State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION

DECELVED APR 1 7 2017

	_	_		SHEET					-	
	_			699 Oxford Road		Abateme	nt Type		ASP	ESTOS CONTROL 8
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Main odi	ial Staf	Used by ce/Cust ff (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i r	E n c a p s u	E n c l o s u r	LICENSING
	Yes	No	N/A	Black/Tan Caulk at exterior						
Exterior			Х	trim and siding	200 LF	x				
Exterior Doors			х	Glazing at window panels of storm door	102 LF	х				
Exterior below grade foundation			x	Black tar vapor barrier below grade foundation wall	798 SF	x				
Throughout			Х	White window glazing	720 LF	Х		_		
Rear porch roof (bottom layer)			х	Black rolled tar paper under roof shingle	160 SF	х				
Rear porch roof and upper roof			х	Black flashing at shingle & wall interface and chimney & vents	114 LF	х				
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	signatuke:	M	Dage: 12	Th
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D&S Proj. #: 17-103

State of NJ 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)	Name of	Building Ov	vner/Operator (2	2)		W.						+-
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Agencies Notified Type Notificati	on Street Ac	dress					-	1 17	CENIC	INIC		
DEP Amended												
Amendment #	City, Stat	e, Zip Code							_			
DOL Emergency	spring	field, nj 07	7081									
DOH (including justification)	Name of 0						Telephor	ne Numb	er	unio e e		
DCA Cancellation	maure	en marcia	no				1	-				
Gancenation			CILITY INFORM	ΙΔΤΙΟ)N							
Name of facility where abatement is	taking place (2)	.,,,	OILITT IN OIN	IATIC		- 1 - 1 -						
. Tame of lability where abatement is	taking place (3)					1 1	pe of Facility ((4) ol (K - 12	2)			
maureen marciano							=	apter 8 (than k	(12)	
Street Address							-	(Private/			(-12)	
							Bldgs./	Homes,	etc.	n 2000		
City (5)	County (6)			1 0	t. O-d- (7)	= s	quare Feet	# of Floo	ors	В	ldg. A	.ge
				0.000000	unty Code (7) ate use only)	-				<u> </u>		
04/29/17	05/15/17			N-S		11	Current Use (P	rior it bei	ng aer	nolisn	ea)	
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASCM No.		Name of Abaten	nent Con	tractor (9)					
					D & S REST	ORATI	ON. INC.					
Street Address					Street Address		011, 1110.					
					20 Californi	a Ave.						
City, State, Zip Code					City, State, Zip C	ode				2 11		
<u> </u>					Paterson, N	J 07503						
Project Manager for Monitoring Firm	F	hone Numb	per		Telephone Numb			License	e Numl	oer		
					973-345-80			(01169			
Start Date (10)	Sched. Comple	tion Date (1	1)		Name of OSHA							
04/29/17	05/29/17				D & S Resto	ration, I	inc.					
Occupancy Status During Abatement			- Almonton Control	-	20 California	Avenue						
Facility closed/vacated during el	ntire period of aba	ement.			City, State, Zip C							
Abatement performed outside or Describe:	f normal facility ho	urs-										
Other-Describe: NORMAL HO	URS			-	Paterson, N.	07503						
Scope of Work (check all that apply)						☐ Full C	containment w	/negative	press	ure		
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≥160 sf or ≥260 lf D	emolition						ebag procedure					
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City, State		Disposal Da			TULLYTOW City, State	IN, KES	OURCE REC	LOVER	Y			
PATERSON, NJ 07503		04/30/17			TULLYTOW	N, PA						
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ASB-41 * Do	o not use this form	for asbesto	s licensure exer	mpted	activities.	Serie Committee						

D&S Proj. #: 17-102

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

EMERGENCY NOTIFICATION

Description		.,							EG	E	W		M
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DOA	Amendme	ent #: City,										OL	
DCA	DOH (includi	ng Name			-		-	Telepi	none Num	ber			
Name of facility where abatement is taking place (3) ELIZABETH MOLLER RESIDENCE Street Address County Code (7) School (K-12) Subshapta (8 (0ther than K-12) Subshapta (8 (0ther than K-1	D DCA	11 _	MOLLER					1		e com			
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Name of Facility Where	Abatement is	Taking Place	e (3)				Type of Facility	/ (4)					-
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Street Address							Subchapter Other (i.e.,	8 (Othe orivate &	r than K-1; commerc	2) ial buil	dinas	21/	
City (5)			_				homes, etc	.)			0.70	70.	
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	1ercer			USE ÓNLY)						/			
Name of Monitoring Firm		ding Owner	AS	CM No.	Na		nent Contractor (9	*	1 5 62 1 1 1 1				_
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Project Manager for Mor	nitoring Firm		Teleph	one No.	Te	lephone No.			nse No-				-
			(609)	298-4070	_	(609) 25	9-9688		(0493	3		_
Start Date (10)		Scheduled C	completio	n Date (11)	Na	me of OSHA							
4/25/17			1/28/17		_		M	ECS					
Occupancy Status Durin Facility Closed/Vacate		•		nt.	Sti	reet Address	PO F	30x 34	1				
Abatement Performed				TIL	Cit	y, State, Zip C		JUA 34	-1		_		_
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Scope of Work (Check a	all that apply)				_								_
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Location of	-£	10.000	omally	.		D				1	Тур		
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Stevens Environn	nental Serv	vices. Inc	. Hau	er ID No. 18292	1000000	Waste 3 cu			ess Lan	dfill			
City, State				10272	Dis	posal Date	City, State	I dill	coo Lam	TIII			-
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		(Pursi	ant to NJA	C 8:60 and 5:16)	ME	C		W
Date of Notification (1)	12/17	Na	me of Buildir	ng Owner/Operato	r (2) IAS		U	Lb U	U L
Agencies Notified	Type Notification	Str	eet Address		1 Einstein Dr		APR	17	2017
DEP DOL	Amended Amendment # Emergency (including)		y, State, Zip		inceton, NJ 0	1000	STO	s col	NTROL
M DOH □ DCA	justification) Cancellation		me of Conta			Telephone Num	ber	ENSI	16
			ACILITY IN	FORMATION			-		
Name of Facility Where	Abatement is Taking Plac Dining H				Type of Facility ☐ School (K-12				
Street Address	1 Einstein I	Drive		-	Subchapter 8 Other (i.e., pr	3 (Other than K-1 rivate & commerc		dings,	
City (5)	Peinceton, NJ				homes, etc.) Square Feet 15000	# of Floors	В	ldg. Age	
County (6)	lercer	C	ounty Code (SE ONLY)	7) (STATE		or if being demoli	shed)	331	
Name of Monitoring Firm	Hired by Building Owner	ASC	CM No.	1	nent Contractor (9) vens Environn		ec It	10	
Street Address	111111111111111111111111111111111111111			Street Address	vens Environn	icital Scivic	05, 11	ic.	-
	PO Box 341				PO B	ox 322			
City, State, Zip Code	osswicks, NJ 0851	5		City, State, Zip C		n, NJ 08501			-
Project Manager for Mor	nitoring Firm	Telephor (609)	ne No. 298-4070	Telephone No. (609) 25	59-9688	License No.	0049	3	
Start Date (10) 5/2/17	Scheduled	Completion 5/28/17	Date (11)	Name of OSHA		ECS			
티 호사 유구의 (g Abatement (Check only			Street Address					
	ed During Entire Period o d Outside of Normal Facil		t	City, State, Zip C	ode	ox 341			
Other - Describe:	II 4b = t = == b A				Crosswicks	s, NJ 08515			
Scope of Work (Check a	⊠ R	enovation emolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of	1	Location lormally d Solely by					T	bateme Type	ent
Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACM) Ma ED C	intenance/ custodial Staff? (12)		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	nsulation,	Amount (Specify SF or LF)	Remova	Repair	Enclosure
D	Yes	No N/	A	· · · · · · · · · · · · · · · · · · ·		20.10			D CD
Basement Med	ch Room ×			Vibration co	ollar .	32 lf	X		\perp
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			-				+	-	+
Name of Registered Was	ste Hauler	NJDE	P Waste	Cubic Yards	Name of Regis	tered Landfill			\perp
Stevens Environn	nental Services, Inc	Hauler	ID No. 8292	of Waste 1/2CU		Fairless Lan	dfill		
City, State	Allentown, NJ			Disposal Date 5/28/17	City, State	Morrisville,	PA		
Completed By Mahlon E. Ste	vens Title	roject M	anager	Signature	11 1/	Date	4/13	3/17	

Print Form 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 LICENSING EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # Old Bridge, NJ 08857 Emergency (including Name of Contact × DOH Telephone Number justification) 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) 5-9 Ashwood Mall Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Old Bridge 2,000 65+ County (6) County Code (7) Current Use (Prior if being demolished) (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) Scheduled Completion Date (11) Name of OSHA Monitor 04/24/2017 05/04/2017 DIA General Construction, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 1360 Clifton Ave, PMB Suite 218 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 lf Demolition Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type 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 Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)

7 71 B 710HW00d Wall-Orawi Opace	^		ripe/cibow insula	1001	LF .	X	
9 A-D Ashwood Mall-Crawl Space	х		Pipe/ Elbow Insula	ition 160	LF :	Х	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 12 CY	Name of Registered			
City, State New Castle			Disposal Date 05/04/2017	City, State Waynes Burg, 0	OH 4468	8	
Completed by Milan Njezic	Title Vice I	President	Signature	Le	Date 04/	11/2017	

other miscellaneous)

Pipe/Elbow Insulation

(13)

5 A-D Ashwood Mall-Crawl Space

7 A-D Ashwood Mall-Crawl Space

Yes

X

No

N/A

160 LF

X

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)						Owner / Operator	r (2)		IME	C	E		/ [5	3 1
Agencies Notified Type Notific	otion			Addre		illingboro			114					$\exists \mathbb{H}$
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	rgency			~	ntact				1 1	ESTet	ephoi	ne. N	ambe	ero
	cellation	С	hief	Anth	nony l	Burnett			ASB	EPIC	10 01	4 الدار	nu.	_ CL
			FAC	CILIT	Y INF	ORMATION			- 167 culturary repairment deals				11-1	
Name of Facility Where Abateme		ace (3)				Type of Facili								
Willingboro Fire and EMS S	tation	200 500				School (F								
Street Address								Other tha						
398 Charleston Road						Other (i.e Square Feet	e. priva	ate & com	mercial build		home . Age		tc.)	
City (5)	County (6)	Cour	ntv C	ode (7)	150,000)		1	Bidg	H 577.00	40+		
Willingboro	Burlington	100000000000000000000000000000000000000				Current Use (-	f beina de	emolished)			-		
						School			· · · · · · · · · · · · · · · · · · ·					
Name of Monitoring Firm Hired b	y Building Own	er (8)		ASC	M No.	Name of Abat	temen	t Contract	tor (9)					
Pennoni Associates						Bristol Envi			00000 M0500				-1975-1-14	
Street Address						Street Addres		estak						
515 Grove Street			0000000			1123 Beave					<u> </u>			
City, State & Zip Code	City, State & Zip Code Bristol, PA 19007 Telephone Number Telephone Number													
Haddon Heights, NJ 08035 Project Manager for Monitoring F	irm I	Toloph	onol	Mumb	or				License	o Nium	hor			
Alan Lloyd		856-6)ei	(215)788-60			00509		ibei			
	Scheduled Com					Name of OSH		nitor	100000					
4/24/17	conocalos con	5/12/1		· (11)		Bristol Envi			c.					
Occupancy Status During Abater Facility Closed/Vacated I				tomo	nt	Street Addres	376							
Facility Closed/Vacated I Abatement Performed O	17/					City, State & 2						W.V.		-
Describe: 7:00 AM -		ii i ioui	5 ,	am to	opini	Bristol, PA								
Facility Occupied During														
Scope of Work (Check all that ap	oply)													
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≥160 sf ≥260 lf		\boxtimes	Dem	olitio	1				ag Procedure		ماطمة	Dro	and .	
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TO BE ABATED		Mainte				(i.e., thermal sy					Ren	Re	cap	ncle
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						Cubic Yards	Nam	e of Regis	stered Landf	ill				
Service Transport Inc.			209	uler II aan	No.	of Waste	Mine	erva Lan	dfill					
City, State			200	.00		Disposal Date		State						
New Castle, DE						TBD			, OH 4468	8				
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Gino Pizzigoni			11 11 11 11 11 11 11 11 11 11 11 11 11	ject		01:00	MA	ADI.	10V	1	1/13	117		
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no+242433	1341	TIFICATIO	tate of New Jers N OF ASBESTO t to NJAC 8:60 a	SABATE	MENT 0)	-)_[C	E		\mathbb{V}	E
Date of Notification (1)			of Building Owner		r (2)		7	İ	APR	1	7 2	017	All in walling
04/13/2017 Agencies Notified Type Notification	n		sa Don Pedro)			-	· -		-	1 6	.017	- 1
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× DOH justification DCA Cancellatio)		of Contact topher Pagan	0.			Tel	ephone	Numi	oer			
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Name of Facility Where Abatement is Taki	ing Place (3)				Туре	of Facility (4)						
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Street Address					×	Subchapter Other (i.e. p	8 (Otherivate 8	er than	K-12)	huil	dinas	hom	ac.
21. (5)		-				etc.)				Duli	uniya	, non	100,
City (5) Newark						are Feet		Floors			lidg. A	Age	
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ESSEX			Code (7) USE ONLY)			ent Use (Prid VATE HC		ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.	1		atement Con ATEMENT		(9)				33725	
Street Address				Street	Addre	SS							
				89 F	rankl	in Street							
City, State, Zip Code				1000000		Zip Code ,NJ,07524	4			7.449¥			
roject Manager for Monitoring Firm		Telepho	one No.	Teleph	none N	lo.		Licens	se No.	8		31	
start Date (10)	Scheduled	Completion	Date (11)			HA Monitor		0121					
04/24/2017	04/25/20					ATEMENT	LLC						
Occupancy Status During Abatement (Che	ck Only One)			Street	Addre	SS		355005-00-			1100000		
Facility Closed/Vacated During Entire	Period of Aba	atement				in Street							
Abatement Performed Outside of Nor Other – Describe: OCCUPIE	mal Facility H	ours				ip Code							
				Pate	erson,	NJ,07524							
cope of Work (Check All That Apply) ≥3 sf or ≥3 if	□ -				7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition		×	NA:	II Containme ni-Enclosure		Negati	ve Pre	essui	re		
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ame of Registered Waste Hauler		NJDEP W	(acto C	a Vand		I No. 15	Device		1611				
RI STATE TRANSFER MIMY BR	OTHERS	Hauler ID		c Yards aste		Name of F				ES			
ity, State 199 RANDALL AVE				osal Date		City, State		A RD	\Λ/Δ <i>\</i>	'NE	SRI	IRC	OH
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ICTOR ESPIRITU		CT MANE		100	h	W/43					2017		

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Date of Notification (1) 04/13/2017				of Building Owner Hall Of WES		2.2	DV	and and	A.F	A	-1-6	017	
Agencies Notified Type Notification				Address	1 1/1 E AA	10	rk.	-	ASBES	TOC	000	TOO	1 0
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Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORMA	TION	T Tv	pe of Facility (4)					
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Street Address						X	School (K-1 Subchapter	2) 8 (Oth	er than K-	12)			
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County (6)				Code (7) USE ONLY)			rrent Use (Prid		ng demolis	shed)	• «		
Hudson							RIVATE HO						
Name of Monitoring Firm Hired by Building Omega Environmental Services ,in)	ASCI				batement Con		0.4-0.40				
Street Address	C		0012	20 .			BATEMENT	LLC			eyai=1		
208 Huyler Street					Street		ress klin Street						
City, State, Zip Code							, Zip Code		·				
South Hackensack ,NJ,07606							n ,NJ,07524	4					
Project Manager for Monitoring Firm		T	Telepho	ne No.	Telepi				License I	No.			
Geiser Fajardo			201-7	24-8135	973-	-333	3-5144		01274				
Start Date (10)				Date (11)			SHA Monitor						
04/24/2017	04/31/						BATEMENT	LLC					
Occupancy Status During Abatement (Chec					Street								
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Other – Describe: OCCUPIE	ai i aoiit	al Facility Hours City, State, Zip Code Paterson,NJ,07524											
Scope of Work (Check All That Apply)					1 ato	0130	11,110,07024						
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Chilon	NOTIFICATION					of New Jersey F ASBESTOS ABATEMENT NJAC 8:60 and 12:120)						3	\mathbb{V}	The same of			
Date of Notification (1) 4/14/17	tification (1)					Name of Building Owner/Operator (2) Joel Kopelman							2017	A THE ST			
Agencies Notified Type Notification							Street Address										
EPA Initial DEP Amended Amendment	#	t		ate, Zip Co wood, N		R1			LICENSING								
☐ DOH ☐ Emergency (_	Name of Contact Joel Kopelman							Telephone Number							
_ Cancellation				LITY INFO		ION											
Name of Facility Where Abatement is Taking Residential Home	Place (3))				3.100								
Street Address						×	School (K-12 Subchapter 8 Other (i.e. pr	(Oth			ilding	s, hom	es,				
City (5) Englewood							etc.) uare Feet # of Floors 000 3				Bldg. Age 70+/-						
County (6) Bergen		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Residential Home										
Name of Monitoring Firm Hired by Building C Project Manager		ASCN	I No.		Name of Abatement Contractor (9) All Stages Abatement												
Street Address		Street Address 280 N. Midland Av															
City, State, Zip Code			7.5		City, S	ty, State, Zip Code											
Project Manager for Manifesian Firm		Talaaha	N-		Saddle Brook, NJ 07663 Telephone No. License No.												
Project Manager for Monitoring Firm		Telepho		201-6				01305	No.								
Start Date (10) 4/14/17						Name	ne of OSHA Monitor										
Occupancy Status During Abatement (Check	upancy Status During Abatement (Check Only One)					Street	et Address										
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Abatem Hours	ement City, State, Zip Code						<u> </u>									
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Locati	ation					on-Exempled) air	u INOII-I IIC	Die i	20.00	temer	nt				
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intenar odial S (12)	nce/		thermal surfa	Itaining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)			(5	mount Specify or LF)	Remova	Kepair	Encapsulate	Enclosure				
	Yes	No	N/A										te	LU LU			
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Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubio	Yards		Name of R	ogists	red Lands	11						
Newark Carting		Н	auler ID 4509		of Wa			IESI Lan		ieu Lanui	111						
City, State Newark, NJ					Dispo: TBD	sal Date		City, State Bethlehe	m, F	PA							
Completed by Richard Cristofol	Title Presi	dent			S	Signature		11/1/	1	- Comments	ate /14/1	7					

Print Form

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)						
4/	4 /	17	_				ır Rubin	Ma.	703-2162 Ch	k. #	NA			
Agencies Notified	Type Notifica	ation		1-19/13-2	Street	Address			BER	E	ПП	// [i	2 1	
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□ DCA	☐ Emergen		ıdina		Hig	hland Pa	ark, NJ 08904		400	4 -	7 00	27		
(NJAC 5:23-8)	justificati		ading		Name	of Contac	et		Telephone Numb	er '	20	1/	- Harris	
	☐ Cancellat	tion			Ste	ve Rubir	1	5	Commence of the Land of the La					
					FA	CILITY IN	NFORMATION		ASBESTO			ROL	- &	
Name of Facility Where A		Taking F	Place	(3)				Type of Facility (4) LICENSING						
Residential Propert	ty							School (K-12				92		
Street Address			*	10				3 (Other than K-12) rivate and commerc		uilding	IS,	(f.)		
City (5)								homes, etc.) Square Feet	# of Floors	IB	dg. A	ne er		
Highland Park								2900	4		1907			
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)				
Middlesex								Residential						
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Horizon Environme	ntal						Asbestos and	d Mold Service	s, Corp.					
Street Address							Street Address		. осо, остр.					
PO Box 316							3859 Sylon B	oulevard						
City, State, Zip Code							City, State, Zip Co							
Thorofare, NJ 08086							Hainesport, N							
Project Manager for Monitoring Firm Tele						No.	Telephone No.		License No.					
Dave Flanigan 8					6-848	-0800	609-702-0400 00862							
Start Date (10) Scheduled Comple					ion Da	te (11)	Name of OSHA M	lonitor						
_4 / _24 / _174 / _2						17	EMSL Analyti	ical, Inc.						
Occupancy Status During Abatement (Check only one)							Street Address							
☐ Facility Closed/Vacated During Entire Period of Abate							200 U.S. Rou	te 130 North						
☐ Abatement Performed Outside of Normal Facility Hou							City, State, Zip Co	ode						
Time of Abatement:AMPM/PM						AM	Cinnaminson							
Scope of Work (Check all that apply)							□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
☐ ≥3 sf or ≥3 lf ☐ Renovati														
≥160 sf or ≥260 lf] Dem	nolitio	n			Procedure						
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TO BE ABA	TED			itena		(i.e	., thermal systems i	nsulation,	(Specify	Remova	Repair	cap	Enclosure	
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(13)		Y	/es	No	N/A		other miscellane	ous)				te		
Den Area					\boxtimes	Floor T	ile		370 SF					
					\boxtimes					\boxtimes				
							12							
Name of Registered Wast	te Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill					
Waste Management	:				auler ID 17273		Waste 5	Grand Cen						
City, State					11213		Disposal Date	City, State						
Lafayette, NJ							4/25/17	Penn Argy	le, PA					
Completed By (Print or Ty	rpe)	Title					Signature		Date	е				
Kimberly A. Trumbe	etti	Offi	ce C	oord	inator		M	1	1000		-17			

ASB-41 MAY 11

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

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1X				 	- Land	

Date of Notification (1)		-			6 D. 11.			III APR	17	201	7					
3 /	13 /	17		10000		ing Owner/Operator	1	#1702-2159	Chk	#NA		lamous				
Agencies Notified	Type Notificat	ion					7 005	- ASBESTO			OI.	7				
⊠ EPA	Initial	1011			et Addres: 4 Willbu	s irn Avenue]	LICENSING								
⊠ DOLWD					State, Zir							7 7 7 7 7 7 7				
☑ DHSS	Amendmer	100000000000000000000000000000000000000		100	ilburn, N											
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ng	-	e of Conta			Telephone Num	her							
, , , , , , , , , , , , , , , , , , , ,	Cancellatio			- I because		nneider, Business	Admin	Telephone Wall	ibei	-						
	1				FACILITY INFORMATION											
Name of Facility Where	Ahatement is Ta	king Plac	20 /2		CILIIY	INFORMATION	T=					1421141-01				
Washington School		iking riac	Je (3	,			Type of Facility									
Street Address	-					☐ School (K-12) ☐ Subchapter 8 (Other than K-12)										
70 Spring Street						Other (i.e., private and commercial buildings, homes, etc.)										
City (5)							Square Feet # of Floors Bldg. Age									
Millburn							43,134 2 55									
County (6)			Cou	nty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)								
Essex							Vacant									
Name of Monitoring Firm			ASCN	No.	Name of Abatement Contractor (9)											
The Saban Enginee				Asbestos and Mold Services, Corp.												
Street Address				- 100		Street Address										
201 Stuyvesant Ave	enue		- 100000			3859 Sylon Boulevard										
City, State, Zip Code					City, State, Zip Code											
Lyndhurst, NJ 0707				Hainesport, NJ 08036												
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No.										
Start Date (10) Scheduled Completion Date (1						609-702-0400		00862								
Start Date (10) / /	heduled (Name of OSHA Monitor EMSL Analytical, Inc.														
Occupancy Status During	100					Street Address					-					
☑ Facility Closed/Vacated During Entire Period of Abatement						200 U.S. Route 130 North										
Abatement Performed Outside of Normal Facility Hours - De					scribe	City, State, Zip Code										
Time of Abatement:AMPM/PM					_AM	Cinnaminson, NJ 08077										
Scope of Work (Check all	I that apply)					_										
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf				ration lition		 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure 										
		1	s Lo	cation		Abate						· · · ·				
Location				nally		Description of		1	-		Ī					
Asbestos-Containing I TO BE ABA			olely by nance/	Asb	estos Containing Mar	stos Containing Material (ACM) thermal systems insulation,			Repair	Encapsulate	Enclosure					
IN Facilit	Cus	stodi: (1	al Staff?	(1,	surfacing, VAT,	(Specify SF or LF)	Removal	≝.	psu	uso						
(13)	(13)				-	other miscellane	ous)		-		late	.e				
SEE ATTACHED DES	CRIPTION	Yes	I N	o N/A						10						
WORK			T		-	-			-	-						
		$\dashv \exists$	+=							1	Ц	ᆜ				
			H													
Name of Registered Wast			Ц													
Waste Management				NJDEP I		Cubic Yards of Name of Registered Landfill Waste										
	•			17273		5	Grand Cen	tral								
City, State						Disposal Date	City, State									
Lafayette, NJ						4/30/17	Penn Argy	le, PA								
Completed By (Print or Ty		itle				Signature, A		Da	te	_						
Kimberly A. Trumbe	tti	Office	Coo	rdinato	•	YAV			4-	6-1	7					

Page 20+2



Millburn, NJ

Date of nital With Arotion 3-13-17

B. This non-friable asbestos abatement project will involve the removal of the following materials:

Location(s)	Material Description	Estimated Quantity
Room 101-Main Office Area 101C & Hallway Adjacent to Meeting Room	12" Floor File and Associated Mastic	900 SF
Room 103/105 – Kitchenette & Multipurpose Room	12" Floor Tile and Associated Mastic	1000 SF
Room 104 – Classroom	12" & 9" Floor Tiles and Associated Mastic	1,000 SF
Room 110 - Classroom	12" Floor Tiles and Associated Mastic	+
Room III&IIIA	12" Floor Tile and Associated Mastic	60 SF
TOOM THE TIME	Wall Purty/lain 511	1,000 SF
Room 112 - Intervention Room -	Wall Putty/Joint Filler 12" Floor Tile and Associated Mastic	2 SF
mer rendon Room -	Sink Undercoating	550 SF
Room 113 - Intervention Room	12" Floor File and Associated Mastic	1 Sink
mer vention Room	Sink Undercoating	550 SF
Room 207 & 209		1 Sink
	9" Floor Tile and Associated Mastic	2,000 SF
Room 218 Office Suite	12" Floor Tile and Mastic	1.100 SF
Room 221 Classroom	12" Floor Tile and Associated Mastic	1.000 SF

x XV

4-6-17

Amendment # 2

EXTEND END DATE

Date of Notification (1)			Nam	Name of Building Owner/Operator (2)										
4/13/	17		To	wnship o	of Howell	/ Job #1704-2165 Chk. #								
Agencies Notified ☐ EPA ☐ DOLWD ☐ Management ☐ Amended ☐ Amended	i		45	Street Address 4567 Route 9North City, State, Zip Code										
☐ DHSS Amendm☐ DCA ☐ Emergen	-			well, NJ			APR 1 7 2017							
DCA Emergen (NJAC 5:23-8) justification		ing	Nam	e of Contac	ct		Telephone Nu	*****		LUI	1			
☐ Cancellate	tion		Lo	u Palazzo	o, CFO		CONTROL							
			FA	CILITY II	NFORMATION	LICENSING								
Name of Facility Where Abatement is 1	Taking Pla	ce (3))			Type of Facility (4)								
Residential Property Street Address														
				homes, etc.)										
City (5)				Square Feet	# of Floors									
Howell				2200	1 60									
County (6) Monmouth	Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demo	olished)								
Name of Monitoring Firm Hired by Build	ding Own	- (0)	I A C C N		Tarana Cara	Vacant								
NA	ASCN	I NO.	Name of Abateme											
Street Address			Street Address	d Mold Service	s, Corp.									
onoce / tudioss			3859 Sylon B	oulevard										
City, State, Zip Code			City, State, Zip Co			-								
					Hainesport, N									
Project Manager for Monitoring Firm	elephone	No.	Telephone No.		License No.									
	85		609-702-0400		00862									
Start Date (10)	Scheduled	Com	pletion D	ate (11)	Name of OSHA M	lonitor								
4 / _26_ / _17_	4	/ _	27_ /	_17_	EMSL Analyti	ical, Inc.								
Occupancy Status During Abatement ()	Street Address												
☐ Facility Closed/Vacated During Entir			200 U.S. Rout	te 130 North										
Abatement Performed Outside of No Time of Abatement:AM	ours - De M	scribe _AM	City, State, Zip Co											
Scope of Work (Check all that apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ration lition		☐ Mini-Encl	losure g Procedure	h Negative Pressure nd Non-Friable Procedure									
			cation				Ab	Abatement Ty						
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	nally olely by nance/ al Staff? 2)	Asbe (i.e	Description of estos Containing Mar e., thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure					
F. t t	Ye		lo N/A											
Exterior				Transit	e Siding		1000 SF							
Name of Registered Waste Hauler Waste Management			NJDEP Hauler I 1727	D No.	Cubic Yards of Waste 5	Name of Regis Grand Cen								
City, State			· I Aud		Disposal Date	City, State								
Lafayette, NJ					4/27/17	Penn Argyl	e, PA							
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office	Coc	rdinato	r	Signature			Date 4-13-	17					
SB-41				-	W X			1 624						

ASB-41 MAY 11

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