ND 9365-4723-	5		S FICATIO Pursuan		BESTOS	ABATE		Territoria		<u>6</u>	3 1	<u>\\</u>	<u> </u>
Date of Notification (1) 03/10/2017				of Building					L	APR (	9 6	2017	
Agencies Notified Type Notification	1			Address					ASBI	ESTOS	CC	NTR	OL 8
× EPA × Initial				tle Poir		udson				LICE			13150. (-
EPA  DEP  DOL  Initial  Amended  Amendmer  Emergency				ate, Zip ( ken, NJ				and the			1797		
DOH justification Cancellatio	)	}	2.5000000000000000000000000000000000000	of Contact Fernar	7				Γelephone	e Numbe	r		
			FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Taki	ng Place (	3)					Type of Fac	cility (4)					
Howe Center - 12th Floor								ol (K-12)					
Street Address 1 Castle Point on Hudson							X Subch Other	apter 8 (C (i.e. privat	ther than e & comn	K-12) nercial bi	uildin	gs, hoi	mes,
City (5)							etc.) Square Fee	er overes more				300 CT 01 30 185	illiana.
Hoboken							75000 +		of Floors		70+	ı. Age	
County (6) Hudson				Code (7) USE ONL	y)		Current Use School	e (Prior if t	eing dem	nolished)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC			Name	of Abatemen	nt Contract	or (9)				
TTI Environmental, Inc. Street Address			0003	<del></del>			Abatemer Address	nt, Inc					
1253 North Church Street						The state of the s	osengren /	Avenue					
City, State, Zip Code Moorestown, NJ 08057							tate, Zip Cod wa, NJ 075						
Project Manager for Monitoring Firm Jeff Seaman			Telepho 856-84	ne No. 40-8800	)		one No. 345-8685		Licens 0131	se No.			
Start Date (10)			mpletion		8	Name	of OSHA Moi		0.01				_
05/01/2017	06/01/		33				Abatemen	it, Inc.					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			ment				Address Osengren A	Avenue					
Abatement Performed Outside of Norr  Other – Describe: Occupied	nal Facility	/ Hour	'S				tate, Zip Cod wa, NJ 075						
Scope of Work (Check All That Apply)						10101	wa, 145 075	)   2					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	Renov Demol	5010			×	Full Conta Mini-Enclo Glovebag Non-Exen	osure Procedur	е			ure	
	78	Loca	The state of the s								Ab	ateme Type	nt
Location of Asbestos-Containing Material (ACM)		Norma d Sole	ely by	Achor		scription	of aterial (ACM)	,		-	$\top$	Type	T
TO BE ABATED		intena	ince/ Staff?				insulation,		Amount (Specify	Z	_	, En	m m
In Facility (13)	Cus	(12)				cing, VA1 niscellan			SF or LF)	Remova	Kepair	apsı	Enclosure
1.No. 35A	Yes	No	N/A		outer it	ii 300 ii ai ii	eous)			val	=	Encapsulate	ure
12th Floor		X			Fitting	j Insula	ition		310 LF	X	+	+	+
		X		S	pray-or	Fire P	roofing	1	515 SF	X			T
		Х			Fl	oor Tile	)	-	160 SF	X			
					loor and				200 SF				
Name of Registered Waste Hauler		750	JDEP W lauler ID		Cubic of Was		Name	e of Regis	tered Lan	dfill	-	-	
D&S Abatement, Inc.			0996	140.	TBD	10	Was	ste Mana	agemen	t of PA			
City, State Totowa, NJ					Dispos	al Date		State ytown, P	Α				
Completed by	Title				1000000	ignature/	17	,		Date			
Oliver Hegedis	Proie	ct Ma	anager				11/			-03/10	201	7	

Chleon	03	1		CATION	of New OF ASBI to NJAC	STOS	ABATE		The second of th	),[	C	EI	7	<u> </u>		M
Date of Notification (1)					Building (				1	1			-			
4/21/17					<b>AcCaffre</b>	ey Priv	ate Ho	me	- !!!	-	APR	26	2	017	200000	Land
Agencies Notified	Type Notification			Street A	ddress				O.C.	ĺ					100	
	✓ Initial		-	City Cto	to 7in Co	4.				<u> </u>	BESTO	os co	M	TRO	1 8	
DEP DOL	Amended Amendment	#			te, Zip Co ı Haven		008				LIC	ENS	INC	3		
	Emergency (		_  -		Contact	140 00			•	Tol	ephone N	dumba	_			
DOH DCA	justification) Cancellation			Mike	Contact					1 160	срионе і	vui i i bei	I.			
					LITY INFO	RMAT	ION			_						
Name of Facility Where A		g Place (3	)					Туре	of Facility (4	4)						
Mike McCaffrey Priv	ate Home								School (K-1	2)						
Street Address									Subchapter	8 (Othe					• 20-20-20-20-20-20-20-20-20-20-20-20-20-2	
									Other (i.e. p	rivate 8	s comme	ercial bi	ııblıı	ngs,	nome	es,
City (5)									re Feet	# of	Floors		Blo	lg. A	ge	
Beach Haven NJ 08	8008							1000	0+	1			35	5+		
County (6)				County C			//		nt Use (Pric	r if bei	ng demo	lished)	ý			
Ocean				3	JSE ONLY)	-		Hou								
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	l No.				tement Con	tractor	(9)					
N/A							30, 50,00	naco I								
Street Address								Addres Box 3								
City, State, Zip Code									ip Code							_
Oity, State, Zip Code							100000000000000000000000000000000000000		in NJ 080	191						
Project Manager for Monit	toring Firm			Telephor	ne No.			none No	AND DESCRIPTION OF THE PARTY OF	-	License	e No.				
,	9		-	. оторо.				-753-9			0072					
Start Date (10)		Schedule	ed Con	npletion I	Date (11)		Name	of OSH	HA Monitor							
5/1/17		5/5/17					Sam	ne								
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addres	ss	Į.						
▼ Facility Closed/Vaca	ted During Entire F	Period of A	Abaten	nent						*						
Abatement Performe Other – Describe:	d Outside of Norm	nal Facility	Hours	;			City, S	State, Zi	ip Code			X-11-77				
Scope of Work (Check All	That Apply)						_	_								
≥3 sf or ≥3 lf		_	Renova				H	1000000	I Containme		Negativ	e Pres	sure	9		
≥160 sf or ≥260 lf			emolit	ion				J Glo	ni-Enclosure ovebag Proc							
							>		n-Exempted		d Non-Fr	riable P	-			
		10 0.00	Locati	STATE OF THE PARTY									F	Abate Ty	ment	
Location			Normal d Sole				scription			j			Т	.,		
Asbestos-Containing I TO BE ABA		Ma	intena	nce/			taining N I system				mount Specify	7	0	_	Enc	Щ
In Facilit		Cus	todial 9 (12)	Staff?		surfa	cing, VA	T, or			or LF)	Kellova	8	Repair	aps	Enclosure
(13)			(12)	_		other r	miscellar	neous)				oval.		air	Encapsulate	sure
		Yes	No	N/A											O	
Living Room	Closet			Х		F	loor Til	le		3	5 SF	x				
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		1										-	+	_		
				-									1			
												1011				
Name of Registered Wast	e Hauler		10000	IJDEP W lauler ID		Cubic of Wa	Yards		Name of	200	ered Land	atill				
United Roll Off			0.55	2459		1	11.5		G.R.O.	W.S.						
City, State						Dispo	sal Date	)	City, State	е		0 0-2-2-2				
Elm NJ						5/5/1	17		Morrisv	ille P	A 1906	7				
Completed by		Title					Signature	e <sub>17</sub>		ne sii		Date				
Anthony T Perna		Pres	ident				1	_				4/21	/17			

CLEW 4217

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

APR 2.6. 2017

(Pursuant to NJAC 8:60 and 12:120)

		-										- [
Date of Notification (1)	1-17			Nar		ing Owner/Operato		STRUCTA	DN G	TIAC	BOI	
Agencies Notified	Type Notificati	on		Stre	eet Addres			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ENS	*** * *	1101	
□, BPA	☑ Initial			-		300 7	770 51.	0				
DEP DEP	Amended Amendmen	ıt#		City	, State, Zip			NET	0 -		,	
	☐ Emergency	(includ	ing	_	SEV	t ISLE	CLTY	N.J. 0	85	4	>	
Ø DOH □ DCA	justification Cancellation			Nar	ne of Conta			Telephone Numi	per			
	_ Cal icellation	<b>J.</b>			V-	RANIC						
	8		05 (1.	F	ACILITY IN	FORMATION						
Name of Facility Where A			ce (3)				Type of Facilit	y (4)				
R	ESIDEN	CE					School (K-					
Street Address								r 8 (Other than K-12 private & commercial		dings	5,	
City (5)	× 10 : 0						Square Feet	# of Floors	В	ldg.	Age	
Committee of the commit	CAN C	ITI					1500		ب_ا	50	<u> </u>	
County (6)	E MA	<b>(</b>			E ONLY)	(7) (STATE		rior if being demolis ACAUT	shed)			
Name of Monitoring Firm I	Hired by Building	Owne		ASCA	l No.	Name of Abatem	nent Contractor (	CONT. STREET CHANGE STREET				
(8)	IA					1<1	CMCO	INC				
Street Address	,					Street Address	S SPI	RUCE AUG	-			
City, State, Zip Code	•					City, State, Zip C	ode		_		-	_
•						MAP	LE SH	HADE M.J	- (	380	25	2
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.	0	License No.	7			
	•		_			856-77	9-0472	004	40	<u>L</u>		
Start Date (10)		4	4	( ) A	ate (11)	Name of OSHA N	Monitor (A. /	/4				
4-31-17			<u>- 6</u>	1		Steen Address	/	Δ			_	_
Occupancy Status During						Street Address						
Facility Closed/Vacated  Abatement Performed (	Alternative in the property of the contract of					City, State, Zip C	nde					=
Other - Describe:	Juside of Home	ai i aoni	ty mou			City, State, Zip C	ode					
Scope of Work (Check all	that apply)										-	=
Scope of Work (Check all	шатарріу)					Full Con	tainment with Ne	gative Pressure				
>3 sf or ≥3 lf			enovation emolition			Mini-End	closure g Procedure					
≥160 sf or ≥260 lf			PITIONUO	1				on-Friable Procedur	е			
			Locatio	n					A		ment	
. Lasation of		1 335	ormally Solely	hv		Description of				Тур	e —	
Location of Asbestos-Containing Mat	terial (ACM)		ntenano		Asbest	os Containing Mate		Amount			Е	
TO BE ABATEI		4	ustodial Staff?		(i.e.,	thermal systems in		(Specify SF or LF)	Rei	R	nca	Enc
IN Facility (13)		1	(12)			surfacing, VAT, other miscellaneous		SF GILF)	Removal	Repair	Encapsulate	Enclosure
(/		Yes	No	N/A					<u>a</u>	8	ate	ге
SIDING				V		TRANSIT	15	3000 SE	Y			
SIDING		$\vdash$		_		TICHIU ST.		3000 30	/			$\vdash$
		-	$\dashv$							_		
										-		
Name of Pasistand Walt	Haulos		I All	DEP V	Vacte T	Cubic Yards	Name of Regi	stered Landfill				-
Name of Registered Waste						of Waste		20 3				
ICLEMOO	DUC.		-17	uler ID 790	24_	<u> </u>		CMU-A-				_
City, State	11. 1.0 -	47	_	n C	152	Disposal Date-	City, State	BINE A	1 7	-		
	HUDE	MI.	7	000	120	Signature -	1 Oc	Date	1)			=
Completed By	Title		UP.			J. I.	Wi	Date -	71-	-1-	)	
MICHAEL K	WILL _	2	UV.			- Julian						

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

DECEIVED

APR 26 2017

(Pursuant to NJAC 8:60 and 12:120)

							1	§			8	9
Date of Notification (1)	21-17			Nar	ne of Build	ing Owner/Operator	(2) MW H1	ASPESTOS CO	NTR	OL	8,	and dispersents
Agencies Notified	Type Notificati	ion		Stre	eet Address		REMON	T // C				
DEPA	Mainitial   Amended			_	-		accoulder.	1 ATUE	_=			=
Ø DOΓ	Amendmer	nt #		City	. State, Zip		111= 1	17 08	7.7	10		
	☐ Emergency		ng	_		WOOD BI	nie n		-	U		
DX DOH	justification Cancellation			Nan	ne of Conta	100 A		Telephone Num	ber			
	_ Odr Recipion					12A						_
	E)			F	ACILITY IN	FORMATION						
Name of Facility Where							Type of Facili	ty (4)				35.1123
	KESIDE	NC	=				School (K-					
Street Address							Subchapte Other (i.e., homes, et	er 8 (Other than K-1. private & commerci	2) al bui	ldings	;,	
City (5)	-2.4	0	. –				Square Feet	# of Floors	. 8	ldg. A	75	
5	TRATHU	AEVE	_				1200			20	) +	
County (6)	MAY	,			unty Code ( E ONLY)	7) (STATE		Prior if being demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner		ASCA	A No.	Name of Abatem	ent Contractor (	(9)				
(8)	Ar I LA	•				V	LEMCO	INIC				
Street Address	1					Street Address						_
	***					36		S PRUCE 1	AVI	_		_
City, State, Zip Code						City, State, Zip C	CE SH	HADE ML	J (	280	53	2_
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.	9-0472	License No.	uu			
			_					- 1 _ 009	77			=
Start Date (10)	Sch	eduled (	-		ate (11)	Name of OSHA N	Monitor 1	d				
5-1-1	<u> </u>		-8.	1			N./	4				_
Occupancy Status During						Street Address						
Facility Closed/Vacated												_
Abatement Performed	Outside of Norm	al Facili	ty Hou	irs		City, State, Zip Co	ode					
Other - Describe:												_
Scope of Work (Check all	that apply)					Πε.::٥		# D				
П	26	По	enovat	ion		☐ Full Con		egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure					
(A) = 100 pt of = 200 ft		بم		32.002		Non-Exe	mpted (*) and N	lon-Friable Procedu	re			
		1	Locati						1	Abate Typ		
		71 00000 72	ormali Solel	A CONTRACTOR OF THE CONTRACTOR		Description of			_	171		
Location of Asbestos-Containing Ma			ntenar		Asbest	os Containing Mate	erial (ACM)	Amount			ш	т
TO BE ABATE			ustodia	əl	(i.e.,	thermal systems in		(Specify	Rei	R	ಬ	ncl
IN Facility		1	Staff? (12)			surfacing, VAT, other miscellaneous		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		-	(12)	T		Outer Traboundation	20,		/al	~	late	IГе
		Yes	No	N/A				51				
SIDIMI	<u></u>			X	-	FRAMSIT	E	12750-SI	X			
0 (10 [104]		1		/-								
				-					$\vdash$			
		-							+	-	-	_
						CI V	75	istered Landfill				
Name of Registered Waste	Hauler			JDEP V		Cubic Yards	Name of Reg	istered Landfill	, 1	1.4		
Kumco	) INC		17	auler ID	الا	of Waste	I	M. C. M.	U.	H		
City, State	7100		_1_			Disposal Date	City, State					2000
	HAUE	W.	7				WOO	DBINE		15		
Completed By	Titk	3				Signature	a m	Date	<u> </u>	2	_	
MiCHAKL K		SI	۔ حود	66		Mes	MUK		4	_	1	_

CK4 4217

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) -71-17			Name	e of Buildi	ng Owner/Operator AVAVUS	(2) CONT	ASBEST	TOS CO	ONT	RO	L8	
Agencies Notified Type Notific	ation		Stree	t Address		AVEN	HIF					
DEP Amended			City,	State, Zip			N. T	08	77	1/2		_
☐ Emergen justificati	ion)	ng	Name	of Conta	ct	d CIII	Telephor			0		=
DCA Cancellat					EAN				_			_
Name of Facility Where Abatement is T	akina Plac	0 (3)	FA	CILITY IN	FORMATION	Type of Facilit	v (4)					
RESIDENCE		.e (3)		41		School (K-	12)					
Street Address						☐ Subchapte  ☑ Other (i.e., homes, etc.)	private & ∞			dings	į.	
City (5)	CITY					Square Feet	# of Flo	ors	10000	dg. A		
County (6)					7) (STATE	Current Use (F	Prior if being	demolis		٧		_
CAPE MA				ONLY)	Name of Abatem	VACI						_
Name of Monitoring Firm Hired by Build (8)	ing Owner	1	ASCM	NO.	KLEMC		,					
Street Address					Street Address 369 S	SPRU	E Au					
City, State, Zip Code .					City, State, Zip Co							_
					MAPLE	SHADE	M.Z		05	2		_
Project Manager for Monitoring Firm		Telep	phone I	¥0.	Telephone No. 856-77	9-0472	License	04	14			_
Start Date (10) S	cheduled C	omplet	ion Dat	e (11)	Name of OSHA M	Monitor N /A.						
Occupancy Status During Abatement (C		-	1 1		Street Address							
Facility Closed/Vacated During Entire	e Period of	Abaten	nent								_	=
Abatement Performed Outside of No.  Other - Describe:	rmal Facilit	y Hours			City, State, Zip Co	∞de 						
Scope of Work (Check all that apply)					Full Con	tainment with Ne	egative Pres	sure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio emolition			☐ Mini-Enc							
	1 191	ocation	, T		MINONEXE	TIPLEO ( ) and IN	OFFIGURE F	Tocedure	F-10-	bater	nent	
	No	ormally Solely			Description of					Typ	е	_
Location of Asbestos-Containing Material (ACM)	Mair	ntenano	e/		os Containing Mate		Amour (Specif		_		Ē	ш
TO BE ABATED IN Facility		stodial Staff?		(i.e.,	thermal systems in surfacing, VAT,	or	SF or LI		Remova	Repair	caps	Enclosure
(13)		(12)			other miscellaneou	us)			oval	air	Encapsulate	sure
	Yes	No	N/A				2/2	11	./		_	_
SIDING			X		RAWSITE		2500	OST	X	_	-	-
		-								-	$\dashv$	$\dashv$
								-	$\dashv$	-		
Name of Registered Waste Hauler		T NJI	DEP W	aste	Cubic Yards	Name of Regi	stered Land	Hill				$\neg$
KLUMED INC.		Har	uler 10 1	49.	of Waste	C.M.	C, N	1. U	. 1	1_		
City, State			110		Disposal Date	City, State	ngi.	15	1			
MAPLE SHADE	NJ				Signature	<u> </u>	DBIA	Date.		-	_	-
Completed By MICHAEL KLEAM	ite SU₽.				_ Mil	Dh		4-	2.1	-1	7	

m Ch			NO			TIO		BB	v Jersey ESTOS ABA 8:60 and 5:1			<u> </u>	6	<u> </u>	$\underline{\mathbb{W}}$	
Date of Notification (1)						Nam	ne of Buildin	ng C	Owner/Operator	(2)		APR.	12	6 2	017	-
3/20	0 /	1	7			Ve	erizon Co	mn	nunications		7					- I
Agencies Notified Ty	pe Notifi	cation	1		$\dashv$	Stre	et Address	_			45	BESTO	18 (	NO	TRO	2 1
	Initial					90	West Mil	ltor	ı Ave		1			SIN		/L (A
	Amende					City.	State, Zip (	Coc	de		- 1000000000000000000000000000000000000		and I make the		man a man	
□ DOH	Amendr		1,000				hway, NJ									
DCA (NJAC 5:23-8)	Emerge justifica		ncludii	ng	-		e of Contac				Telepho	ne Numb	01			
	Cancella				- 1		ex Baylor	2.70			relepilo	ne Numb	ei	1		
									DUATION					_		
Name of Facility Where Abate	ement is	Takir	n Plac	o (3)	1		CILITYIN	VFC	DRMATION	T	. (4)					
Rahway Central Office		I anii	iy Plac	e (3)	)					Type of Facility						
Street Address										School (K-1		an K-12\				
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										Other (i.e.,	private and	commerc	ial b	uildin	ıgs,	
90 West Milton Ave						*****				homes, etc.	)					
City (5)										Square Feet	# of Flo	ors	В	ldg. A	Age	
Rahway										40,730	3			+- 5	0	
County (6)						Cou	nty Code (7	7)(S7	TATE USE ONLY)	Current Use (P	rior if being	demolish	ed)			
Union																
Name of Monitoring Firm Hire				(8)	A	SCIV	No.	N	ame of Abateme	ent Contractor (9	)					
USA Environmental Ma	nagem	ent I	nc.		1				BRISTOL EN	VIRONMENTA	L, INC.					
Street Address								St	treet Address							
8346 Enterprise Avenue	е								1123 BEAVER	R STREET						
City, State, Zip Code						-		Ci	ity, State, Zip Co	ode						
Philadelphia, PA, 19153	3								BRISTOL, PA	19007						
Project Manager for Monitorin	g Firm			Te	elep	hone	No.	Te	elephone No.		License	No.				
Mark Jenkins					215	365	5810		215-788-6040		0050	CIE UNOTO EL				
Start Date (10)	1:	Sched	duled (	Comp	oletic	on Da	ite (11)	Na	ame of OSHA M	onitor			-			
_04 / 10 / 17	1			177			17	1 8		/IRONMENTA	LINC					
Occupancy Status During Aba	tement (								reet Address							
☐ Facility Closed/Vacated Du						ent			1123 BEAVER	CTDEET						
Abatement Performed Outs	side of N	ormal	Facilit	v Ho	ours	- Des	cribe									
Time of Abatement:	_AM	P	√/ <u>5:00</u>	PM-	1:3	0AM			ty, State, Zip Co BRISTOL, PA							
Scope of Work (Check all that	annivi								BRISTOL, PA	19007						
Coope of Front Concor all that	apply)								□ Full Conta	ainment with Nec	ative Press	ure				
☐ ≥3 sf or ≥3 lf			⊠ Re							osure	,	31.37/				
≥160 sf or ≥260 lf			∐ De	moli	tion				☐ Glovebag	Procedure npted (*) and No	n Friable Dr	ocoduro				
			Is	Loc	atio	n			- Non Excit	inpiced ( ) and No	II-I Hable FI	ocedure	۸۵		T	
Location of			10/2	Vorm					Description of			F	40000		ent T	1
Asbestos-Containing Mater	ial (ACM	1)		d Sc					Containing Mate	erial (ACM)	Amou	nt	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility				inter todia			(i.e.,		ermal systems in		(Spec		VOL	air.	aps	losi
(13)				(12					surfacing, VAT, ther miscellaneo		SF or l	-F)	<u> </u>		Encapsulate	Гe
			Yes	No	0	N/A				40,					te	
Basement Power Room					1		VAT/Mas	stic	;		144 S	F	$\boxtimes$			
Basement Adjacent Rear	Stairwe	II				$\boxtimes$	VAT/Mas	stic	:		105 S	F	$\boxtimes$			
Basement - 1st Floor Stain	well La	nd.			1	$\boxtimes$	VAT/Mas	stic			45 SI					
1st Floor Stairwell Hallway	/Landir	ng			1	$\boxtimes$	VAT/Mas	stic	:		120 S	F	$\boxtimes$		П	П
Name of Registered Waste Hau	uler			Т	NJE	EP V	Vaste	Cut	oic Yards of	Name of Regist	ered Landfi					
SERVICE TRANSPORT (	GROUP	, INC				ler ID 0990		Wa 6		MINERVA L	ANDFILL					
City, State				-					posal Date	City, State						
NEW CASTLE, DE								T	BD	WAYNESBI	URG, OH					
Completed By (Print or Type)		Title							Signature	0025		Date		-		
Dillan DeCaro		110/51074	timat	or					Q:01.	~ De Care	1:0	H.	191	11	7	
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### State of New Jersey

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DATE   Check   Check only   Cancellation   Cancel				#2-4/2	21/17	0.000			A demand of					1
Cannot   C		☐ Emerg	gency (	(includi		R	244			ASPESTOS	2712	001	_	-
Name of Facility Where Abatement is Taking Place (3)	(NJAC 5:23-8)									Telephone Nun	nber.	HUL	- Sanda	
Name of Facility Where Abatement is Taking Place (3)		☐ Cance	ellation			A	lex Baylo	or				1000		
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (O						F	ACILITY	INFORMATION		_		1000		
Subchapter 2 (Other (Han K-12)			is Taki	ng Plac	ce (3)				Type of Facility	y (4)				-
Solution	Rahway Central Office	ce												
City (5)	Street Address								Subchapter	8 (Other than K-12	2)	r tarvet		
Square Feet	90 West Milton Ave								homes etc.	private and comme	rcial l	buildi	ngs,	
Rahway	City (5)										1	Rida	Δαρ	
County (6) Union  County Code (T/)STATE USE ONLY) Union  County Code (T/)STATE USE ONLY) Union  Country Code (T/)STATE USE ONLY) USA Environmental Management Inc.  Street Address  Street Address  Street Address  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Project Manager for Monitoring Firm  Mark Jenkins  Catalogical Completion Date (11)  O4 / 21 / 17  Cocupancy Status During Abatement (Check only one) Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement  Asbestos-Containing Material (ACM) IO BE ABATED  IN Facility (12) Yes No N/A  aseement AC Room  Service TANSPORT GROUP, INC.  Country Code (T/)STATE USE ONLY)  ASDE Waste  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  124 State Address  125-788-6040  00509  Street Address  125-788-6040  00509  Street Address  126 Street Address  127 Street Address  127 Street Address  128 Street Address  129 Street Address  1	Rahway										1,			
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   BRISTOL ENVIRONMENTAL, INC.	County (6)					Co	unty Code	(7)(STATE USE ONLY)			chod)	13.5		
USA Environmental Management Inc.  BRISTOL ENVIRONMENTAL, INC.  Street Address 3346 Enterprise Avenue  City, State, Zip Code Philadelphia, PA, 19153  Project Manager for Monitoring Firm Mark Jenkins  2153655810  2157-788-6040  2050-99  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRIS	Union							( 11	000000	nor il being demoil	siicu)	18		
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Street Address   1123 BEAVER STREET					1-7			1	7.5	f				
City, State, Zip Code   Philadelphia, PA, 19153   City, State, Zip Code   BRISTOL, PA 19007   City, State, Zip Code   City, State	Street Address								THOMBLITT	CL, INC.				
City, State, Zip Code	8346 Enterprise Aver	nue							PETPET					
Philadelphia, PA, 19153														
Telephone No.   Telephone No.   2153655810   215-788-6040   205099   215-788-6040   205099   215-788-6040   215-788-6040   205099   215-788-6040   215-788-6040   2050999   215-788-6040   2050999   215-788-6040   2050999   215-788-6040   2050999		53												
Mark Jenkins					17-	le a b a a a			19007					
Start Date (10)  O4 / 10 / 17  O4 / 21 / 17  O5 Decupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:  AMPM/5:00PM-1:30AM  Close of Work (Check all that apply)  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  City State, Zip Code BRISTOL, PA 19007  City State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  City State, Zip Code BRISTOL, PA 19007  City, State, Zip Code BRISTOL, PA 19		ning riim												
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Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/5:00 PM-1:30 AM						21_ /		BRISTOL EN	VIRONMENTA	L, INC				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/5:00PM-1:30AM								Street Address						
Time of Abatement:AMPM/5:00PM-1:30AM	☐ Facility Closed/Vacated	During En	ntire Pe	eriod of	Abat	ement		1123 BEAVER	STREET					
BRISTOL, PA 19007    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)	Abatement Performed O     Time of Abatement:	utside of	Norma	I Facilit	у Но	urs - De	scribe	City, State, Zip Co	de			000		
≥3 sf or ≥3 If			P	M/ <u>5:00</u>	JHM-	1:30AM	1	BRISTOL, PA	19007					
Second	Scope of Work (Check all th	at apply)			11.00								0.000	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Assement AC Room  assement AC Room  assement Storage Closet  To Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Fittings  Amount (Specify SF or LF)  Absestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Pipe Insulation  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Pipe Insulation  Amount (Specify SF or LF)  Pipe Insulation  In I	≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	3,000 12-40							osure Procedure		e			
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  assement AC Room  assement AC Room  assement Storage Closet  To Be Abated  To											At	atem	ent T	ype
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20990 6 WINERVA LANDFILL	ame of Registered Waste H	lauler			1.00				Name of Regist	ered Landfill				
h. Clata	SERVICE TRANSPORT	GROU	P, INC	<b>)</b> .	1				MINERVA L	ANDFILL				
	ty, State					20330	,		City, State	30.4		-		_

NEW CASTLE, DE

Dillan DeCaro

Completed By (Print or Type)

Title

**Estimator** 

TBD

Signature

WAYNESBURG, OH

ASB-41 JAN 13 00/7012

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

Cle# 3199

Date of Notification (1)				1.1					1111	個1		120		-
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						INFORMATION							_	
Name of Facility Where Aba	tement is Ta	aking F	Place (3	3)		Oranization	Type of Fac	ility (A)						_
Rahway Central Office	9						School (		(i)					
Street Address							── ☐ Subchap	ter 8 (0	Other t	han K-	12)			
90 West Milton Ave							Other (i.e homes, e	e., priva	ate and	comm	nercia	al build	dings	s,
City (5)		-	a de libre				Square Feet		# of F	nore		Dida	Λ ~	_
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Name of Monitoring Firm Hire	d by Buildir	ng Own	ner (8)	ASC	CM No.	Name of Abatem	ent Contractor	(9)					0-01.U	_
USA Environmental Ma	nagemen	t Inc.				BRISTOL EN			NC					
Street Address						Street Address		, (1						_
8346 Enterprise Avenue	Э					1123 BEAVE	R STREET							
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Philadelphia, PA, 19153						BRISTOL, PA								
Project Manager for Monitoring	g Firm		Te	elephor	ne No.	Telephone No.		11	icense	No				_
Mark Jenkins				21536	55810	215-788-6040		-	0050					
									R.F. D.The J					
		eduled	Comp	letion I	Date (11)	Name of OSHA M	lonitor		0050	5				_
Start Date (10)04 /10 /17					Date (11)	Name of OSHA M		AL, IN		5		11-11-11-11		
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04 / 10 / 17 Decupancy Status During Abat Facility Closed/Vacated Dur	ement (Che	04 eck only	y one) of Abat	ement	17	Name of OSHA M BRISTOL ENV	VIRONMENT	AL, IN		5				_
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Agencies Notified	Type Notific	ation		18	Street Addres	SS			ALII		2 4	11
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(NJAC 5:23-8)	justification	on)	3	N	ame of Cont	act		Talanhane I	Mumhe	er.	T. T T.	_
	Cancellat	ion			Alex Baylo	or						
				CC-C-	FACILITY	INFORMATION				-	-	
Name of Facility Where	Abatement is T	aking P	lace (3)				Type of Facilit	v (4)				
Rahway Central Of	fice						School (K-	12)				
Street Address							── Subchapte	r 8 (Other than #	(-12)			
90 West Milton Ave							homes, etc	private and com	mercia	al bui	ldings	S,
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Union					***************************************	, , ,		nor il bellig dell	ionsne	0)		
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USA Environmental	Managemen	t Inc.	1,45			그림 - "시하기의 역시 하시아 및 제시되었다" 이 없이 있었	VIRONMENTA					
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Philadelphia, PA, 19	153					BRISTOL, PA						
Project Manager for Monito			Tel	enhor	ie No.	Telephone No.	15007	11.				
Mark Jenkins			100000		55810	215-788-6040		License No.				
Start Date (10)	Sch	eduled		include of the	Date (11)			00509				
04/10/			52		17	Name of OSHA M						
						BRISTOL EN	RORMENTAL	L, INC				
Occupancy Status During A						Street Address						
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Time of Abatement:	AM-	ai Facil PM/5:0	ny Hour OPM-1:	s - De 30an	scribe	City, State, Zip Coo						
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Chk # 3184

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				(P	ursuant	to N.	JAC 8:60 an	d 5:16	)		E	G [	E 1	$\mathbb{W}$
Date of Notification (1)		-			Name of	f Build	ding Owner/Ope	erator (2)	)	112				
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Agencies Notified	Type Noti	fication	1		Street Ad	ddress	s			-14 (	<u> </u>	PR	26	2017
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☑ DOLWD3214 ☑ DOH3153	Amend Amend	111700			City, Stat	le, Zip	Code			-	ASBE	5105	s CO	NIRC
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(NJAC 5:23-8)	justifica	tion)		5	Name of	Conta	ct			Teler	hone N	umbe	-	
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Name of Facility Where A		Taking	Place	(3)				T	pe of Facilit	y (4)				
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90 West Milton Ave								(2)	Other (i.e., homes, etc	private an .)	o comm	ercial	pulldii	igs,
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City, State, Zip Code Philadelphia, PA, 1911	E2						City, State, Zip							
Project Manager for Monitori			75	F-11			BRISTOL, I		07					
Mark Jenkins	ing riini		1'		one No.		Telephone No.			License	5000			
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2767 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) APR 26 2017 04 21 / 17 Sandra Lee Type Notification Agencies Notified Street Address ASBESTOS CONTROL ☐ EPA X Initial LICENSING **⋈** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # Montclair, NJ 07042 Emergency (including) □ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Sandra Lee 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.) Square Feet # of Floors Bldg. Age City (5) Montclair, NJ 07042 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) 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 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 05 / 02 / 17 05 / 03 / 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-\_\_\_PM/ PM\_\_ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)other miscellaneous) (13)Yes No N/A X Pipe insulation 140 LF Basement П NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler Gr Tech LLC 0033785 TBD T.R.R.F. Inc Disposal Date City, State City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Date Signature/ 04/21/17 N.Jevtic Owner ASB-41

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification Name of Building Owner Operator (2) 2 6 2017 4-21-17 City of New Brunswick Agencies Natified Type Notification Street Address ASBESTOS CONTROL & 78 Bayard Street $\Sigma$ FPA Initial LICENSING City, State, Zip Code DEP Æ Amended X DOL Amendment #2 New Brunswick, NJ 08903 Emergency uncluding X DOLL Name of Contact justification) Falephone Number X DCA Cancellation Daniel Torrisi FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) D & R Canal Pump Station School (K-12) CX Subchapter 3 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 1010 George Street Cit. (5) Square Feet # of Floors Bldg Age New Brunswick 10,000 2 65yrs. Count in County Code (7) Current Use (Prior if being demolished) ISTATE USE ONLY) Middlesex Water Treatment Plant Name of Mondoring Form Fored by Building Owner (8) ASCM No Name of Abatement Contractor (9) Mott MacDonald Plymouth Environmental Co., Inc. Street Address Street Address 111 Wood Avenue South 923 Haws Avenue Cir. State, Z.e Code City, State, Zip Code Iselin, NJ 08830 Norristown, PA 19401 Project Manager for Monitoring Form Telephone No. Telephone No. License No. Carol Walczyk 610-239-9920 800-832-3272 00398 Siart Date 1 in Scheduled Completion Date (11) 5–25–17 Name of OSHA Monitor 5-8-17 Plymouth Environmental Co., Inc. Occupancy Status During Abutement (Check Only One) Street Address Facility Closed Vacated During Entire Period of Abatement 923 Haws Avenue Adatament Performed Outside of Normal Facility Hours © Other - Describe 7:00AM-4:00PM City, State, Zip Code Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 st or ≥3 lt ≥1 or st or ≥2 so lt EX Renovation Fuil Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Tire Normall-Location of Description of Vinestes-Containing Material (ACM) Used Solely by Ashestos Containing Material (ACM) Amount Maintenance TO BE ABATED tile thermal systems insulation, surfacing, Custodia! Staff\* (Specify In Facility VAT or SF or LF (12) (13) other miscellaneous) Yus No 1.1 first floor X pipe insulation 300 LF X Name of Registered Waste Hauler NIDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting

Newark, NJ

Completed 5.

James Kelly

Disposal Date
Cay, State

Waynesburg, OH

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President

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Street Address				-			Street 280		ess idland Ave	<del></del>					
City, State, Zip Code	***************************************								Zip Code rook, NJ (	7663					
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph 201-	none I	No.		License N	lo.	-		
Start Date (10) 5/4/17		Schedul 5/7/17	ed Com	pletion	Date (11)				SHA Monitor		01303			198	
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Completed by		Title				S	Signature	11		C ACADOMINI	Da	ite			

Richard Cristofol

Date

4/21/17

Signature

President

Print Form

Date of Notification (1)				Nam	e of Ruildin	na ()	wner/Operator	- (2)						
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Street Address								Subchapter  Subchapter  Other (i.e.,	r 8 (C priva	ther than K-12	?) al buil	dinas		
Cib. (E)								homes, etc	:.)					
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(0)	he of Monitoring Firm Hired by Building Owner $\overline{MECS}$							ens Environ	- 6	ntal Service	e Ir	10		
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Mahlon E. Ster	vens	Pr	oject	Man	ager		111			_	4/25	/17		

CHECU # 529

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

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		V			Name of Building Owner/C	perator (2)	1		001					
e of Notification (1)					RBG Hightstown LLC		APR	26	2017					
4/21/17	Notificat	tion Type			Street Address 3930 Flagler Drive #202	المنافي ا				-	4			
encies Notified	☐ Initial	notification	on	-	City, State, .Zip Code	42.			221772	21				
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EPA DCA	⊠ Eme	rgency no	tificatio	†¹	Name of Contact:	1 1	elephone ivii				-			
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ghtstown Mill Redevelopment					□ Subchapter 8 (other the	nan K-12)	lings, homes	, etc.						
					Subchapter 8 (other than K-12)  Subchapter 8 (other than K-12)  Other (i.e. private & commercial buildings, homes, etc.  Bldg. Age  Square Feet # floors 100									
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	irm Telep	hone Nur	nber		Telephone Number 973-901-0153	1	01265							
Project Manager for Monitoring F														
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Scheduled Start Date (10)	Sche 05/04	AI17	Tipletion	II Date (	BL Contracting Inc.						_			
04/24/17	-				Street Address									
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Describe  Source of Work (Check all that a source of Asbestos-Containing Material (ACM) in Facility (13)  Building #3 3rd Floor  Building #3 3rd Floor  Building #3 3rd floor  Outside near dumpster	Is Location Used Sol Maint/Cu (12) YES	on Normal lely by istodial Sta NO	NA X	Description of Material (ACN insulation, surmisc.)  Remove Asb 2 locations a Remove Asb 2 locations a Remove asb and Clean d	Asbestos Containing  (i.e. thermal systems facing, VAT, or other restos debris from floor and hepa vacuum floor restos debris from floor restos debris from floor restos pipe in sleeve ebris with hepa vacuum remove 2 inch of soil    Cubic Yards of Waste 5	ini-Enclosure Glove bag Proc Full Containme Amount (Spec LF)  50 SF  50 SF  20 SF +2LF  20 SF	Name of R	Abate Remov Enclos	ement T	Type ir Encap				
Describe  Source of Work (Check all that a source of Asbestos-Containing Material (ACM) in Facility (13)  Building #3 3rd Floor  Building #3 3rd Floor  Building #3 3rd floor  Outside near dumpster	Is Location Used Sol Maint/Cu (12) YES	on Normal lely by istodial Sta NO	NA 🗵 🗵 🗵 e Hauler	Description of Material (ACN insulation, surmisc.)  Remove Asb 2 locations a Remove Asb 2 locations a Remove asb and Clean d	Asbestos Containing (i.e. thermal systems facing, VAT, or other destos debris from floor and hepa vacuum floor destos debris from floor destos debris from floor destos pipe in sleeve ebris with hepa vacuum destos debris from destos debris d	ini-Enclosure Glove bag Proc Full Containme Amount (Spec LF)  50 SF  50 SF  20 SF +2LF  20 SF	Name of R T.R.R.F	Abate Removements	ement T	Type ir Encap				

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04/19/17 Agencies Notified	Type Notification			t Addres				1	* The second sec			ONT	201	0			
EPA DEP	Initial Amended		City.	State, Z	ip Code /KEN NJ.0	7086					BESTOS C LICEN	SING	HOL	CX	$\parallel$		
☑ DOL	Amendment #_ Emergency (incligination)	uding	Name	e of Cor	ntact					Teleph	one Number						
DOH DCA	Cancellation				INFORMATI	ON	_	oe of Fa	oility (A)						-		
Name of Facility Where SAME	Abatement is Taking P	lace (3)						School	ol (K-12)	Other t	than K-12) commercial b	uilding	s, hor	nes,			
Street Address 820 NEWARK AV	Ε						Sq	etc.) uare Fe		# of F		Bldg.	Age				
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JERSEY CITY NJ	. 07 000		Cou	nty Cod	le (7) ONLY)		Cu	rrent Us N/		Detrig	demolished	,					
HUDSON  Name of Monitoring Fire	m Hired by Building Ov	vner (8)	1	SCM N		Name	e of A	Abateme	ent Contra	actor (9 RON!	9) MENTAL I	LC.					
N/A						Stree	t Ad	dress									
Street Address								51 STF							-		
City, State, Zip Code						NO	City, State, Zip Code NORTH BERGEN NJ										
Project Manager for M	Ionitorina Firm		Tel	lephone	No.			ne No.	1		License No. 01300						
Project Manager for it			0	ation Dr	ata (11)	201-776-0641 01300  Name of OSHA Monitor  EMSL. ANALYTICAL INC.											
Start Date (10)		04/24/20	led Completion Date (11)						LYTICA	AL IN	C				-		
04/22/2017	uring Abatement (Check							ddress / 38TH	ST.								
Facility Closed/\ Abatement Perfe	acated During Entire Pormed Outside of Norm	eriod of Aba	atemer	nt		City	, Sta	ite, Zip (		0018							
Other – Describe Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	ck All That Apply)	⊠ Re     De	novatio molitio	on on			××	Mini-l	Enclosure	e dura	n Negative P	le Proc	edure	<b>.</b>			
			1000					14011				1	Abate Ty	meni	2		
Asbestos-Contai TO BE In	ation of ining Material (ACM) EABATED Facility (13)	No Used Mair	ocatio ormally Solely ntenan odial S (12)	/ y by ce/	(i.e. the	s Containing Material (ACM)					Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
	25 25 	Yes	No	N/A	Dir	PE INS	111 /	ATION			130	X					
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Name of Registere	d Waste Hauler			JDEP V	11000	Cubic Ya of Waste					stered Landf ENTERPI						
TRI. STATE. A			1000	9951		TBD Disposal	Date	е	City, St	ate							
City, State BRONX. NY.		1				TBD	rigitui				BURG OH	Date	1004	7			
Completed by CARLOS ESQ	UIVEL	SAF	ETY	MANA	AGER	10	0	rlv	Og	VIII		04/19	1201	1			

## State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

W#3145	NOTIF	CATK ursual	ON OF A	New Jerse ASBESTOS IAC 8:60 an	ABA1EMI d 12:128)			ECEI	W [5			
te of Notification (1)	a social	(5-	of Byill tata 1 Addres		Operator (2	2) S (	ords	APR 26	2017		4	The same of the sa
EPA DEP DOL. Type Notification  Type Notification  Type Notification  Amended  Amendment #	ding	H	State, Z	ton,	Neu	0 \	inter	SBESTOS CO LICENSII Telephone Numb	40	L&		Mill Fringerick, Addition
DOH justification) Cancellation		F	ACILITY	CITY CORMA	TION	Tune	of Facility (4)			-		
ame of Facility Where Abatement is Taking Pla OCOS Proporty treet Address	nce (3)				Speciments that any pay of first 1 considerate that the second se		School (K-12) Subchapter 8 ( Other (i.e. privi	Other than K-12) ate & commercial I	miding	s, hor	nes,	
Dity (5)					a dell' A servi	Squa	etc.) are Feet 「ひり	#of Floors	Bidg.	Age 5 +		
Hamilton		Cou	inty Coc	de (7) E ONLV)		Curi	Resident	if being demolishe	d)			
Manual Colonian Street Building Over	ner (8)		SCM N		Name	of All	patement Control dation Co., I	actor (9)				
Street Address				and the same of th	Stree 95 M		ress rose Rd					
City, State, Zip Code					City, S	State. is Ne	Zip Code ick, New Jer	sey				_
Project Manager for Monitoring Fam		Tel	lephone	No.	732		1757	License No 00029	)-			2
Start Date (10)	cheduled	Compl	letion D	ate (11)	(n appropriate con-		SHA Monitor					
5 1 1 + Occupancy Status During Abatement (Check	Only One	IT			Street	et Ada	iress					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of Ab I Facility F	latemei lours			City,	State	, Zip Code					
Scope of Work (Check All That Apply)  23 sf or ≥3 lf	Re Re	novatio molitic	วก ก			and the state of t	Mini-Enclosure	- direct				
N ≥160 sf or ≥260 lf	-		-			M	Non-Exempte	d (*) and Non-Frial	ple Prot	PHIGH	431251	-
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	Location formally d Solely ntenan odial Si (12)	y by cel	(i.e. th	Descrip Containin ermal syst surfacing, ther misce	ig Mai ems ii VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	The second of th
(10)	Yes	No	NIA					150011	K	A second property of the second property of t		and were don
exterio-	of the sale of the		X	Sidi	3				ments from examply from	District to the last	The state of the s	
	Application of the state of the	The state of the s	And being designed and	Distriction of the Control of the Co					GH	di anno di ann	Tribund to be	
Name of Registered Waste Haufer Ace Insulation Co., Inc.		-	UDEP V Hauler III 2086	Waste O No.	Cubic Yar of Waste Disposal I	3	City, St	ate 17:1185	200	US		
City, State Colts Neck, New Jersey				A CANADA	5/8	11 -	7 1000	the contract of the contract o	Date //	10	**************************************	
Completed by Bree McGuire	Sec	retary	Treas	surer		(	54	4-1	-4	2	11	

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

)	(Pu	CATIO Irsuan	N OF AS t to NJA	New Jersey BESTOS A C 8:60 and	12.120)		C	HER	K			5	
ate of Notification (1) 14/20/2017		FRA	NK PA	ng Owner/O	perator (2	2)	,		APR	26 21	017		
gencies Notified  Type Notification  Initial		City S	Address		0			200	ASBESTO	S CON	TROI	- &	
DEP Amendment #  DOL Emergency (includin justification)  Cancellation	g	Name BRI	of Cont JCE	act				Te	elephone Numb	er_			
DCA Cancellation	(3)	FA	CILITY	INFORMAT	ON	Туре	of Faci						
RESIDENTIAL						1	Subcha Other (		other than K-12) e & commercial	building	s, hom	es,	
Street Address City (5)						Squ 23			f of Floors	Bldg. 61	Age		
WENONAH		Cour (STA	nty Code	e (7) ONLY)		R	ESIDE	NIIAL	being demolishe	ed)			
GLOUCESTER  Name of Monitoring Firm Hired by Building Owner	(8)	A	SCM No	),	ASS	SUR	ED EV	nt Contract IVIRON	ctor (9) IMENTAL SE	RVICE	S IN	O. ——	_
ACER ASSOC.  Street Address 1012 INDUSTRIAL DRIVE					570		ress EMS F						
City, State, Zip Code WEST BERLIN NJ 08091				No	MU	JLLI(	OA HIL	L NJ 08	License N 01145	lo.			
Project Manager for Monitoring Firm	1 1-4	88	lephone 56-809 etion Da	-1202	61 Nam	0-30 ne of	4-4676 OSHA M	_	01145				
Start Date (10) 04	/25/20	17	Cuon De		Street Address 200 RT. 130 NORTH								
Occupancy Status During Abatement (Check Or Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F Other – Describe: RESIDENTIAL-VACAN	od of Ab acility H	atemer lours NG RE	nt EMOVAL	·	City	Ctot	a Zin C						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	✓ Re	enovatio	on			>	Mini-E	nclosure	nt with Negative edure (*) and Non-Fri	able Pro		ment	
		Locatio			Descri	ntion (	of				Ty	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used	ormally d Solel ntenan odial S (12)	y by nce/		Containiermal sys surfacing ther miso	ing Ma stems	ateriai ( <i>F</i> insulatio Γ, or	ACM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(13)	Yes	No	N/A X	F	_OOR	TILE	NF1		534 SF	Х			+
FAMILY ROOM-KITCHEN-HALLWAY			7,830										1
									1D vistored l 2	ndfill			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	VICES		NJDEP \ Hauler II 00348	O No.	Cubic Y of Waste 6	е	9	MINE	of Registered La RVA LANDF ate	ILL ———			_
City, State MULLICA HILL NJ					Disposa 04/26	/201 gnatu	$\frac{7}{4}$	WAYI	NESBURG,	Date	0/20	17	
Completed by RON SWANSON	Title GE	NER	AL MA	NAGER	51	griatu	Han		for ashestos lic	1 1 1 1 1 1 1 1 1	0/20		nga sa

04/20/2017 11	:28AM 1855224	3799			1	ASSURE	D SE	RVICE	5	1	E (	G	PA	11 1	83/	-	
*		No		CATION	ne of New Of Asse o NJAC !	ESTOS A			CH	EG		16	39	·Vo	017	Aller James	
Date of Notification (1 04/20/2017			T	Name of FRAN	Sulding C	Owner/O	persitor	(2)			UL A	TRAI	476	11 -	7	11,000	
Agencies Notified	Type Notification		1	Streat Ac	dress					P	ABE:	STO	SA	ψN SIN(	TRU	IL &	
DEP DOL	Initial Amended Amendment #		H	City, Stat	NAH N	d= J 0809	0		$\dashv$	1400	I	1	1	זויי	1		
DOH DCA	Emergency (ir [ustification) Cancellation	duding	-	Name of BRUC	Contact E					MAN	7-1			-	10 -2 -2		
				FACIL	JTY INFO	RHATIC	INC					_		_	-		
RESIDENTIAL	n Abatemant is Taking	Place (3)						-	Facility ( chool (K-1	5		**************************************					
Street Address								0	ubchapter ther (i.e. p	8 (Othe rivate &	than i	K-12) ercial	build	ings,	home	B,	
City (5) WENONAH	21							2364	Fast	et # of Floers Bidg, Age 61							
County (8) GLOUCESTER				County C	oda (7) ISE ONLY)		_	RES	Usa (Pri	Use (Prior If being demolished) DENTIAL							
Name of Monitoring F ACER ASSOC.	irm Hired by Building O	ener (8)		ASCM	No.		ASS ASS	of Abata URED	ENVIR	19M Contractor (9) ENVIRONMENTAL SERVICES INC							
Street Address 1012 INDUSTRI				Street Address 570 CLEMS						S RUN							
City, State, Zip Code WEST BERLIN I	J 08091			City, State, Zig MULLICA					HILL NJ	08082							
Project Manages for N MATT DEPALMA	lonitoring Firm			Telephone No. Telephone No. 856-809-1202 610-304-4							Licens 0114	B No.					
Start Date (10) 04/24/2017		Satted view 04/25/2		ompletion Date (11) Neme of OSHA Monto 7 EMSL													
	ring Abatement (Check		S.					Address FIT 13		NORTH							
Abstement Performent Other - Describe	aceted During Entire Po arred Outside of Norms RESIDENTIAL-VAC	Facility INT DUR	loure NG F	EMOVA	L	_	City, 5	tata, Zip	Code	Code SON NJ 08077							
Scope of Work (Check	(All That Apply)	_						7									
23 af or 23 lf 2150 af or 2250 f	r		nova					Mini-	Containm Enclosur ebag Pro Example	s cadure							
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	lon of		rmedi	Y			cription			200		-	-	Tyr	se .	_	
	ng Material (ACM) LEATED		tenur	100/		tos Conta tharmai :	system	insulat		(3	nount pacify		20	20	Enc	g l	
	olity 3)	* Office School **	(12)	PETT		ಕಲಗೆತರ ಕರ್ಗಳ ಗಾ	ing, VA			SF	or LF)	1	PACKUBAJ	Repair	Encapsulate	Епсюши	
		Yes	No	N/A											<b>F</b>	বা	
AMILY ROOM-KI	TOHEN-HALLWAY			X		FLOOF	TILE	NF1		63	4 SF	-	X	_	_	_	
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		1		1									7			-	
Name of Registered V ASSURED ENVIR	Waste Havier RONMENTAL SER	VICES	H	JDEP W autor ID 034895	No.	Gubic ' of Was 6	18		Name of MINER								
Oity, State MULLICA HILL N.	J		5000			04/26			WAYN	ESBU	AG, O	H					
Completed by RON SWANSON		Title GENE	FIAL	MAN	AGER	\$	gnetufe	K medi	Qhy.	240	M	Date O4/	20/2	1017			

								ABATEMENT	·		21/200	1 6	(2)	F	П	71/7	F
Date of Notification	(1)		(Pursu	Name of Building Owner/Operator (2)											<u>U</u>	W	<u>L</u> ,
4/21/2017							7	70		finger	exe	útor	:				1
Agencies Notified	Type Noti	ficat	ion	Stre	et Add	ress					11		APR	2	6	2017	-
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[X]DOH	NOT	ificat	lon	Name	of Cor	ntact				Telep	37	-h		Company			
[ ]DCA	[ ]EMER	GENCY			ther		Cri	.cco									
	[ ]Cance	ellati	ion	And	elfi	nge	r ex	eutor				- 1					
					FAC	ILITY		RMATION									
Name of Facility Whe									Typ	e of Facil	ity (	4)					
Catherine Cric	cco And	delf	inge	er e	xeut	or				[ ]School		1					
Street Address									-	[ ]Subchap [X]Other (							1
										buildings,					uuu-1	cra.	
									Squ	are Feet	# 0	f Floo	ors	Blo	lg.	Age	
City (5)		100	ounty					Code (7) USE ONLY)									
Hoboken		H	udsc	n		(5	TAIL	OSE ONLI)	Cur	rent Use (	Prior	if be	eing	dem	olis	hed)	)
Name of Monitoring F	irm birod	brr Di	ıildin	~ 30	CM No.		NTO-	a of Thata	Contracto	- (0)							
Owner (8)	rrm urred	ים עם	TTTGTII	g AS	CM NO.							0.0					
N/A				AZTECH MANAGEMENT, Inc. Street Address													
Street Address										pher St							
City State Fin Cod			2 2000														
City, State, Zip Cod	9						10000000	y, State, ontclai		NJ 070	42						
Project Manager for 1	Monitorin	a Firm	n Te	elephone Number Telephone Number							(100 to 100 to 1	Fr	Licen	ea 1	Mumb	or	
		9	· 18300	I/A (973) 744-8800									00:			er	
Scheduled Start Date 4-30-17	(10)	Sched.		letion	n Date	(11)	Name N/I	of OSHA	Moni	tor							
Month Day Ye Occupancy Status Dur:	ar ing Abater	Mont ment		Day only	Year	r	Stre	eet Addres	-								
[X]Facility Clos	ed/Vacate					L	Pere	sec Addres	3								
of Abatement [ ]Abatement Per		tside	of No	rmal	Facili	tv	City	, State,	7in	Codo							
Hours - Descr [ ]other - Descr	ibe: «OffH	ours	Descri	pt»			010	, beace,	arp	Code							
Scope of Work (Check				Desc	Lipen												
boope of work (check	all that	аррту	,					[ ]Full	Cont	ainment wi	th Ne	gative	Pre	ssu	ce		
[X] \( \gamma \) sf or (			50		ovation olition			[X]Mini-		osure Procedure							
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Asbestos-Cont			N	ormal Used				Description Destos-Con		- C	A	mount		R	R	E N	E
Material (				Solel				Material (			120.12	pecify	7	E M	E	C A	L
TO BE ABA In Facili			Ct	istod	ial	1,		., thermal			100	F or LF)		O	A	PS	o s
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Basement					x	Din	o T=				1 (	ים דר	-	-			E
basement				Contract -	Δ	PIP	е 11.	sulati	OII		Τ.	SOLF	2	-	-	-	
									-					-	-		
Name of Registered Wa	ste Haule	· r	N.	DEP V	Jacto	C	bic Y	arde	NT =	mo of Pogi	storo	hara F	lf;11				
AZTECH MANAGE			Ha	uler	ID No.	- 1		e 1.5	Name of Registered Landfill Minerva Enterprise INC						,		
City, State		Disposal Date						City, State									
Montclair, NJ				100	5-2-		11.00	Waynesb	urg,	Oh:	io	446	888				
Completed By (Print o					gionatura	)	/	//	/	h :							
Constantine Vi	nt				Signature	5	1	1/		Dat		2017					
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Date of Notification (1) 4/20/1	7			100000000000000000000000000000000000000		ing Owner/Operato	II L. A	PR	20	20°	17				
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Agencies Notified	Type Notif	ication		Stre	eet Addres	S		ASBES	STOS	CC	NTI	301			
DEP	Initial   Amend	ed		City	, State, Zip	Code			HOF	MS	40				
⊠ DOL	Amend				nsdale, P							-11-0			
<b>⊠</b> DOH	justific	ency (includ aton)	ing	_	me of Co			Telephone Nu	mber			_			
☐ DCA	Cancell	ation		100000000	nis Grub	Sancture.		1 releptione ita	_						
		We man and		F	ACILITY IN	IFORMATION		1							
Name of Facility Where	Abatement is	Taking Pla	ce (3)				Type of Facili								
Residence							School (K-		40)						
Street Address								er 8 (Other than K-		ildina					
City (a)							homes, et								
City (s) Cape May, NJ							Square Feet	# of Floors	- 1						
County (6)				T 00		(7) (CTATE	1800 SF	2	_   -	40 yı	S	_			
Cape May, NJ				US	E ONLY)	(7) (STATE	Prior if being demo	iisnea	)						
Name of Monitoring Firm (8)	Hired by Bui	ilding Owne	r	ASCN	A No.	Name of Abater AEi2, LLC	nent Contractor	(9)							
Street Address			_			Street Address									
						361 E. Flemin									
City, State, Zip Code						City, State, Zi									
						Hammonton,									
Project Manager for M	onitoring Fi	rm	Te	lephone	No.	Telephone No.	00.400								
						609-481-212		00689							
Start Date (10) 4/29/17		Scheduled 5/6/17	Compl	etion D	ate (11)	Name of OSHA I AEi2, LLC	Monitor								
Occupancy Status During			v one)			Street Address					_	_			
Facility Closed/Vacat					t	361 E. Flemi									
Abatement Performed						City, State, Zip C									
Other - Describe: So	eparated A	rea				Hammonton,	NJ 08037								
Scope of Work (Check al	that apply)					Full Co	ntainment with N	Negative Pressure							
≥3 sf or ≥3 If		<b>∑</b>  R	enova	tion		Mini-En	closure								
≥160 sf or ≥260 lf			enova emoliti	on			ag Procedure		200000						
		l le	Locati	on	T	☐ Non-Ex	empted (*) and l	Non-Friable Proced		A1					
		1	lormall	у					1	Abate Ty		li .			
Location of Asbestos-Containing Ma			d Sole intenar		Aches	Description of tos Containing Mat		Amount	-	Т	E	E			
TO BE ABAT		20 D. 1 1000000	ustodi	al		thermal systems in	nsulation,	(Specify	R	R e	n c	n c 1			
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaned		SF or LF)	m	p	a P	0			
(10)		-	( · = /	Г	-	outer miscenaired	rus)		v a	i	u 1	u			
		Yes	No	N/A					1	1	a	e			
Crawl Space				X	TSI De	bris		25 SF	X		o o				
Name of Registered Wast	e Hauler			IJDEP		Cubic Yards	Name of Reg	stered Landfill		1					
AEi2, LLC			1000	lauler II 1376	. No.	of Waste	TBD								
City, State				1370		Disposal Date	City, State	1							
Hammonton, NJ				TBD /	TBD										
Completed By Title						Signature	Grane.	Date	-						
Wm. Minnick Progra				r		wy	Mmu	4/20/1	/						
SB-41															

			NOTIFICATIO	ant to N.J.M.	STOS ABATEMEN <sup>*</sup> <u>C.</u> 7:26-2.12)	17	) E C	E 1	VE	The second secon
14 41019C	3_		(1 0.0	N	lame of Building Ov Paulsboro Refining (	vner/Operator (2) Company	L APE	26	2017	11
ate of Notification (1) 4/20/17 gencies Notified		Notification Type		8	Street Address 300 Billingsport Rd		ASBEST	OS CO	NTROL	. &
() EPA DEP		(X) Initial Notifi () Amended Co ( ) Cancelled	cation ertification		City, State, Zip Cod Paulsboro, NJ 0806	00	Tel. Number	CENS:	ING	
X) DOL X) DOH ) DCA					Name of Contact Ravi Jarecha	<u> </u>		99		
) DOA			F.F	ACILITY INF	ORMATION Type of Facility (4)					1
Name of Facility Where Ab Paulsboro Refining Compa	atement is	Taking Place (3)			( ) School (K-12) ( ) Subchapter 8 ( (X) Other (i.e. priv	other than K-12) vate & commercial blo	lgs., homes, e	etc.		
Street Address 800 Billingsport Rd				/-7\		# of Floor				
City (5)	County (6)	) er	County Code (State Use O	(/) nly)	Bldg. Age N/A Current Use (prio	r if being demolished)	Oil Refine	ry		
Paulsboro	The state of the s		ASCM No.			Mansfield I	ndustrial, Inc			
Name of Monitoring Firm ATC Associates, Inc.	Hired by Blo	ag. Owner (e)			Street Address 26 Colonial Ave					
Street Address					City State, ZipCo	<u>ode</u>				
3 Terri Lane. Suite 4 Burlington, NJ 08016					Woodbury NJ 08 Telephone Num	3096	License N	lumber		
		Telephone	Number		856-224-4392	<del>001</del>	00857			
Project Manager for Mor John Lutz	nitoring Firm	609-386-88	300	. (44)	Name of OSHA	Monitor		550		
Scheduled Start Date (1	0)	Scheduled	Completion D	ate (11)	Mansfield Indus	strial, inc.				
=10147		7/28/17 ent (Check only o	one)		Street Address 26 Colonial Ave	е				
Occupancy Status Durin  ( ) Facility Closed/Vaca ( ) Abatement Perform  (X) Other – Describe –	ad Outside	of Normal Facility	yriodis	ea in outside	City, State, Zip Woodbury NJ	Code 08096				
Source of Work (Chec	k all that ap	DIA)		10-6	enifacm) () N	Minor Proj. (<25 SF o	r <10 LF ACN	M)		
() Demolition (X) Ro (X) Large Proj. (160 S (X) Full Containment	enovation SF or >260 l with Negati	LF ACM) () SM F ve Pressure (	Proj. >25<160 S Mini-Enclosu	re () GI	ovebag Procedure	Amount (Specify S	F or LF)	Abater	ment Type	
Location of Asbestos- Containing Material (A	A CMA) in	s Location Norm	TAILY USEG	thermal sy surfacing,	estems insulation, VAT, or other			Rem.	Rep. E	ncap Encl
Facility (13)		Staff? (12) YES N	IO NA	misc.)		Approx 1,750 SF	+	X		
TSI ON 205 Tower a	t Coker	X		TSI		Approx 100 LF		X		
Pipe around 205Tov		X		502.0		Approx 20 LF		X	+	
				TSI			Nam	e of Rec	Landfill	ıeıı
Pipe on Vapor Deck			Waste Haule	r ID#	Cubic Yards 6 CY	s of Waste	Glou	cester C	Jounty Lai	
Name of Reg. Wast Waste Managemen	<u>e Hauler</u> t, Inc.	17273	VVGG		001	Disp. Vario	Date ous		City, Sta South H	<u>te</u> arrison, N.
City, State South Harrison, NJ					Signature		Date			
Completed by (Prin		Title	AGER – Mansf	field Industri	al.	dy Green		0/17		
ANDREW GREEN	N	Inc.	NOLI.		- CUTS	ite Operations Super	VISOT			
			600 984	1.6620			C:\\ 9/1	WORD\ 8/00	MYDOCS	VASBEST(

Date of Notification (1)			Name	of Buildin	g Owner/Operator (	(2)	TU L. APR	26	20	17	111			
04/21/	17		GBC Corporation											
Agencies Notified Type Notifica	ition		Stree	t Address			ASBESTO	200	7817	201	1			
			69-	77 Chad	wick Street		LICE	EMSI	MIG NG	HUL	či			
☐ DOLWD ☐ Amended			City,	State, Zip (	Code					-				
DOH Amendme	_			tterson, N										
DCA Emergence (NJAC 5:23-8) September   Image: DCA		9		of Contac			Telephone Numb	er						
☐ Cancellat			Fra	nk Gaul			ť							
			FA	CILITY IN	FORMATION									
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility	(4)				(0.000)			
Former Diner						School (K-1								
Street Address			☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial but											
272 Route 22 W						)	Jai Di	manig	<i>j</i> 5,					
City (5)						Square Feet	# of Floors	Bldg. Age						
Springfield						2400 sf	1							
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ned)						
Union						Former Din								
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)							
N/A		, ,				ntracting, Inc.								
Street Address					Street Address	aoung, mo.	,	-						
					1889 Route 9	Unit 61								
City, State, Zip Code					City, State, Zip Co	- Control of the Cont					-			
J., J. J., J.						New Jersey 08	755							
Project Manager for Monitoring Firm		Tele	ephone	No	Telephone No.	item deracy de	License No.							
					732-349-9932		00624							
Start Date (10)	cheduled C	omple	etion Da	ite (11)	Name of OSHA N	Ionitor								
_04 / _21 / _17	04 /				E.M.S.L. Ana									
Occupancy Status During Abatement (C	heck only	one)			Street Address									
☐ Facility Closed/Vacated During Entire			ment		1056 Stelton									
☐ Abatement Performed Outside of No					City, State, Zip Co	ode								
Time of Abatement:AM	PM/	_PM		AM		New Jersey 08	854							
Scope of Work (Check all that apply)					□ Eull Cont	ainment with Ne	antivo Pronouse							
≥3 sf or ≥3 lf	☐ Re	novat	ion		☐ Mini-Enc		gative Plessure							
≥160 sf or ≥260 lf	⊠ De	moliti	on			g Procedure	20000 200 0							
	1 1	1		1	⊠ Non-Exe	mpted (*) and No	on-Friable Procedure	1						
Location of	200	Loca Vorma			Donosistica			Ab	atem	ent T	ype			
Asbestos-Containing Material (ACM)	Use	d Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	Enc	Enc			
TO BE ABATED	Ma	intena	ance/ Staff?	(i.e	., thermal systems	insulation,	(Specify	Removal	pair	apo	Enclosure			
IN Facility (13)	Cus	(12)	Otali:		surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure			
(10)	Yes	No	N/A		other miscellane	ousj				te				
exterior		$\boxtimes$		roof fla	shing		100 sf							
								П	П	П	П			
		П												
Name of Registered Waste Hauler			JDEP /		Cubic Yards of	Name of Regis	stered Landfill			Ш				
Guardian Contracting, Inc.		100	lauler II	O No.	Waste	T.R.R.F.	Norea Landilli							
City, State			20223	5	3 Disposal Date	City, State	•							
Toms River, New Jersey					04/26/17	Contract of the Contract of th	Pennsylvania							
Completed By (Print or Type)	Title	-			Signature		1 Dat	e /	-					
Nicholas Fernicola	Project	Man	ager		-	/ \	) L	11.	21/	17	,			
ASB-41		200	<u> </u>		V \	· te	7	110	1	1 /				