856-77	9-0472		44			_
Start Date (10)	Sche	eduled Com	pletio	n Date (11)	Name of OSHA N	2 1 2					
4-21-1		4-6	8	-12	Street Address	N/A		_			_
Occupancy Status During Facility Closed/Vacate	g Abatement (Che d During Entire P	eriod of Ab	e) ateme	ent							
Abatement Performed	Outside of Norma	al Facility H	lours		City, State, Zip C	ode .					
Other - Describe:											=
Scope of Work (Check all	(that apply)				Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		☐ Renov			☐ Gloveba	a Procedure	on-Friable Procedur	P			
		T Is Loca	ation		MINOREXE	inpleo () alki N	STITIABLE TIOCCOS	1		ment	
		Norm Used So	ally		Description of				Тут	ж	T
Location of Asbestos-Containing Ma	aterial (ACM)	Mainten	ance/	Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	-	Enc	E
TO BE ABATE IN Facility	D	Staf	ff?	(1.6.,	surfacing, VAT, other miscellaneo	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12	1		Other Trascendance	ω,		/al	7	late	ll.e
		Yes N		V/A	10.10.15.7	,_	1750 SE	V			
SIDING	<u>'-</u>		1	X	RAWSITA		1/10/31-	^	-		
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			+								
Name of Registered Waste	e Hauler			EP Waste	Cubic Yards	Name of Regi	stered Landfill			C-12000	
	WC,		Hauk 12	9 DU	of Waste	C.M.	C. M.U	. 4	1_		_
City, State		T			Disposal Date	City, State	DBINE				
	ADE N				Signature A	A-/	Date,		-		-
Completed By MICHAEL KLE		SUP.			_ Mil	W Ju	- 1-4-	10.		_	_

CK# 4514

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

DECEIVED

APR 17 2017

			_						_			
Date of Notification (1)	10-10			Nam	e of Buildin	NE LAME	S CON	STRUCTIO) (1 12 N	777	\ 5
Agencies Notified	Type Notification	n		Stree	et Address	300 7	TH ST	LIC	DEN	SIN	3	
DEP DEP	☐ Amended			City.	State, Zip		1 31:			- 0		=
⊠ DOL	Amendment		ng			ISLE	CITY		32	43	. 1	_
Ø DOH □ DCA	justification) Cancellation			Nam	e of Contac	CLANIC		Telephone Numb	er			
				FA		ORMATION						=
Name of Facility Where			e (3)			-	Type of Facility	(4)				
	ESIDENI	E						8 (Other than K-12)				
Street Address							homes, etc.					
City (5)	cau (1	TY					Square Feet	# of Floors		dg. A	ge ⊢ .	
County (6)						7) (STATE	Current Use (P	nor if being demolis	hed)			
CAPE		0	=	ASCM	ONLY)	Name of Ahatem	nent Contractor (9	ACHUT				_
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCIVI	INO.	14	EM (O	INC				_
Street Address						Street Address	S SPK	EUCE AUG	-			
City, State, Zip Code						City, State, Zip C	ode	ADE M.J	- (80	056	>
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.		License No.	1.			
			_			856-77		004	45	_		=
Start Date (10) 4 - 20 - 17	Sche		100	etion Da		Name of OSHA	Monitor M	4				
Occupancy Status Durin						Street Address						
Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate tv Hou	ment rs		City, State, Zip C	ode					_
Other - Describe:	- Outside of Home											
Scope of Work (Check a	Il that apply)					Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End	ag Procedure	on-Friable Procedur	e			
		Isl	Location	on n		MONTER	stripted () and the	311 11200 1 100000			ment	
. Location of	of	Used	ormally Solel	y by		Description of				Тур		
Asbestos-Containing M TO BE ABAT	laterial (ACM)		ntenan			tos Containing Mat thermal systems is	nsulation,	Amount (Specify	Re	R	Enca	Enc
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaned	or ous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A					=		ate	0
SIDIN	ſ_			X	-	TRAW SIT	E	200050	X			
SIDING												
										_		
N of De -i-te J W	to Houston		TA	UDEP V	Vaste T	Cubic Yards	Name of Reg	istered Landfill	_			_
Name of Registered Was				auler IC		of Waste	1 CM.	CMU-A-				
City, State		(2)(3)		100		Disposal Date	City, State	018 11:- 1	1. T	_		25767
	SHADE	MI.	I	08	052	Signature -	1 0001	DBINE A	<u>u.</u>)		_	_
Completed By M:CHACL	Title		UP			Mun	Wh		10-	-()		_

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursu				7 and 12:120-7								
Date of Notification	1 (1)					Owner/Operato	r (2)		hoston	RA) [5 1	N	7 E
4/11/2017			Na	ancy :	Sobi	eski				E C	2 [5 1	<u> </u>	
Agencies Notified	Type Notifi	cation	Stre	et Addr	ess						_			
[]EPA	[X]Initial									AΡ	D	1 7	20	17
[]DEP	Notifi	cation	City	, State	Zin	Code				Ar	[]	1 /	LU	1 /
	[]Amended		- mar - 900			NJ,07040								
[X]DOL	Notifi	cation				10,07040			A	SBES	TOS	S CC	IN	ROL
[X] DOH	[]EMERGEN	CA		of Con		2.0	Tele	phone	Number			ENSI		
[]DCA			Na	ancy S	Sobi	eski			4					
	[]Cancell	ation												
Name of Facility Whe	ro Abatomont	io Molei	na D			NFORMATION	[
Nancy Sobiesk		. IS TAKE	ing P.	race (3)			Type of Fa	acılıt	y (4)					
Harry Bobiesk	-						[]Sch							
Street Address									r 8 (Oth e., priv					
									omes, et					-
							Square Fee	et	# of Flo	ors	Blo	lg. A	ge	
City (5)		County				nty Code (7)								
Maplewood		Essex			(ST	ATE USE ONLY)	Current Us	se (Pr	ior if b	eing d	demo	olis	ned)	
Name of Monitoring F Owner (8)	irm hired by	Buildin	g A	SCM No.		Name of Abate			* (2.5)					
N/A						AZTECH N	ianageme	INT,	Inc.					
Street Address						Street Addres	s							
						86 Chris	topher	St.						
City, State, Zip Cod	e					City, State,	Zip Code							
						Montclai		7042						
Project Manager for	Monitoring F	irm Te	lepho	ne Numb	er	Telephone Num				Licens	20.1	Mumb	25	
900 S70 SSI -			/A			(973) 744				003			ST	
Scheduled Start Date	(10) Sch	ed. Comp.	letic	n Date	(11)	Name of OSHA	Monitor							
4-25-17		4-26-	-17			N/A								
Month Day Ye Occupancy Status Dur			Day	Year										
[X]Facility Clos	sed/Vacated I	Ouring En	tire	Period		Street Addres	S							
of Abatement		d= -6 17.												
[]Abatement Per Hours - Descr	ibe: «OffHour	de of No	rmaı .pt»	Facilit	Y	City, State,	Zip Code							
[]other - Descr	ibe: «Other C	ccupancy	Des	cript»										
Scope of Work (Check	all that ap	ply)												_
[X]>3 sf or	\3 1£		VIDAY				Containment	t with	Negative	e Pres	sui	re		
[]>160 sf o				novation nolition			Enclosure -bag Proced	iure						
100 8 - 0000 0000 00					· ·		riable Proc							
Location	of	L	Is ocat:	ion		5	-			A	bat	emen		
Asbestos-Con		N	Orma. Used			Description Asbestos-Con			Amount		R	R	E N	E
Material (Sole:	Ly .		Material (Sandan and an an area.		(Specify		E	E	CA	C
TO BE ABA		Cı	istod			(i.e., thermal			SF or	(O	P A	PS	OS
(13)	r cy	Yes	aff			ulation, surfa r other miscel	SAMONE CONTRACTOR OF THE SAME		LF)	1	A	I R	U	U
		ies	No	N/A						_ 1	L		L ·	R E
Basement				X	Pip	e insulat	ion		160LF	X				
											+		-	
Name of Registered Wa	aste Hauler	No	DEP	Waste	Cub	ic Yards	Name of R	Registe	red Land	fill				
AZTECH MANAGE	EMENT, IN	IC. Ha		ID No.	of '	Waste 1.5	Miner	T-1				INC		
City, State	<u> </u>	1	704	U	Die	posal Date	City, Sta						_	
Montclair, NJ	07042				1 2	-28-17	Wayne		a Oh	io 4	4	588		
					-2		Mayne	Jule	9, 011.	-0 4	-= (000		
Completed By (Print	or Type) Ti	tle				Signature		17	-	Dat	e			
Constantine Vi	vian P	reside	nt			1 20211	Varitie	Vin	_	4/1	1/2	2017		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification	(1)	(Purs			_	0-7 and 12:120-7 ng Owner/Operator	-		Janes Contraction of the Contrac		prova		
4/11/2017			100000			lenderson	_ (_/			E C	E		VE
Agencies Notified	Type Notifica	tion	Stre	et Addı	cess						- Tara i appropriate de la constantina	Note the decision, or	Petrope Congress Co.
[]EPA	[X]Initial									200		7 61/	State of the state of
[]DEP	Notifica	ation	Citar	Ctate	7:	p Code				AFR	1	20	117
[X]DOL	[]Amended					ark,NJ,074	32						
	Notifica	ation				25 85			A	SPEST	38.0	CMI	ROL
[X]DOH	[]EMERGENCY	7		of Cor		: enderson		Telepho	ne Number	B.K	EN	ING	
[]DCA	[]Cancellat	ion	EV	erec	C n	enderson		T					
						INFORMATION							
Name of Facility Whe Everett Hende:		is Tak	ing Pl	ace (3)		Type	of Facil	ity (4)				
Everect hende.	LSOII						1 1 223]School					
Street Address	70						1 1 2223	- C.	ter 8 (Oth				1
							1.1		homes, et				
City (5)		lassa has	161		0		Squar	e Feet	# of Flo	ors B	ldg.	Age	
Midland Park		County Essex				ounty Code (7) STATE USE ONLY)							
	ĺ	15562	α.				Curre	nt Use (Prior if b	eing de	moli	shed)
Name of Monitoring F	irm hired by I	Buildir	ng AS	CM No.		Name of Abate	ment C	ontracto	r (9)				
Owner (8) N/A						AZTECH M							
Street Address						Street Addres	s		**				
						86 Chris	toph	er St					
City, State, Zip Cod	e					City, State,	Zip Co	de					
						Montclai	r, N	IJ 070	42				
Project Manager for	Monitoring Fir	m Te	elepho	ne Numb	er	Telephone Numl	ber			License	Num	ber	11.
		N	/A			(973) 744	-880	0		003	71		
Scheduled Start Date	(10) Sched	. Comp	oletion	n Date	(11)	Name of OSHA 1	Monito	r					
4-21-17			22-1	7		N/A							
Month Day Ye Occupancy Status Dur:	ear Mon	th (Check	Day	Year		Street Address	6						
[X]Facility Clos	ed/Vacated Du	ring E	ntire	Period		Screet Address	5						
of Abatement []Abatement Per		e of No	ormal	Facili	tv	City, State, 2	7in Co	do					
Hours - Descr	ibe: «OffHours	Descr	ipt»		Ť	orcy, scace, z	arp cod	ue					
[]other - Descr			y Desc	ript»									
Scope of Work (Check	all that appl	Y)				[]Full	Contai	nment wi	th Negativ	e Press	ure		
[X]≥3 sf or []>160 sf o				ovation		[]Mini-	Enclos	ure			2000		
[]2100 S1 0	2200 11	l	[]nem	olitior	1	[X]Glove []Non-F							
Location	o.f		Is Locati	on						Ab	ateme	_	
Asbestos-Con			Normal Used	ly		Descriptio Asbestos-Cont		,	Amount	R	R	E	E
Material (By M	Solel	У .		Material (ACM)		(Specif	Y E	E	CA	C
TO BE ABA		C	ustodi	lal	,	(i.e., thermal nsulation, surfa			SF or LF)	0	A	PS	L 0 s
(13)		Yes	No	12) N/A	-	or other miscel			TIE)	A	I R	Ŭ	Ū
Basement				x	Din	e insulation	07		75 LF			-	E
		1				e Insulació	OII		75 115		-		
								71					
Name of Registered Wa	aste Hauler	N	JDEP W	laste	C	ubic Yards	Name	of Regis	stered Land	ifill			
AZTECH MANAGE	MENT, INC	. H	auler 7040	ID No.	0	f Waste 1.0	Mi	nerva	Enterp	rise	INC	C	
City, State			., 0 10		D:	isposal Date	City	State					
Montclair, NJ	07042					4-24-17	Wa	ynesbi	urg, Oh	io 44	1688	3	
Completed By (Print o	or Type) Titl					lo-/			1-1-				
Constantine Vi		e side	en+			Signature	1-1	1	1/	Date	/201	7	
7.2						1 le	u li	(hu	15	4/11	, 201	• 15	

Ch509

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

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APR	1	7	2017	

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Date of Notification (1) 04-10-2017					of Building		Operato	r (2)			Í					
Agencies Notified	Type Notification		_	77777700.00	ard Pinto					1	Ā	SBE		SC		
				Street A	Address					L			LIC	ENS	SING	
× EPA × DEP × DOL	× Initial Amended		-	City St	ate, Zip C	nde								-		197
× DOL	Amendment		_		awn N.		0		Ų.							
⊠ DOH □ DCA	Emergency justification)			Name o	of Contact					Tel	ephone	Nun	ber			
☐ DCA	Cancellation			Edwa	rd Pinto											
Name of Facility Where	Abatament is Takin	a Place /2		FAC	ILITY INF	ORMAT	ION	-								
Private Dwelling	Abatement is Takin	y Flace (5)	,					Тур	e of Facility (4							
Street Address								×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Oth				dings	hom	es,
City (5)								Squ	are Feet	# 0	f Floors		E	Bldg. A	ge	
Fair Lawn NJ 07410	0							N/A	١	N/	A		1	N/A		
County (6) Bergen					Code (7) USE ONLY)			ent Use (Prior vate Dwellir		ng dem	olish	ed)			
Name of Monitoring Firm		Owner (8)		ASCI	M No.		1		atement Contr		(9)		755			
Standard Envirome	ntal 								ntracting L	LC						
Street Address 2108 Fulton St, Suit	to 21						Street									
City, State, Zip Code	le ZA							BOX	734 Zip Code							
Brooklyn NY 11233							100000		d Park NJ (742	4					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	CO VANALUI CO	Street, American Committee of the		Licen	se No),			
Kayode Adefisoye				347-2	41-7673		500000		6298		0126					
Start Date (10) 04-21-2017		Scheduled 04-28-2		npletion	Date (11)		1		HA Monitor ntracting LI	С						
Occupancy Status During	Abatement (Chec	k Only One	2)				Street	-								
▼ Facility Closed/Vaca	ited During Entire F	Period of A	batem	nent			POE	зох	734							
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Hours			<u> </u>			Zip Code d Park NJ (742	4					
Scope of Work (Check Al	That Apply)											-				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova emolit				×	Mi	III Containmen ni-Enclosure ovebag Proce on-Exempted (dure	(373)				9	
		Is I	ocati	on					- In anomptou	June	3 1 1 0 1 1 1	nabi	3110	Abate		
Location	of	No	ormall	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Mair Custo	Sole ntenar odial S (12)	nce/		tos Con thermal surfa		lateria s insul T, or		(5	mount specify or LF)	0.000	Removal	Repair	Encapsulate	Enclosure
Pasama	Basement						NOLII A	TIO		40						
Daseme		Х		PIPE	NSULA	(110)	V	10	00 LF		Х					
Name of Registered Wast	te Hauler	1	20.00	JDEP W auler ID		1 2000000	Yards		Name of Re	egiste	red Lar	ndfill				-
Amax Contracting LL	Amax Contracting LLC						ste		Fairless	Hills						
City, State Woodland Park NJ 0	7424			036184		100	sal Date		City, State Morrisvill	e P/						
Completed by		Title					ignature	1	MONISVIII	G F		Date	9	-		
Tome Maslarkov			t Ma	nager			C/	1/2	~	\Rightarrow				2017		

Date of Notification (1) Name of Building Owner/Operator (2) 4/10/17 Charles Carter Agencies Notified Type Notification Street Address FΡΔ Initial City, State, Zip Code DEP Amended 2017 X DOL Amendment # Maplewood, NJ 07040 Emergency (including Name of Contact Telephone Number DOH justification) Charles Carter DCA Cancellation OS CONTROL FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, # of Floors Square Feet Bldg. Age Maplewood, NJ 1.619 SF Built 1924 2 County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 32 Willow Way City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/20/17 4/22/17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd., Bldg. 35-E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*).and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement - Crawl Space X Pipe Insulation 8 LF XX Garage - Wall X Vermiculite 20 SF XX Attic - Under Floor Boards X Vermiculite 96 SF XX Name of Registered Waste Hauler Cubic Yards NJDEP Waste Name of Registered Landfill Hauler ID No. of Waste Unicorn Contracting Corp. Fairless Hills Landfill 0035844 3+ City, State Disposal Date City, State Woodland Park, New Jersey **TBD** Morrisville, PA Completed by Title Signature Date Dimo Golcev 4/10/17 General Manager

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	APR	17	2017	7	Lear
AC	3	Heron	SS	01.8	
AS	- 1-1-1-W	<u>OS UC</u> CENS	ING.	<u></u>	
-1-4(4)					
	one Nur				14-11-1

Date of Notification (1)				Name	of Building	Owner/Op	perator (2	2)	had bee	200			Lunnan
	17			Nor	een Ziga	relli		and the same of th	L 3	100	CITH		
Agencies Notified Type Notifica	tion			Street	Address			SU-SUPERIOR STATES	NOULOTO	S UU ENSIN	4110	UL-C	×
								j	See 2 % / 5.	-1 12777	A		
☑ DOLWD ☐ Amended				City, S	tate, Zip C	ode			1-61-81	2.2.1			
		alt as as		Bell	eville, N.	07109							
DCA Emergence (NJAC 5:23-8) Institute in particular in par		aing		Name	of Contact				Telephone Numb	er			11211
☐ Cancellati				Nor	een Ziga	relli			Γ.	1			
				FAC	ILITY IN	FORMAT	ION						
Name of Facility Where Abatement is T	aking Pla	ace (3)						Type of Facility	(4)				
Residence								School (K-12					
Street Address			215						3 (Other than K-12) rivate and commerc		lding	S,	
								homes, etc.)			3200		
City (5)								Square Feet	# of Floors	Blo	g. Ag	e	
Ortley Beach								1000 sf	1	(5		
County (6)				Coun	ty Code (7)	(STATE USE	ONLY)	Current Use (Pr	ior if being demolis	ned)			
Ocean								Residence					
Name of Monitoring Firm Hired by Build	ing Own	ner (8)	A	SCM	No.	Name of /	Abateme	ent Contractor (9)					
N/A						Guard	ian Cor	ntracting, Inc.					
Street Address						Street Ad	dress						
						1889 F	Route 9	, Unit 61					
City, State, Zip Code						City, State	e, Zip Co	ode					
					2	Toms	River, I	New Jersey 08	755				
Project Manager for Monitoring Firm	Manager for Monitoring Firm Telephone No.								License No.				
						732-34	19-9932	6	00624				
	chedule					Name of							
04 /24 /17				_ / _	1/_	Conclusion of the Conclusion o	L. Anal	lytical					
Occupancy Status During Abatement (0						Street Ad							
 □ Facility Closed/Vacated During Entire □ Abatement Performed Outside of No. 					oribo	1056 S							
Time of Abatement:AM						City, State Piscat		ode New Jersey 08	854				
Scope of Work (Check all that apply)							Eull Cont	rainment with No	nativo Proceura				
☐ ≥3 sf or ≥3 lf		Reno	vatio	on			Mini-Enc	ainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf	\boxtimes	Demo	litio	n				g Procedure	E				
					1	⊠ ľ	Non-Exe	mpted (*) and No	on-Friable Procedur	1			
		Is Lo	cati mal			D				Ab	ateme	ent I	
Location of Asbestos-Containing Material (ACM	,	Used S			Ashe		cription o	terial (ACM)	Amount	Rei	Rej	Enc	Enc
TO BE ABATED	`` .	Mainte				., thermal s	systems	insulation,	(Specify	Remova	Repair	aps	Enclosure
IN Facility		Custod ')	12)	otan?		surfaci other mi	ng, VAT,		SF or LF)	<u>n</u>		Encapsulate	ure
(13)	Y	T	No	N/A		other mi	Scenarie	ous)	-			te	
exterior			3		asbesto	s siding			1000 sf				
]										
	Т	7 [7										
		1	7							П	П	П	П
Name of Registered Waste Hauler			N.	JDEP V		Cubic Ya	rds of	Name of Regi	stered Landfill				
Guardian Contracting, Inc.			20000	auler II 20223		Waste 3		T.R.R.F.					
City, State			1	20223	,	Disposal	Date	City, State		No.			
Toms River, New Jersey						4/26/1	7	Tullytown	, Pennsylvania				
Completed By (Print or Type)	Title					- Sign	ature	1/1	Da	te /	Alberra.		
Nicholas Fernicola	Proj	ject M	ana	ager			>	1-k	1	+//	1	7	



CHECK # 23916 / 24003

Date of Notification (1) 04-10-17					f Building (lersey Na			(2)						,		
□ FPA □	Type Notification Initial			company section	ighland l		ay			Comments of the comments of th					\mathbb{V}	
× DEP × DOL	Amended Amendment	#_3			ate, Zip Co River, N		53					4 24 3		4 =	aad	42
□ DOH	Emergency justification)	including			f Contact					Te	ephone	Numb		1 4	201	4
DCA [Cancellation				/lerenda	DMATI	ON			1			,			rum(rum, and
Name of Facility Where Ab	atement is Takin	g Place (3)	FACI	LITY INFO	RMAII	ON	Туре	of Facility (4)	AS	REST	A	NS!		101
		35							School (K-12					45	1.4.4	111 1766
Street Address 581 Highland Parkwa	ay							×	Subchapter (Other (i.e. pr				uild	ings,	home	es,
City (5) Toms River									etc.) re Feet)	# o	f Floors		1000	dg. A	ge	
County (6) Ocean					Code (7) USE ONLY)		_		ent Use (Prio nmercial	r if bei	ng dem	olished)			
Name of Monitoring Firm H Arcturus Environmen				ASCN	/I No.				tement Cont Environme							
Street Address 9 Prince William Roa	d						Street 200 E		ss I Street							
City, State, Zip Code Morganville, NJ 0775	i1								ip Code NJ 07072							
Project Manager for Monito Frank Tamargo	oring Firm	100	Telephoi (732) 6	ne No. 617-9279	9	Teleph 201-9				Licens						
Start Date (10) 03-20-17(2)04-04-17			pletion I	Date (11) ed		Name Even		HA Monitor	10000							
Occupancy Status During	Abatement (Chec	k Only On	e)				Street									
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	tate, Z	kson Aver ip Code nd City, NY		01					
Scope of Work (Check All	That Apply)						Long	ISIAI	id City, iv		O I					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		enoval emoliti				×	Mir	Il Containment ni-Enclosure ovebag Proce n-Exempted	edure					e	
		Is	Location	on				110	Lxomptou	() () ()	3 11011 1	- Induition		Abate	ment	
Location o		N	lormall d Solel	y			scription					-		Ту	pe	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Mai	intenar odial S (12)	ice/		thermal surfac	aining M systems cing, VA niscellan	insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
0 151 1	01 1	Yes	No	N/A			0				005	_		a	ω	
Ground Floor: Lou					Compo				0SF	-	ζ .			_		
Ground Floor: Train					Compo	100000000000000000000000000000000000000			7SF	-	۲			_		
Ground Floor: Train				200.000.0	T/Mast	No. Eco			5SF	-	C					
Ground Floor: A			l NI	JDEP W	/aste	Cubic	T/Mast	IIC	Name of R		8SF	7 755-74	<			
Freehold Cartage	H	auler ID J-113	The state of the s	of Was			Grows N									
City, State Freehold, NJ 07728	1.45			Allertonia	sal Date	2	City, State Morrisvil		A 1906	67						
Completed by Richard Doran		Title Proje	ct Ma	nager		S	ignature		AF	2		Date 04-1	0-1	7		

Title Of Project: 581 Highland Parkway, Toms River, NJ

Additional Materials / Floors

ASBESP S CONTROL & LICENSING

				The Artist Con
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Ground Floor: Heater Room	N/A	VAT/Mastic	96SF	Removal
Ground Floor: Lounge Closet	N/A	VAT/Mastic	745SF	Removal
Ground Floor: Offices	N/A	VAT/Mastic	328SF	Removal

CK3062	NO	OTIFICATIO	State of New Jo DN OF ASBEST nt to NJAC 8:6	TOS ABATE			DE			V	int For
Date of Notification (1) 4/10/2017			of Building Ow dence	ner/Operato	r (2)			APR	1/	2017	land and the same of the same
Agencies Notified Type Notification I Limit Li		City, S	Address State, Zip Code ntainside, N.	1 07092			ASE	ESTO: LICE	S CC ENSI		OL &
□ Emergency justification) □ DCA □ Cancellation	(including	Name	of Contact Steckler	. 07002			Telephone	Number			
		FA	CILITY INFORM	MATION							
Name of Facility Where Abatement is Takir Residence Street Address	ng Place (3)					of Facility (4 School (K-12	2)				
					×	Other (i.e. pr etc.)	3 (Other than I	ercial bu			es,
City (5) Mountainside				11	200	re Feet	# of Floors 2		Bldg 50	Age	
County (6) Union		(STATE	y Code (7) E USE ONLY)			22	r if being demo	olished)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	CM No.			tement Cont nk Service					
Street Address PO Box 354					Addre	ss rty Avenue)				
City, State, Zip Code South Orange, NJ 07079						ip Code J 07205					
Project Manager for Monitoring Firm Sarah Calandra		201-3	one No. 349-2666		hone N 462-7		Licens 01316				
Start Date (10) 4/24/2017	4/28/201	10.5	n Date (11)			HA Monitor ighthouse	Solutions				
Occupancy Status During Abatement (Chec	k Only One))			Addres					7	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility H	atement lours		City, S		p Code inge, NJ 0	7070				-
Scope of Work (Check All That Apply)				Cour	.11 018	inge, No o	1013				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition		×	Mir Glo	ni-Enclosure vebag Proce	nt with Negativedure (*) and Non-Fi			re	
Location of	No	ocation rmally		Description	5.000E		\		Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	Solely by tenance/ dial Staff? (12)	(i.e. ther	Containing Normal systems urfacing, VA per miscellar	s insula T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
vinyl tile		No N/A		1411			04 5			ate	roi
viriyi tile		X	Viny	I tile and	mastic	3	94 sq.ft	X			
Name of Registered Waste Hauler Newark Carting		NJDEP V Hauler III 04509		ıbic Yards Waste		Account to the second second	egistered Land		<u> </u>		
City, State East Orange, NJ		-	Dis	sposal Date		City, State Penn Arg	gyle, PA				
Completed by Alison Lamers	Title Office I	Manager		Signature	W	KOMS	\ \ \	Date 4/10/2	017		

Chings			FICATIO	tate of Nev N OF ASB t to NJAC	ESTOS A			T	Proposition of the Control of the Co	0, 6	C	G	Pr] \[\]	int F
Date of Notification (1) 04-12-2017				of Building Propertie		erato	(2)		The second second second		APR	1 7	201	7
Agencies Notified Type Notification	nt #		City, St	Address ate, Zip Co					A STATE OF THE STA	ASBE		S CC SNS		ROL
➤ DOH Emergency justification DCA Cancellatio)	1		of Contact da Frazie	er				Tele	phone Nu	mber			
			FAC	ILITY INFO	ORMATIO	N								
Name of Facility Where Abatement is Taki Private Dwelling	ng Place (3)					Тур	e of Facility (4 School (K-12						
Street Address							×	Subchapter of Other (i.e. pretc.)	8 (Othe	er than K-1 commerc	2) ial buil	dings	, hom	es,
City (5) Hillside							Squ N/A	are Feet	# of N/A	Floors		Bldg. A	Age	
County (6) Union				Code (7) USE ONLY)			Cur	rent Use (Prio	r if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCI	M No.	1	Name Unite	of Ab	eatement Cont afety LLC	ractor	(9)				
Street Address			-		1	Street 12 M		ess Ave #F2						
City, State, Zip Code					-	City, S	tate,	Zip Code ok, NJ 0705	58					- 6
Project Manager for Monitoring Firm			Telepho	one No.	T	Teleph	none l			License N 01317	10.			
Start Date (10) 04-22-2017	Schedul 04-24-			Date (11)	1			SHA Monitor afety LLC						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of a	Abater y Hour	ment s		C	City, S	tate,	Ave #F2 Zip Code ok, NJ 0705	58					
Scope of Work (Check All That Apply)						1110	Dio	JK, 140 07 00						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure				- Δ	
Location of	1	Locat	lly		Descr	7 0		on Exempted	() and	THOUSE THE		Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial ((12)	nce/	Asbesto (i.e. t	os Contair thermal sy surfacing other mis	ning M stems g, VA	lateria insu T, or	lation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Personal	Yes	No	N/A			•							ate	e.
Basement		Х			Pipe In		tion		13	0 LF	X			
Basement		X			V.	AT			80	SF	X			
ame of Registered Waste Hauler nited Safety LLC	TO A STATE OF THE							Name of R						
ity, State ine Brook, NJ			036820		TBD Disposal TBD	Date		City, State Tullytown						
completed by anco Petkov	Title	ct Ma	anager			nature	~ (- any town	-6	Da	te	2017		

		31		CATION	N OF ASBE to NJAC 8	STO	SABATE		IT A	Don	1	16	3	75	_	
Date of Notification (1)				Name o	f Building C)wner	r/Operator	(2)		4	1	-			-	
4/12/17				Robin	Dorfman	ı, Liv	es in C	Α		T	Property of the Party of the Pa	F	0		ПГ	17 -
Agencies Notified	Type Notification			Street A	Address						M.	也	15	B		VE
□ ЕРА	× Initial									-	K			-		
DEP	Amended				ate, Zip Coo	de				-			20	, -		
× DOL	Amendment a		-	Leoni					F.	1	U Li	А	PA	1 /	20	117
DOH DCA	justification)	nordanig			f Contact					Tele	phone	Numb	er_			
DCA	Cancellation				el Morales					1	A	SKE	>11	×C	TIAO	ROL
Name of Facility Where	Abatament is Taking	Place (2)	FAC	ILITY INFO	RMA	TION	T.,,	oe of Facility (1)	*		LIO	ENS	HNG	11011
House	Abatement is Taking	Place ()					1 y	CONTRACTOR CONTRACTOR SERVING	10 mm				-		
Street Address								H	School (K-1 Subchapter		r than	K-12)		-	-	
Officer Address								×	Other (i.e. p				build	ings,	home	s,
City (E)									etc.)	14.5	Cl	87 - 20 - S	T DI	J- ^		
City (5) Leonia									uare Feet 500	2	Floors		7	dg. A	ge	
				Country	Codo /7\							aliaha	1	J		
County (6) Bergen					Code (7) USE ONLY)	-		1	rrent Use (Prid			olisne	u)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASC	M No.				batement Cor vironmenta			LLC				
Street Address				_			Street	Add	ress	01 2011 2010 2010						
							4 E (Gate	e Drive, PO	Box 4	183					i
City, State, Zip Code						700		, Zip Code od, NJ 074	12							
Project Manager for Mon	aitoring Firm			Telepho	ne No		Teleph			T	Licens	e No		-		
r rojour manager for mon	morning i min			reieprie	110 110.				-2276		703	SC 140.				
Start Date (10)		Schedul	ed Co	moletion	Date (11)			151057	SHA Monitor				-W-1772			
4/21/17		5/15/1														
Occupancy Status During	g Abatement (Check	Only Or	ne)				Street	Add	ress				1			
Facility Closed/Vaca	ated During Entire P	eriod of	Ahatei	ment												
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	/ Hour	'S			City, S	State,	, Zip Code							
Scope of Work (Check A	II That Apply)									-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renov Demol				×		Full Containme Mini-Enclosure Glovebag Proc	e cedure					2	
							E		Non-Exempted	a () and	Non-r	-nable			ment	
74 CONST. 447 ON	li respo	10000	Loca Norma												pe	
Location Asbestos-Containing		Use	ed Sol	ely by	Ashastr		escription		rial (ACM)	Δr	nount					
TO BE ABA	ATED		intena todial	ance/ Staff?		herm	al system	s ins	ulation,	(S	pecify		Re	ZJ	no	m m
In Facil (13)		Cus	(12)				facing, VA r miscellar			SF	or LF)		Remova	Repair	SCE	Enclosure
(13)		Yes	No	N/A		Oute	mscellai	ieou	5)				<u>a</u>	7	Encapsulate	ure
basem	ent		x		pip	e insula	tion		60) LF		x				
		-		-									-			
Name of Date of the Control of the C					<u> </u>											
Name of Registered Was		NJDEP V Hauler ID	2000		ic Yards /aste		Name of	Registe	red Lar	ndfill						
Freehold Cartage		15939	, 10.	TBE			Wester	n Berk	s Lar	ndfill						
City, State				Disp	osal Date		City, State	e	0.000			45 me 5				
Freehold, NJ				TBE)		Birdsbo	oro, PA	١.							
Completed by		Title					Signature	9	h	2"		Date		-		
A. Scott Higgins		Pres	ident					, di	Ma		-	4/1	2/17	7		

											L	г	HILL
CKIIS	31			ICATIO Pursuan	State of New Jerse ON OF ASBESTOS of to NJAC 8:60 an	ABATE d 12:12	0)	Reservation and the) E	C E		\mathbb{V}	E
Date of Notification (1) 04/06/17					of Building Owner/ LUS LLC.	Operator	(2)	Street section	L. Al	PR ·	1 7	2017	7
Agencies Notified	Type Notification			Street	Address								_
⊠ EPA	✓ Initial			34A.	W. HARDWOO	D TEF	RRACE.	The same of the sa	ASBES	STOS	CO	NTR	OL
DEP DOL	Amended	ш			tate, Zip Code						NSII		
	Amendment Emergency (g		SADES PARK	07650		5 5 5 5	90				
DOH DCA	justification) Cancellation				of Contact SUN YANG			Tele	ephone Nu	mber	16		
	Caricellation				ILITY INFORMAT	ION					_}		
Name of Facility Where	Abatement is Taking	g Place	(3)	inc	ALIT IN ORMA	ION	Type of Facility	(4)					
PRIVATE							School (K	-12)					
Street Address							Subchapte	er 8 (Othe	er than K-1	2)			
			10				Other (i.e. etc.)	private 8	& commerci	al buil	ldings	, hom	es,
City (5)	07050						Square Feet	# of	Floors	E	Bldg. /		
PALISADES PARK County (6)	., 0/650						1,600	1			79	}	
County (6)				(STATE	Code (7) USE ONLY)		Current Use (P	rior if beir N/A	ng demolish	ned)			
Name of Monitoring Firm	Hired by Building ()wner (8	3)	ASC	M No.	Namo	of Abatement Co	0.0000	(0)				
N/A		,,,,,,		7100	WI 140.	1	TH EAST EN		C. C.	110			
Street Address							Address						
						1126	- 51 ST.						
City, State, Zip Code							tate, Zip Code TH BERGEN	I NJ. 07	047				
Project Manager for Mon	itoring Firm		T	Telepho	one No.		one No.	1	License N	0.			
N/A						5.0	766-0642	1	01300				
Start Date (10)				npletion	Date (11)	Name	of OSHA Monitor	r					
04/15/17		04/16				EMS	L ANALYCAL	INC					
Occupancy Status During			52				Address						
Facility Closed/Vaca Abatement Perform	ated During Entire P	eriod of	Abatem	nent			V. 38TH ST.						
Other – Describe:	- Carside of Norma	ar i aciiii	y i louis	1			ate, Zip Code YORK NY. 1	10010					
Scope of Work (Check Al	That Apply)					14 - 4	TORRIVI.	10010					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promotes and	Renova Demoliti			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				e	
			s Location								Abate	ement	į.
Location			Normall ed Solel		J. C.	cription				_	Ту	ре	
Asbestos-Containing TO BE ABA	Material (ACM)	Ma	aintenar	ice/	Asbestos Conta (i.e. thermal				nount pecify	מ		En	Ш
In Facili (13)		Cus	stodial S (12)	іап?	surfac	ing, VAT	, or		or LF)	Removal	Repair	aps	Enclosure
(13)		V		Γ	otner m	iscellane	eous)			val	air	Encapsulate	sure
ROOF	:	Yes	No	N/A	BOOF (Blassel		hanna) A Ob 4		0.05			w	
NOOF			X		ROOF (Blanck	viemi	brane) ACM	500	0 SF	X			

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste TRI - STATE - ASSOCC INC MINERVA ENTERPRISE INC 19951 TBD City, State Disposal Date City, State BRONX, N.Y. TBD WAYNESBURG OHIO. Completed by Title Signature Date XIOMARA GOMEZ **SECRETARY** 04/06/17

Check # 11638

										Chec	K# 1	1030)	
Date of Notification (1) April 12, 2017			of Buildir Corpor		er / Operator	(2)		In E	' (A)	re n	51.77		3/70/700
Agencies Notified	Type Notification		_	Address		VICCS				6		$-\mathbb{W}$	E	117
ПЕРА			7 West	t Sevent	h Stroo	+							-	
DEP			/ Wes	LOEVEIIL	ii Stree					APR	17	2017	7	$\parallel L \rfloor$
⊠DOL	Initial		City, S	tate & Zi	p Code							- C- 1.		Louis
⊠рон	Amended		Cincin	nati, OH	45202				ASR	ESTO	200	h 1777	~	-
DCA	Amendment Cancellation		Name	of Contac	ct				1 /100	LITE	ephon	é Nur	nber	ζ
			Paul G	adomsk	i – Rari	tan Maintena	nce Man	ager		Megranin alexand				
	I		FAC	CILITY	INFO	RMATION								***
Name of Facility Whe		g Place (3)				Type of Facil								
Street Address						1-	pter 8 (Ot	her than	K-12)					
401 Clearview Road							i.e., priv		mmercial b				c.)	
City (5)						Square Feet 1,000,0	000	# of Floo	ors 1	Bldg	g. Age 37	7 Year	rs	
Edison						Current Use ((Prior if be	eing dem	olished)					
County (6) Middlesex		County Code												
Name of Monitoring F	irm Hired by Building			ASCM	No.	Name of Aba		ontractor	(9)					
Pennoni Associates Street Address						Synatech, In Street Address								
515 Grove Street, Su						829 Radio R	oad							
City, State & Zip Code Haddon Heights, NJ						City, State & Little Egg Ha								
Project Manager for M			lephone N			Telephone No	umber	00007	Licen	se Numi				
Joseph Anello Scheduled Start Date	(10) Sobodi	led Completi	6-656-285			609-296-6916 Name of OSh	-				0081	7		
April 24, 20)17	May	24, 2017	(1)		Synatech, In		л 						
Occupancy Status Du Facility Close	ring Abatement (Checked/Vacated During En		Abatemen	nt		Street Addres								
Abatement P	erformed Outside of N	Normal Hours	;			City, State &	Zip Code							
Other - Desc	2070747					Little Egg Ha	arbor, NJ	08087						
Scope of Work (Check	pied During Abateme	nt												_
	//						Full Con	tainment	with Negativ	e Press	ure			
≥3 sf or ≥ 50 lf		=	Renovatio			\boxtimes	Mini-End		=					
≥160 sf or ≥260) If		Demolition	n				g Proced						
Loc	ation of	lla Locati	on Norma	lly Llood		Descript		empted(*	and Non-Fr	iable Pr		re ateme	nt T	vne
Asbestos-Contai	ning Material (ACM) ABATED	Solely b	y Mainten dial Staff?	ance or		Asbestos-Co Material (ontaining		Amount (S		Ab	ateme	1111	ype
	acility	June		(12)		(i.e., thermal	systems		0,01				m	
((13)					nsulation, surf or other misc					Re	یر	nca	Enc
						or other miss	onariooac	,			Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>		late	ıre
Main Area				Х		Gaske	ets		40 S	F	X			
											- 1			
											1			
Name of Registered V	Vaste Hauler	NJDEP \		Cubic \	Yards of	Waste	Name o	of Registe	ered Landfill					
Synatech, Inc.			429	3			Fairles	s Hills						
City, State				Dispos	al Date		City, St	ate		V-10 +				
Little Egg Harbor, N.	08087		May 25	5, 2017		Morris	ville, PA		<u> </u>					
Completed By	Title			Signatu	ire .	130			ate					
Diane Aloia	Exec	utive Admini	strator	A	Wend	alla	L	Ι_Δ	pril 12, 201	7				

CHECU #322

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) 04/09/17						ilding Owner		r (2)		-	
						rona Prevent	ne				Total Commence of the Commence
Agencies Notified		Notification I Initial no		2	Street Address 330 S. Van Brur	ot Avenue	U LL A	PR	17	2017	lam
⊠ EPA		☐ Amende		П	City, State, .Zip C		- NO.				
□ DCA		☐ Emerger		ication	Englewood, NJ	7000	10000		0.00	NITD/	
⊠ DOL		☐ Cancelle	ed		Name of Contact		Telephone	3.N∏		MITH	JL &
⊠ DEP ⊠DOH					Robert Veleber	apart.	1 -		- J	1/1/3	.,
				FACILITY IN	IFORMATION				1.00		
Name of Facility Where A	batement is	Taking Place	(3)		Type of Facility (4	4)					
Commercial Building					☐ School (K-12)						
Street Address					□ Subchapter 8 □ Other (i.e. priv	(other than K-12) vate & commercial	uildinge hon	nac	etc		
330 South Van Brunt A	venue				Square Feet	# floors	Juliuliya, Hon	_	dg. Ag	ie	
			,		103,000 SF	2)+		
City (5) Englewood, NJ	County (6)			ty Code (7)	Current Use (pri	or if being demolish	ed):				
Englewood, NJ	Bergen		State	Use Only)	Commercial	50	95				
Name of Monitoring Firm	Hired by Bld	a. Owner (8)	ASCN	/ No	Name of Contract	tor (9)					
N/A	-	3	10.011		BL Contracting,						
Street Address					Street Address						
					5 Marguerite Lan	ie .					
City, State, Zip Cod					City State, Zip Co	de					
Date of the					Towaco 07082		,				
Project Manager for Mon	itoring Firm	Telephone	Number		<u>Telephone Number</u> 973-901-0153	<u>er</u>	License No 01265	umbe	er		
					373-301-0133		01205				
Scheduled Start Date (10))		Complet	tion Date (11)	Name of OSHA M		-				
04/22/17		04/25/17			BL Contracting I	nc.					
Occupancy Status During	Abatement	Check only o	ne)		Street Address						
□ Facility Closed/Vacate	ed During Er	tire Period of	Abatem	ent	5 Marguerite Lan	ie					
	Outside of N	ormal Facility	Hours -								
Describe					City, State, Zip Co	<u>ode</u>					
□Other - Describe:					Towaco, NJ 0708	32					
Source of Work (Check all	that apply)									-	
T > 2 - f 2	15			1000		☐ Non Exempted	and Non Fria	ble P	roced	ure	
 □ ≥ 3 sf or ≥ 3 ⊠ ≥ 160 sf or : 				☑Renovation ☐ Demolition		☐ Mini-Enclosure☒ Glove bag Prod	oduro				
				L Demonton		☐ Full Containment	nt with Negati	ive P	ressur	е	
Location of Asbestos-	IsL	ocation Norma	illy	Description of A	sbestos Containing	Amount (Spec			tement		
Containing Material (ACM)) in Use	d Solely by		Material (ACM)	(i.e. thermal systems	LF)		71001	CITICITI	1 4 0 0	
Facility (13)		nt/Custodial S	taff?		cing, VAT, or other			Remo		pair Enca	ар
	(12) YE		NA	misc.)				Encio	se		
Second Floor			X	Duct Insulation	l	16 LF		X			
								_		-	-
										-	
	1										
Name of Reg. Waste Hauler		NJDEP Waste	Hauler II	D#	Cubic Yards of Waste		Name of Regi	stere	d Land	fill	
Waste Management of Penr		0036784			5		T.R.R.F	300.0	u Lunu		
						Disposal Date		City	State		
						Dispusal Date			town,	PA	
						04/25/17		,			
Completed by (Print or Typ	ne)	Title			Signature		Date				
Nedo Vasilic	- 10	President			A CONTRACTOR OF THE PARTY OF TH	11					
					1 /Veito	Jasihic	04/09/2017				

2h6053	NO		CATION	te of New OF ASBE o NJAC 8	ESTOS	ABATE				E) E		\mathbb{V}	<u> </u> [E	
Date of Notification (1) 4/12/17				Building (1,13000			AP	R 1	1	201	7	
Agencies Notified Type Notification			Street Ac	idress		20, 20, 20, 20, 20, 20, 20, 20, 20, 20,		The same of the sa	-	SBES"	TOS	CC	NTE	ROL	8
⊠ EPA □ DEP □ DOL □ Amended △ Amendment		_		te, Zip Co rton NJ		7		1			ICEA				
☑ DOH ☐ Emergency justification) ☐ DCA ☐ Cancellation			Name of Bill						Tel	ephone N	Numbe	r	ķ		
Name of Facility Where Abatement is Takin	g Place (3)		FACIL	ITY INFO	DRMAT	ION	Туре	of Facility (4)					W1770	
Bill Bareilles Private Residence Street Address								School (K-1 Subchapter Other (i.e. p	8 (Oth			uild	ings,	home	es,
City (5) Tuckerton NJ 08087								e Feet	# 0	Floors			dg. A 5+	ge	
County (6) Ocean	0		County C	ode (7) ISE ONLY)	(₁			nt Use (Prio		ng demo	lished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		Name		tement Cor		(9)					
N/A	*20 430						naco I								
Street Address							Addres Box 3								
City, State, Zip Code						5350		p Code in NJ 080	91						
Project Manager for Monitoring Firm		1	Telephor	ne No.			none No -753-9			License					
Start Date (10) 4/21/17	Scheduled 4/27/17	Com	pletion D	Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Chec	k Only One)					Street	Addres	is	4						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:					_	City, S	state, Zi	p Code	-						
Scope of Work (Check All That Apply)											74.45 IS				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat				×	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure	· ·				9	
	Isla	ocatio	on			1-	<u> </u>	I-Exempled	1 () all	u Non-Fi	lable r		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED		rmall Solel tenar	y ly by nce/		tos Con therma	scription taining M I systems	/laterial s insula		(5	mount Specify		0	Ty Z	897	Enc
In Facility (13)	(12)				icing, VA miscellar			SI	or LF)	Control	levon	Repair	Encapsulate	Enclosure
Slab under house	No	N/A X		F	loor Til	e		80	00 SF	×			CD .		
	Oldo dildoi ilodoo										-				
	+										1	1			
												7			
Name of Registered Waste Hauler United Roll Off	H	JDEP Waller ID I		Cubic of Wa	Yards ste		Name of G.R.O.	200	ered Land	dfill					
City, State Elm NJ	21	L-100	1777		sal Date		City, State		A 1906	7	-				
Completed by Anthony T Perna	Title Presid	ent			100000000000000000000000000000000000000	Signature	9				Date 4/12	/17	7		

Print Form

Chauss

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Laborer.	1-1	(3)		П	71.77	170	perion
1100)		110	in		W	100	10
111 11	L	U	L	U	17		11
111 11	-	-			1- mont residence 10 1		11
11 med	1						11
11 123							11

Date of Notification		,					Owner / Operato			APR 1	7 20	17	
Agencies Notified	04-12-201 Type Notifi						ute of Technolog	У	led be	MI II I	1 20		Samurari I
⊠ EPA	Type Noun	CallOn			t Addr		s-323 Dr. Martin I	Luthor King In	Dlud				
DEP	⊠ Initi	al				& Zip (Lutilei Kilig Jil	ASB	ESTOS	CONT	ROL	8
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				F	ACILI	TY INF	ORMATION		1				
Name of Facility Wh	nere Abater	nent is Taking P	lace (Type of Facil	ity (4)					
New Jersey Institute	of Techno	logy-Faculty Hal	I Build	ling- l	ab 01	10	School (
Street Address							☐ Subchap	oter 8 (Other th	an K-12)				
University Heights								e. private & co	mmercial				.)
323 Dr. Martin Luthe	er King Jr. E						Square Feet				dg. Age		
City (5)		County (6)	Co	unty	Code	(7)	30,000	4 plus	basement			55	
Newark, NJ 07102		Essex					Institute of Te	(Prior if being o	demolishe	d)			
Name of Monitoring	Firm Hired	by Building Owr	ner (8)		ASC	CM No		tement Contra	ctor (9)				
Omega Environmen	tal						Resource Ma	nagement Gro	oup, LLC				
Street Address							Street Addres						
280 Huyler Street								on Ave, Suite 2	02				
City, State & Zip Co							City, State &						
South Hackensack,			T - .				Trenton, NJ (1				
Project Manager for Alex Pallets	Worldoning	rirm	201-4		Num 700	ber	Telephone N 609-914-4279		Lic	ense Nu	mber 01185	5	
Scheduled Start Dat		Scheduled Cor	npletio	n Da	te (11)	Name of OSI					***************************************	-
03-22-201			03-27-					mental Laborat	ories, Inc.				
Occupancy Status E	Ouring Abat	ement (Check or	nly on	e)			Street Addres						
Abatement F	ed/vacated	During Entire P during Normal H	erioa	OT AD	ateme	ent	2333 Route 2						
Describe:	9-00am = 6	auring Normai H	ours:				City, State & Union, NJ 07						
Facility Occi	upied Durin	g Abatement					Official, No of	003					
Scope of Work (Che	ck all that	apply)											
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ir	Facility		Custo	odial	Staff?		insulation, surfac				Remova	epair	sol
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Resource Managem	ent Group,	LLC		1	35218		TBD	Grows Landfi	ill				
City, State		5-22-19-19-19-19-19-19-19-19-19-19-19-19-19-					Disposal Date	City, State					
Trenton, NJ 08619							TBD	Morrisville, P.	A				
Completed By (Print	or Type)			Tit		77.7	Signature	ž /.	į		Date		
Mr. Brian Haney				Pre	esider	nt	F) he 2 -	# 47	Mast.		04-12-	2017	
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President

Completed By (Print or Type)

Mr. Brian Haney

Morrisvilla, PA

Data

04-12-2017

Check # 25466

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			FA	CILITY IN	FORMATION					VIII.	
	-					Type of Facility	(4)				
Re	sidenti	al						2)			
						Other (i.e., p	rivate & commerc	cial buil	ldings		
						Square Feet	# of Floors	В	ldg. A	ge	
Medfor	d, NJ	0805	5			2200	2				
rlington			Cou	nty Code ((7) (STATE	Current Use (Pr	ior if being demol	ished)			
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Il that apply)						O1000WIOR	5,110 00010				=
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of	N	omally			Description -			'			
Naterial (ACM)	Mair	ntenan	ce/	Asbes	tos Containing Mat	erial (ACM)	Amount			т	
			11	(i.e.,	thermal systems in surfacing, VAT.	nsulation, or		Ren	Re	ncar	100
		(12)					,	nova	pair	sula	Enclosure
	Yes	No	N/A							te	Œ
oom		X			VAT		380 sf	×			
oom		X			VAT		12 sf	×			
		X			Mastic		30 sf	×			
	-	H	auler ID	No.	of Waste	Name of Regis	1	1000000000			
nental Service	es, Inc	<u>- -</u>		292	2 CU	-	Fairless Lan	dfill			
					Disposal Date	City, State	1				
Allentown	NI				4/17/17 #	1 - 1/	Mariarilla	DA			
Allentown,					4/17/17	-	Morrisville,	PA			
	Initial Amended Amendment Emergency justification Cancellation Cancellation Medfor Talington Abatement is Taken Resemble Medfor Talington Abatement (Cheed During Firm Processes Abatement (Cheed During Entire For Courside of Normal and to 4 pm and to 4 pm Abatement (ACM) Amended Talington Abatement (ACM) Talington Abatement (ACM) Amended Talington Abatement (ACM) Talington Abatement is Taken	Type Notification Initial	Type Notification Initial	Type Notification Street Initial Amended Amendment # Emergency (including justification) Name Name	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Medford, NJ 08055 Tington Abatement is Taking Place (3) Residential Medford, NJ 08055 Tington ASCM No. PO Box 341 Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. PO Box 341 Cosswicks, NJ 08515 Cosswicks (609) 298-4070 Scheduled Completion Date (11) 4/14/17 Cosswicks of Normal Facility Hours County Code USE ONLY) ASCM No. PO Box 341 Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. Cosswicks, NJ 08515 County Code USE ONLY) ASCM No. ASCM No. County Code USE ONLY) ASCM No. ASCM	Type Notification Initial Amended Amende	Type Notification	Type Notification	Treet Address	Type Notification Initial Amended Amendment # City, State, Zip Code Medford, NJ 08055 ASPECTOS COMMENT Management (Cancellation Name of Contact Sean Craig Telephone NumberCFNS School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Ot	Type Notification

4/12/17

☐ Initial

Burlington

Bill Weisgarber

MECS

Type Notification

Amended

| Justification)

Amendment #

04/12/2017 11:36AM FAX

Date of Notification (1)

Agencies Notified

Street Address

EPA DEP DOL

DOH

City (5)

County (6)

Street Address

Start Date (10)

City, State, Zip Code

Project Manager for Monitoring Firm

4/13/17

page 1 £0002/0005 APR 1 7 2017 Check# 25466 State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 5:50 and 5:16) STOR CONTROL LICENSING Name of Building Owner/Operator (2) Craig Street Address City, State, Zlo Coda Medford, NJ 08055 Emergancy (Including Telephone Number Name of Contect Sean Craig FACILITY INFORMATION Type of Facility (4) Name of Fecility Where Absternant is Taking Place (3) School (K-12)
Subchapter 8 (Other than K-12) Residential Other (i.e., private & commercial buildings, homes, etc.) # af Floors Blog. Age Square Feel 65+/-2200 Medford, NJ 08055 County Code (7) (STATE USE ONLY) Current Use (Frior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Stevens Environmental Services, Inc. Street Address PO Box 322 PO Box 341 City, Shale, Zip Code Allentown, NJ 08501 Crosswicks, NJ 08515 Lisense No. Telephone No. Telephone No. (609) 259-9688 00493 (609) 298-4070 Name of OSHA Monitor Scheduled Completion Date (11) MECS 4/14/17 Street Address Occupancy Salus During Abatement (Check only one)

Facility Closed/Vacated During Entire P	er'od of A	bater	ment			PUZ	30X 34 L		-	and the same	
Abatement Performed Outside of Normal Other - Describe: 7 am to 4 pm	al Facility	Hout	*		City, State, Zip C	ode Crosswic	ks, NJ 08515				
Scope of Work (Check all that apply) ≥3 of or ≥3 # ≥180 at or ≥260 if	Rê	novati molitic			MinLEn	ciasura en Procedura	egative Pressure Ion-Friable Procedu				
		postic						A	bate: Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Mair Ct	Solet Menan Jetodit Steff? (12)	y by ice/	Asbe (i.e	Description of stos Containing Ma thermal systems surfacing, VAT other misoellane	terisi (ACM) Insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapadate	Enclosure.
	Yes	No	NIA								
Family Room		×			VAT		380 sf	×			
Laundry Room		K			VAT		12 sf	K			
LAURIN V RESIDE		×			Mastic		30 sf	K		_	_
Name of Registered Waste Hauter Stevens Environmental Service City: State Allentown			NUDEP Hauler II		Cubic Yards of Waste 2 CU Disposal Date 4/17/17	Name of Re	Hairless La				

ASB-04 MAR DO

Completed By

Mahlon E. Stevens

Project Manager

4/12/17

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

Check # 9955

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Date of Notification (1)	13-17		Name o	of Building Owner	. /	riafo	29 10 ne	6	5 [<u> </u>	
Agencies Notified Type I	Notification		Street A			71001	c \ n c n c	· *		777	
□ EPA 🕱 ii	nitial	. 1	4.0				1	APR.	1.7	201	7
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	ustification) Cancellation			minico	ic fact	icae	i i elebrione ivi	moer		014	-
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Name of Facility Where Abatem		20.0 U # 11.	ſ		Тур	e of Facility	(4)	* *			
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- Union				USE ONLY)		ingle		DW	clle	45	
Name of Monitoring Firm Hired b	y Building Owner (8)		ASC	A No.	Name of Ab	atement Co	A 1		e	-	
Street Address	ud la Zi c	3		14/14	Street Addre	<u> </u>	chaole	316	3_	LI	16
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City, State, Zip Code	T N.	7	80	533	City State,	Zip Code	TIA SA	n	24	5.3	3
Project Manage for Month ril g	irm .		Telepho	ne No.	Telephone I	No.	License	No.	-	44	100
Steve Sche	nkea	1	609	758-3365	609 75	8-334	5 0	03	54	4	
Start Date (10)				Date (11)	Name of OS		. 1			9	
U - 24 - 17 Occupancy Status During Abater			-17		Street Addre		hnologies	5 1	nc		
			ont		The state of the second state of the second	Box	337				
Facility Closed/Vacated Dur D Abatement Performed Outs				-	City, State, 2	Zip Code					
☐ Other – Describe:					New	Egypt	TU	08:	53	3	
Scope of Work (Check All That A	apply)					0 (1					
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Location of Asbestos-Containing Materia	USE USE	d Solel	y by		escription of taining Materia	al (ACM)	Amount			Ш	_
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In Facility (13)		(12)			miscellaneous)	. 0. 0. 2.)	Remova	Repair	Encapsulate	Enclosure
Tall in Controlled	Yes	No	Ņ/A					-		ite	е
Family Den Re	oom	X	ĺ.	Floor	1 Imas	Lic >4	150 SF	X			
Roof Chimney	, x			Tan Flo	ishine		4 SF	X			
MOOT CHIMIN											
	-							1			
Name of Registered Waste Haule	er ·	1000	JDEP W		: Yards	Name of	Registered Landfi	П			
FOC Taba	lastes	H	auler ID	10	iste	Wass	te Manage	on e -	4.	c F	AIC
EPC Techno	गन्त्रास्त्र		170		sal Date	City, Sta	te		- 0		•
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New Egyp	Title	. ^	1	1	Signature	50.0		ate	.12	-17	
Steve Schenker	4 HRE	sid	ent		Meses	i Che	of a	7	13	17	

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CHECK # 525

Date of Notification (1) Name of Building Owner/Operator (2) 04/12/17 RBG Hightstown LLC Agencies Notified Notification Type Street Address ☐ Initial notification 3930 Flagler Drive #202 **⊠** EPA ☐ Amended City, State, .Zip Code 2017 DCA West Palm Beach Florida X DOL ☐ Cancelled Name of Contact; Telephone Number X DEP Ryan Cowell ONTROL & **MDOH** LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hightstown Mill Redevelopment ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc. 10 Bank Street Square Feet # floors Bldg. Age 60,000 SF 100 City (5) County (6) County Code (7) Current Use (prior if being demolished): Hightstown, NJ Mercer (State Use Only) Former Fabrics Mill Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) BL Contracting ,Inc Street Address Street Address 5 Marguerite Lane City, State, Zip Cod City State, Zip Code Towaco 07082 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-901-0153 01265 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/17/17 04/27/17 BL Contracting Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 5 Marguerite Lane □Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ⊠Other - Describe: 8am-4 pm Monday- Saturday Towaco, NJ 07082 Source of Work (Check all that apply) ☑ Non Exempted and Non Friable Procedure $\square \ge 3$ sf or ≥ 3 lf ⊠Renovation ☑ Mini-Enclosure 図 ≥ 160 sf or > 260 lf ☐ Demolition ☑ Glove bag Procedure ☐ Full Containment with Negative Pressure Location of Asbestos-Is Location Normally Description of Asbestos Containing Amount (Specify SF or Abatement Type Containing Material (ACM) in Used Solely by Material (ACM) (i.e. thermal systems LF) Facility (13) Maint/Custodial Staff? insulation, surfacing, VAT, or other Remove Repair Encap (12)misc.) Enclose YES NO NA Building 3 Bridge-2nd Floor X TSI 216 LF X Building 4-1st Floor X Transite 1.900 SF X VAT Debris (bags) X 10 X Building 6-3rd Floor Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill Waste Management of Pennsylvania 0036784 10 T.R.R.F Disposal Date City, State Tullytown, PA 04/28/17 Completed by (Print or Type) Title Signature Date Nedo Vasilic Nedo Vasilic President 04/12/2017

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Chiosin	NC	TIFICATIO	State of No ON OF ASE of to NJAC	BESTOS A	ABATE		ī		E ($\underline{\mathbb{W}}$
Date of Notification (1) 4/11/2017			of Building Services		perato	r (2)			AP	R 1	1 2	2017
Agencies Notified Type Notif	cation		Address Peachtre	ee Place	, Suite	e 100	10		L ASBES			
DEP Amer	dment #		tate, Zip C ta, GA 3					**************************************		ICEN	45114	<u>d</u>
≥ DOH justifi	gency (including cation) ellation	1	of Contact Quinn (or Owr	ner)		Telephone	e Number	.5		
		FAC	CILITY INF	ORMATIC	ON							
Name of Facility Where Abatement is Elizabeth Gas Plant - Control	Taking Place (3) Bldg and Offic	e Bldg				Туре	of Facility (4) School (K-12					
Street Address 300 3rd Avenue						×	Subchapter 8 Other (i.e. pri etc.)	(Other than		iildings	, hom	es,
City (5) Elizabeth						Squa 9,90	are Feet	# of Floors	8 0	Bldg. 40+	Age	
County (6) Union			Code (7)	n	_	Curre	ent Use (Prior ce and cont	if being dem	nolished)			
Name of Monitoring Firm Hired by Bu EHS Environmental, Inc.	ilding Owner (8)	ASC	M No.				atement Contr		es, Inc.			
Street Address 411 Southgate Court, Suite E					Street	Addre						
City, State, Zip Code Mickleton, NJ 08056					City, S	tate, Z	Zip Code Ile, PA 194	60				
Project Manager for Monitoring Firm Jack Carney			one No. 24-0080)	Teleph 610-9	one N	lo.	5000	se No.			
Start Date (10) 4/27/2017	Scheduled 5/19/201		Date (11)				HA Monitor nv. Svcs., I	nc.				
Occupancy Status During Abatement	(Check Only One)			-	Street		100 310					
Facility Closed/Vacated During B Abatement Performed Outside of	Entire Period of Aba f Normal Facility H	atement ours		-	42 Ri City, S	_	Road ip Code					
Other - Describe: Scope of Work (Check All That Apply				_	Phoe	enixvi	lle, PA 194	60				
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Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)		tos Conta thermal s surfaci other mi	ining M ystems ng, VA	laterial insula T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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see attached												
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic Y	ards		Name of Re	gistered Lan	ndfill			
Horizon Disposal		Hauler ID 10416		of Waste			GROWS/			ill		

Disposal Date

Signature

5/2017

Title

Pres.

Do not use this form for asbestos licensure exempted activities.

Date

4/11/2017

City, State

Morrisville, PA

Completed by

Jeff LaRiviere

Fairless Hills, PA

City, State

0916-02								Г		C I	71/7	E	-
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☑ DOLWD ☑ DHSS	Amender Amendm				City, S	State, Zip (Code						
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(NJAC 5:23-8)	justificati	on)	9		Name	of Contac	et .		Telephone Nur	nber			
	☐ Cancella	tion			Ray	y Scelfo							
					FA	CILITY IN	FORMATION		-				
Name of Facility Where A	batement is	Taking P	lace	(3)				Type of Facility	(4)				
CAMPBELL'S								School (K-1	2)				
Street Address									8 (Other than K-1 private and comm		ildina		
1 CAMPBELL PLAC	E							homes, etc.		erciai bi	manig	5,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
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County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
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Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9))				
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Street Address							Street Address	19. = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1					
3370 PROGRESS D	RIVE						1345 INDUS	TRIAL BLVD					
City, State, Zip Code							City, State, Zip Co	ode					
BENSALEM, PA 190	020						SOUTHAMPT	ON PA					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
ERIC WYSOCKI				21	5 244	-1300	215 322-2900		00783				
Start Date (10)		Schedule					Name of OSHA M	lonitor			-19		
4 / 17 /	17	4_	_ /	24	/	17	EHS						
Occupancy Status During	Abatement (Check or	nly or	ne)			Street Address						
□ Facility Closed/Vacate							411 SOUTH C	SATE SUITE	E				
Abatement Performed					s - Des	cribe	City, State, Zip Co	ode	1 100 mm/s, 24-100 mm.			12.500	0010EE
Time of Abatement: 7	AIVIPN	///	PM-	AM			MICKLETON	NJ 08056					
Scope of Work (Check all	that apply)						_	TO 1000 TO 1000	20 Yes				
☐ >3 sf or >3 lf			1 Ren	ovati	าก		☐ Full Cont	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf				nolitio			☐ Glovebag	g Procedure					
							Non-Exe	mpted (*) and No	on-Friable Proced	ure			
 ■ Seattle of the American (American) 				Locati ormal				(4)		Ab	atem	ent T	ype
Location Asbestos-Containing N		1)		Sole		Ashe	Description o stos Containing Ma		Amount	Re	Re	E	Enclosure
TO BE ABA	TED			ntena odial S		(i.e	., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	clos
IN Facilit (13)	У	'	Cusic	(12)	otaii:		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	ure
(10)		Y	'es	No	N/A		other miscellane	ous)				te	
PILOT PLANT			7	\boxtimes		TDANS	ITE CEILING		460 SF			П	П
TILOTT LANT						TIVANO	ITE CEILING		400 31				
		L	_									Ш	Ш
										П	П	П	П
Name of Registered Wast	e Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regi	stered Landfill			_	_
SERVICE TRANSPO				H	auler ID	No.	Waste		LANDFILL				
City, State					20990	1	Disposal Date	City, State					
58 PYLES LANE, NE	W CASTLE	DE. 19	9720				Dioposai Date		BURG, OH 4468	88			
Completed By (Print or Ty	Valle in Charles and Charles	Title					Signature	MATREO		Date			
Bryan Cullen	r =/		JEC	тм	GR.		Johnstore		70.	4/,	5/-)	

ASB-41 MAY 11

0916-02

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

APR/13/20:7/THU 02:37 PM 0416-0

Delta/BJDS ZOD.00

FAX Nc. 215-332-1616

DE, GOZE I V E D APR 1 7 2017

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State of New Jersey
NOTIFICATION OF ABBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)							001 10	TEF	1		~
The second secon	17		N	caster-	ing Owner/Operato	r (2)	THE TH	A. A. H.		OS GEI	
					L'S SOUP COM	PANY	1			45	V.
Agencies Notified Type Not Market Type Not Market Market Type Not Market			S	test Address		\rightarrow	Are s or	175	77	+	-
☑ DOLWD ☐ Amen					ELL PLACE		Al .	- · i	1.3/		
	dmant#_			by, State, Zip			9	1	/-	+	_
□ DCA ⊠ Emerg	gency (inc	Uding	The state of the s	CAMDEN,		147	ALLED AD	DE	IT	-7	
(NUAC 5:23-8) Justific				ame of Conta	• • • •	1 1/4/	Telephone Nu	mabar	1	17	
L Cende	NIBIION			Ray Scalfo	×						10.5
Nome of English 14/				FACILITY I	NFORMATION			-		-	_
Name of Facility Where Abatement	is Taking i	Plane (3)			Type of Facility (4)	_			_
Street Address					- Contract to the Contract to	School (K-12)	1				
1 CAMPBELL PLACE						Subohapter 8	(Other than K-1 vata and comm	(2) ergal	buildle	ıgs,	
Olty (5)						Square Feet	14-450				_
CAMDEN						20,000	# of Floors	- 1	Bidg. /	€08	
County (8)			0	ounty Code (T)(STATE USE DNLY)		_	1-5-1	86		_
CAMDEN						HEADQUAR"	rame rame	ianed)			
Name of Monitoring Firm Hired by Bu	iliding Ow	ner (8)	ASC	OM No.	Name of Abatem	ent Contractor (9)	I STAG		_		
CRITERION LABS					DELTA/BJD						
Street Address					Street Address	-,			_		_
3370 PROGRESS DRIVE						TRIAL BLVD					
City, State, Zip Code					City, State, Zip C				_	~	_
BENSALEM, PA 19020					SOUTHAMP	TON PA					
Project Manager for Monitoring Pirm ERIC WYSOCKI		1	elephor		Telephone No.		License No.			_	_
Start Date (10)	Orbertit		215 2	44-1300	215 222-2900		00783		73		
4 / 17 / 17	Schadule 4	_ / _	24	Dale (11) / <u>17</u>	Name of OSHA N	lankor					~
Occupancy Status During Abatement	(Check or	ny one)		Street Address					_	~
Fadility Closed/Vacated During En	tira Parlod	of Abs	tement			ATE SUITE					
Abatement Performed Outside of M Time of Abatement: ZAMP	Normal Fa	dlity Ho PM-ZA	ours - D M	escribe	City, State, Zip Co	ode				_	+
cops of Work (Check all that apply)					MICKLETON	NJ 06055					
⊒ ≥3 sfor ≥3 M ≤ ≥160 efor ≥260 M		Renov			☐ Minl-Encl	Propedure					
		la Loc	ation	_	SI NOU-FX8	npted (°) and Non-	Friable Procedu				
Location of		Norn	vilar		Description of			_	atem	_	_
Asbestos-Containing Material (ACN 10 BE ASATED	(n)	Maintei	olely by	Aspes	los Conteining Mat	erial (ACM)	Amount	R	Rag	576	Ä
IN Facility	¢	Vatodia	al Staff?	(1.0.)	finemal systems in surfacing, VAT,	nsulation,	(Specify SF or LF)	noval	Mi.	alietusole	S.f.isor.
(13)	\ \tag{v}	(12	1	4	other miscellaneo	us).	9 0 QF	100		ub.	3.6
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ILOT PLANT		×		TRANSI	TE CEILING		450 SF	×			
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ame of Registered Waste Hauler			NUDEP	Weste	Cubic Yards of	IN COL					
SERVICE TRANSPORT			Hauler I	ID No.	Waste	Name of Register MINERVA LA					
y, State					bisposal Dato	City, State		_	-		_
SE PYLES LANE, NEW CASTLE		20				WAYNESBUF	G, OH 44688				
empleted By (Print or Type)	Title		4		Signature		. Dal			_	_
Bryan Cullan	PROJ	ECTA	IGR,		1 / hours	-(108)	2	1/13	1/2	۸.،	_
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A55-41 MAY 11

* Do not use this form for aspestos licensure (sempled activities.

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C/L/01	1012	N			TION	OF ASI	ew Jersey BESTOS ABAT AC 8:60 and 5:10		ID/E	C E	<u> </u>	\mathbb{W}	
Date of Notification (1)	ULIV				Name	of Building	g Owner/Operator (2)		DD 4	7	204-	7
	14 /	17	-				DICAL CTR	2)		PR 1	1	2017	/
Agencies Notified	Type Notifica	ation			Street	Address	Dan Series		ASBE	STOS	00	NITO	01 0
⊠ EPA					333	IRVING	AVE		AGUL	LICE			OLa
□ DOLWD □ □ □ □ □ □ □ □ □	☐ Amended				City, S	tate, Zip C	Code		* *************************************		10:1		
□ DHSS	Amendme	- 100 M M (100 M) - 100 M	_			DGETON			All the same				
DCA	☐ Emergen		uding			of Contac			Telephone Num	hor			
(NJAC 5:23-8)	justification Cancellat				Ivallie	or Contac	·		relephone Num	Dei			
	V., 				FAC	CILITY IN	FORMATION		· k	-			
Name of Facility Where A	batement is T	aking P	Place (3	3)				Type of Facility	(4)				
INSPIRA MEDICAL	CENTER							School (K-12					
Street Address									3 (Other than K-12 rivate and comme		ildina	e	
333 IRVING AVE								homes, etc.)		iciai bu	liuling	ъ,	
City (5)								Square Feet	# of Floors	Blo	dg. A	ge	
BRIDGETON								>50,000	4		50+		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
CUMBERLAND								HEALTH CE					
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8))	ASCM	No.	Name of Abateme	ent Contractor (9)			1977		
CRITERION LABS							DELTA/BJDS	, INC					
Street Address		A					Street Address						
3370 PROGRESS D	RIVE						1345 INDUS	TRIAL BLVD					
City, State, Zip Code							City, State, Zip Co						-
BENSALEM, PA 190	20						SOUTHAMPT						
Project Manager for Monit				Tele	phone I	No	Telephone No.		License No.		- 2-11		-
ERIC WYSOCKI	torning i mini				5 244-		215 322-2900		00783				
Start Date (10)	10	Schedule	ad Cor				Name of OSHA M		00703				-
4 / _ 27 /					/		EHS	ionitoi					
					_			×					
Occupancy Status During				2000			Street Address		_				
☐ Facility Closed/Vacate ☐ Abatement Performed	성기를 하면 하면 된 것이 그래요 하고 있었다.					oribo		SATE SUITE	<u> </u>				
Time of Abatement: 7					s - Des	Cribe	City, State, Zip Co						
							MICKLETON	NJ 08056					
Scope of Work (Check all	that apply)						M Full Con	tainment with Nec	rative Pressure				
≥3 sf or ≥3 lf			Ren				☐ Mini-End	losure	gativo i robbaro				
≥160 sf or ≥260 lf] Dem	olitic	in			g Procedure	a Eriable Dresed				
			la l	ocat	ion		□ Non-Exe	mpted () and No	n-Friable Procedu	-1	-1	T	
Location	of		VA (15)	rma			Description of	.f		-	_	ent Ty	
Asbestos-Containing I		1)	Used			Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA	TED		Main				., thermal systems	insulation,	(Specify	Von	air	aps	losı
IN Facilit (13)	У			(12)	olan:		surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ıre
(13)		,	Yes	No	N/A		other miscenane	ous)				te	
CRISIS AREA				\boxtimes		FLOOR	TILE AND MAS	TIC	10,300				
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			=	ᆜ_						무			
Name of Davidson 1111	- 111	L		Ц.		Mante	l Outil Vesters	Mana (D)			Ш	Ш	Ш
Name of Registered Wasi					JDEP V auler ID		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPO	ואלו				20990				LANDFILL				
City, State							Disposal Date	City, State		23			
58 PYLES LANE, NE	EW CASTLE	DE. 1	9720					WAYNESE	BURG, OH 4468	8			
Completed By (Print or Ty	/pe)	Title					Signature	~		ate			
THOMAS JOHNSON	1	PR	OJEC	TM	GR.		11/2	. () - /	3	4-1	U	0	- 15

0920-07

CK 2496	МО	TIFICATION		v Jersey ESTOS ABAT 8:60 and 12:1:		т	DE	C E	1 7	V	L	EFOI
Date of Notification (1) 4/13/2017				Owner/Operato		Spring Lake	Arbors	APH	1 /	20	11	
Agencies Notified Type Notification	n		Address Warren Av	venue		30.50	ASBI	ESTOS LICE	S CC)NT	RO	L &
X EPA Initial X DEP X Amended X DOL Amendmen	nt #1		State, Zip Co			-		LI (7)		Land Co.		-
DOH justification	1)	Name	of Contact Murray				Telephone	Number				
_ Sansanana			CILITY INFO	RMATION					_	-		
Name of Facility Where Abatement is Tak The Arbors at Spring Lake - Craw					Тур	oe of Facility (10					
Street Address 550 Warren Avenue					×		8 (Other than rivate & comm		uilding	ıs, ho	mes	s,
City (5) Spring Lake						uare Feet 000	# of Floors		Bldg 50+	. Age		
County (6) Monmouth			y Code (7) E USE ONLY)			rrent Use (Pricenior Assiste	or if being dem ed Living	olished)				
Name of Monitoring Firm Hired by Building EHS Environmental, Inc.	g Owner (8)	AS	CM No.			batement Con esponse, In						
Street Address 411 Southgate Court, Suite E					et Add 2 Tec	ress hnology La	ne					
City, State, Zip Code Mickleton, NJ 08056						, Zip Code PA 15632						
Project Manager for Monitoring Firm Jack F. Carney		100000000000000000000000000000000000000	hone No. 224-0080	1 Victor (4.10)	phone I-325	No. -3330	Licens 0112	se No.				
Start Date (10) 4/24/2017	Scheduled 4/28/201		n Date (11)			SHA Monitor vronmental	, Inc.					
Occupancy Status During Abatement (Che	eck Only One)	4		Stree	et Add	ress				-		-
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Work confined to u	rmal Facility H	ours		City,	State,	thgate Cou , Zip Code on, NJ 0805						
Scope of Work (Check All That Apply)			41-15									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation			×	Mini-Enclosure Glovebag Prod				ure		
65. 50. 94	17.75	cation				NOTI-EXEMPLE	2 () and Hom	TIGOTO 1		atem Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	Solely by enance/ ial Staff? 12)		Description tos Containing thermal system surfacing, V other miscell	Mater ms ins /AT, or	ulation, r	Amount (Specify SF or LF)	Removal	Topon I		Encapsulate	Enclosure
	Yes	No N/					10015		-	-	ro l	
Crawlspace A		X		Pipe & Fi	ttings	3	480 LF	X	-	+	+	
											1	
		LNIDER	1 Masts	Cubic Varda		Nama of	Registered La	ndfill				
Name of Registered Waste Hauler Waste Management		Hauler SW17		Cubic Yards of Waste 40		974000000000000000000000000000000000000	S Landfill	панн				
City, State Trenton, New Jersey		L		Disposal Da 4/28/2017		City, State Morrisv						
Completed by Jessica Wolfe	Title Admini	strative	Support	Signatu	ire	ca IV	Mela	Date 4/13/	201	7		

Do not use this form for asbestos licensure exempted activities.

STATE OF	NEW JERSEY	DEPARTMEN	T OF L	ABOR NOTIFICATION OF ASB	ESTOS ABATEM	ENT	che	CK#	0/25
Date of Notification (1)				Name of Building Owner/Operator					. MANAGEM
04/08/2017				Tricia & Trevor Gallagher		C E		V E	
Agencies Notified	Type of Notifica	ation		Street Address					
() USEPA	(X) Initial N					PR 1	7 2	017	44
() NJDEP (X) NJDOL	() Amend			City, State, Zip Code	T. V.	1 11 .			Courselled
(X) NJDOH	() Emerge	ncy (includin	g	Hoboken, NJ 07030	ASSE	STOS	CON	TROL	- 8
() NJDCA	justifica () Cancell			Name of Contact	AOUL	TelcNi	mberi	3	
	Cancell	auon		Sue Francisco					. 4
		F	ACILITY	INFORMATION					
Name of Facility Where Abateme	ent is Taking Place (<u>3)</u>		Type of Facility (4)					
Residence				() School (K-12)() Subchapter 8 (other than K					
Street Address				(X) Other (i.e. private & comme	ercial bldgs., home	es, etc			
		Т		SQ. Feet: 2000 # of Flo	ors <u>3</u>	3ldg. A	ge <u>80</u>	_	
<u>City (5)</u> Hoboken	County (6) Hudson	County Code (State Use Or	(7) nlv)	Current Use (if being demolished	ed).				
noucken	Tiuuson			- Carrotte Coo (ii bonig domonone					
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No.		Name of Contractor (9)		27	2		
ISES, Inc.		N/A		Industrial Safety & Enviro	onmental Solut	ions,	Inc.		
Street Address				Street Address					
3300 Hudson Avenue			1	3300 Hudson Avenue					
City. State, Zip Code				City State, ZipCode					
Union City, NJ				Union City, NJ 07087		~			
Project Manager for Monitoring F				Telephone Number		10000000	ense N	umber	
David Camacho	201 325-0	055	divide	(201)325-0055		01	124		
Scheduled Start Date (10)	Scheduled C	completion Date	(11)	Name of OSHA Monitor		1000			
04/18/2017	04/21/20	17		ISES, Inc.					
Occupancy Status During Abater	ment (Check only or	ne)		Street Address	- CONTRACTOR CONTRACTO				
(x) Facility Closed/Vacated Du () Abatement Performed Outs	uring Entire Period of	of Abatement	A Aller	3300 Hudson Avenue					
() Other - Describe: work ar			ĺ	City, State, Zip Code					
				Union City, NJ 07087					
Source of Work (Check all that a	(vlaq) Demolition		(x) Renovation					
() Minor Project (<25 SF of		,		() Full Containment with N	Nagativa Praesura				
(X) Small Project (>25 <16	0 SF or >10 <260			(X) Mini-Enclosure with Ne	gative Pressure				
() Large Project (>160 SF	or > 260 LF ACN	Л)		(X) Glove-bag Procedure o () Non-Exempted (*) and			re		
Location of Asbestos-	Is Location No	mally Used		Description of ACM	Amount (Specify		bateme	ent Type	 e
Containing Material (ACM)	Solely by Mair	ntenance or	(i	.e. thermal systems insulation,	SF or LF)	R	R	E	E
To be Abated in Facility (13)	Custodial S	tan? (12)	surrac	cing, VAT, or other miscellaneous.)		e m	е	n	n c
	YES NO	N/A	i i		and the same of th	0 V	p a	c a	0
						a I	i r	р	s ure
Basement area		×	TSI or	n pipes	~ 140 LFT	X			
Name of Reg. Waste Hauler	NJDEP Waste	Hauler ID #	Cubic	Yards of Waste	Name of Reg. Lan	ıdfill			<u> </u>
Atlas Disposal Options, Inc.	50452		~ 10		Grand Central Sai 1963 Pen Argyl Ro		1		
City. State			Dien !	Pato	City, State				
311 East Blackwell Street,	Dover, NJ 078	01	Disp. I	1/2017	Pen Argyl, PA	1807	2		
Completed by (Driet - Turn)	Title		-		Data				
Completed by (Print or Type) David Camacho	Project Sur	nervisor	Signat	and	Date 04/08/2017				
	1 Toject Baj	001 11001	İ		1				

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			71	2017		

Date of Notification (1)	- 1				I No	f D :14		70	ADI	1	7 0	017	
	12 /	17					ing Owner/Operator / Corporation / J		1	1 1	e c	.017	
Agencies Notified			_				14	OD #1702-5117					
⊠ EPA	Type Not					eet Address 501 Lega	cy Drive MS 210	ASSESTOS CONTROL LICENSING					
☑ DOLWD ☑ DHSS	Amen	ded dment#			City	, State, Zip	Code		-1-	att	_	-	
□ DCA	☐ Emerg		cludir	na na	P	lano, TX 7	75024			100			
(NJAC 5:23-8)	justific	ation)		.9	Nar	ne of Conta	ct		Telephone Nur	nber			-
	☐ Cance	llation			K	athy McK	inley		1				
					F	ACILITY I	NFORMATION						
Name of Facility Where A		s Taking	Plac	e (3)				Type of Facility	(4)				- 17.5
JC Penney- Store #6	0497							School (K-12	?)				
Street Address								Subchapter 8	(Other than K-1	2)	wildi.	200	
305 Mount Hope Ave	enue							homes, etc.)		er Ciar I	Juliuli	igs,	
City (5) Rockaway, NJ 07866	6							Square Feet	# of Floors	E	3ldg.	Age	
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)	_		
Morris						,		Retail Store		J.104/			
Name of Monitoring Firm F		ilding Ov	vner	(8)	ASC	И No.	Name of Abatem	ent Contractor (9)			.000		
Health & Safety Serv	rices						AbateTech, I	100					
Street Address							Street Address						
PO Box 365							30 Maple Ave. PO Box 25						
City, State, Zip Code							City, State, Zip Co	ode					
Berlin, NJ 08009							Lumberton, I	NJ 08048					
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.		License No.				324
Jim Proctor				1		9-2432	609-265-2107	•	00529				
Start Date (10)4 /26 /		Schedule 5					Name of OSHA M EMSL Analyti						
Occupancy Status During A							Street Address						
Facility Closed/Vacated	During Ent	tire Period	d of A	Abate	ment		200 Route 13	0 North					
Abatement Performed O Time of Abatement:	otside of N	lormal Fa	acility	Hou	rs - De	scribe	City, State, Zip Co	ode					
		FIVI/_		PIVI-		_AM	Cinnaminson	, NJ 08077					
cope of Work (Check all the	iat appiy)						□ Full Cont	ainment with Nega	stive Deserves				
☑ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		-		novati			☐ Mini-Encl	osure		re.			
			ls	Locat	ion						atem	ent T	Vn
Location of Asbestos-Containing Ma	torial /A Ct	1)		orma 1 Sole	lly ly by		Description of				_		T
TO BE ABATE		"	Maii	ntena	nce/	Asbes (i.e.	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		1	Justo	(12)	Staff?		surfacing, VAT,	or	SF or LF)		=	lusc	Sure
(10)		Y	es	No	N/A		other miscellaneo	ous)				ate	
ales Floor 2 Columns			-			Black Mi	irror Mastic		120 SF		П	П	Г
]									H	
			1	П									-
ime of Registered Waste H	Hauler				IDEP \	Vaste	Cubic Yards of	Name of Registe	red Landfill		Ш	Ш	_
AbateTech, Inc.	ours edicalizació			Ha	auler IE	No.	Waste	G.R.O.W.S. I					
y, State					18750		8 Disposal Date				1010160		
umberton, NJ							5/2/17	City, State Tullytown, P	Α				
mpleted By (Print or Type))	Title					Signature	, , , ,	Da	e	20010		-
Gwendolyn Trumbetti		Oper	atio	ns C	oordi	nator	(MA	At	Da	4115	7	Same?	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Middle Township Public Schools / Job #1704-5133 Check #9104 4 11 / 17 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial ASBESTOS CONTROL & 216 South Main Street **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #1 Cape May Court House, NJ 08210 ПDCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Administration **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Middle Township ES #1 School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 215 Eldredge Rd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cape May Court House, NJ-08210 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cape May School Name of Monitoring Firm Hired by Building Owner (8) ASCIANO. Name of Abatement Contractor (9) Partner Engineering AbateTech, Inc. Street Address Street Address 611 Industrial Way West 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Eatontown, NJ 07724 08009Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. **Brian Nemetz** 732-904-9565 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>4</u> / <u>14</u> T 17 __4__ / __17__ / __17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf □ Renovation ☐ Mini-Enclosure □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Asbestos-Containing Material (ACM) Removal Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Nurse's Bathroom/Gym Office X White Caulk 16 LF \boxtimes Rathroom П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 4 City, State Disposal Date City, State Lumberton, NJ 4/17/17 Tullytown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti **Operations Coordinator**

State of New Jersey

State of New Jersey

MOCAC	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)													
Date of Notification (1)			Mon	no of Buildin	20.0	wner/Operator		APR '	1-7-	2017				
4 / 6 /	17		1000000				(2) rement Authori	200 pm.		Che	k #9	045		
Agencies Notified	cation			et Address		no Dood	ASBI	ESTOS			JL &			
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☐ Cancella	ition		Je	erry Valaz	que	Z				-				
		RMATION												
Name of Facility Where Abatement is	Taking Pla	ice (3)					Type of Facility	(4)						
Former Susquehana Bank							School (K-12							
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr			huildin	ne			
14 North Pearl Street							homes, etc.)		microiai	bullati	95,			
City (5)							Square Feet	# of Floors	1	3ldg. A	ge			
Bridgeton, NJ 08332							(C)							
County (6)			Cou	unty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if being den	nolished	1				
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Name of Monitoring Firm Hired by Buil	dina Owne	er (8)	ASCN	/ No.	Na	ame of Abateme	ent Contractor (9)		12-12-11-11					
ATC Group Services, LLC.		. (-/	000		1	AbateTech, Ir		*						
Street Address			-			reet Address								
Three Terri Lane- Broomley Co	rnorate	Cent	r				PO Box 25							
City, State, Zip Code	porate	Cent	-1	30 Maple Ave. PO Box 25 City, State, Zip Code										
Burlington, NJ 08016					Lumberton, N									
Project Manager for Monitoring Firm		TT	lephone	. No		lephone No.	13 00040	License No						
John Lutz		-		6-8800	-	iepnone No. 5 09-265-2107		00529						
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Start Date (10)	Scheduled 4				1	me of OSHA M EMSL Analyti								
Occupancy Status During Abatement (Check only	one)			Str	eet Address								
☐ Facility Closed/Vacated During Enti	re Period	f Aba	ement		2	200 Route 130	0 North							
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Time of Abatement:AM	PM/	PI	Λ	——AM Cinnaminson, NJ 08077										
Scope of Work (Check all that apply)							•					\neg		
	10.00						ainment with Neg	ative Pressure	à					
≥3 sf or ≥3 if ≥160 sf or >260 if	-	Renova Demoli												
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TO BE ABATED IN Facility	1,000		Staff?	(i.e		ermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	¥	psu	Enclosure		
(13)		(12	2)			her miscellaned		01 01 11)	-		Encapsulate	l e		
	Yes	N	N/A								W .			
Basement Boiler Room				Boiler I	nsu	lation		140 SF						
Basement Boiler Room				Transite	е			100 SF						
Name of Registered Waste Hauler			NJDEP		115750000	oic Yards of	Name of Regist	ered Landfill						
AbateTech, Inc.			Hauler I		Wa		Cumberlan	d County So	olid Wa	ste C	omp	lex		
City, State			1875	U		0 posal Date	City, State							
Lumberton, NJ					1000	/11/17	Millville, NJ	08332						
Completed By (Print or Type)	Title					Signature	1	Date						
Gwendolyn Trumbetti	20000	tions	Coord	linator		Chm	1			0/1	7			

ASB-41 MAY 11

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Bridges	/ Job #1702-512	R 1 7 2017 20 Check #9106	7
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of Facility	(4)		
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e Feet	# of Floors	Bldg. Age	
nt Use (Pri	or if being demolish	hed)	
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tractor (9)			
Sox 25			
48			
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	00529		

Date of Notification (1) 4 /	17	7		Name of Building Owner/Operator (2) County of Middlesex Highways & Bridges / Job #1702-5120 Check #910									7 106				
Agencies Notified	7,7									ESTO							
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					F/	ACILITY II	VFC	RMATION		3							
Name of Facility Where A				e (3)					Type of Facility								
Middlesex County -	MCAT Bu	ilding						School (K-12		(-12)							
Street Address								Other (i.e., p	rivate and com		ouildir	ngs,					
97 Apple Orchard L	ane								homes, etc.								
City (5)									Square Feet	# of Floors	E	Bldg.	Age				
North Brunswick, N	J																
County (6)					Cou	inty Code (7)(ST	ATE USE ONLY)	Current Use (Pr		nolished)						
Middlesex									Office Build								
Name of Monitoring Firm		-)wner	(8)	ASCN	I No.			ent Contractor (9))							
Matrix New World E	ngineering	3					_	AbateTech, Ir	nc.								
Street Address							1	reet Address									
26 Columbia Turnpi	ke				207 111		30 Maple Ave. PO Box 25										
City, State, Zip Code							1 .	ty, State, Zip Code									
Florham Park, NJ 07						Lumberton, NJ 08048											
Project Manager for Monit	oring Firm			2	ephone	2											
Gavin Gilmore						5-9040		609-265-2107		00529							
Start Date (10)						ate (11)	75,08,50	me of OSHA M									
3/20/_					<u> </u>			EMSL Analyti	cai								
Occupancy Status During							1	reet Address									
☐ Facility Closed/Vacated ☐ Abatement Performed (coribo		200 Route 130									
Time of Abatement:							Part of	y, State, Zip Co Cinnaminson,									
Scope of Work (Check all t	that apply)							□ Full Contr	ainment with Neg	ativo Proceuro							
≥3 sf or ≥3 lf			⊠ Re	novat	ion			Mini-Encl		gative Fressure							
≥160 sf or ≥260 lf			☐ De	moliti	on ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure												
				1		1		⊠ Non-Exen	npted (*) and No	n-Friable Proce							
Location o	f			Loca Iorma				Description of	. 1			_	nent T				
Asbestos-Containing M		1)			ely by	Asbe	stos	Containing Mat		Amount	Remova	Repair	Enc	Enclosure			
TO BE ABAT IN Facility				intena odial	Ince/ Staff?	(i.e.		ermal systems in		(Specify SF or LF)	SVOL	air	aps	losu			
(13)				(12)				surfacing, VAT, her miscellaneo		SF OI LF)	1 =		Encapsulate	ľe			
Main Conf Rm, Superio	ntandant C	766	Yes	No	N/A							_	<u> </u>				
Front Recention Off Ve)II				Wood P	ane	eling Glue/Ma	stic	1,120 SF				Ш			
Exterior					\boxtimes	Window	/Do	or Caulk		1,500 LF							
Mechanical Room, Hal Kitchen Closet	I, File &					Floor til	e &	Mastic		352 SF							
Janitor Closet						Linoleu	m			36 SF							
Name of Registered Waste	Hauler			1 32	JDEP			bic Yards of	Name of Regis	tered Landfill							
AbateTech, Inc.					18750			5	G.R.O.W.S.	. Landfill							
City, State								posal Date	City, State								
Lumberton, NJ							4	/28/17	Tullytown,								
Completed By (Print or Typ		Title						Signature	·V		Date	1	1,2	7			
Gwendolyn Trumbett	i	Op	eratio	ons (Coord	inator		UX	W		4	PI	11	1			
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Date of Notification (1) 4 / 11	/1	7				ng Owner/Operator Middlesex Highw		/ Job #1702-	5120 C	heci	c #91	106		
Agencies Notified Type No	tificatio	n		St	reet Address									
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					FACILITY IN	NFORMATION								
Name of Facility Where Abatement	is Takir	ng Plac	e (3)				Type of Facility	(4)						
Middlesex County - MCAT E	Buildin	g					School (K-12	2)						
Street Address								8 (Other than K-						
97 Apple Orchard Lane							homes, etc.	rivate and comm	nercial b	ullain	gs,			
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Name of Monitoring Firm Hired by E		Owner	(8)	ASC	CM No.	Name of Abateme	ent Contractor (9)							
Matrix New World Engineeri	ng					AbateTech, I	nc.							
Street Address						Street Address								
26 Columbia Turnpike						30 Maple Ave	. PO Box 25							
City, State, Zip Code					City, State, Zip Code									
Florham Park, NJ 07932						Lumberton, N								
Project Manager for Monitoring Firm			Tel	enho	ne No.	Telephone No.	License No.							
Gavin Gilmore			2703	Alemania	85-9040	609-265-2107		00529						
Start Date (10)	Caba	ا استانا				Control of the Contro		00529						
3/20/17					Date (11) /17	Name of OSHA M EMSL Analyti								
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Abatement Performed Outside of						City, State, Zip Co						_		
Time of Abatement:AM	P	M/	PM		AM	Cinnaminson								
Scope of Work (Check all that apply)														
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Asbestos-Containing Material (A)	CM)		ed Sole			stos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure		
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lame of Registered Waste Hauler			10.00		Waste	Cubic Yards of	Name of Regist	ered Landfill				N 12 200 1		
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AbateTech, Inc.				101	JU		City Chata							
						Disposal Date	City, State							
AbateTech, Inc.			•			Disposal Date 4/28/17	City, State Tullytown.	PA						
AbateTech, Inc. ity, State Lumberton, NJ	Tu					4/28/17	Tullytown,		\atc					
AbateTech, Inc.	Title				dinator	0.50			Pate	1	1 -)		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 04/11/2017 Glenwood Apartments & County Club Agencies Notified Type Notification Street Address ASBESTOS CONTROL & 1 Cherry Hill Lane EPA LICENSING Initial City, State, Zip Code DEP Amended × DOL Amendment # Old Bridge, NJ 08857 Emergency (including Name of Contact DOH justification) Telephone Number DCA Eric Prieto Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Glenwood Apartments School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 2-4 Ashwood Mall etc.) City (5) Square Feet # of Floors Bldg. Age Old Bridge 2,000 2 65+ County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Middlesex Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A DIA General Construction, Inc. Street Address Street Address 1360 Clifton ave, PMB Suite 218 City, State, Zip Code City, State, Zip Code Clifton, NJ 07012 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-389-0089 00693 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 04/24/2017 05/04/2017 DIA General Construction, Inc. Occupancy Status During Abatement (Check Only One) Street Address 1360 Clifton Ave, PMB Suite 218 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Clifton, NJ 07012 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 2 A-D Ashwood Mall-Crawl Space X Pipe/Elbow Insulation 180 LF X 4 A-D Ashwood Mall-Crawl Space X Pipe/Elbow Insulation 150 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Group Minerva Landfill 20990 6 CY City, State Disposal Date City, State New Castle 05/04/2017 Waynes Burg, OH 44688 Completed by Signature² Date Milan Njezic Vice President 04/11/2017

Print Form

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Date of Notification (1) 04 /	12 /	17	_				g Owner/Operator (Department of E	Protection	APR 1	7 2	017	Application are not as pro-			
Agencies Notified EPA DOLWD DOH	Type Notifica Initial Amended Amendme	l ent #_			401 City, S	Address East State, Zip Conton, NJ		PO Box 420 ASBESTOS CI LICENS							
☐ DCA (NJAC 5:23-8)	☐ Emergence justification	on)	luding		Name	of Contac	t	Telephone Number							
1	à				-										
Name of Facility Where Al Residential Street Address	batement is T	aking	Place	(3)			IFORMATION	Type of Facility ☐ School (K-12 ☐ Subchapter 8 ☐ Other (i.e., prince, etc.)	-12) er 8 (Other than K-12) , private and commercial buildings,						
City (5) Mansfield Township								Square Feet	# of Floors	Ble	dg. A	ge			
County (6) Warren					Coun	ty Code (7	()(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)					
Name of Monitoring Firm I USA Environmental			wner (8)	ASCM 0011	(0)									
Street Address 344 West State Stree	et						Street Address 27 Outwater Lane								
City, State, Zip Code Trenton, NJ 08601							City, State, Zip Co								
Project Manager for Monit				9-656		Telephone No. 973-928-4888		License No.							
Start Date (10)04 /24 /	17	0	5_ /	_24		te (11)	Name of OSHA M	lonitor NAGEMENT LI	1						
Occupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement:	d During Entir Outside of No	e Peri ormal I	od of	Abater Hour	s - Des	- Describe City, State, Zip Code									
Scope of Work (Check all							Garfield, NJ	07026							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	,		-	novatio molitio			 ☐ Full Containment with Negative Pressure ☑ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure 								
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Asbestos-Containing M TO BE ABAT IN Facility (13)	faterial (ACM))	Use Ma Cust	d Sole intena odial S (12)	ly by nce/ Staff?		Description o stos Containing Ma ., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
101 and 204			Yes	No	N/A	Multi-la	yered resilient fl	loor cover	336 SF			_	П		
002 and 005						Flue Ce		looi covei	8 SF		H				
001,004,101,102,103,1	04						luct insulation		80 SF						
Exterior	2					Cement	titious Siding		3,420 SF						
Name of Registered Waste			H	JDEP V auler ID SW-24	No.	Vaste Cubic Yards of Name of Regis			istered Landfill						
City, State Shirley, NY							Disposal Date TBD	City, State Waynesbu	rg, OH						
Completed By (Print or Ty Allen Monchik	pe)	Title Pr	oject	Mana	iger		Signature	1		Date	12	11	7		

State of New Jersey