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

CHECK# 1735

Date of Notification (1) 04/20/2018		Name JAC	of Building Owne	r/Operator	(2) AN METHODIS	3					
Agencies Notified Type Notific		Street 311 E	Address ELBO LANE			I)EC		(1) (1)		2	
Emerg	ment #ency (including	MT. L	tate, Zip Code _AUREL NJ (of Contact	08054		AF			118		
DOH justifica		EAN	FRANK			Telephone I 856-304-	3651			1	
Name of Facility Where Abatement is OLD MEETING HOUSE	Taking Place (3)	FAC	ILITY INFORMA	TION	Type of Facility (e (2.75.0° 2. ee)	sawar.	
Street Address 318 ELBO LANE					School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Other than K rivate & comme	-12) rcial bu	ildings	s, hom	nes,	
City (5) MT. LAUREL					Square Feet 1500	# of Floors		Bldg. 100-			
County (6) BURLINGTON		County (STATE	Code (7) USE ONLY)		Current Use (Pric	or if being demo	ished)				
Name of Monitoring Firm Hired by Buil ACER ASSOC.	ding Owner (8)	ASCI	M No.	Name ASS	of Abatement Con URED ENVIRO	tractor (9) ONMENTAL	SERV	ICES	INC).	
Street Address 1012 INDUSTRIAL DRIVE					Address CLEMS RUN				,		
City, State, Zip Code WEST BERLIN NJ 08091				City, St MUL	ate, Zip Code LICA HILL NJ	08062					
Project Manager for Monitoring Firm MATT DEPALMA		Telepho 856-8	ne No. 09-1202		one No. 304-4676	License 01145					
Start Date (10) 04/30/2018	Scheduled 0 05/04/20	Completion	Date (11)	Name of EMS	of OSHA Monitor						
Occupancy Status During Abatement (1751				Address						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	tire Period of Abat Normal Facility Ho	ement urs		City, St	RT. 130 NORTI ate, Zip Code JAMINSON NJ			- 0. 21771a			
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(merred	vation olition		\ \frac{1}{2}	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	Is Loc				14011-Exchipted	() and Non-File	able Pic	Abat	ement	t	
Location of Asbestos-Containing Material (ACM	Norm Used So	olely by	De Asbestos Cor	escription of	of	A		Ty	уре	П	
TO BE ABATED In Facility (13)	Custodia (12	I Staff?	(i.e. therma surfa	al systems acing, VAT miscellane	insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
FIRST FLOOR	Yes No		NE	CLOOD:	Tu =				te	(b)	
111011 20011		X	NF1	FLOOR	TILE	640 SF	X				
Name of Registered Waste Hauler		NIDEDII									
ASSURED ENVIRONMENTAL	SERVICES	NJDEP W Hauler ID 0034895	No. of Wa	Yards aste	100000000000000000000000000000000000000	egistered Landf /A LANDFILL					
City, State MULLICA HILL NJ				sal Date 4/2018	City, State WAYNE	SBURG, OH					
Completed by RON SWANSON	Title GENER	AL MANA	AGER	Signature							

PAID

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

Date of Notification (1) 04/20/2018				Nam Gan	ne of Building Owner, wood Developers	Operator (2) / Associated, LLC		C	eck#	5120	
Agencies Notified ☐ EPA ☑ DEP ☑ DOL	Type Notification ☐ Initial ☑ Amended			820 City,	et Address Morris TPKE State, Zip Code	v A	2 5 2018	4	3/30		
⊠ DOH □ DCA	Amendment # Emergency (ii justification) Cancellation	ncluding		Nam	rt Hills, New Jerse e of Contact Matarese	y 0-010	Telephone N 732-580-909	lumber			
Name of Facility When Former Millen Indus	e Abatement is Taki tries Inc/Malcote I	ng Place	(3)	F	ACILITY INFORMAT	Type of Facility (4)					
Street Address 75 North Avenue						☐ School (K-12) ☐ Subchapter 8 (Oth ☑ Other (i.e. private	er than K-12) & commercial bui	ldings,	home	s, etc.)
City (5) Garwood, New Jerse	әу					Square Feet 40,000	# of Floors		Bldg. 50+	Age	
County (6) Union					ty Code (7) TE USE ONLY)	Current Use (Prior if be	ing demolished) strial Building				
Name of Monitoring Fir Sky Environmental S	m Hired by Building Services	Owner (8	3)	AS	CM No.	Name of Abatement Co Lilich Corporation	ntractor (9)				
Street Address 140 Boulevard						Street Address 606 McBride Ave					
City, State, Zip Code Mountain Lakes, Nev	mindred with the second condition of					City, State, Zip Code Woodland Park, New	Jersey				
Project Manager for Mo Leon Shereshevsky	onitoring Firm				hone No 558-4821	Telephone No. 973-225-8400	License 01104	No.		10.75	
Start Date (10) 04/15/2018		06/15/2	2018	mpletio	on Date (11)	Name of OSHA Monitor Iris Environmental La	boratories, LLC				
Occupancy Status Duri	ng Abatement (Chec	k Only O	ne)			Street Address					
□ Abatement Perform	cated During Entire ned Outside of Norn Will be working w	nal Facilit	v Hours	2	ls	2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check /											
□ ≥3 sf or ≥3 lf 図 ≥160 sf or ≥260 lf			Renova Demolit			☐ Mini-Enclosure☐ Glove Bag Pro	ent with Negative coedure / Limited of d (*) and Non-Fria	Contail	nment	&Ten	nt
			Is				() und 14011-1 lia	DIETTO	COMPANIE OF	emen	t
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) BATED Ility	Us Mai	location lormall ed Sole by intenan justodia No	y ely ce/	Asbestos Cont (i.e. thermal surfa other n	scription of aining Material (ACM) systems insulation, cing, VAT, or niscellaneous)	Amou nt (Specif y SF or LF)	Removal	Repair	e Encapsulate	Enclosure
3 rd floor,Bump-out (X	INIA	TSI debris clean		4====	+	-	w	
2 nd floor, Main Ware			^	-		•	150 LF	Х			
L st floor,around pape				-	Transite panels	n Risers(Wrap&cut)	18 LF	Х			
Roof A- main	er min machine	-		-	Roof flashing	•	2,750 SF	Х			
Roof B						(Non Friable) (tar) (Non Friable)	1,000 SF	X			
hroughout exterior	facades	-			Window Calk (24	12,000 SF	X			
itaircase 2 nd floor		+			Window Calk (I	-	470 SF 800 SF	X			
st/2nd Floor						ull Containment)	4808 SF	X			
rd Floor				-		ull Containment)	360 SF	X			
asement						ull Containment)	600 SF	^			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards	Name of Registered La	andfill
Lilich Corporation		18724	of Waste 녀0	Fairless Landfill	
City, State Woodland Park, New Jersey			Disposal Date 06/15/2018	City, State Morrisville, PA	- N
Completed by Adriana Olejarova	Title Presi	dent	Signature	GH	Date 04/20/2018

ASB-41 (R-06-08)

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



1	
1	Print Form
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QK.						NO	PEN			ı	Print		
		NOT	TFICATION	State of New Jers ON OF ASBESTO ant to NJAC 8:60 a	SABATE	EMENT (OTER	AT	10	N./	/ 500		
Date of Notification (1) 4/19//	8		Name PSE	of Building Owner	/Operato	or (2)	MI :		1	100	7/1/ 7/1/		
Agencies Notified Type Notification	n			t Address O HADLEY ROA	 AD		III APR	25	2018				
DEP X DOL Amended Amendmer Emergency	(includir	na	SOU	State, Zip Code JTH PLAINFIEL	D, NJ (07080	File of the second			- de			
DCA justification Cancellation	i) in					SON	Telephone N	umber	49	-2	12:		
Name of Facility Where Abatement is Taki	ng Place	(3)	17	CILITY INFORMAT	HON	Type of Facility	y (4)						
Street Address 444 SAINT City (5)	PAu	L	AVE	 Э.		Other (i.e etc.)	(-12) er 8 (Other than K . private & comme	-12) rcial bu	ilding	s, hon	nes,		
	: 14	•				Square Feet	# of Floors		Bldg. Age				
Name of Monitoring Firm Hired by Building	0	2)	(STATE	y Code (7) E USE ONLY)		Current Use (P	rior if being demol	shed)					
ENVIRONMENTAL TACTICS Street Address	Owner (B)	004	CM No: ' 45	UNIC	me of Abatement Contractor (9) NIQUE SYSTEMS OF AMERICA INC							
64 BROAD STREET City, State, Zip Code				,,,	396 \	Address WHITEHEAD	AVE.						
MATAWAN, NJ 07747 Project Manager for Monitoring Firm					SOU	itate, Zip Code TH RIVER, N	IJ 08882						
TOM GEIGER Start Date (10)	Cabad		732-2	one No. 290-2217	732-4	none No. 432-8350	License 01111	No.	89.822				
Occupancy Status During Abatement (Chec		41		Date (11)	UNIC		r IS OF AMERIC	A INC	D.		03112.4		
Facility Closed/Vacated During Entire	Period of	. ^	nent		396 V	Address NHITEHEAD	AVE.						
Scope of Work (Check All That Apply)	S	y nour	5			City, State, Zip Code SOUTH RIVER, NJ 08882							
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit		9		Full Containm Mini-Enclosur	nent with Negative	Pressu	re		i		
				T	×	Glovebag Pro		ble Pro	cedur	e			
Location of Asbestos-Containing Material (ACM)		s Locati Normali ed Solel	ly	Des	scription (of			Abate Ty	ement pe	t		
TO BE ABATED In Facility (13)	Cus	aintenar stodial S (12)	nce/ Staff?	Asbestos Conti (i.e. thermal surfac other m	aining Ma systems cing, VAT niscellane	insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
RooF	Yes	No	N/A							late	II'e		
NGO F		X		ACM ROOFING MATERIALS 1205F X									
Name of Registered Waste Hauler	1	N.	JDEP W auler ID	/aste Cubic Y		Name of	Registered Landfill						
City, State					- 21								
ELIZABETH, NJ Completed by				JISPOSE T/	The state of the state of	City, State MORRI	e SVILLE, PA						
CAROL RAIMO	Title OFFI	CE M	GR.	Siç	gnature	1 01		te 4/	19	1/2	5		

U OPEN Print Form	r
ABATEMENT NOTIFICATION	
Operator (2)	
D	
D, NJ 07080 ASS	
Telephone Number 732-749-2123	
ON Type of Facility (4)	
Type of Facility (4)	
School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Square Feet # of Floors Bldg. Age 52,000 2 AAA 108	
Current Use (Prior if being demolished) GAS HEADQUARTERS	
Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC	
Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code SOUTH RIVER, NJ 08882	
Telephone No. License No. 732-432-8350 01111	
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.	
Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code SOUTH RIVER, NJ 08882	
Full Containment with Negative Pressure Mini-Enclosure	

Agencies Notified PSE&G Agencies Notified Type Notification Steet Address 4000 HADLEY ROAD Amendment # 1 Emergency (including) Initial Amendment # 2 Emergency (including) Initial Amendment # 2 Emergency (including) Initial Amendment # 2 Emergency (including) Initial In	-			ICATIO	tate of New Je N OF ASBEST t to NJAC 8:60	OS ABAT		· N;	oFi	Fig.	T;	01)./. 			
EPA	Date of Notification (1) 4/19/18	>				er/Operato	or (2)	Control Statement	KI	NAME OF TAXABLE PARTY.				-1		
City State, Zip Code County (3) County Gode (7) County God						DAD				APR	25	201	8	name.		
DOH	DEP Amended	± /	f	City, St	ate, Zip Code		07090			And the second second second	· · · · ·	111.5	.:(.8			
Name of Facility Where Abatement is Taking Place (3) Street Address HAY SAINT PAUL AVE. City (5) County (6) County (7) County (8) Name of Monitoring Firm Hired by Building Owner (8) Sireet Address South Hired ADAVE. City, State, Zip Code WATAWAN, NJ 07747 Project Manager for Monitoring Firm To Mice (19) Scheduled Completion Date (11) Mane of Monitoring Abatement (Check Only One) Facility (Closed/Vocated During Entire Period of Abatement Abatement Performed Outside of Normally Used Solely by Maintenance/ City, State, Zip Code SOUTH RIVER, NJ 08882 Scheduled Completion Date (11) Project Manager for Monitoring Firm Telephone No. 732-290-2217 732-432-8350 O1111 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC. Street Address South RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Saf or ≥3 if Facility Closed/Vocated During Entire Period of Abatement Abatement Performed Outside of Normally Used Solely by Maintenance/ Custodial Staff? Custodial Staff	Emergency (i justification)				of Contact				Tel	ephone Nun	iber			- 1-		
Street Address 444 SAINT PAUL AVE. Street Address 444 SAINT PAUL AVE. City (5) Square Feet # of Floors Bidg, Age etc. City (5) Square Feet # of Floors Bidg, Age etc. Square Feet # of Floors Bidg, Age etc. Square Feet # of Floors Bidg, Age etc. Curry Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address 46 BROAD STREET Street Address 564 BROAD STREET Street Address 675 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Told GEIGER Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC. Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Told GEIGER Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC. Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Out Thours Scheduled Completion Date (11) Asternant Performed Outside of Normal Facility Hours Other — Describe: Out Thours SCOPE of Work (Check All That Apply) Star of 23 if Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) In Facility (13) Renovation Demolition Personance Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement (Specify Specification of Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Renovation Occupancy Status During Abatement Abatement Non-Exempted (*) and Non-Friable Procedure Abatement Non-Exempted (*) and				FAC			350	N	17	132-	74	19-	21	23		
Street Address City (6) JERSEY C:TY County (6) JERSEY C:TY County (7) Square Feat Square Feat For Floors Bidg, Age JERNIRONMENTAL TACTICS Street Address GA BROAD STREET Street Address GA BROAD STREET Scheduled Completion Date (11) City, State, 2 ip Code MATAWAN, NJ 07747 Telephone No. To Scheduled Completion Date (11) Street Manager for Monitoring Firm To Scheduled Completion Date (11) Abstement Performed Outside of Normal Facility Hours Other - Describe: Out Tooks Screet Address Scouth RIVER, NJ 08882 Scope of Work (Check All That Apply) Scheduled Completion Demolition I S Location Demolition Demolition Abstement Performed Outside of Normal Facility Jest Sole of Work (Check All That Apply) Scheduled Completion Abstement Performed Outside of Normal Facility Jest Sole of Work (Check All That Apply) Scheduled Completion Abstement Performed Outside of Normal Facility Jest Sole of Work (Check All That Apply) Assessor Containing Material (ACM) To BE ABATED In Facility (13) Renovation Abstement Systems insulation, (Specify Specify To BE ABATED County Code (T) Current Use (Prior if being demoilshed) Name of Abstement Contractor (S) Current Use (Prior if being demoilshed) Current Use (Prior if being demoilshed) Name of Abstement Contractor (S) City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 City State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Minte		Place (3)					12563 	700721 Marian							
County (e) TERSEY C'TY County (e) TUDSON (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address Street Address SWHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm ToM GEIGER Street Address Street Address Street Address SUJTH RIVER, NJ 08882 Project Manager for Monitoring Firm ToM GEIGER Start Date (10) Scheduled Completion Date (11) Will Start Date (10) St	Street Address 444 SAINT	Au	L /	AVE			×	Subchapte Other (i.e.	r 8 (Oth	er than K-12 & commercia	!) al buil	dings,	home	es,		
County (col. County (code (7) Current Use (Prior if being demolished) Carte Use (Only Code (7) Carte Use (7) Carte Use (Only Code (7) Carte Use (Only Code (7) Carte Use (Only Code (7) Carte Use	City (5)								1000000		1		-	 2		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS ASCM No: 0045 Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC Street Address 64 BROAD STREET 396 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm TOM GEIGER Scheduled Completion Date (11) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Other —	County (b)	1					Curre	ent Use (Pri	or if bei	ng demolish	ed)					
Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm ToM GEIGER Start Date (10) Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Check All That Apply) ≥ 3 sf or ≥3 If Location of Asbestos-Containing Material (ACM) IO BE ABATED In Facility (13) Renovation Demolition Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) IO BE ABATED In Facility (13) Yes No N/A AGM Roof i Ny MFTCR-NS I BO Si STreet Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro	Name of Monitoring Firm Hired by Building C	wner (8))					atement Co	ntractor	(9)			5 N	<u>ა</u>		
MATAWAN, NJ 07747 MATAWAN, NJ 07747							eet Address									
Project Manager for Monitoring Firm To M GEIGER				-					1 0888	2						
Start Date (10) Scheduled Completion Date (11)	Project Manager for Monitoring Firm TOM GEIGER					Telep	hone N	lo.		License No).					
Street Address 396 WHITEHEAD AVE. Street Address Safe with the process Street Address Safe with the process Safe w	Start Date (10) 4/18/18	Schedul	ed Con	npletion	Date (11)	Name	e of OSI	HA Monitor	S OF		INIC	6)	-			
Abatement Performed Outside of Normal Facility Hours Other – Describe: Out Normal Facility Hours Other – Describe: Out Normal Facility Hours Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type	I — Carlo de	257	ne)		70	Stree	t Addre	ss		TIVILITION						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Custodial Staff? (12) Yes No N/A ACM Roofing MATERIALS 130 5 F X No N/A Name of Parallels ACM Roofing MATERIALS 130 5 F X No N/A Name of Parallels Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Application Only Reputive Application Only Reputive Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempte	Abatement Performed Outside of Norma	al Facility	Abatem / Hours	nent i				G-Stration Strategies	AVE.							
Sa sf or ≥3 If ≥160 sf or ≥260 If Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type		S		4		SOL	SOUTH RIVER, NJ 08882									
Location of Asbestos-Containing Material (ACM) TO BE ABATED	≥3 sf or ≥3 If						Mini-Enclosure Glovebag Procedure									
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Acm Roofing MATERIALS 130 5 7		4					.,,,,	II-Excinpted) din	1 NOTI-1 Habit		Abate	ment			
ROOF X ACM ROOFING MATERIALS 1205F X	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Úse Ma	ed Solel intenar todial S	ly by nce/	Asbestos C (i.e. there	ontaining I mal system irfacing, V	Material ns insula AT, or		(S	pecify	Remo			Enclos		
		Yes	No	N/A		or 1111000110					/al	7	ilale	ııre		
Name of Davis Auto	Roo F		X		ACM Ro	Fing	MAT	FRIALS	12	.05F	X					
Name of Registered Waste Hauler NIDEP Waste Cubic Varde Name of Registered Load Ell																
Name of Registered Waste Hauler NIDEP Waste Cubic Varde Name of Registered Loads!!							SHIRT SALES									
Traine of registered Caridin	Name of Registered Waste Hauler		10000	Hauler ID No. of Waste						me of Registered Landfill						
Hauler ID No. of Waste FAIRLESS City, State Disposal Date City, State			00	000692061 APPX 20 F					City, State							
ELIZABETH, NJ TB MORRISVILLE, PA	ELIZABETH, NJ	9				TBL	S			E, PA						
Completed by CAROL RAIMO OFFICE MGR. Signature OFFICE MGR. Signature OFFICE MGR.		D. C. Santana	OFFICE MGR. Signature Vic. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						19	//	8					

NOTIFICATION"

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CR # 8857	1		CATION	ate of Ne OF ASB to NJAC	ESTOS	ABATE	MENT	- 1		Fica	Ti	0 /) //	
Date of Notification (1) 4/5/18	٧-		Name o	f Building G	Owner/0	Operator	(2)			723 7 22 (23	NG G	17.2 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0		-
Agencies Notified Type Notification			Street A		(DO A)				4.5	5 6 5 6	010	and an article		
EPA X Initial Amended		-		HADLE		D			AP	R 25 2	2018		1	
× DOL Amendment #		_		H PLAII		D, NJ 0	7080	l L	marke e	7 De 200 C				
□ DOH □ DCA □ DCA □ Emergency (in justification) □ Cancellation	ncluaing			f Contact			Sa	<i>λ</i>	Tele	ephone Num	nber 74	19-	21	23
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INF	ORMATI	ON	Туре	of Facility (4)			-	-	_
PSEXG		55 55		Language de la company				School (K-1	2)					
Street Address 444 SAINT P	Aul	_ /	1VE				×			er than K-12 commercia		dings,	home	es,
City (5) JERSEX C:	7.1	.,,,						re Feet	# of	Floors	111111111111111111111111111111111111111	ldg. A	300	3
JERSEX Ci	17			Code (7))		Curre	nt Use (Pri		ng demolish	ed)	-	2 <u>01</u> c 7	
Name of Monitoring Firm Hired by Building O	wner (8)		<u> </u>	Λ No. '				itement Cor	ntractor	EADG (9) AMERICA				3
Street Address 64 BROAD STREET			004	<u> </u>		Street	Addre	ss	company	AIVIERIOA	TINC			
City, State, Zip Code	City, State, Zip Code													
MATAWAN, NJ 07747	SOUTH RIVER, NJ 08882													
Project Manager for Monitoring Firm TOM GEIGER		- 1	Telepho 732-29	ne No. 90-2217	Teleph 732-4				License No 01111).				
7/18/18	4	4/0	npletion 28/	Date (11)				HA Monitor SYSTEMS	S OF A	AMERICA	INC			
Occupancy Status During Abatement (Check	- 5	ne)				Street			^\/_					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: OUTDOORS	I Facility	Abaten / Hours	nent			City, S	tate, Z	ip Code						\dashv
Scope of Work (Check All That Apply)						300	INK	IVER, N.	0888					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Ful Mir Glo	ni-Enclosure ovebag Pro	e cedure	Negative P				
	Is	Locati	on				NO.	II-Exemple	a () and	I NOII-FIIADI	1		ement	
Location of	1	Normal ed Sole	ly			scription						Ту	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena todial S	nce/		tos Cont thermal					nount pecify	R	771	Enc	<u>E</u>
In Facility (13)	Cus	(12)	otan :			cing, VA niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		ale	ге
RooF		X		ACM	ROOF	ing.	MAT	ERIALS	12.	05F	X			
						5/.								
Name of Registered Waste Hauler WASTE MANAGEMENT		H	I IJDEP W lauler ID		Cubic of Was	ste		Name of FAIRLE		red Landfill				
City, State		_ 1	125		APPS	sal Date	0	City, Stat						
ELIZABETH, NJ						BÓ		MORRI		E, PA				the season of the
Completed by CAROL RAIMO	Title OFFI	ICE N	1GR.			Signature	1	080	1	Dat	e 4/	15	//	8



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

			NOTII	FICATIO	State of N N OF AS It to NJAC	BESTOS	ABATE	MENT 0)		EC	(12 (12 (12 (13 (13)			2	
Date of Notification (1) 4/19/	2018			Name	of Building	g Owner/	Operato	r (2) Caro		ADO	9.5	20	12		
Agencies Notified	Type Notification			Street	Address			Oalo	11 (1)	APR	. £ J	20	10	France	
☐ EPA	× Initial								l.	man a service of		- 5 - 1-7			
DEP × DOL	Amended	ш		City, St	tate, Zip C	ode			T	FA			-4-4	/	
	Amendment Emergency (g	Mana			Old B	sridge, NJ 08	000000	and the second s			fr 97us	taracam n	
DOH DCA	justification) Cancellation			Name	of Contact Joann	t n Caro			Te!	enhone Ni	umber	_			
				FAC	ILITY INF		ION								
Name of Facility Where A	batement is Taking Residential	g Place	(3)					Type of Facilit	y (4)						
Street Address	Residential							School (F							
								Subchap Other (i.e etc.)	ter 8 (Other. private 8	er than K- & commerc	12) cial bui	ldings	, hom	es,	
City (5)	ld Bridge, NJ 0	8857						Square Feet 1200	# of	Floors	E	3ldg. /	1000		
County (6) Middle	esex			County (STATE	Code (7) USE ONL	0		Current Use (F	Prior if bei	ng demolis	shed)				
Name of Monitoring Firm MEC		Owner (8	3)	ASCI	M No.			of Abatement C							
Street Address	<u> </u>							evens Environmental Services, Inc.							
PO Bo	ox 341						PO E	Box 322							
Cheste	erfield, NJ 0851	5						tate, Zip Code town, NJ 085	501						
Project Manager for Monit Bill Weisgarb				Telepho 609 2	ne No. 98-4070)		one No. 259-9688		License 1	No.				
Start Date (10) 4/23/2018		Schedu		npletion /25/20	Date (11)		Name	of OSHA Monito	or	00100					
Occupancy Status During	Abatement (Check	Only O		123120	10		MEC Street	Address							
Facility Closed/Vacat	ed During Entire P	eriod of	Abaten	nent			PO B	ox 341							
Abatement Performe Other – Describe: 8	d Outside of Norma am 4 pm	al Facilit	y Hours	5		_	City, State, Zip Code Chesterfield, NJ 08515								
Scope of Work (Check All	That Apply)	36.00							30135						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		1	Locati	00				i Non-Exempt	ed (*) and	Non-Friat	DIE Pro		e ement		
Location of			Normal	ly		Des	scription	of					ре		
Asbestos-Containing N TO BE ABAT	Material (ACM)	Ma	ed Sole aintenar	nce/	Asbes	tos Conta	aining M	aterial (ACM) insulation.	3222	nount	_		ш	m	
In Facility		Cus	todial S (12)	Staff?	(1.6.	surfac	cing, VA	Γ, or		pecify or LF)	Removal	Repair	псар	inclo	
(13)		Yes	No	N/A		other m	niscellan	eous)			oval	air	Encapsulate	Enclosure	
Basemer	nt	X			Boile	r Insula	ation	2:	5 sf	X		1000	-		
Name of Registered Waste	Hauler		l N	JDEP W	/aste	Cubic \	Varde	Ness	f Barint	ad I 15"					
Stevens Environmenta			20.00	auler ID 18292	No.	of Was		1 000000000	r Register ss Landf	ed Landfill ill					
City, State Allentown, NJ			12000	al Date 26/2018	City, Sta	ite ville, PA	7								
Completed by Mahlon E. Stevens	nager			gnature	11/11/11/11	7	Da	ite 4/19/	/18						

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Date	of Notification (1) 4/19	/2018			Name	of Building Owner	/Operato		Caro	· —	AE	R 2	5 20)18	
Age	ndes Natified	Type Natification			Street	Address		_	ait		7 17 1	(~	1		
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×	DEP DOL	Amended Amendmen	a wi		City, 8	tate, Zip Code				-	V1500	153 8	reni.	20121	
	Post Contract Contrac	Emargancy	(Induding	_			Old B	ridg	e, NJ	2886	7			*****	
×	DOH DCA	Justification Cancellation		-	Name	of Contest Joann Caro					Telephone N	lumber	_		
		-aic.			FAC	ILITY INFORMA	TION				1				
Man	s of Facility Where	Abatament is Takii Residential	ng Place (3)				Ty	e of F	Alty (4)				
Sire	at Address	residential							Sohr	1 (K-12)				
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City								-	Jare Fi		# of Flagra		Bldg. A		
C 2111		old Bridge, NJ I	08857						120		1		60 +		
	nty (6) Midd				County (STATE	Code (7) USE ONLY)		Cu	rent U	1 (P'101	If being demoi	shed)			
											ractor (9) ntal Services	Inc			
Stree	Address PO R	ov 341		Street	Add	625			, 11162.			-			
City.	PO Box 341 PO Box City, State, Zip Code City, State														
		erfield, NJ 085	15				Allen	tow	n, N.	28501					
Proje	est Marager for Mon Bill Weisger			T	Telepho 609 2	one No. 195-4070	Teleph 509		Nα. 968ξ		License 00493				
Start	Date (10) 4/23/2018		Schedul		pietion /25/20	Date (11)			HANI	nitor					\dashv
Occu	pancy Status During	Abatement (Che	k Only Or		123/20	10	MEC	_							
	Facility Closed/Vaca	fed During Entire	Period of	Abalan	nent		POB								
	Abalement Ferforms Other - Describe: S	ed Outside of Nom	nal Facility	Hours			Chy, S				48				-
Scop	of Work (Check Al	(That Apply)					CHBS	Kell		J (185					
	≥3 sfor ≥3 if ≥160 sfo; ≥250 if	W#-J#-E		ianova Jemalit			X	N	lovet:	Price	ni with Negative				
			la la	Locali	nn .	Γ		J	OIPE,	T	(°) and Non-Fri	TOIS Pro		inani	
_	Location	of	1 1	d Sola	ly	De	scription	ام				_	Ту	ра	
А	ED 63 to 4- Containing	TED	Ma	intensi	100/	Asbasios Con (i.s. lherms	teining M I systems	insteri	el (AC.	5)	Amount (Specify	20	_	5	
	In Facilia (13)	Ŋ	Cus	(12)	siait/	Surfa	cing, VA'	T. gr		- 1	SF or LF)	Remova	Riepair	Encapsulati	Enclosure
	o.t.c.t		Yes	No	TNA	Suid.	THE CONTRACT	a v u s	,			巨	£.	date	a l
	Baseme	ent		X		Bolk	r Insula	ation	1	-+	25 af	X	-		\dashv
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Nama	of Registered Was	e Houles		1.	10000		V			\underline{I}					
	na Environmen				JOEP W autor ID 18292	No. of VVa	Yards stc 1		1		andfil	A M			
City, I Allen	town, NJ						5#1 Date 26/2018	3 .	C	. Sparo	e, PA				\dashv
	leted by on E. Stevens		Title Prole	ot Ma	nager	1 1	ignalur	-12				Date	142		\dashv
			1 1019	At late	· refiel		//	1	,			4/19	/18		

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

Check 2282

Dete of Negre (1)	(1-611				. <u>c.</u> 6:60 and	:11"	NEGE	IVE IN							
Date of Notification (1)		1			Owner / Operate	or (2)	火 一								
Agencies Notified Type Notificat				Haine	S										
Agencies Notified Type Notificat	ion	Str	eet Ad	dress			LJ APR 2	5 2018							
☐ DEP ☐ Initial		Cit	v Stat	e & Zip	Codo										
☑ DOL ☐ Amend	ded	1	y, otat wrend	5.5	Code	1	ARBERTOR	CONTROL O							
☑ DOH ☐ Emerge	encv			Contact				Telephone Number							
☐ DCA ☐ Cancel		Gr		oomaat		10014	turbit one entitle culture of a leaf of the leaf	Leiethfolfe Dinthoei							
				ITW PAIR	TODUATION			-							
Name of Facility Where Abatemen	it is Taking Plac	e (3)	AUIL	11 1 11/41	Type of Faci	lity (4)									
Street Address					School (• • • • • • • • • • • • • • • • • • • •									
Street Address						oter 8 (Other th									
								ngs, homes, etc.)							
City (5)	County (6)	Count	y Code	- (7)	Square Feet	1000000	oors	Bldg. Age							
	Mercer	Count	y Cou	e (1)	2000		2	50+							
10	nercer					(Prior if being	demolished)								
Name of Monitoring Firm Hired by	Building Owner	(8)	TAG	SCM No	Residence										
The comment of the co	building Owner	(0)	14.	SCIVI INO	Name of Abatement Contractor (9) Alpha Environmental Services										
Street Address					Street Addre		el Alce2								
					1000 100 100 100 100	Street Address PO Box 8297									
City, State & Zip Code					City, State &	City, State & Zip Code									
Desired Market State Control					Trenton, N.										
Project Manager for Monitoring Firm	m Te	elepho	ne Nur	nber	Telephone N		License 1								
Scheduled Start Date (10) Sc	cheduled Comple	-Ai F	2-4- /4	41	609-847-29			01222							
4/27/2018 4/3	30/2018		Jate (1	1)	Name of OSI EMSL Anal										
Occupancy Status During Abateme	ent (Check only	one)			Street Addres										
Facility Closed/Vacated Du					107 Haddoi										
Abatement Performed Outs Describe:	side of Normal I	Hours	- 7am	to 3pm											
Facility Occupied During Al	hatement				Westmont,	NJ 08108									
Scope of Work (Check all that appl	v)														
, стоти или ирр.	37					☐ Full Co	ntainment with N	legative Pressure							
≥3 sf or ≥3 lf	D	R	enova	tion		1	closure	.oguaro i roboaro							
≥160 sf ≥260 lf] D	emoliti	on		Glove E	Bag Procedures								
						Non-Ex	empted and Nor	n-Friable Procedure							
Location of		Is Loc		1	Description		Amount	Abatement Type							
Asbestos-Containing	N	ormally		i	Asbestos-Con		(Specify								
Material (ACM) TO BE ABATED	NA.	Solel		_	Material (A		SF or LF)	2 _ 5 _ 0							
in Facility		ustodia			i.e., thermal sy insulation, surfact		-	Enclsoure ncapsula Repair Remova							
(13)		(12			or other miscella			Enclsoure Encapsulate Repair							
	Ye	es No	N/A	4		•		e e							
Kitchen					VAT		120sf								
Name of Registered Waste Hauler		IN	JIDEP	Waste	Cubic Yards Name of Registered Landfill										
					of Waste	reame of Negistered Landill									
ALPHA ENVIRONMENTAL		00033330 1			1	Grows Landfill									
City, State				Disposal Date	City, State										
Trenton, NJ			various	Morrisville,	PA										
Completed By (Print or Type)		Title Sig		Signature			Date								
Rod Richardson		Projec Aanag		Rod Midbrodgue	1/2/2/2/2/2										

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State of New Jersey

						BESTOS A				E C	Chec	27.6	229	11
P		da_				<u>\.C.</u> 8:60 an		120)		<u> </u>	ht			
Date of Notification	. ,		1.			g Owner / Opera	ator (2)		Imit	A D [7 2 5	2018		
Agencies Notified	4/22/2018 Type Notifica	ition			Sahol Address				<u> [U III].</u>	APF	7 6	2010		- Land
	, ype rvotmoe	10011	ľ	oueet	Address							2+ 1) H +	عد من م	
☐ DEP ☑ DOL	☐ Initial ☐ Amen				tate & Zip	Code			1 /	Section 1		•		
⊠ DOH			-		nce NJ of Contac	÷			18. 15.5444.11		Talanha	N	le com la	
DCA		ellation	1.0		Sahol	· ·					Telepho	one iv	amu	er
	L			FAC	CILITY IN	FORMATION					L			
Name of Facility Wh	nere Abateme	nt is Taking P	lace (3	3)		Type of Fa								\neg
Street Address		***************************************					I (K-12)	(Other th	on V 12)	·				
						☐ Other					nas, hom	nes, e	etc.)	
011 (5)						Square Fee		# of Flo			Bldg. Ag			\neg
City (5)	1	County (6)	Co	unty C	ode (7)	300			2			80+		
Florence		Burlington				Current Use Residence		if being o	demolish	ed)				
Name of Monitoring	Firm Hired by	Building Own	ner (8)		ASCM N		Tarbination and the same	nt Contra	ctor (9)	Colonia de La		Notes March		No. response
						Alpha En	vironm							
Street Address						Street Addr PO Box 8								
City, State & Zip Co	de					City, State		ode						
Decis at Manager	34 1 1 5		T= .			Trenton, I	U	1						
Project Manager for	Monitoring Fi	rm	Telep	hone i	Number	Telephone 609-847-2			Lie	cense f	Number 0122	2		
Scheduled Start Dat		cheduled Cor	npletio	n Date	e (11)	Name of O	MANAGEMENT OF THE PARTY OF THE	nitor	<u>-</u>	ALL CONTROL OF THE PARTY OF THE	VIA	e for	***************************************	
4/11/201		/30/2018		and the latest desired	and the second second second	EMSL Ana								
Occupancy Status D Facility Clos	ed/Vacated D	uring Entire P	nly one eriod o	e) of Aba	tement	Street Addr 107 Hadde								
	Performed Ou													-
Describe:	unional December of	VI= 4 4				Westmon	t, NJ 08	3108						
Scope of Work (Che	upied During A													_
								Full Cor	ntainmen	nt with N	degative	Pres	sure	
≥3 sf or ≥3 lf≥160 sf ≥260					ovation olition			Mini-En						
<u> </u>	J 11			Dem	Olition				lag Proce		n Eriabla	. Dec	a a di i	
	cation of		ls L	ocatio	on	Descripti	on of	NOII-EX	empted a	nount		atem		_
	os-Containing erial (ACM)			ally U		Asbestos-Co	ntaining	9	(Sp	pecify				
TO B	E ABATED		Maint	enanc	e or	Material ((i.e., thermal		s	51	or LF)	Rei	20	inca	Enc
in	Facility (13)		Custo	dial Si (12)	taff?	insulation, surfa or other misce					Remova	Repair	Encapsulate	Encisoure
	(10)		Yes		N/A	or other misce	maneou	5)			100		ate	е
Basement				\boxtimes		Plaste	er		2200si	f				
1st Floor Throughout						Mastic Unde		2	320sf					
mondion						Duc	£ .		90lf					
Name of Registered	Waste Haule	г	l		EP Wast	Cubic Yards of Waste	Nam	e of Reg	istered L	andfill				
ALPHA ENVIRON	MENTAL			000	33330	15	Grov	ws Land	dfill					
City, State						Disposal Date	City,	State						
Trenton, NJ						various	Mor	risville,	PA					
Completed By (Print	or Type)	Al		Title)	Signature					Date	11	20 7	21
Rodensk	Kurk	(R	réesfe	A 7/1		12	2			7/0	1	201



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

Check 2282

Date of Notification (1)					e of Bu	ildina	Owne	er / Operate	or (2)		e, e, e e e e e e e e e e e e e e e e e	F	(A) (S	CALIFFE TO THE	ara arand	PARTY TO	
4	/18/2018		- 1		lyn H	100		, , opoide	0, (2)				(j. 1		, ij	22	
	ype Notific	ation			t Addre				1	***************************************	HIZ			-		-	H
⊠ EPA	[7] L											1	ADD.	41. 5	2019		
DEP DOL				-	State &	¿Zip (Code				II U		MITES.	4. 1	.010		Contract
⊠ DOH		gency			ence of Co	ntant					<u> </u>	-			(m) * %	er ever rus	
DCA		ellation	1	Greg		ntact						A.C.	Te	elepho	ne N	lumb	er
														- 1			
Name of Engility When	va Abataur			FA	CILIT	YINF		IATION									
Name of Facility When	re Abateme	ent is Taking Pi	ace (3)				pe of Faci School									
Street Address] Subchap									
								Other (i.				cial bu	ildings	s, hom	ies, e	etc.)	
O:t- (5)		10 : (0)					Sc	uare Feet		# of Flo	ors		Blo	dg. Ag	е		
City (5)		County (6)	Co	unty (Code (7)		2000			2				50+		
Lawrence		Mercer						irrent Use		f being o	demoli	shed)					
Nome of Maritain Fi	ne of Monitoring Firm Hired by Building Ow							esidence				A STORAGE	-		THE RESERVE		
Name of Wontoning Fi	me of Monitoring Firm Hired by Building Ow							me of Aba									
Street Address								pha Envi		ental S	ervice	es					
Oli Cot / Idai Coo							- ST (100)	eet Addre Box 829									
City, State & Zip Code)							y, State &		de							
							Tr	enton, N	J	uc							
Project Manager for M					Numb			lephone N 9-847-29				Licen	se Nu	mber 0122	2		
Scheduled Start Date 4/27/2018		Scheduled Con 1/30/2018			te (11)		4	me of OSI		nitor							
Occupancy Status Dur Facility Closed	ring Abater	nent (Check or	ly one	e)	atomor	.+	Str	eet Addre	SS								
Abatement Pe		-						7 Haddo									
Describe:	nonnoa ot	atolice of Northe	1 110	u13 — 1	alli to	opin		estmont,									
Facility Occupi	ied During	Abatement					144	esunoni,	IAO OO	100							
Scope of Work (Check																	
	-									Full Cor	ntainm	ent wi	th Ne	gative	Pres	sure	
≥3 sf or ≥3 lf			\boxtimes		ovatio					Mini-En	closur	e					
≥160 sf ≥260 lf	f			Den	nolition					Glove B	ag Pr	ocedu	res				
									\boxtimes	Non-Ex	empte	d and	Non-F	riable	Pro	cedu	re
	ation of			Locati				Description	n of			Amour	nt			ent T	
	-Containino al (ACM)	9		nally L				estos-Con				Speci				_	
	ABATED			olely b tenan			(ie	laterial (A) thermal s	UIVI) vstems		5	F or L	.F)	R	711	inc	ᄪ
	acility			odial S		į	nsula	tion, surfac	cing, V	AT				Remova	Repair	aps	clsc
(13)			(12)			or oth	ner miscell	aneous	s)				val	₩.	Encapsulate	Enclsoure
1511			Yes	No	N/A											Ф	
Kitchen			Ш		Ш			VAT			120s	f					
Name of Registered W	aste Haule	er						Yards	Name	of Reg	istered	Land	Ifill				
ALPHA ENVIRONM	ENTAL				uler ID 03333		of Wa	aste	Grov	vs Land	dill						
City, State							Dispo	sal Date	City,								
Trenton, NJ		50					vario	ous	Morr	isville,	PA						
Completed By (Print or	Type)		- 5.00	Title			Signa		-					Date			
Rod Richardson					oject		Red 8	list radion					1	4/18	/20	18	
				Ma	nagei	•											



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

Check 2281

Date of Notification	(1)			Nan	ne of B	Building	Owner / Operate	or (2)	7,1-5	NEG	22	4 (1)	7 11	7.1
	4/18/2018			1000000 FE		rregr		(-/				26 tea 1 2 /4 - 255	-	
Agencies Notified	Type Notific	ation			et Add				1 In	M -			-111	#
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DON DCA		rgency cellation				ontact			1	FEET STORY	Teleph	one N	Hmh	er †
						rregro			·	1- 1	1			£ .
Name of Facility 100				F/	ACILI	TY IN	FORMATION							
Name of Facility Wh	iere Abatem	ent is Taking F	Place (3)			Type of Facil							
Street Address								5	Other than	n K-12)				
										mercial buildi	ngs, hon	nes, e	tc.)	
A: (5)							Square Feet		# of Floo	rs	Bldg. Ag	je		
City (5)		County (6)	Co	ounty	Code	(7)	2000			2		50+		
Rocky Hill		Mercer					Current Use	(Prior if	f being de	molished)				
							Residence							
Name of Monitoring	Firm Hired b	y Building Ow	ner (8))	AS	CM No								
Street Address							Alpha Envi		ental Ser	vices				
Olicel Address							Street Address PO Box 829							
City, State & Zip Coo	de			-			City, State &	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	do					
							Trenton, N.		ue					
Project Manager for	Monitoring F	irm	Telep	ohon	e Num	ber	Telephone N	umber		License				
Scheduled Start Dat	e (10)	Scheduled Cor	moletic	on D	ato (11	1	609-847-29				012	22		
4/28/2018		4/30/2018	npicu	ט ווע	ate (11)	EMSL Anal		IILOI					
Occupancy Status D	uring Abater	ment (Check o	nly on	e)	*******	- CONTRACTOR AND	Street Addres	SS						
		During Entire F					107 Haddor							
Describe:	renormed U	utside of Norm	al Ho	urs –	· /am i	to 3pm								
Facility Occu	inied During	Abatamont					Westmont,	NJ 08	108					
Scope of Work (Che			-											
	on an inat ap	, pry /							Full Conta	ainment with	Negative	Pres	SIIFA	
≥3 sf or ≥3 lf			X	Re	novati	on			Mini-Encl		vogativo	1 103	Juic	
≥160 sf ≥260) If			De	molitio	n		X	Glove Bag	g Procedures	100			
										npted and No		Prod	edu	re
	cation of		Is	Loca	tion	T	Description		T T	Amount		ateme		_
	os-Containin	g			Used		Asbestos-Cont	taining		(Specify			i	1
	erial (ACM) E ABATED			olely	by nce or		Material (A0			SF or LF)	77		Ē	m
	Facility				Staff?		(i.e., thermal sy insulation, surfact	ystems	AT		Removal	Repair	Encapsulate	Enclsoure
	(13)		0000	(12)			or other miscella	aneous	5		ova	air	sula	ou
			Yes	No	N/A	1					-		6	(D)
Basement							Pipe insula	tion	1	20lf				
Name of Registered	Waste Haule	er		N.	IDFP	Waste	Cubic Yards	Name	of Regist	tered Landfill				
9					auler II		of Waste	Ivaille	or regist	tereu Lanuilli				
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State of New Jersey AUTHORATION OF ASSESTED ANALYSISS (Finalized to NJAC 8:00 and 12-120)

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State of NJ Notification of Asbestos Abatement

Check # 8953

B & G proj. #: 2018-102 (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)	111	Name of Bui	ldina Owr	er/Operator (2)			GET	10	(23)	17
10 14 1/12 13]/[1]8		Nancy S			,		IIXI	······································	Committee Property		
Agencies Notified	Type Notifica	tion	Street Addre	SS					APR 25	2018	$-\parallel$	1
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☐ DEP			City, State, Z	ip Code				Louve	22.5 2.50 54 C.W.)	5 P T T	=	
X DOL	Amend	ment	Paramu	s, NJ 07	7653			(AS	5E () () () () () () () () () (, &	
X DOH	☐ Cancell		lame of Con	tact					ne Number			
☐ DCA	☐ Cancell	ation	Nancy S	Sullivan					-	200		
				FAC	ILITY INFORM	IOITAI	1					
Name of facility wh	nere abatement	is taking pl	ace (3)					Type of Facility				
Nancy Sulliva	n							H	ol (K - 12)		2020	
Street Address									napter 8 (Other to (Private/Commo		12)	
								Bldgs.	/Homes, etc.			
City (5)		Cou	nty (6)			Cou	inty Code (7)	Square Feet	# of Floors	Bld	lg. Ag	je
	07652		200 * 0.00 *0.000				te use only)	Current Use (P	rior if being der	nolishe	d)	
Paramus, NJ			rgen			<u> </u>		Residential				
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement C	56.00 SAC				
Street Address	-				n/a	_	B & G Restoration	on, Inc.				
ou oct / tudicos							105 Ryerson Ro	oad				
City, State, Zip Cod	е					-	City, State, Zip Code					
							Lincoln Park, N	J 07035				
Project Manager for	Monitoring Firm	1	Pho	ne Numb	er		Telephone Number (973)696-6869		License Num			
Scheduled Start Da	t- (40)	IC-b-		D.1. (1)	4	_	Name of OSHA Monito		00378			
05/03/2018	te (10)		d. Completio	n Date (1	1)		B & G Restoration					
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And the second s	l/vacated during	-		nent.			105 Ryerson Ro	ad 				
Abatement pe	erformed outside	of normal	facility hours	5-			City, State, Zip Code					
Other-Describ	oe:						Lincoln Park, NJ	07035				
Scope of Work (che	eck all that apply	/)									- 1	
☐ Demolition	X	Renovation	on			X F	ull Containment w/nega	tive pressure	Glovebag p	rocedui	re	
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abated in faci	lity (13)	Yes	No	N/A				LF)	v	i	a p	Ĺ
Living room / offi	ice area			X	VAT/mast	ic		152 sf	e X			
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Registered Waste H	auler		EP Hauler ID)# C	ubic Yards of V	Vaste	Name of Registered L	andfill			<u>Ц</u> ,	Ш
B & G Restorat	ion, Inc.		19563		2		Tullytown R	lesource & Re	ecovery Cen	ter		
City, State Lincoln Park, N	IJ			05/0	ate 17/2018		City, State Tullytown, P	Α			W	
Completed by (Print	or Type)	Title			Signature		Gordana Luna		Date		T.	
Gordana Luna		Secreta	ry/Treasu	er			Yordana Luna		04/23/20	18		

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Date of Notification (1) 4/20/2018				Name o Karei	of Building n Bania	g Owner/ S	Operato	r (2)	The state of the s	KI			20 1 1 1 2 2 4	Lang Language Language	No. of the last of
Agencies Notified	Type Notification	1		Street /	Address			192 - 2511			APR	25	2018		
X EPA	Initial								ļ	المحط لية					l-mark
DEP X DOL	Amended Amendmen	t #		City, St Wash	ate, Zip C nington	ode N.I.078	82			L.	ASBEST:	7	GF 101	THE A	3
	Emergency	(including	g		of Contact		UZ				1.3	11.11	. (3	er til s syste	
DOH DCA	justification) Cancellation			Mark	o Stank	ovic, P	•	Mana	ager	1 <u>1</u> e	lephone N	umber			
Name of Facility Where A	Abatement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Tvr	e of Facility	(4)					
N/A									School (K-						
Street Address	*							×	Subchapte Other (i.e.	er 8 (Oth	ner than K- & commerc	12) cial bui	ldings	, hom	ies,
City (5) Washington								Squ 20	etc.) ıare Feet 00	# 0	of Floors		3ldg. <i>i</i>	Age	
County (6) Gloucester				County (STATE	Code (7) USE ONL	n		Cur	rent Use (Pr sidence	ior if be	ing demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC			Name	30,656	patement Co	ntractor	r (9)				
		957	ā:				Che	ckm	ark Indust	trial	(0)				
Street Address							Street 54 N		ess an Dr						
City, State, Zip Code									Zip Code IJ 07871						
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 973-		No. -2645		License I	No.			
Start Date (10) 4/23/2018		Schedu 4/30/2	led Co 2018	mpletion	Date (11)		Name	of OS	SHA Monitor ark Indust		0.001				
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street								
Facility Closed/Vaca	ted During Entire	Period of	Abater	ment			54 N	lorga	an Dr						
Abatement Performe Other – Describe:		nal Facilit	y Hour	rs					Zip Code IJ 07871						
Scope of Work (Check All	That Apply)												37 33A		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- December -	Renova Demoli				×	M G	ull Containm ini-Enclosur lovebag Pro	e cedure					
		le	s Locat	tion				2 10	on-Exempte	u () an	d Non-Friai	ole Pro		e ement	t
Location			Norma	lly		De	scription	of					Ту	ре	
Asbestos-Containing I TO BE ABA		Ma	ed Sole aintena	ince/		tos Cont	aining M	lateria			mount			ш	m
In Facilit		Cus	todial (12)		(I.e.	thermal . surfa	cing, VA	T, or			Specify or LF)	Remova	Repair	псар	nclo
(13)			2.00.00			other n	niscellan	eous))			oval	pair	Encapsulate	Enclosure
baseme	nt	Yes	No X	N/A		D: 147								fe	
Daseme	111,		^		ŀ	Pipe Wi	rap ins	ulati	on	17	75 LF	Х			
		-													
Name of Registered Waste	e Hauler			JDEP W	aste.	Cubic	Varde		Name of	Dogista	and I and El				
Atlantic Carting			- 22	lauler ID		of Was				_	red Landfil gement	LS			
City, State Wayne NJ						Dispos	al Date		City, Stat Tulleyto		A				
Completed by Corey Stankovic		Title CEC)			S	ignature	(5	Farko	·		ate /20/2	018		

CK We7

State of NJ

= 9 2 4			Motifi	cation of Ac	hoot	os Abatement						
D&S Proj. #: 18-92	-	PA				os Abatement 60 and 12:120)	(D) _F	E C	5		7 12	
Date of Notification (1)	111	Name of B	uilding Ow	ner/Operator (2	2)				0 =	004		Щ.
0 4 / 1 9 / 1 8				nen operator (2	-)			APR	25	2018	ğ	Lord
Agencies Notified Type Notifica	ation	treet Addr	wieting									-
☐ EPA ☐ Initial							1 7	SBEET LO		1971-	OL. 8	1
DEP Amended Amendment #	. H	ity, State,	Zin Code				*	1.0	14.4.5	. 1 52		
DOL Emergency		354		506								
DOH (including	IIN	ame of Co	rne, nj 07.	300			I Telepho	ne Number				
DCA justification	11	1	. 02	506			Tolepho	ne ramber				
Cancellatio	n	nawtho	rne, nj 07				1		=	_		
Name of facility where abote and	:- 4-1:1	(0)	FAC	ILITY INFORM	MATIC	N						
Name of facility where abatement	is taking pla	ace (3)					Type of Facility	(4) ol (K - 12)				
henrietta wieting								hapter 8 (Ot	ther t	han K	(_12)	
Street Address								(Private/Co			-12)	
								/Homes, et				
City (5)	I Cour	nty (6)			I co	unty Code (7)	Square Feet	# of Floors	5	BI	ldg. Ag	ge
		, (0)				ate use only)	Current Use (F	Prior if being	- don		od)	
hawthorne		SSAIC				,,	Current Ose (F	nor ir being	uen	IOIISII	su)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemer	t Contractor (9)					
Street Address						D & S RESTO	RATION, INC.					
Street Address						Street Address						
City, State, Zip Code					_	20 California A						
- Ny						City, State, Zip Code						
Project Manager for Monitoring Firm	1	l Pi	none Numb	er	-	Paterson, NJ 0 Telephone Number	7503	License N	Numb	ner .		
3		1	10110 11441115			973-345-8020)	1	169)CI		
Start Date (10)	Sched	Completic	on Date (1	1)	_	Name of OSHA Mo						
22 %			on Date (1	• ,		D & S Restora	tion, Inc.					
05/11/18 Occupancy Status During Abatement	06/30					Street Address						
Facility closed/vacated during			ment			20 California A						
Abatement performed outside						City, State, Zip Code	9					
Describe:NORMAL F	IOURS				-	Paterson, NJ 0	7503					
Scope of Work (check all that apply	y)						Full Containment v	v/negative r	oress	ure		
\boxtimes >3 sf or >3 lf	Renovation	n					Mini-enclosure	gaaro p				
≥160 sf or ≥260 lf	Demolition						Glovebag procedu					
Location of	Is location	normally	used solely	1			Non-Exempted (*)		R	Proce	Eaure	
asbestos-containing	by mainte staff(12)	nance/cus	todial	Description	on of a	sbestos-containing	Amount		e m	е	n	E n
material (acm) to be abated in facility (13)		•••	T	material (3	(Specify S LF)	For	0	p a	c a	C
	Yes	No	N/A						v e	i	р	L
basement		X		PIPE INSU	LAT	ION	120 l ft		X			
			<u> </u>									
Registered Waste Hauler		D.II. I. I		his Vandard	A / 4 -	10.						
D & S RESTORATION, INC.	1350	P Hauler I 06	0.00	ubic Yards of V yds.	vaste	Name of Registere TULLYTOWN	d Landfill , RESOURCE RE	COVERY	Y			
City, State			Disposal D			City, State	, - ZOOCKOL KI	. JO TER				_
PATERSON, NJ 07503			05/12/1			TULLYTOWN	, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	23.100		Signature				Date				
ASR-41	PRESIDE		for achaeta	s licensure exe	amata	d activities	· · · · · · · · · · · · · · · · · · ·	04/19/2	2018			
- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	של ווטנ עשל	ans will	UI 02062[0	o ilociisule exe	emple	u activities.						

CK2544

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

Date of Notification (1)					l Maria	- (D 1)	_			-	15	31				
04 /	23 /	40	,					wner/Operator					IP A	15	20	10
						ape iviay c	Jou	nty; Departm	ent of Public V	Vor	KS		W ?	63	20	10
Agencies Notified EPA	Type Notific	cation			Stre	et Address						-				
⊠ DOLWD	Initial □ Amende	d			4	Moore Ro	I., D	N 402		1		ASS	167C	40	1	F.C.L
☑ DOH	Amendr	770				State, Zip				- 1	13 15 15 15			1-2-1- 1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		v. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
☐ DCA	☐ Emerger			a a	C	ape May C	Cour	t House, NJ	08210							
(NJAC 5:23-8)	justificat	ion)		•	Nam	e of Contac	ct			Te	eleph	one Num	ber			
	☐ Cancella	tion			M	s. Nancy	Mau	ro			609	-465-141	8			
					F	CILITY	NFO	RMATION								
Name of Facility Where A	batement is	Takin	g Place	(3)		ngre progress a common special			Type of Facility	(4)						
Commercial									School (K-12							
Street Address							-		Subchapter 8	(Ot	her t	than K-12	2)			
384 Ranger Road-#	99A Utility	Bldg	J Ca	pe N	lay Co	unty Airp	ort		Other (i.e., pr homes, etc.)		e an	d comme	rcial b	uildin	gs,	
City (5)						•	1000		Square Feet	_	of F	loors	I B	ldg. A	ne	
Lower Township										1"	0	10013		iug. r	gc	
County (6)				THE REAL PROPERTY.	Cot	inty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if	bein	a demolis	shed)			
Cape May									(J. 11		ig delition.	or icu)			
Name of Monitoring Firm	Hired by Build	ding (Owner	(8)	ASCN	1 No.	Na	me of Abateme	ent Contractor (9)							
Bio Terra Solutions									NAGEMENT LI	C						
Street Address							_	reet Address								
P.O. Box 1224							1	27 Outwater	Lane							
City, State, Zip Code			50.110.05					y, State, Zip Co		-						
Union, NJ							1	Garfield, NJ								
Project Manager for Monit	oring Firm			Te	lephone	No.		lephone No.	0.020	1	icani	se No.				
Rick Eustaquio	8				50	4-3762	1 1	73-928-4888	E	1-	118					
Start Date (10)	15	Sched	uled C	10 8		ate (11)	-	me of OSHA M		_	110			_		
05/02/						18			NAGEMENT LL	C						
Occupancy Status During	Abatement (-		NAOCHICIT LE							
□ Facility Closed/Vacated					ement			eet Address								
☐ Abatement Performed	Outside of No	ormal	Facility	v Hou	ırs - De	scribe	_	7 Outwater I								
Time of Abatement:	AM	PN	Λ/	_PN	1	_AM	1	y, State, Zip Co								
Scope of Work (Check all	that annly)							Garfield, NJ	07026							
	triat apply)							☑ Full Cont	ainment with Neg	ative	Pre	essure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re					☐ Mini-Encl	losure	ali ve		Jourc				
☑ ≥100 St 01 ≥200 II			⊠ De	molit	ion			☐ Glovebag	Procedure		abla	Desert	234			
			Is	Loca	ation	1		□ NOII-EXC	mpted (*) and Nor	1-1-11	able	Procedu				
Location of			1	Norm	ally			Description o	f					atem		1
Asbestos-Containing M TO BE ABAT	Material (ACM	1)			lely by ance/			Containing Ma	terial (ACM)			ount	Rer	Repair	Enc	Enc
IN Facility					Staff?	(i.e		ermal systems i surfacing, VAT,				ecify	Removal	air	aps	Enclosure
(13)				(12		-		her miscellane			SF (or LF)	<u>a</u>		Encapsulate	лге
			Yes	No	N/A				•						6	
Interior						Transit	е				550	SF		П	П	
Interior- Throughout					\boxtimes	TSI				-	1,10	0 LF		П	П	
Interior					\boxtimes	Tank In	sula	ition			-	SF		П		
Interior						Boiler I	nsu	lation				0 SF			-	
Name of Registered Waste	e Hauler			_	NJDEP			oic Yards of	Name of Regist					Ш	Ц	
Newark Carting				1.7	Hauler I		Wa									
City, State					0238	3		s Needed	IESI Bethlei	nen	ı La	nam				
Newark, NJ							- 73	posal Date	City, State	D٨						
Completed By (Print or Type	201	T:At-					_ '	ATS (TRIS)	Bethlehem,	PA	i i					orani.
Allen Monchik	Je)	Title		84-				Signature	7.7	,		Da	te			
AUGII MONCHIK		PI	oject	iviar	iager			Allen	Monchik	-		4/	23/1	8		

ASB-41 JAN 13

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET



	7			-,		Laure	etc. n		
				#99A Utility Building		Abateme	nt Type	1. V-1. V 1. V 1. V-1. V 1. V	/THO1. (
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Main odi	ial Staf	Used by ce/Cust f (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	E n c a p s u l	E n c l o s u r
Interior	Yes	No	N/A						
Interior			Х	Breaching Insulation	385 SF	Х			
	-	-	-						
	-	-	_						
	_	_							
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	_								
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		\vdash							
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Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	4/23/18