			NOTIFICAT	TON OF AS	NEW JERSEY BESTOS AB C 8:60-7 AND	BATEMEN		Lec	BA	> a	848	P
Date of Notification (	(1) /17			Name of First Ener	Building Ow gy	THE RESERVE AND PARTY AND PERSONS NAMED IN	CONTRACTOR AND ADDRESS.	ME	i C		/E	M
/ /	/			Street Ad			1	IS			Ī	11 11
Agencies Notified	2000	otification		76 South					400	3 2 00	4-9	1111
EPA DEP		Initial Amended		Akron, Oh	e, Zip Code		7	U L	APH 2	2 1 20	1/	
□ DOH		Amendment		Name of		-	-	Talanha	ne Numb	or		
☑ DOL		Emergency w Cancellation		Jim Halse			***************************************	I		-	ROL &	•
				ACILITY IN	FORMATION	1			Marchael Carlo Region		No. 1 Case of contrast of the	
Name of Facility Who	ere Abatem	ent is Taking I	Place (3)		Type of Fac	cility (4)						
						School (K	00/00/2009					
Street Address SQUANKUM & YELLO	OW BROOK	K RD				Other (I.e.	er 8 (Other , private &					
City (5)	County (6	1	County Code	(7)	Square Fee		mes, etc.)	·c	Building	7 100		
HOWELL	MONMOU		County Code	(1)	Current Use				Bullaing	g Age		
					Telephone F		being den	ionsneuj				
Name of Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO								
Environmental Health	Investigation	ons			NORTHSTA	R CONTR	RACTING G	ROUP. IN	NC.			
Street Address					Street Addr	ess						
655 West Shore Trail						227.14						i i
City, State, Zip Code Sparta, NJ 07871					32 Williams							
Project Mngr. For Mo	onitoring F	irm	Telephone Nu	ımber	City, State,	Zip Code						
Dino Nappi			212-682-9271		East Hanove	er, NJ 070	36					
Sheduled Start Date	(10) / 17	Sched. Comp 05	letetion Date (1	1 <b>1)</b> 17	Telephone	Number		License	Number	and the second of		
	/		/		973-884				0	0860		
Occupancy Status D  Facility CI		ement (Check of ted During Ent			Name of OS NORTHSTA			ROUP. IN	NC.			
Abatemen					Street Addr	ess						
		d Outside of N 8:00 am to 5;0			32 Williams	Darkway						
		0.00 am to 5,0			City, State,							
					East Hanove		36			NAME OF TAXABLE PARTY.		
Scope of Work (Chee	ck All That	Apply)										
☐ Demolition	n	~	Renovation		Full Contain	nment wit	h Negative	Pressur	е			
					Mini - Enclo							
☐ ≥160 sf or	≥260 IT				Glovebag P Non-Exemp			hle Proce	adura			
					non Exemp	/tca ( / an	a moni i ma	510 1 1000	cauro			
Location of		Is		Descript				Abateme	ent Type	4.		
Asbestos Conta	aining	Location Normally	As	sbestos - C Material		3	Amount	R	n	E N	E	
TO BE ABAT	ED	Used	a.	e., therma			(Specify	M	R	C	C	
in Facility		Solely			facing, VAT,		SF or LF)	1000	P	A	Ľ	
(13)		by Main-			ellaneous)		10-20 ACRONICSEM	V	A	P	0	
13 136		tenance/						Α	1	S	s	
		Custodial						L	R	U	U	
		Staff (12) YES NO N/A				_			+	-	R	
Exterior Telephone Po	ole		Transite Condu	uit			20 LF	V		П	1	1
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				12								]
Name of Registered NEWARK CARTING	Waste Hau	ler	NJDEP Waste Hauler ID No.	- 1000 months and 100 months	Name of Re I.E.S.I.	gistered l	_andfill					
City, State			4505	Disposal	City. State							
NEWARK, NJ		Date	BETHLEHE	M, PA 181	05	21			22000			
Completed by (Print	or Type)		Title		S	Signature		V		Date		
Stavan Stilos			Project Manage	or	1	Aten	18 . 1	1115	American programmes	1 ^	1/20/17	,

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2017-43 B & G proj. #:

Gordana Luna

Secretary/Treasurer

Check # 8343 Date of Notification (1) Name of Building Owner/Operator (2) 10 |4 |/|1 |8 |/|1 |7 | Hawthorne Board of Education Agencies Notified Type Notification Street Address APR 21 2017 445 Lafayette Avenue X Initial ☐ DEP City, State, Zip Code DOL Amendment Hawthorne, NJ 07506 ASBESTOS CONTROL X DOH Name of Contact Telephone Number NO Cancellation ☐ DCA Scott CHamberlin **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Lincoln Middle School (non sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 230 Hawthorne Avenue Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Hawthorne, NJ 07507 Bergen school (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) EnviroVision Consultants 00979 B & G Restoration, Inc. Street Address Stree: Address 105 Ryerson Road 20-21 Wagaraw Avenue - Building 35E City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Guillermo Morales 973-636-9145 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 04/28/2017 04/29/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road X Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Renovation ☐ Full Containment w/negative pressure ✗ Glovebag procedure  $\times$  >3 sf or >3 If X Mini-enclosure >160 sf or >260 if Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e e n asbestos-containing Amount Description of asbestos-containing m n staff(12) р C material to be (Specify SF or material (ACM) C 0 a abated in facility (13) Yes No N/A ٧ p Boiler room X 4 valves & 3 elbow fittings 8.5 lf X Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center 19563 Disposal Date City, State City, State Lincoln Park, NJ 05/01/2017 Tullytown, PA Completed by (Print or Type) Signature Date Gordina Luna

04/18/2017

### State of NJ Notification of Asbestos Abatement

2017-48 B & G proj. #:

(Pursuant to NJAC 8:60-7 and 12:120-7) NON sub 8

B & G proj. #:				(, 0, 0, 0	NON	sub	8	Check	# 8344				_
Date of Notification	(1)	111	Name of Bu	ildina Ow	ner/Operator (2	)			ECI	E	1 10/1	F	1
10 14 1/11 18	1/11/7				quannock	,			EGI	<u> </u>		E	1
Agencies Notified	Type Notificati	ion	Street Addr				Water Committee of the			-			#
☐ EPA ☐ DEP	X Initial		530 Ne	wark Po	mpton Turns	oike			APR	21	201	7	11
X DOL	☐ Amendr		City, State,		s, NJ 07444								
▼ DOL			lame of Co		s, NJ 07444	-			BESTOS ne Number			OL	0
□ DCA	Cancella				stion			Tolophon	Citalian	130.30		-	
			Christo	pher Tie	-						-		
		0		FAC	CILITY INFORM	IATION	· · · · · · · · · · · · · · · · · · ·	T (F10t-)	(4)				
Name of facility wh	ere abatement is	s taking pl	ace (3)					Type of Facility (	(4) ol (K - 12)	(4)			
City Hall								Subch	apter 8 (O	ther th	nan K-	12)	
Street Address	20 00 000	0.00							(Private/Co /Homes, et		rcial		
530 Newark F	Pompton Turr	npike							# of Floor		Blo	ig. Ag	je
City (5)		Cou	nty (6)			5500.000	inty Code (7)					-	
Pompton Pla	ins, NJ 07444	4 Mo	orris			Sta	ite use only)	Current Use (P Town Hall	rior if being	g dem	olishe	d)	
Name of Monitorin	g Firm Hired by I	Bldg. Own	er (8)		ASCM No.		Name of Abatement						
							B & G Restorati	on, Inc.					
Street Address							Street Address 105 Ryerson R	oad					
City, State, Zip Cod	2						City, State, Zip Code	oau		-	MICONALINA		
City, State, Zip Cou	е						Lincoln Park,	NJ 07035					
Project Manager for	Monitoring Firm		P	hone Num	ber		Telephone Number	2	License		er		
							(973)696-686 Name of OSHA Moni		00	378			
Scheduled Start Da	te (10)		d. Complet	ion Date (1	1)		B & G Restorat						
05/02/2017			04/2017				Street Address						
Occupancy Status I	During Abatemer d/vacated during			ement			105 Ryerson R	oad —————					
Abatement pe	erformed outside						City, State, Zip Code						
Describe:Other-Describe	<sub>be:</sub> 8:00 am -	4:30 pm					LincolnPark, N.	J 07035					
Scope of Work (ch													
Demolition	X	Renovati	on			/ <u></u>	full Containment w/neg		✗ Gloveb				
>3 sf or >3 lf		≥160 sf or				X	Mini-enclosure		■ Non-fr	iable p	,		_
Location of asbestos-con	taining		n normally enance/cus		1		sbestos-containing	Amount		е	R	E n	E
material to be		staff(12)	T	Т	- material			(Specify S	F or	o m	p a	c a	C
abated in fac	ility (13)	Yes	No	N/A						v e	i r	р	
Police Dept. Furna	ace Room			X	VAT & ma	astic		70 sf		X			무
Handicapped la	capped lavatory X							1 1/2 lf		X		븜	ዙ
				╬			Marine Ma			H	H	片	卅
-					1					旨		一	
Registered Waste F			EP Hauler	ID#	Cubic Yards of	Waste		Landfill Resource & Re	acovor:	Con	tor		
B & G Restorat	ion, inc.		19563	Disposal	2 Date		City, State	Nesource & Re	covery	Cell	.01		
Lincoln Park, N	<b>1</b> J				5/2017		Tullytown,	PA				Λ.	
Completed by (Prin	t or Type)	Title	ry/Treas	uror	Signature	7256	Gordana Luna		Date 04/18	3/201	17		

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2017-50 B & G proj. #:

Secretary/Treasurer

Gordana Luna

Check # 8345 Date of Notification (1) Name of Building Owner/Operator (2) <u>| 0 | 4 | / | 1 | 8 | / | 1 | 7 |</u> Connie Perillo Type Notification Agencies Notified Street Address EPA APR 21 2017 X Initial DEP City, State, Zip Code Amendment X DOL Madison, NJ 07940 ASBESTOS CONTROL Telephone NumberNSING Name of Contact X DOH Cancellation ☐ DCA Connie Perillo **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Connie Perillo Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Morris Madison, NJ 07940 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 05/03/2017 05/04/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition **X** Renovation Non-friable procedure Mini-enclosure  $\times$  >3 sf or >3 lf >160 sf or ≥260 lf Is location normally used solely E Location of е е n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C 0 material (ACM) material to be a LF) abated in facility (13) ٧ D Yes No N/A X VAT & mastic 24 sf furnace room Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 05/04/2017 Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna

04/18/2017

Agencies Notified   Type Notification   Street Address   ASBESTOS CONTROL & LICENSING	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)  Date of Notification (1)  Name of Building Owner/Operator (2)  APR 2 1 2017													
ASBESTOS CONTROL &   Control   Color	Date of Notification (1)			Name	of Building	Owner/Operator (2	2)	Bath Mich	N. 1105		017			
□ PA	4/19/1	7		Mar	garet Ch	evaller	/ Job #17	704-2167 Chk	(. #46	79		1		
DINIVO	Agencies Notified Type Notification	n		Street	Address			ASBEST	os c	CON	TRO	L &		
Amendment #   Control   Concellation   Cancellation   Cancellat								LI	CEN	SIN	<u> </u>			
DCA		#						remain a constant						
	2-1.00	3 To 100												
FACILITY INFORMATION   Residential Property   Street Address   Street Address   Stock (7)(STATE USE (NL.Y)   Current Use (Prior if being demolished)   Residential Property   Stock (7)(STATE USE (NL.Y)   Current Use (Prior if being demolished)   Residential   Residen	(NJAC 5:23-8) justification)	on (1990)		, 1000000000000000000000000000000000000				Telephone Number	er					
Name of Facility Where Abatement is Taking Place (3)	☐ Cancellation													
School (K-12)	Name of Facility Address About and in Table	DI	(0)	FAC	ILITY IN	FORMATION	Tune of Facility /	4)						
Street Address		ng Place	(3)					10						
City (5)							☐ Subchapter 8	(Other than K-12)						
Square Feet	Street Address							ivate and commerci	ial bui	lding	3,			
Merchantville	City (5)							# of Floors	Bld	q. Ac	e	_		
Name of Monitoring Firm Hired by Building Owner (8)								Att. Sect. A. Manago Justo	1					
Name of Monitoring Firm Hired by Building Owner (8)				Coun	ty Code (7)	)(STATE USE ONLY)	Current Use (Pric	or if being demolish	ed)		-			
Asbestos and Mold Services, Corp.				•	Residential									
Street Address   PO Box 316   Street Address   Street	Name of Monitoring Firm Hired by Building	ent Contractor (9)												
PO Box 316	Horizon Environmental					Asbestos and	d Mold Services	s, Corp.						
City, State, Zip Code	Street Address					Street Address								
Thorofare, NJ 08086	PO Box 316					3859 Sylon B	oulevard							
Telephone No.   Safe-848-0800   Safe-848-08	City, State, Zip Code													
Dave Flanigan							1J 08036							
Start Date (10)    Scheduled Completion Date (11)   Scheduled Comp														
Street Address   Str					in the second			00862						
Street Address    Street Address						spenderonalist per spender								
Second North   City, State, Zip Code   Cinnaminson, NJ 08077					17		icai, inc.							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM	gg a ggan it mit at the grand again man na ha battaran ar <del>m</del> attaran an an an an an an an an again at an an an a	Commence of the second					4- 420 N - 4h							
Time of Abatement:AMPM/_PMAM					cribe		AND CONTRACTOR OF THE PARTY OF							
Scope of Work (Check all that apply)    Stope of Work (Check all that apply)   Stope of Work (Ch						20 Jan 10								
Says for ≥3 If	Scope of Work (Check all that apply)					Ommaninison	1, 110 00077	- (Fig. 12) (C.)						
Demolition   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exemp								ative Pressure						
Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exe	☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf													
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  S Registers  Asbestos Containing Material (ACM) Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Paper Insulation  S F or LF  SF or LF  NJDEP Waste Hauler Waste Management  NJDEP Waste Hauler ID No. 17273  Name of Registered Landfill Grand Central								n-Friable Procedure						
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Segisters  Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Paper Irisulation  Segisters  Asbestos Paper Irisulation  Segisters  Name of Registered Waste Hauler Waste Management  NJDEP Waste Hauler ID No. 17273  Beschriching Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Paper Irisulation  Segisters  Asbestos Paper Irisulation  Segisters  Asbestos Paper Irisulation  Segisters  NAme of Registered Landfill Grand Central		735							Aba		ent Ty	уре		
IN Facility (13)   Custodial Start / (12)   Surfacing, VAT, or other miscellaneous   SF or LF   Second For L					Ashe		SSSC are an account to the contract of the con	Amount	Rei	Rej	Enc	Enc		
Yes No N/A  5 Registers  Asbestos Paper Insulation  5 SF	TO BE ABATED					., thermal systems	insulation,	(Specify	Non	oair	caps	dosi		
Yes No N/A  5 Registers  Asbestos Paper Insulation  5 SF		Cusi						SF or LF)	<u>a</u>		ulat	лге		
Name of Registered Waste Hauler Waste Management  NJDEP Waste Hauler ID No. 17273  Name of Registered Landfill  Waste Grand Central	(10)	Yes	No	N/A		outer moconario					Ф			
Name of Registered Waste Hauler Waste Management  NJDEP Waste Hauler ID No. 17273  Name of Registered Landfill Waste Grand Central	5 Registers				Asbeste	os Paper Insulat	tion	5 SF			$\boxtimes$			
Name of Registered Waste Hauler Waste Management  NJDEP Waste Hauler ID No. Waste Soft Waste Grand Central  Order Total Company Compan				The same		,								
Name of Registered Waste Hauler Waste Management  NJDEP Waste Hauler ID No. Waste 5  Name of Registered Landfill Waste Grand Central			П	-										
Name of Registered Waste Hauler  Waste Management  NJDEP Waste  Hauler ID No.  17273  Cubic Yards of Waste Grand Central  Grand Central			_								П	П		
Waste Management Hauler ID No. Waste Grand Central 5	Name of Registered Waste Hauler			1-	Naste Naste	Cubic Yards of	Name of Regis	tered Landfill	1					
17273 5	1000 C 10 100 C 10			Hauler II	No.	Waste								
				17273	3			(10(f(s/2))	· ·			_		

ASB-41 MAY 11

Lafayette, NJ

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

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

5/1/17

Signaturé

Penn Argyle, PA

Date

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	APR	2 1	2017	
1				

Date of Notification (1)				Jant to NJAC 8:6			1	I L		11	2	
3/21/17			Na.	ne of Building Own rris Tyburski	ner/Operal	or (2)						
Agencies Notified Type Notifical	ion		-	el Address		-		AS	BES	STO	S C	10
EPA DEP DOL Amended Amended Emergen	ent#_ cy (Includ	lina	City	. State, Zip Code tley, NJ 07110						LIO		211.4
DOH Justification Cancellal	n)	····a		ne of Contact ris Tyburskí			1.	hon	-			
Name of Facility Where Abatement is Ta	king Plac	e /3\		ACILITY INFORM	ATION							_
Private	ang rac	C (3)				Type of Facili						
Street Address						School (I	K-12) lêr 8 (Olher	Ihan K	10)			
						Other (i.e	private & c	commen	cial b	uildin	gs, ho	me
City (5) Nutley						Squara Feet	# of F				. Age	
County (6)	The second second		Coun	ly Code (7)		Custoni I la a /						
Essex			(STA	EUSE ONLY)		Current Use (F	rior II being	demolis	shed)			
Name of Monitoring Firm Hired by Bulldin	) Owner	(8)	AS	CM No.	Name	of Abalement C Services Co	ontractor (9)	)				_
Street Address					Street	Address			_			
City, State, Zip Code						Rt 23 S #11	1					
N-1						ne. NJ 07470						
roject Menager for Monitoring Firm			Telepi	none No.		on <mark>e</mark> No. 750-0752	2000	cense N	lo.			
lart Date (10)	Schede	iled Co	mpletio	n Date (11)		of OSHA Monito		1253				~
3/30/17	3/31/	17				oVIsion Con						
ccupancy Status During Abatement (Cha						Address						
Abatement Performed Outside of North	Period of nal Facili	Abater	ment s			Wagaraw R	oad					
Other - Describe:						ate, Zip Code .awn, NJ						
cope of Work (Check All That Apply)			##W. Dr									_
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			X	Full Containm Mini-Enclosur Glovebag Pro Non-Exemple	e cedure				<b>1</b> 0	
		Local					170.0710				emen	ı
Location of Asbestos-Containing Material (ACM)		Normal od Sole		De	scription o	1			_	T)	ре	Т
TO BE ABAYED In Facility (13)		todial S (12)			laining Ma systems i cing, VAT, niscellane	nsulation, or	Amour (Specil SF or L	fy	Removal	Repair	Encapsulate	Lindosdie
Basement		~	X		TSI		COK		.,			
Garage			X		TSI	-	60lf 7lf	~	X		_	-
						<del></del>				-	-	
ne of Registered Waste Hauler								$\neg$				
C Services Corp		Ha	IDEP W	No. of Was			legislered Li	andfill				
, Stale		00	36309		al Dale	TRRF						_
yne, NJ				Olspos	ai Ti Bile.	City, State						
npleted by	Tille			SI	gnaļure	y dily tow	,, r A	Dale				_
niela Antic	Owne	er .			1-	- Samuel		3/21				

Name of Registered Wasto Hauter NUDEP WEELS Cubic Yards of Waste 5 Newsek Carting Name of Registered Landfill Hauler ID No. IESI PA Bethishem Landfill Corp City State 04500 Disposal Date Newark, NJ City, State 4/17/1700 Bethlahem, PA Completed By (Print or Type) Joseph Vocaturo Signature Vice Prosident ASEAT 4/13/17 JAN 13

\* Do not use this form for esbesias licensure exempled activities.

# Chole

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Date of Notification (1) 04-17-2017				of Building		Operator	(2)		- 1							
Agencies Notified	Type Notification			0	Deamor Address	in					-ASI	3F.S	TOS	3.00	NTF	101
				Street	Rudiess									NSI		
× EPA × DEP × DOL	× Initial Amended			City, St	ate, Zip Co	de						- 3		(6-)		1981 ± 14 ====
× DOL	Amendmen Emergency			Fanw	ood NJ C	7023										
ĭ DOH	justification)	)			of Contact	0.00				Tel	ephone	Num	ber			
☐ DCA	Cancellation	1			Deamori							<u></u> y				
Name of Facility Where A	batement is Takir	ng Place (3	3)	FAC	ILITY INFO	ORMAT	ION	Type	of Facility (	(4)						
Private Dwelling		.9 (	,					_	School (K-1	1000						
Street Address									Subchapter	8 (Oth						
									Other (i.e. p	orivate 8	& comm	nercia	I buil	dings	, hom	es,
City (5)	***							Squar	e Feet		f Floors		В	Bldg. A	Age	
Fanwood NJ 07023								N/A		N//				N/A		
County (6) UNION					Code (7) USE ONLY)			Priva	nt Use (Prio ate Dwell	ling		olish	ed)			
Name of Monitoring Firm Standard Enviromer		Owner (8)		ASC	M No.		30.5		ement Cor tracting I		(9)					
Street Address 2108 Fulton St, Suit	e 2A							Addres								
City, State, Zip Code	22-31-33-31							tate, Zir			-					
Brooklyn NY 11233						Woo	dland	Park NJ	0742	4						
Project Manager for Monit	oring Firm			Telepho			U. 2010 P. D.	one No			Licens					
Kayode Adefisoye					41-7673			692-62			0126	6				
Start Date (10) 04-27-2017		04-29-	2017		Date (11)		The second second		A Monitor tracting L	LC						
Occupancy Status During								Address								
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2764 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 2017 04 18 17 Lauren King Type Notification Agencies Notified Street Address ASBESTOS CONTROL ☐ EPA ✓ Initial LICENSING Amended **⊠** DOLWD City, State, Zip Code X DHSS Amendment # Glen Ridge, NJ 07028 □ Emergency (including) ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Lauren King **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Glen Ridge, NJ 07028 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 04 / 28 / 17 04 / 29 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If ⊠ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Remova Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) No Yes N/A X Basement X Pipe insulation 80 LF П П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Wenad N.Jevtic 04/18/17 Owner ASB-41



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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MERCK SHARP & DOHME CORP	ORATIO	NC							er 8 (Other ti	han K-1	2)		
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Street Address							Sq	uare Feet	# of Flo	ors		dg. Age	
126 EAST LINCOLN AVENUE - BI			LIN	<				7,500	1			38	
	ounty (	6)				ty Code (7)	Curre	ent Use (Pr	ior if being o	demolish	ned)		
	NION				(STATE	E USE ONLY)	VAC	ANT					
Name of Monitoring Firm Hired b	y Build	ing C	)wne	r (8)		ASCM No.			ment Contr				
ENVIRONMETAL HEALTH INVES	TIGATIO	ONS,	INC.			104	PAR	ENVIRON	MENTAL CO	DRPOR	ATION		
Street Address								et Address					
655 WEST SHORE TRAIL							313 9	SPOOK RO	OCK ROAD				
City, State, Zip Code		, ,==	051/					State, Zip					
SPART Project Manager for Monitoring Firm	/ JER	_						V YORK 109	901				
	n		100000		e Number		Telep	hone Num	ber	Licens	e Numb	er	
WILLIAM S. KERBEL, CIH Expected State Date (10)		10.		-729-5				369-7500		1101			
	7	Sch			etion Date (			e of OSHA					
4 / 6 /1 Month Day Year		N/A	onth	3 /	30	/17	AME	RISCI LAB	ORATORIES	SINC	#	#11480	)
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Abatement Performed O	utside o	f Nor	mal F	acility	Hours - Des	scribe:	1		SIREEI				
X Other - Describe: Me	ONDAY	- FRI	DAY	7 AM-	- 3:30 PM		City.	State, Zip (	Code	-			
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BENJAMIN SANCHEZ	Title	CTO	205	OPER	RATIONS	Signature	X			Date	/10	1/1	7
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DCA EN	MERGENC	Y NOT	IFICATI		dra M. Schenk		THEIRING				
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	ounty (6)				ty Code (7)	Current Use (F	Prior if being de	molishe	d)		
	NON			(STATE	USE ONLY)	VACANT			.55		
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	Building	Owner	(8)		ASCM No.		ement Contrac				
Street Address	IGATIONS	, INC.			104		NMENTAL COF	RPORA	TION		
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City, State, Zip Code						313 SPOOK R					
	A, NEW JE	RSEV	17871			City, State, Zip		2211			
Project Manager for Monitoring Firm	1, 11217 021		phone N	lumber			W YORK 1090				
VILLIAM S. KERBEL, CIH			729-564			Telephone Nur		icense	Numb	er	
expected State Date (10)	Sc	200000	The state of the s	on Date (	11)	845-369-7500 Name of OSH		101			
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cope of Work (Check all that apply)  Demolition		novatio	n			NE <sup>1</sup> inment with Neg	W YORK, NEW pative Pressure				
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2 - Social Personal	Type Notification			Street A	Address					-		LICE	ENS	SING	ì	
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Name of Facility Where	Abatement is Takin	g Place (3	)	PAC	LITTINE	ORWAI	ION	Type	of Facility (	(4)						
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Street Address								H	Subchapter	8 (Oth	er than I	K-12)				
								X	Other (i.e. p				build	dings	hom	es,
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	/ No.		Name	of Aba	atement Cor	ntractor	(9)					
N/A							Peri	naco	Inc							
Street Address							Street	Addre	ess							
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Other – Describe:	ed Odiside of North	ai i aciiny	Tiouis				City, S	itate, Z	ip Code							
Scope of Work (Check Al	I That Apply)		-													
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Location Asbestos-Containing			d Sole		Achas		scription		I (ACM)	Δ.		-				
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	le naulei		39433	auler ID		of Was			Name of I		red Lan	atill				
United Containers			- 1	2459		4	2.500		G.R.O.	W.S.						
City, State						Dispos	sal Date		City, State	9						
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Completed by		S	ignature	7	-		. 1	Date								
Anthony T Perna					_		١		4/18	3/17	7					

Date of Notification (1)					Nam	e of Buildir	ng Owner/Operato	or /2	2)	1	1 6	10	15	-	W	E	1
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Agencies Notified  EPA	Type Notific   ☑ Initial	cation				t Address West Mil	ton Ave					APR	2	1 2	2017		land and
⊠ DOLWD			4 4/4=		City,	State, Zip	Code				1						
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(1.0, 10 0.20 0)	Cancella					ex Baylor					Сісрі	ione iv					
					FA	CILITY II	NFORMATION								-		
Name of Facility Where A		Taking	Place	(3)					Type of Facility	(4)							
Rahway Central Off	ice								School (K-1								
Street Address									☐ Subchapter ☑ Other (i.e., p	8 (C	ther te an	than K-	·12) nerci:	al bu	ilding	10	
90 West Milton Ave									homes, etc.		ic un	u comi	i i Ci Ci Ci		nant	,,	
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Union																	
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Name of Abate	me	nt Contractor (9	)			-				
USA Environmental	Managem	ent Ir	ıc.				BRISTOL E	EN۷	/IRONMENTA	AL, I	NC.						
Street Address							Street Address										
8346 Enterprise Ave	nue						1123 BEAV	ER	STREET								
City, State, Zip Code							City, State, Zip	Co	de								
Philadelphia, PA, 19	153						BRISTOL, I	PA	19007								
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.				Licen	se No.					
Mark Jenkins				2	15365	5810	215-788-60	40			00	509					
Start Date (10)		Sched	uled C	omple	etion Da	ite (11)	Name of OSHA	Mo	onitor								
04 /10 /	17_	_ 0	4_ /	_ 2	3_/	17	BRISTOL E	NV	TRONMENTA	L, I	NC						
Occupancy Status During	Abatement (	Check	only	ne)			Street Address						-				
☐ Facility Closed/Vacated							1123 BEAV	ER	STREET								
Abatement Performed						scribe	City, State, Zip	Cod	de								
Time of Abatement:	AM	PN	N/ <u>5:00</u>	PM- <u>1</u>	:30AM		BRISTOL, F										
Scope of Work (Check all	that apply)				774-1.12		10000			_					_	-	
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			-	Loca										Aba	tem	ent T	ype
Location of				Norma	illy ely by		Description						-	ZJ	D	ш	П
Asbestos-Containing N TO BE ABAT		1)	Ma	intena	ince/		stos Containing N ., thermal system					ecify		Removal	Repair	nca	nclo
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(13)			Vaa	(12)	T N1/A	-	other miscellar	neo	us)							ate	CD
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Basement AC Room						-	sulation					La ) LF					
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SERVICE TRANSPO		) INC		117.85	lauler II		Cubic Yards of Waste		Name of Regis								
	NI GROUP	, INC	,. 		20990		6		MINERVA	LAI	וועוי	LL					
City, State							Disposal Date		City, State								
NEW CASTLE, DE							TBD		WAYNESE	BUR	G, 0	Н					
Completed By (Print or Typ	oe)	Title					Signature		0		/		Date	/,	7/	_	
Dillan DeCaro		Es	stimat	or			Hilla	N	DeCar	0/	il		4	11.	1/1	17	
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Date of Notification (1)	20 /		17				ing Owner/Operator	(2)		<			
Acceptant Notified										ADD	2.1	20	147
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(NJAC 5:23-8)	justifica				10001170401	ne of Conta	17.7		Te	elephone Nur	mber		
	☐ Cancell	lation			A	lex Baylo	r						
					F	ACILITY I	NFORMATION						
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90 West Milton Ave	4							homes, etc.	.)	o and commi	Ciciai	Dunun	igs,
City (5)				h. T. Bod. T. L.				Square Feet	#	of Floors	1	Bldg.	Age
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County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (P	rior if	being demol	ished)		
Union													
Name of Monitoring Firm				(8)	ASC	M No.	Name of Abatem						
USA Environmental	Managem	nent l	nc.				BRISTOL EN	VIRONMENTA	L, IN	IC.			
Street Address							Street Address						
8346 Enterprise Ave	nue						1123 BEAVE						
City, State, Zip Code	4.50						City, State, Zip Co						
Philadelphia, PA, 19						BRISTOL, PA 19007							
Project Manager for Monit Mark Jenkins	oring Firm			1000	ephone		Telephone No.		Li	cense No.			
Start Date (10)		0.1			15365		215-788-6040		1	00509			
04 /10 /						ate (11) 17	Name of OSHA M	onitor VIRONMENTA	I INI	0			
Occupancy Status During							Street Address	VINOMINIEMIA	L, IIV				
☐ Facility Closed/Vacated					ment		1123 BEAVER	CTDEET					
Abatement Performed (	Outside of N	lorma	I Facilit	y Hou	rs - De	scribe	City, State, Zio Co						
Time of Abatement:	AM	P	M/ <u>5:00</u>	PM-1	:30AN	1	BRISTOL, PA						
cope of Work (Check all t	that apply)									•			
] ≥3 sf or ≥3 lf			⊠ Re					ainment with Neg	gative	Pressure			
≥160 sf or ≥260 lf			☐ De				Mini-Encl     Glovebag						
					24100		☐ Non-Exer	npted (*) and No	n-Fria	ble Procedu	re		
	22		(8)5	Loca							At	patem	ent T
Location of Asbestos-Containing M		Я\	The providence of	Norma d Sole		Anhai	Description of			2 0	Z	70	ш
TO BE ABAT	ED	•/	1	intena			stos Containing Mat , thermal systems in			Amount (Specify	Remova	Repair	ncar
IN Facility (13)	8		Cus	(12)	Staff?		surfacing, VAT,	or		F or LF)	Val	-	Encapsulate
(13)			Yes	No	N/A	1	other miscellaneo	us)					ate
	n					VAT/Ma	stic		-	144 SF			П
asement Power Roon	or Stain	ell				VAT/Ma:	- 7-7			105 SF			
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asement Adjacent Re		nd.			+						KA	1	]
asement Adjacent Re asement - 1 <sup>st</sup> Floor St	tairwell La					VAT/Mas	stic	10	- 1	120 SF	M		1 1 1
asement Adjacent Re asement - 1 <sup>st</sup> Floor St <sup>t</sup> Floor Stairwell Hallv	tairwell La			□ N	JDEP \		Cubic Yards of	Name of Regist		120 SF	$\boxtimes$		Ш
asement Adjacent Re asement - 1 <sup>st</sup> Floor St <sup>t</sup> Floor Stairwell Hallv ame of Registered Waste	tairwell Lai way/Landir Hauler	ng		Н	JDEP \	Waste D No.	Cubic Yards of Waste	Name of Regist	ered l	Landfill			Ш
asement Adjacent Re asement - 1st Floor St st Floor Stairwell Hallv ame of Registered Waste SERVICE TRANSPOR	tairwell Lai way/Landir Hauler	ng		Н	JDEP \	Waste D No.	Cubic Yards of Waste 6	MINERVA L	ered l	Landfill			
	tairwell Lai way/Landir Hauler	ng		Н	JDEP \	Waste D No.	Cubic Yards of Waste	MINERVA L	ered l	Landfill FILL			
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Date of Notification (1)				1 61	anna of Duile	line 0	(0)	1000				- 1
3 / 20 /		17		- 1		ding Owner/Operator ommunications	(2)	II L APR	2	1 20	)17	-
Agencies Notified  ☐ EPA 3→→ ☐ ☐ Initial ☐ DOLWD3 ☐ ☐ Amend ☐ DCA ☐ Emerg	ded dment	#	lino	Ci	treet Address 90 West M ity, State, Zin Rahway, N	lilton Ave		ASBEST	OS C			18
(NJAC 5:23-8) justification Cancel	ation)	inoluc	mig	1000	ame of Conta			Telephone No	ımher			
L Cancer	nation				Alex Baylo	INFORMATION						
Name of Facility Where Abatement is	s Takir	ng Pla	ice (3)		FACILITY	INFORMATION	Type of Facility	(4)				
Rahway Central Office							School (K-1	2)				
Street Address							Subchapter Other (i.e., r	8 (Other than K- private and comm	12)	huild	inae	
90 West Milton Ave							homes, etc.		ierciai	Dung	iriys,	
City (5)							Square Feet	# of Floors		Bldg.	Age	
Rahway							40,730	3		+-	50	
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Name of Monitoring Firm Hired by Bu	italiaa	O	- (0)	1000	N. F. S. I.	In the						
USA Environmental Managem			r (8)	ASC	CM No.	Name of Abatem						
Street Address	ient i	nc.					VIRONMENTA	L, INC.				
8346 Enterprise Avenue						Street Address 1123 BEAVE	STREET					
City, State, Zip Code							And and the second waster					
Philadelphia, PA, 19153						City, State, Zip Co BRISTOL, PA						
Project Manager for Monitoring Firm			Te	lephon	ne No.	Telephone No.	15007	License No.				
Mark Jenkins			1		55810	215-788-6040		00509				
Start Date (10)	Sched	duled			Date (11)	Name of OSHA M	onitor	00000				21112
_04 / _10 / _17					17	BRISTOL EN		., INC				
Occupancy Status During Abatement (	(Check	k only	one)			Street Address						
Facility Closed/Vacated During Enti						1123 BEAVER	STREET					
Abatement Performed Outside of N     Time of Abatement: AM						City, State, Zip Co	de	49				
	' "	0.00	21. IAI-T	.00//	VI	BRISTOL, PA	19007					
Scope of Work (Check all that apply)			enovat emoliti			Mini-Encle     Glovebag	Procedure					
		le	Loca	tion	T	□ Non-Exem	pled (*) and Non	-Friable Procedu				
Location of		1	Norma	lly		Description of			-	atem		-
Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	1)	Ma	ed Sole intena todial (12)		(i.e.	stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneou	sulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	-	Yes	No	N/A	-			20110-20100			(D	
asement Power Room					VAT/Mas	share the same of		144 SF				
asement Adjacent Rear Stairwe					VAT/Mas			105 SF				
asement - 1st Floor Stairwell Lar	-				VAT/Mas			45 SF				
f Floor Stairwell Hallway/Landin	ig		Ц.		VAT/Mas	Secretary Control of the Control of		120 SF				
ame of Registered Waste Hauler SERVICE TRANSPORT GROUP,	INC.		H	auler II	D No.	Waste	Name of Register MINERVA LA					
y, State				20990		6 Disposal Date	City, State					
NEW CASTLE, DE					1	TBD	WAYNESBUI	RG. OH				
mpleted By (Print or Type)	Title					Signature		/ Date	0	_		_
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	Telephone N	lumber	-		
cility (	(4)				
	2) 8 (Other than K private & comme # of Floors	rcial buil	dings		es,
	1-2	4	10+	3	
	or if being demol ntrol	ished)			
nt Cor	ntractor (9)				
nmei	ntal Services,	inc.			
le A 19	460				
	License 00836	No.			
nitor	Inc.				
. 55.,					
le		-			
	460				
osure Proc	ent with Negative edure (*) and Non-Fria			e	
			Abate		
))	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		_	-		

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Date of Notification (1) 4/11/2017					f Building Services		perato	r (2)			AP	H A	-	201	1
Agencies Notified  × EPA	Type Notification  X Initial	1		Street A Ten P	ddress eachtre	e Place	, Suit	e 1000		AS	BES	TOS	CC	NTF	ROL
DEP X DOL	Amended Amendmen	t #			ate, Zip C							16.5	NS	MI.3	
⊠ DOH □ DCA	Emergency justification	)	1	Name o	f Contact Quinn (		or Ow	nor)		Telephor	ne Num	ber			
□ bca	Cancellation	1		TO THE OWNER OF THE OWNER OWNE	LITY INF			ner)						-	
Name of Facility Where A Elizabeth Gas Plant	batement is Takin	ng Place (3) and Office	e B		PILL HAL	OKMAII	ON	(present)	of Facility (	,		-			
Street Address 300 3rd Avenue							-	T S	chool (K-1 lubchapter ther (i.e. p	2) 8 (Other that rivate & com	n K-12) mercia	l buile	dinas	. home	es.
City (5)								e e	tc.)				-		
Elizabeth								Square 9,900	)	# of Floor		4	ildg. A	ige	
County (6) Union					Code (7) USE ONLY	)			t Use (Price and cor	or if being de atrol	molishe	ed)			
Name of Monitoring Firm EHS Environmental,		Owner (8)	- ha	ASCN	1 No				ement Con vironmer	tractor (9) ntal Servic	es, In	c.			
Street Address 411 Southgate Cour	t, Suite E							Address Ridge R							
City, State, Zip Code Mickleton, NJ 08056				-			City, S	State, Zip		460					
Project Manager for Monit				Telephor			Telep	hone No.		Lice	nse No				-
Start Date (10)		Scheduled	Con		24-0080 Date (11)		-	933-43 of OSH	A Monitor	800	36				
4/27/2017	11.1	5/19/201	17						v. Svcs.,	Inc.					
Occupancy Status During  X Facility Closed/Vacat				ion!				Address idge R							
Abatement Performe Other – Describe:	d Outside of Norr	nal Facility I	Hours	)		_		State, Zip	Code e, PA 19	460		-			
Scope of Work (Check All	That Apply)							-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	nova molit					Mini- Glov	Enclosure ebag Proc					۵	
		ls L	ocati	on	*					1			Abate	ement	
Location		No Used	rmal				cription						Ту	pe	
Asbestos-Containing N <u>TO BE ABA</u> In Facility (13)	TED	Main Custo	tenar	nce/		tos Conta thermal s surfac other m	system ing, VA	s insulati T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										fe	
see attach	ned					- 12-2-2	134								
Name of Registered Waste	e Hauler		N	JDEP W	aste	Cubic Y	'ards		Name of F	Registered La	ındfill			- Anna Anna Anna Anna Anna Anna Anna Ann	
Horizon Disposal			1.50	auler ID I )416	No.	of Wasi	te			S/Tulleytov		ndfill			
City, State Fairless Hills, PA			-			Disposa 5/2017			City, State Morrisvil						
Completed by Jeff LaRiviere		Title Pres.					hature				Date 4/1		17		
							1				1		200		

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Personal Company of the Company of t		1	management and an appropriate to the said
Tab	e 1.0: List of Ashestos-Containing Materials	ASPESTOS	CONTROL
Material	Location	Estimated Quantities	% Asbestos

	Control Room		
Generator Exhaust Pipe Insulation	Generator Room	50 LF	36% Chrysotile
Elbow Joints associated with Exhaust Pipe	Generator Room	10 LF	32% Chrysotile
	Office Building	-	
f inoteum, Brick Pattern	Security Office	200 SF	3% Chrysotile
l'x1' Floor Tile, Blue with White	Bathroom Storage	200 SF	11.6% Chrysotil
	Hallway into Building Extension	100 SF	3% Chrysotile
9"x9" Floor Tile, Grey with Black Mastic	Shape Up Room	500 SF	(Floor Tile)
7 x5 Floor File, Grey with Black Mastic	Control Room	200 SF	2% Chrysotile
	2 <sup>nd</sup> Floor Office #2	200 SF	(Floor Tile)
Flat Roof Membrane	Exterior Roof - Flat Roof	1,500 SF	70% Chrysotile
Window Caulk	Exterior	100 LF	5.9% Chrysotile
Flashing	Exterior Roof - Flat Roof	160 SF	8% Chrysotile

## State of New Jersey

Ch 3894	0	NOTI				BESTOS ABAT C 8:60 and 5:16		D) EG		<u> </u>		Farmer .
Date of Notification (1)	18 /	17				g Owner/Op <mark>e</mark> rator (2 May Regional S		J APR	2 1	201	7	The state of the s
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DOH	Type Notifica Initial Amended Amendme			687 City, S	Address Route 9	Code	and the second s	ASBESTO LIC	S CC ENS		ROL	8.
DCA (NJAC 5:23-8)	☐ Emergence justification ☐ Cancellation	on)		Name	of Contac e Aliano			Telephone Numb	er		-	
				FAC	CILITY IN	FORMATION		•	7			
Name of Facility Where A Lower Cape May Re Street Address			(3)							ilding	S,	
687 Route 9							homes, etc.)	T., (5)		1		
City (5)							Square Feet	# of Floors		dg. Ag	ge	
Cape May			-	0	t. O. d. (7	VOTATE LIGE ONLY	20,000	3		80		_
County (6)				Coun	ty Code (/	)(STATE USE ONLY)	School	or if being demolis	nea)			
Cape May	Line of her Devilo	line Owner /	0\ T	ACCM	NI-	Nome of Asstance						
Name of Monitoring Firm I	7.0	ing Owner (	0)	ASCM	NO.	Name of Abateme						
AHERA Consultants	s, Inc.						onmental, LLC					
Street Address						Street Address	,anua					
PO Box 385			-			623 Cutler Av				_		-
City, State, Zip Code	1					City, State, Zip Co						
Oceanville, NJ 0823			Tale		Ma	Maple Shade	, NJ 00052	Linanaa Na	-			
Project Manager for Monit  John Smoyer	oning Film			ephone I <b>09-652</b> -		Telephone No. 856-755-0099		License No. 00842				
		'abadulad C			and the same of the same of	Name of OSHA M		00042				
Start Date (10) 05 /26 /	17		_3	1 / _		EMSL Analyti						
Occupancy Status During						Street Address						
☐ Attached Books						200 Route 13						
Abatement Performed Time of Abatement:		All the state of t				City, State, Zip Co						
Scope of Work (Check all	that apply)					П	-1	D				
≥3 sf or ≥3 If     ≥160 sf or ≥260 If		⊠ Rei □ Der	novat			Mini-Encl     Glovebage	g Procedure	n-Friable Procedur	_			
	-	110	Loca Iorma						Ab	ateme	ent Ty	/pe
Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM TED	) Use Mai	d Sol	ely by ance/ Staff?		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
				-	n. =::			2015				
Team Locker Room			$\boxtimes$		Pipe Fit	ttings (Wrap & C	ut)	32 LF		Ш	ш	ш
											Ш	Ш
Name of Registered Wast Freehold Cartage	e Hauler		100	NJDEP V Hauler ID 15939	No.	Cubic Yards of Waste	Name of Regist Cape May	tered Landfill County Landfill				
City, State Freehold, NJ						Disposal Date 05/31/2017	City, State Woodbine,	NJ				

Completed By (Print or Type)

Christina Lynch

Vice President of Operations

Signature

Title

Date

41817

## Ch 13334n38518

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te of Notification (1) 4/17/2017		Na C	ame of Buil Secelia M	ding Owner aher	i		APR	2.1	2017	1					
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EPA Initial		C	ity, State, 2	Zip Code				****		SPESTO LIC	ENSI	NI I	OL		
DEP Amended Amendment #		L	Jnion, N.	07083					Tolor	nhana Nicosh					
1 DOH justification)	cluding	5552	ame of Co Cecelia N					,	1 2					il.	
DCA Cancellation		1		Y INFORM	ATION		- · · · ·	a ailitu (A)						_	
ame of Facility Where Abatement is Taking	Place (3)						Type of F	acility (4) ool (K-12)							
louse						$\dashv$	Sub	chanter 8	Othe	r than K-12) commercial	huildin	as ho	mes.		
treet Address							× Othe			1000					
tity (5)							Square F N/A	eet	# of N/A	Floors	N/A	g. Age \			
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ounty (6)		(	County Coor	ONLY) _		-	House							_	
Jnion Jame of Monitoring Firm Hired by Building O	wner (8)	-	ASCM N	lo.	Na	ame	of Abatem	nent Cont	ractor	(9)					
V/A	7.1125-47 F.173. <b>6</b> 7.1389						Abatem	ient, inc	<i>.</i> .						
Street Address		Street Address 11 Rosengren Av							Avenue						
2 - Zin Codo					Ci	ity, S	State, Zip	Code							
City, State, Zip Code		Totowa, NJ 07512								License N	0.			_	
Project Manager for Monitoring Firm			Telephone	No.			none No. -345-868	35		01311					
	Scheduled	Cor	npletion Da	ate (11)	N	lame	of OSHA	Monitor							
Start Date (10) 04/27/2017	04/28/20						Abater	nent,Inc						-	
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Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Ab	ater	ment s		C	City,	State, Zip	Code							
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≥160 sf or ≥260 lf							Non-	Exempte	d (*) a	nd Non-Fria	ble Prod	cedure	9		
	ls l	loca	ition									Abate Ty	meni pe	,	
Location of		orma	ally lely by	A - b t -	Desc	criptio	on of Material	(ACM)		Amount			П		
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	nten	ance/	(i.e. th	nermal s	yste	ms insulat	ion,		(Specify SF or LF)	Remova	Repair	ncaps		
In Facility	Custo	(12			other mi	ng, \ scel	VAT, or laneous)			o ,	oval	pair	Encapsulate	81100	
(13)	Yes	No	N/A										(0)	1	
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Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic \ of Was		S			istered Land nagement					
D&S Abatement, Inc.			20996		TBD					agomont					
City, State Totowa, NJ					Dispos TBD	al D	ate	City, St Tullyt	own,		Data				
Completed by	Title			-	S	igna	iture	A)			Date 04/17	/201	7		
Ned Joksimovic	Proje	ect	Manager					V/0							

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Date of Notification (1) 04/17/2017			ne of Buger Do	uilding Owner/O bson	perator	(2)	1	L. Li	APR	< 1	۷0	11	
Agencies Notified Type Notification		Stre	eet Addr	ress				1	ASBEST			ROL	8
× EPA × Initial Amended Amendment	#			Zip Code r, NJ 07042			i.	inches (1800)	1.15	DENO	HAC		
DOH justification)	including	Na	me of Co	ontact				Teler	hone Num	ber			-30
			FACILI	TY INFORMATI	ON	T	of English (4)						-
Name of Facility Where Abatement is Takin House	g Place (3)						of Facility (4) School (K-12) Subchapter 8	Othe	r than K-12)	)			
Street Address						×	Other (i.e. privetc.)	vate &	commercia Floors	il buildir	ngs, h		
City (5) Montclair						N/A		N/A		N/	-		
County (6) Essex		Co	ounty Co	ode (7) SE ONLY)		Hou				ea)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM I	No.	D&S	S Aba	atement Contr tement, Inc		(9)				
Street Address					11 F		ngren Aven	ue					
City, State, Zip Code					City,	State, owa,	Zip Code NJ 07512						
Project Manager for Monitoring Firm		Te	elephone	e No.	973		8685	II	License N 01311	0.			
Start Date (10) 04/28/2017	Scheduled 04/29/20		letion D	ate (11)	D&5	S Aba	SHA Monitor atement,Inc						
Occupancy Status During Abatement (Che	eck Only One)					et Addr	<sub>ess</sub> ngren Aven	ue					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Occupied	Period of Aba mal Facility H	ateme ours	ent		City,	State,	Zip Code NJ 07512						
Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novati				H	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			cedur	е	
	2,721,773	ocatio									Abate Ty	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan	y by ice/	Asbestos Co (i.e. therm	Descriptiontaining nal system facing, \ er miscel	g Mate ems ins VAT, o	sulation, r	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
December	Yes	No X	N/A	Во	iler ins	ulatio	on	3	32 SF	x			
Basement													
										+	-		
Name of Registered Waste Hauler		H	IJDEP V lauler ID	Value -	bic Yard Waste	ls			tered Land agement				
D&S Abatement, Inc.  City, State		2	0996		sposal D	ate	City, Sta		PA				
Totowa, NJ Completed by	Title	o+ N/I	anage		Signa	iture	FW	^		Date 04/17	/201	7	
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New Chec	K# 050	28	NOTI	FICATIO	State of Ne ON OF ASI Int to NJAC	BESTOS	ABATE	MENT			) E	G		N 10	7 [		
Date of Notification (1	)			Name	of Building	Owner/	Operator	r (2)		111		U	L	[] [V			
4/18/17					eywell					) p.	· \\						
Agencies Notified	Type Notificatio	n		Street	Address						11 L APR 2 1 2017						
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DCA	Cancellation																
Name of English When	o Abatamantia Tali		(0)	FAC	CILITY INF	ORMAT	ION										
Name of Facility When Commercial Bldg	e Abatement is Taki	ng Place	(3)					Туре	of Facility	(4)							
Street Address									School (K	-12)							
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n/a							100000000000000000000000000000000000000	Addres	3.36.7					.1000			
City, State, Zip Code									ade Ave								
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Project Manager for Mo	onitoring Firm			Telepho	no No		_		JJ 0702	0							
n/a	and the second			n/a	me No.		Telephone No. 973460.6026				License 01255	No.					
Start Date (10)		Schedu	led Cor	100000000000000000000000000000000000000	Date (11)		Name of OSHA Monitor				01255						
4/17/17		5/15/			2410 (11)		Harmony Contracting Inc										
Occupancy Status Duri	ng Abatement (Che	ck Only O	ne)					Addres		ing inc							
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Abatement Perform	med Outside of Norr	nal Facilit	y Hours	ioni S		-	City, St										
Other - Describe:									J 07026	3							
Scope of Work (Check	All That Apply)						•										
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(13)	).		(12)			other m	iscellane	eous)				Remova	pair	Encapsulate	Enclosure		
		Yes	No	N/A								_		ate	Ф		
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ame of Registered Wa	ste Hauler		N.	JDEP W	aste	Cubic Y	ards		Name of	Register	ed Landfill						
armony Contractir			Ha	auler ID 33137	5500	of Wast			GROW								
ity, State				Disposal Date			te City, State										
arfield, NJ							TBD Morrisville										

Completed by

Tina Caporino

Title

Secretary

Date

4/18/17

Sigrature

### 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) Name of Building Owner/Operator (2) 04/12/17 RBG Hightstown LLC Agencies Notified Notification Type Street Address ☐ Initial notification ASBESTOS CONTROL & 3930 Flagler Drive #202 ☑ EPA ☐ Amended City, State, .Zip Code LICENSING □ DCA West Palm Beach Florida X DOL ☐ Cancelled Talaabaaa Alumbar Name of Contact: X DEP Ryan Cowell **MDOH** 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 3 100 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) N/A 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  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ⊠Renovation ☑ Mini-Enclosure  $\boxtimes$  > 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 Enclose (12)misc.) YES NO NA Building 3 Bridge-2nd Floor X TSI 216 LF X Building 4-1st Floor X Transite 1,900 SF X X VAT Debris (bags) 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 Vasilio President Nedo Vasilia 04/12/2017

				(Purs	uant to	NJAC 8:60	and	12:120)	1	NEG	E I	W	E	In			
Date of Notification (	1) April 18, 20 April 4, 2017			Nar Atla	me of Build	ding Owner /	Operate	or (2) enter			TICON II		-				
Agencies Notified	Type Notifica	tion			eet Addres					H AFT	1-1-1	201		Zumas) puri			
□EPA □DEP				192	5 Pacific	Avenue				ASBEST	os co	NTR	OL.	<u> </u> &			
DOL	Initial			City	, State & 2	Zip Code					ART CARREST CO. CO.	1					
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	Canc	enation	53		liam Mala						relepho	ne Ni	ımbe	er			
					ACILITY	Y INFORM	ATIO	N									
Name of Facility Whe AtlantiCare Regiona			ig Place (3	3)		Тур											
Street Address							Subc	chapter 8 (Oth	er than K-12	2)							
1925 Pacific Avenue	•						Othe	er (i.e., privat	te & comm	ercial build	ings, ho	me, e	etc.)				
011 (5)						Sq											
City (5) Atlantic City, NJ						0		(D-i if I - i			1	18 Ye	ars				
3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -								se (Prior if bei	ng demolish	ned)							
County (6) Atlantic			County C USE ONL														
Name of Monitoring F Hillmann Consulting		uilding (	Owner (8)		ASCI	시기 : 이 맛있다.			ntractor (9)								
Street Address 1600 Route 22 East,	Sto 107																
City, State & Zip Code																	
Union, NJ 07083									08087								
Project Manager for M Stephen Cherepany	Nonitoring Firm			Telephon 908-688-7	e Number	1992000				License N							
Scheduled Start Date	(10)	Schedu	led Comp								0081	7					
April 14, 20	017		Ĵ۱	ine 14, 20			Synatech, Inc.										
Occupancy Status Du Facility Close	ring Abatemen ed/Vacated Dur				nent		Street Address 829 Radio Road										
Abatement P	erformed Outsi	de of N	lormal Ho	urs		City	, State	& Zip Code				0.500					
Other - Desc	cribe: pied During Ab	atemen	nt			Litt	le Egg	Harbor, NJ (	08087								
Scope of Work (Check																	
	it an arat apply)						ī	M Eull Conto	in an a má codáb	Nanati - Da							
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			1	1		oro	ther mi	iscellaneous)			emo	₹ер	aps	1Clo			
			Yes	No	N/A						oval	air	sulate	sure			
I <sup>st</sup> Floor					Х		Ceiling	g Plaster		300 SF	X						
st Floor					Х	Flo	or Tile	and Mastic		390 SF	X						
th Floor Wellness Ha					X					30 SF	X						
Sub-Basement Chille	-				X					120 LF	X						
Name of Registered W	vaste Hauler		Hauler	Waste ID No.		Yards of Wa	ste		33.	Landfill							
Synatech, Inc. City, State				27429	20 Diana	nol Dete											
orly, otate					Dispos	sal Date		City, State	е								
ittle Egg Harbor, NJ	08087				June '	15, 2017		Morrisvil	le, PA								
Completed By		Title			Signat	ture <	11		Date		4.00						
Diane Aloia		Execu	tive Admi	nistrator	A	(Ane 1)	ASBESTOS CONTROL & LICENSING  Code J 08401  It   Telephone Number    It   Telephone Number    It   School (K-12)    Subchapter 8 (Other than K-12)    Other (i.e., private & commercial buildings, home, etc.)  Square Feet   # of Floors   Bidg. Age   118 Years    Current Use (Prior if being demolished)    Hospital    It   Hospital										

Date of Notification (1)	) April 4, 2017					Owner / Operator ional Medical Cent		10 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	1 400	e .	001	7	1 1 1
Agencies Notified	Type Notification	n		Street A	ddress			. [1]	L. AFR	£ 1	ZUI	í	14
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DOL				City, Sta	ate & Zip	Code		<u></u>	LIC	ENSI	K)		$\dashv$
<b>⊠</b> DOH	Amenda	ed ment#		Atlantic	City, NJ	08401							
DCA	Cancell			Name o	f Contact				Tel	ephone	Nun	ber	
				William	Malazita	a							- 1
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Name of Facility Whe			ace (3)			Type of Faci							
AtlantiCare Regional Street Address	Medical Center	Г					*	er than K-12	)				
1925 Pacific Avenue									ercial buildings	, hom	e, et	c.)	
						Square Feet		f of Floors		g. Age	Control (II)		
City (5)										118	3 Yea	rs	
Atlantic City, NJ						Current Use Hospital	(Prior if bei	ng demolish	ea)				
County (6) Atlantic			inty Code E ONLY_	(7)						-			
Name of Monitoring F		ding Own	er (8)		ASCM N			ntractor (9)					
Hillmann Consulting Street Address	, Inc.					Synatech, In Street Addre		-			-01-11E		$\neg$
1600 Route 22 East,	Ste 107					829 Radio F	Road						_
City, State & Zip Code	9					City, State & Little Egg H		08087					
Union, NJ 07083 Project Manager for N	Monitoring Firm		Tel	ephone N	umber	Telephone N			License Num				
Stephen Cherepany				-688-780									_
Scheduled Start Date April 14, 2		cheduled		on Date (1 14, 2017		Synatech, In							
Occupancy Status Du	ring Abatement	(Check on	ly one)			Street Addre	ess			National Control			
	ed/Vacated Durin				t	829 Radio F							
	Performed Outsid	le of Norm	al Hours			City, State & Little Egg H		00007					
Other – Des	cribe: ipled During Aba	tement				Little Egg F	iaiboi, No	00001					
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177770	cation of ining Material (A	CM)		on Norma y Mainten		Asbestos-	otion of Containing	A	mount (Specify	1	atom	, iii. i	ype
	E ABATED	J,		dial Staff			I (ACM)		SF or LF)	-			
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	(10)					or other mis	cellaneous	)		Remova	Repair	Encapsulate	Enclosure
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1st Floor					Х	Floor Tile	and Mastic	:	390 SF	X			
										-			
	Manta II		MIDEDI	Mosto	Cubia	Yards of Waste	Name	of Registered	Landfill				
Name of Registered	vvaste Hauler		NJDEP I	O No.		i alus ul vvasic	Fairles						
Synatech, Inc. City, State			27	7429	20 Dispos	al Date	City, St	ZURIENIS/S					
7.2	11 00007				Juno 4	15, 2017	Morrie	ville, PA					
Little Egg Harbor, N Completed By	13 0808/	Title			Signati		Imonis	Date					
		Fu		laturate -	1 ( )	Ane Clor		Apri	1 4, 2017				
Diane Aloia		Executiv	e Admini	strator	100			IMPII	17, 2011	-		-	

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Date of Notification (1) 04/13/2017					Building Own	ner/Operat	tor (2	2)	10000	U L A	PR	2 1	201	7	
Agencies Notified	Type Notification		S	Street Add			10000			ASBES	TOS	3 CO	NTR	01.8	
X EPA X DEP X DOL	Amended	#			e, Zip Code Park, NJ						JICE	MSII	ЧG		
× DOH □ DCA	Emergency ( justification)		N	Name of C	Contact					Telephone I	Mumh				
_ box				FACILI	ITY INFOR	MATION						(III)			
Jacksonville Chape		g Place (3)						☐ S	of Facility (4) chool (K-12 ubchapter 8	) (Other than h	(-12)				
Street Address 264 Jacksonville Re	oad				- 22		- 1	× C e	ther (i.e. pri tc.)	vate & commi	ercial				1
City (5) Lincoln Park								Square 10,00	00	# of Floors		50	lg. Ag )	e 	
County (6) Morris				County Co	ode (7) SE ONLY)			Currer		if being demo	olishe	d)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Cont ntracting,						
Street Address								Addres Clifto		e, Unit 365					
City, State, Zip Code							700		p Code 07470						
	The state of the s			Telephon (973) 6	e No.		Telephone No. License No. (973) 450-9500 01036								
Start Date (10) 04/15/2017		Schedule	d Com	,		Na		A Monitor	Inc.						
	ng Abatement (Che							Addres		e, Unit 365					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A mal Facility	batem Hours	nent		Cit	ty, St	tate, Zi	p Code I 07012	5, OTHE 000					
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	All That Apply)		enova				×	Mir	i-Enclosure vebag Proc					•	
		3	Locati Iormal	0.000			Description of			Impled ( ) and North			Abate Ty	ment	
Asbestos-Containing TO BE AB In Fac	Notified	Use Ma	d Sole intena todial S (12)	ly by nce/	(i.e. t	beschip os Containi hermal sys surfacing other misc	ing N stems g, VA	faterial s insula T, or		Amount (Specify SF or LF)	ì	Removal	Repair	Encapsulate	Enclosure
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First Floor B	Bathroom		^		Viiiy	1110011	1103	Q IVIC	13110	.02 0.					
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) APR 21 2017 Name of Building Owner/Operator (2) Date of No St John the Baptist Church Check# 2997 4/12/2017 ASBESTOS CONTROL & Street Address Type Notification LICENSING Agencies Notified 239 Anderson Avenue Initial **EPA** City, State, Zip Code Amended DEP Fairview, NJ 07022 Amendment #\_ X DOL Telephone Number Emergency (including Name of Contact justification) Father Jose Gamba DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Apatement is Taking Place (3) School (K-12) St John the Baptist -Old Cafeteria Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address 239 Anderson Avenue etc.) Bldg. Age # of Floors Square Feet City (5) Fairview Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Church BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) **EA Services Corporation** N/A Street Address Street Address 426 69th Street City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07093 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01074 201-295-1700 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same as above 4/14/17 4/13/17 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Starting at 4:30 PM Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Type is Location Normally Description of Amount Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify Removal (i.e. thermal systems insulation, Repair Maintenance/ Custodial Staff? SF or LF) TO BE ABATED surfacing, VAT, or In Facility other miscellaneous) (12)N/A No Yes 3 SF X Plaster X Old Cafeteria Room Name of Registered Landfill Cubic Yards NJDEP Waste Name of Ragistared Waste Hauler of Waste Cumberland Landfill Hauler ID No. 15939 tbd Freehold Carting City, State Disposal Date Newburg, PA City. State TBD Freehold, NJ Date Signature Title 4/12/2017 Completed by uld Office Manager Gina Betances

\\Print Form

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

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

			vork. Please type o			PENSING
	I. NOT	TIFICATION INFORM	IATION			
Date of Notification:  ☑ Initial ☐ Amended  Type of Work: ☐ Demol			st include justificatio	n)		
	II. B	UILDING INFORMA	TION			
Name of Building Owner/Op	perator:	Van	essa Saunders			
Street Address:	С	city: Willingboro	State:	KI I	Zin·	08046
Name of Contact: Vanes	ssa Saunders		Telephone N			
	W. F	ACILITY INFORMAT	TION		En	
Name of Facility Where Wor	k Activity is to Take Place:		Saunders Res	idence		
Describe Facility Use:		Resid	ence			
Street Address:	Ci	ity: Willingboro	State:	NJ	Zip:	08046
County Name: Burlingtor			e (State Use Only):			
and the second s			1			
Scheduled Start Date: 5  Occupancy Status During  X Facility Closed/Vacated D	Activity (check only one):	_ Scheduled (	Completion Date:		5	/ 2017
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