UC# 14549819

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Print Form

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Date of Notification (1)							in)_E	C		l W	
06/06/2018		Nan	ne of Build IRAAAN	ding Gwner DY VILL	Operato	r (2)	1131		-		
Agencies Notified Type Notification	n		et Addres		40E			<u>illi</u>	. 8	50.0	
区 EPA				S RIS AVE	=		[-/ 14]		-	-1018	-
JEP Amended			State, Zi		-						
Emanual	nt# y (including		ION NU				ASSE	STOS	CON	VIRO	2
justification	n)		s of Conti					-1-:-	1. 31 V	G	- 41
DCA Cancellatio	on	and the second s	HN THO				Telephone 908-687				
Name of Facility Where Abelement is Tak	ing Class (2)		ACILITY I	NFORMAT	ION			-/ 38/			
PRIVATE	ng = 1908 (3)					Type of Faci	lity (4)				
Street Address					- , 1	IT Square	(K-1/2) 1. []	lin	23	- Junior	7
2109 Morris Ave. Union NJ. Bldg.	# 2085, 20	75. 208	11 2100	;	1	LI Subcita	pter (Other then ;	(Uz)	7	1)	l
City (5)						TO WE LINE		ercial o		1 11	as.
UNION NJ					. 1	Square Feet			Bidg.	Age	-
County (6)		Count	y Code (?	· -		<u> </u>	AUG - 2 2	018		3	
UNION		(STAT	E USE OM	ไท		Furrent Use (Prior I being demo	(ished)			
Name of Monitoring Firm Hired by Building	Owner (S)	AS	ON No		Name	AbaramAR	Bookeotor (\$)				
N/A		1			NORT	H EAST E	NVIRONMENT	HOL	Čt.	open)	
Street Address		200			Street A	ddress	T. WOLANSIEIK!	<u> </u>	in.	New world	
City, State, Zip Code				i		51 ST. ST	REET.				
o.j. State, Zip Code					City, Sta	is. Zip Code					
Project Manager for Wonkforing Firm		7"			NORT	H BERGE	N NJ 07047				
Section Membring Parts		Teleph	ene No.		Telephor		1 License	No.		-	= =
Sterr Date (10)	Schedulad Co	1	~			76-0642	1300				
05/15/2018	06/18/201	s Grubiellot	Data (17	1	Name of	ÖSHA Monik	ar				-
Occupancy Status During Abatement (Chec	k Only One)			-+	Street Ad	NVIRONM	ENTAL				
KI Facility Closed/Vacated During Entire C	Poded of disease	ment		1	2333.						
Abatement Parformed Outside of Norm Other - Describe:	al Facility Hou	rs		<u>-</u>		e. Zip Code					
					UNION						
Scope of Work (Check All That Apply)	-							1100	_		
<u>20</u> ≥3 sf pr ≥3 !! ≥160 sf or ≥260 !!	Renov					Full Contains	nem. Hit Hegation	<u> </u>			
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	:			2 12:03:00		Glovebag Pro	poedura ed (*1 and Non-Fria				
	/s Locar		1				GIR VEHI-FIE	119	Abate		
Lucation of Asbestos-Containing Material (ACM)	Norma Used Sole	illy Sv. av.		Dosc	nation of				Tys		
TO SE ASATED	Maintena	ince/	Aspes	los Contair	ning Viate	dai (ACM)	Amount		Ī		-
in Facility	Custodiai (12)		ņ.c.	inermal sy surfacin	rstems ins g. VAT io	Sulation.	(Specify	120	=	10	F :
(13)		,		Other mis	collanaou	is)	SF or LF)	Romava	Repair	Encapsulate	Enclosure
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asement Boller Room & meter roo			Pipe	insuístio	n bida	± 2035		+-1	1		
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Basement gas meter room		 		insulatio	-		10 75	1	1	Į.	
arrie of gastistered Maste Hanle	1	555	pipe	insulatio		A CONTRACTOR OF THE PARTY OF TH	10 LF	· ·			_
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ių, Siets RONX NY.			!	Osposal	Date	City, State		extince)	_		
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ARLOS ESQUIVEL .	Tills			Sign	(E15/E)	- A	12 Det			_	_
	SAFETY N	rANAG	ER	14	3/17	melipse	111111	 /06/20	113		N
18 (R-09-09;			-	1	/	7-1					_ i
27 24				/ /0	e not use	this form for	esbestos Hannstre	examn	teri or	miniti as	

TO:16096330664 FROM:5406926298

notification 18.06.2018 1.jpg

Page:

3



Print Form

		NOT	IFICATIO	State of New . ON OF ASBES of to NJAC 8:	TOS ABAT	TEMENT (20)									-		
Date of Notification (1) 06-15-2018			Name	of Building Ov ark Public 5	wner/Operat	tor (2)			1	F	1	E	C	E		V	E
Agencies Notified Type Notifica	lion		-	Address						low	1					-	-
☑ EPA ☐ Initial				Broad Stree	et				Î	1	11						
DEP Amende	d			tate, Zip Code						1	111	- 1	1110		2 6	non out	
	ent#9	-	1	ark NJ 0710					1			1	AUG	- (2 1	"UN	5
DOH Emergei	cy (includi	ng	0.0000000000000000000000000000000000000	of Contact			T # 1		1								
☑ DCA ☐ Cancella			1 2 3	topher Cen	f .		Telephone N		-	-		-					
			1	CILITY INFOR			973-733-7	333			A	SBE	STC	SC	ON	TRO	2 11
Name of Facility Where Abatement is T.	king Place	(3)		VICTO IN OIL	MATION	Type of Facilit	v (4)					4	LIC	ENS	SINC	3	In Ol
Newark Vocational School						School (H	1616.611		1507	-	THE PERSON	- transcore	Sept Columns	-	-		
Street Address							er 8 (Other than K-	12)									
301 W Kinney Street						Other (i.e	. private & commer	cial bui	ldings	, hon	nes,						
City (5)	- 200					etc.) Square Feet	# of Floors		Bidg. /	800		4					
Newark NJ 07103						N/A	N/A	94 5	N/A	-de							
County (6)			County	Code (7) USE ONLY)		Current Use /F	rior if being demoli		WIT	-		-					
Essex	ssex ne of Monitoring Firm Hired by Building Owner (8)					School	nor in deling delinor	sieu)									
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASC	M No.	Nam	e of Abatement C	ontractor (9)	-				4					
Whitman Environmental Consul	tant		-			ax Contracting											
Street Address		-			and the same of th	t Address	,		-			4					
7 Pleasant Hill Road					100000000000000000000000000000000000000	BOX 734											
City, State, Zip Code					City,	State, Zip Code		_				4					
Cranbury NJ 08512						odland Park N	J 07424					1					
Project Manager for Monitoring Firm	27.00		Telepho	ne No.	of the same of the	phone No.	License	No		-		-					
Kevin Lovely			732-3	90-5858	973	-692-6298	01266										
Start Date (10)	Schedu	led Co	mpletion	Date (11)	THE REAL PROPERTY.	e of OSHA Monito			-			-					
06-18-2018/	07-18	3-2018			1	ax Contracting											
Occupancy Status During Abatement (Ci	eck Only C	one)		***************************************	Contract of the contract	t Address						4					
Facility Closed/Vacated During Enti	e Period of	Abate	ment			BOX 734											
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: OCCUPIED Built	rmal Facili	ty Hour	S		City,	State, Zip Code			V Plante construe			4					
	DING				Woo	odland Park N	J 07424										
Scope of Work (Check All That Apply)												+					
23 sf or ≥3 if ≥ 160 sf or ≥260 if		Renovi Demoli				Glovebag Pro											
		s Local	ion				/ / dita reon-t ha		Abate			1					
Location of		Norma	ĺν		Description				Ту		•						
Asbestos-Containing Material (ACM)	Us	ed Sole sintena	ely by	Asbestos (Containing N	Material (ACM)	Amount					1					
TO BE ABATED		stodial :		(i.e. ther	mai system	s insulation.	(Specify	Re	72	Encapsulate	m						
(13)	1	(12)			urfacing, VA ier miscellai		SF or LF)	Remova	Repair	aps	Enclosure						
	Yes	No	N/A					YE	\$	ulai	ure	į					
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corridor near security desk south s	id		X	Acc	oustical (Ceiling	1600 SF	X			2						
		- 100						1-1									
		-															
Name of Registered Waste Hauler		L.,															
Amax Contracting LLC		H	JDEP W auler ID 036184	No. of	bic Yards Waste CY	Name of Fairles	Registered Landfill S Hills			Ē.							
City, State Woodland Park NJ 07424				1 000	posal Date -23-2018					-							
Completed by Tome Maslarkov	Title Proje	ect Ma	nager		Signature	110	O O	ite 3_15_2	018		\neg						

ASB-41 (R-05-08)

COURTS ON NOT AND State of New Jers NOTIFICATION OF ASBESTO

Date of Natification (1)				1000	1			11-	UP B	11 1	y [i	3 1	7)
Date of Notification (1)	31 /	10	,		1 00000		g Owner/Operator	111				711	111
		18			U	ur Lady of	f Guadalupe Par	ish [] J	ob #1897-2326	Ch 201	k. N/	111	
Agencies Notified ☐ EPA	Type Notific	cation				et Address				- 44!	0	- Inde	汁
☑ DOLWD	☐ Initial ☐ Amende	d				1 Deptfor		7	ASST	Today and		ĺ	and a second
☑ DHSS	Amenda					State, Zip (ASBESTOS CO LICENSII	NTRO	DL &	f	
☐ DCA	☐ Emerger			g	GI	assboro,	NJ 08028		7.3714011	NG.	-		7
(NJAC 5:23-8)	justificat				Nam	e of Contac	ot .		Telephone Num	ber			
	☐ Cancella	ation			GI	inario			609-410-012	25			
					FA	CILITY IN	FORMATION						
Name of Facility Where A			g Place	e (3)		Si .		Type of Facility	y (4)				
Lindenwold Presch	ool Buildin	ıg						School (K-1	12)				
Street Address								Subchapter	8 (Other than K-12 private and comme	()	uildin	~~	
100 South Avenue								homes, etc	.)	ICIAI DI	unun	35,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Lindenwold								40000	5	1	1929		
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (F	rior if being demolis	shed)	100000000000000000000000000000000000000		
Camden								Residentia					
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9	9)				
Horizon Environme	ntal						Asbestos an	d Mold Servic	es, Corp.				
Street Address							Street Address						
PO Box 816							3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Thorofare, NJ 08086							Hainesport, N	NJ 08036					
Project Manager for Monit	toring Firm			Te	lephone	No.	Telephone No.		License No.				
Dave Flanigan				100	March 1971	8-0800	609-702-0400	0	00862				
Start Date (10)						ate (11)	Name of OSHA M	lonitor					
8/_2_/				0-1-	3/	18	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	d During Enti	re Per	riod of	Abat	ement		200 U.S. Rou	te 130 North					
Abatement Performed	Outside of N	ormal	Facilit	y Hou	ırs - De	scribe	City, State, Zip Co	ode					
Time of Abatement:		PIV	///	PIV	1	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf			⊠ Re	nova	tion		☐ Full Cont ☐ Mini-Enc	ainment with Ne	gative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De				☐ Glovebag	Procedure					
							☐ Non-Exe	mpted (*) and No	on-Friable Procedur	re			
Logation	-6		800	Loca						Ab	atem	ent Ty	/pe
Location of Asbestos-Containing N		1)			lely by	Ashes	Description o stos Containing Ma	f	Amount	R	R	m	Щ
TO BE ABA	TED	,			ance/ Staff?	(i.e.	, thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	y		Cus	(12			surfacing, VAT, other miscellane	or	SF or LF)	<u>a</u>		Encapsulate	sure
()			Yes	No	N/A	1	other miscenaries	ous)				ate	
COURTESTY NOTIFIC	ATION ON	ıv	П							+-			
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Crawlspace						O&M CI	eanup		60 LF				
											П	П	
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Name of Registered Waste	e Hauler				NJDEP	Waste	Cubic Yards of	Name of Posi	stered Landfill	Ш		Ц	П
Waste Management	AND TO SEE THE TOTAL SEE T			100	Hauler I	D No.	Waste	Grand Cer					
City, State					1727	3	5 Disposal Data		iuai				
Lafayette, NJ							Disposal Date 8/3/18	City, State	da DA				
Completed By (Print or Type	201	T:41					(0	Penn Argy				HI CONTRACTOR	
Kimberly A. Trumber		Title			al: 4	_	Signature		Da			i /)	
Aniberry A. Trumber	LU .	U	nice C	Joor	dinato	r	YELX IL		'	7-3	0-	18	

nock

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

		140				AC 8:60 and 5:1		(II) <u>66</u>	E		\mathbb{V}_{\parallel}	
Date of Notification (1)			27			ng Owner/Operator	1000- 1 0			-		7
	_1 / _	18				e of New Jersey		∐∐ AUG	- 2	2 20	112	Acres of great
Agencies Notified	Type Notificat	ion		Stre	et Address							- 1
⊠ EPA ⊠ DOLWD	⊠ Initial			20	000 Penni	ngton Rd.	-	ASBEST	19.07	381700	201	_
⊠ DHSS	Amended Amendmen	nt #5-7/3	0/18	City,	State, Zip	Code	32	LIC	ENS	ING	3OL	S.
☑ DCA	☐ Emergency			Ev	ving, NJ (08628			-	-		No. of Lot, Spice, Spic
(NJAC 5:23-8)	justification	0.75		Nam	e of Conta	ct		Telephone Nur	nber			
	☐ Cancellation	n		1 3/33	nanda Ra			609-771-28	81			
Name of English Mile A				FA	CILITY II	NFORMATION						
Name of Facility Where A TCNJ-Green Hall	batement is Ta	king Plac	e (3)				Type of Facility					
Street Address							School (K-1	2) 8 (Other than K-1	٥١			
2000 Pennington Ro	4						Other (i.e., p	orivate and comme	2) ercial b	ouildir	nas.	
City (5)	۸.						homes, etc.)			3-,	
Ewing							Square Feet	# of Floors	E	3ldg. /	Age	
County (6)			-	Cou	inty Code /	7)(STATE USE ONLY)	66,000	2		88		
MERCER					inty Code ((STATE USE ONLY)	Current Use (P	rior if being demol	ished)			
Name of Monitoring Firm I	Hired by Buildin	a Owner	(8)	ASCM	l No	Name of Abateme	ant Contractor (0)					
AET, Inc		J	(-)	000			VIRONMENTA					
Street Address						Street Address	VIICONIILINIA	IL, INC.				
28 Pennell Rd						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Media, PA 19063						BRISTOL, PA						
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.		License No.	-			
Roy Mosicant			6	10-891	-0114	215-788-6040		00509				
Start Date (10)		neduled (Name of OSHA M	Ionitor					1100
/ / /		8 8		_ /	18	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During						Street Address						
Facility Closed/Vacated	During Entire	Period of	Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed (Time of Abatement:	Jutside of Nom AM-	PM/7:00	y Hou	rs - Des	scribe	City, State, Zip Co	de					
		v <u></u>	ZI 1VI- <u>Z</u>	.ooAivi		BRISTOL, PA	19007					
Scope of Work (Check all t	hat apply)					П Г.// C					11.010	
≥3 sf or ≥3 lf			novati			☐ Full Conta	ainment with Neg osure	gative Pressure				
≥160 sf or ≥260 lf		☐ De	molitic	n		⊠ Glovebag	Procedure					
		Is	Locat	ion		□ Non-Exer	npted (*) and No	n-Friable Procedu	_			
Location of		1	Vorma	lly		Description of			At	atem	ent T	_
Asbestos-Containing M TO BE ABAT		100	d Sole	, ,	Asbes	stos Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enc
IN Facility	LD		todial		(i.e.	, thermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	Removal	air	aps	Enclosure
(13)		7/	(12)	T	-	other miscellaned		SI GILF)	<u>a</u>		Encapsulate	ле
Attic		Yes	No	N/A							е	
		10			Pipe Ins	ulation		1,500 LF				
7-1										П	П	
ame of Registered Waste			175-23	JDEP V		Cubic Yards of	Name of Regist	tered Landfill				
BRISTOL ENVIRONM	ENTAL, INC.		H	auler ID 18706		Waste	FAIRLESS	LANDFILL				
ity, State						Disposal Date	City, State					
BRISTOL, PA 19007								LE, PA 19067				
ompleted By (Print or Type	e) Ti	tle				Signature		Da	te,	2		
BRIAN SCAFIRO		ECTIBAA	TOP			1/2 -	0-0.	/· , 5	1/-	1.0		

ASB-41 MAY 11 B 5/80 41-58

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

MOCK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT TO E C F TW F TO

		LIGHT OF WOW I TIRITIN	ð.
(Pursuant	to	NJAC 8:60 and 5:16)	

Date of Notification (1)						NJAC 8:60 and (. 115	KITT	<u> </u>	
6 /	1 /	18		N		ilding Owner/Operat	1.1	III Aug		
Agencies Notified							y [1]	Li AVI	- 2 201	8
F3	Type Notificati Initial	ion		- 1	treet Addre		There			
						nnington Rd.	To a september 1	ASBESTO	SCOURT	(NI 6
☑ DHSS	Amendmer	nt #RE	V #4.	C	ity, State, Z	Zip Code	L	LICE	ENSING	ULR
	7/27/18	-			Ewing, N	J 08628			Contract of the last of the la	en-large-special
(NJAC 5:23-8)	☐ Emergency		ding	N:	ame of Cor	ntact		Telephone	Number	
	justification	1)			Amanda	Radosti		609-771		
					FACILITY	INFORMATION				
Name of Facility Where Ab	atement is Tal	king Pl	lace (3)			Type of Facili	tv (4)		
TCNJ-Green Hall							School (K-	12)		
Street Address						VI	── Subchapte	r 8 (Other than I	K-12)	
2000 Pennington Rd.							homes, etc	private and con	nmercial bu	ildings
City (5)							Square Feet	# of Floors	DI	dg. Ag
Ewing							66,000	2	10000	19. Ag 38
County (6)				C	ounty Code	(7)(STATE USE ONLY		Prior if being den		00
MERCER							, , , , , , , , , , , , , , , , , , , ,	ii beilig der	nonsned)	
Name of Monitoring Firm Hi	red by Building	g Own	er (8)	ASC	CM No.	Name of Abater	ment Contractor (9)		
AET, Inc				00	0021		NVIRONMENT			
Street Address						Street Address				
28 Pennell Rd						1123 BEAV	ER STRFFT			
City, State, Zip Code						City, State, Zip				
Media, PA 19063						BRISTOL, P				
Project Manager for Monitor	ing Firm		Te	elephor	ne No.	Telephone No.		License No.		
Roy Mosicant				610-8	91-0114	215-788-604	.0	00509		
Start Date (10)	Sche	eduled	Comp	letion I	Date (11)	Name of OSHA	Monitor	00303		
7/_5_/_		7	/ _3	31 /	18		VIRONMENTA	I INC		
Occupancy Status During Ab	atement (Che	ck only	y one)			Street Address		,		
☐ Facility Closed/Vacated D	uring Entire P	eriod o	of Abat	ement		1123 BEAVE	RSTREET			
Abatement Performed Ou	tside of Norma	al Faci	lity Ho	urs - D	escribe	City, State, Zip C				
JER BALOW	AMF	PM/ <u>7:0</u>	00PM-	7:00Ai	M	BRISTOL, PA				
Scope of Work (Check all tha	t apply)					1	. 10001			
≥3 sf or ≥3 If		M	Renova	tion		☐ Full Cor	tainment with Ne	gative Pressure		
⊠ ≥160 sf or ≥260 lf			emolit	ion		☑ Mini-End	closure g Procedure			
						☐ Non-Exe	empted (*) and No	n-Friable Proce	dure	
Location of			ls Loca Norma							ement
Asbestos-Containing Mate	erial (ACM)	Us	ed Sol	lely by	Ach	Description of	of			
TO BE ABATED	2	M	ainten	ance/	1 /:	estos Containing Ma e., thermal systems	insulation	Amount (Specify	l Rem	Repair
IN Facility (13)		Cu	stodial (12)			surfacing, VAT	. or	SF or LF)	Remova	apsi
		Yes		N/A		other miscellane	ous)	,	-	Encapsulate
Attic					Dine In	sulation			\perp	- "
		-	-	+	i ibe iii	Julation		1,500 LF		
										1
	-		П	П						44
ame of Registered Waste Ha	uler			JDFP	Waste	Cubic Yards of	Newsoff			
BRISTOL ENVIRONMEN				lauler I	D No.	Waste	Name of Regist			
ity, State				1870	6	D: I =	FAIRLESS	LANDFILL		
BRISTOL, PA 19007						Disposal Date	City, State	Del/2006 1/2000		
	7:11						MORRISVIL	LE, PA 19067	,	
ompleted By (Print or Type)	Title		A T.O			Signature		(O. D	ate	
ompleted By (Print or Type) BRIAN SCAFIRO	1 Pm /		1111			1 8/ 0 0	100/00	11 Vh		
BRIAN SCAFIRO 3-41 BS1804(-58 Alerto: 7/28	ES	STIMA	TION			pring	Scapino	140	7-27	-10

State of New Jersey

Date of Notification (1)				Na	me of Build	ling Owner/Operato	r (2)	1	0 0	046	-
6/1	/1	18				ge of New Jerse		i AUG -	2 2	018	1
Agencies Notified Type Not		n		Str	eet Address	S		i			- 1
☐ EPA ☐ Initial ☐ DOLWD ☐ Amen				2	2000 Penn	ington Rd.	1	ASSESTOS	CON	reol	-8.
	ided idment	#R#3	<u>.</u>	Cit	y, State, Zip	Code	and the same	Lick	<u>USINO</u>	<u>}</u>	400 PT
□ DCA	arriorit.	<u>" [(0</u>	-	E	wing, NJ	08628					
(NJAC 5:23-8)		includ	ing	Nai	me of Conta	act		Telephone N	umber	,	
Justino	cation)			A	manda R	adosti		609-771-2			
Nome of Facility And				F	ACILITY I	NFORMATION					
Name of Facility Where Abatement	is Takir	ng Pla	ce (3)				Type of Facility	(4)		-	
TCNJ-Green Hall							School (K-1	2)			
Street Address							Subchapter	8 (Other than K-	12)		
2000 Pennington Rd.							homes, etc.	private and comn	nercial	build	ings
City (5)						Square Feet	# of Floors		Bldg.	Ane	
Ewing County (6)							66,000	2		88	, igc
County (6) MERCER				Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished		
					-14.					,	
Name of Monitoring Firm Hired by Bu AET, Inc	uilding (Owner	(8)		M No.	Name of Abatem	ent Contractor (9))			-
Street Address				000	021	BRISTOL EN	VIRONMENTA	L, INC.			
28 Pennell Rd						Street Address					
City, State, Zip Code						1123 BEAVE	R STREET				
Media, PA 19063						City, State, Zip C	ode				
						BRISTOL, PA	19007				
Project Manager for Monitoring Firm Roy Mosicant				ephone		Telephone No.		License No.			
Start Date (10)					1-0114	215-788-6040	ĺ	00509			
7 / _5_ / 18					ate (11)	Name of OSHA N	lonitor				
	_	<u>/</u>	3	1 /	18	BRISTOL EN	VIRONMENTAL	_, INC.			
Occupancy Status During Abatement	(Check	conly	one)			Street Address					-
☐ Facility Closed/Vacated During En	tire Per	riod of	Abate	ment		1123 BEAVE	RSTREET				
Abatement Performed Outside of N Time of Abatement: AM-	Normal Pil	racilit	y Hou	rs - De :00AM	scribe	City, State, Zip Co	de				
SEE BELOUT		<u></u>	1 1VI- <u>7</u>	.OUAIVI		BRISTOL, PA	19007				
Scope of Work (Check all that apply)							W				
☐ ≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Full Cont Mini-Encl	ainment with Neg	ative Pressure			
≥160 sf or ≥260 lf		☐ De	molitic	on			Procedure				
		le	Locat	ion	_	☐ Non-Exer	npted (*) and Nor	-Friable Procedu	ıre		
Location of	1		Vorma			Description of			A	patem	ent
Asbestos-Containing Material (ACM TO BE ABATED	M)	Use	d Sole intena	ely by	Asbes	tos Containing Mat	erial (ACM)	Amount	R	Z,	m
IN Facility		Cust	odial	Staff?	(i.e.	, thermal systems in	sulation,	(Specify	Removal	Repair	cap
(13)	-		(12)	_		surfacing, VAT, other miscellaned	or us)	SF or LF)	va va		Encapsulate
		Yes	No	N/A							ate
Attic			\boxtimes		Pipe Ins	ulation		1,500 LF	×	П	
									+-	-	
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lame of Registered Waste Hauler			Ц								П
BRISTOL ENVIRONMENTAL, IN	NC.		0.060%	JDEP V auler ID	20000-1-0	Cubic Yards of Waste	Name of Registe				_
ity, State	VC.			18706		vvasle	FAIRLESS L	ANDFILL			
BRISTOL, PA 19007						Disposal Date	City, State				
							MORRISVILI	LE, PA 19067			
ompleted By (Print or Type)	Title					Signature			te _/		

ASB-41
MAY 11 B S 18041 - S8* Do not use this form for asbestos licensure exempted activities.

NOTE: 7/13 - 4 PM - 2:30 AM; 7/14 - 1 PM - 11:30 PM; More 11/16 Normal hours.

nock

Date of Notification (1)				1	Name of Bu	ilding Owner/Operato	r (2)					
6/_1					The Coll	ege of New Jersey	/	AU	G	2 2	118	
Agencies Notified Typ	e Notifica	ation		5	Street Addre							
	Initial					nington Rd.		ASBEST	ros c	ONT	ROL	8
	Amended Amendme		ov #6	C	ity, State, Z			L	ICENS	SING	to the second	
⊠ DCA <u>7/5/</u>	/18	ont #IX	EV #Z	:	Ewing, N							-1
(NJAC 5:23-8)	Emergeno	cy (incl	uding	N	ame of Cor			17-1 "				
j j	ustificatio	n)			Amanda	Radosti		Telephone		r		
	V					INFORMATION		609-771	-2881			
Name of Facility Where Abater	ment is Ta	aking F	Place (3	3)	·/\OIL/II	INI OVINY LION	Trans. (F.)					
I CNJ-Green Hall							Type of Facil					
Street Address							→ Subchapt	er 8 (Other than I	K 12)			
2000 Pennington Rd.							U Other (i.e.	. Drivate and con	nmercia	al build	dinas.	
City (5)			E Option					10.)				
Ewing							Square Feet 66,000	1.7.10010		Bldg	. Age)
County (6)				C	ounty Code	(7)(STATE USE ONLY)		2		88	1	
MERCER						, A COL ONLI)	Juneill Use (Prior if being den	nolishe	d)		
Name of Monitoring Firm Hired I	by Buildir	ng Owr	ner (8)	ASC	CM No.	Name of Abateme	ent-Contro	(0)				
AET, Inc					0021	BRISTOL EN						
Street Address				1		Street Address	ALVONINEMI	AL, INC.		04 100		
28 Pennell Rd						1123 BEAVE	O CTDEET					
City, State, Zip Code						City, State, Zip Co						
Media, PA 19063						BRISTOL, PA						
Project Manager for Monitoring F	irm		Te	elephor	ne No	Telephone No.	19007					
Roy Mosicant					91-0114	215-788-6040		License No.				
Start Date (10)	Sch	eduled	Comp	letion [Date (11)	Name of OSHA M	- 11	00509				
7 / _5_ / _18		7		04 /		I THATTIE OF USHA IVI	onitor			0.0		
		_ /	/	37 /	18	BRISTOI EN	/IDONIBUENT					
Occupancy Status During Abaten	nent (Che	eck onl	V One)		18	BRISTOL ENV	/IRONMENTA	AL, INC.				
Occupancy Status During Abaten ☐ Facility Closed/Vacated During	nent (Che	eck onl	y one)			Street Address		AL, INC.				
Occupancy Status During Abaten ☐ Facility Closed/Vacated During ☑ Abatement Performed Outside	nent (Che	eck onl	y one) of Abat	ement		Street Address 1123 BEAVER	STREET	AL, INC.				
Occupancy Status During Abaten ☐ Facility Closed/Vacated During ☑ Abatement Performed Outside Time of Abatement:AN	nent (Che g Entire F e of Norm	eck onl	y one) of Abat	ement		Street Address 1123 BEAVER City, State, Zip Coo	STREET	AL, INC.				
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Date of Notification (1)														
	1 /	18			Name of Bu	ilding Owner/Ope	rator	(2)		1				
						lege of New Jer	sey	'		AU	G -	2 9	nia	
N	Type Notific ☑ Initial	ation		18	Street Addre	0.707.			1			7. 15	-19	
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Name of Facility Whose Ab-					FACILITY	INFORMATIO	V				2001			_
Name of Facility Where Aba TCNJ-Green Hall	tement is T	aking F	Place (3)				Type of Fac	ility (4)					
Street Address						10		School (K-12)					
2000 Pennington Rd.								Subchar	ter 8 (0	ther than I	K-12)			
City (5)								Other (i.e homes, e	privat	te and con	nmercia	al buil	dings	,
Ewing								Square Feet		f of Floors				
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Street Address				00	0021	BRISTOL	EΝ\	IRONMEN.	(S) Tai ia	10				
						Street Address	3	THOMES	ML, IN	1C.				
28 Pennell Rd						1123 BEAV		STREET					190	
City, State, Zip Code						City, State, Zip								
Media, PA 19063						BRISTOL,								
Project Manager for Monitoring	Firm		T	elephor	e No.	Telephone No.		10001						
Pm nn .									111	canco No				-
Roy Mosicant	(4)				91-0114					cense No.				30
Start Date (10)	(4)	heduled	Comp	610-89 eltion [Date (11)	215-788-60 Name of OSHA	40 Mo		1	00509				31
Start Date (10)	Sch		Comp	610-89 Detion D		215-788-60	40 Mo		1	00509				
Start Date (10) Occupancy Status During Abat Facility Closed/Vacated Dur	Sch	eck onl	Comp	610-89 eletion [Date (11)	215-788-60 Name of OSHA BRISTOL E Street Address	40 Mo	RONMENT	1	00509				
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Date of Notification (1)												-		
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Agencies Notified						llege of New Je	ersey	/	M	*				
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(NJAC 5:23-8)	justificati	on)		N	lame of Co	ontact		1		Telephone	MISIN	0		
	☐ Cancellat	tion			Amanda	Radosti				609-771				L THE LOT O
Name of Facility 141					FACILIT	Y INFORMATIO	N			003-111	-2001			
Name of Facility Where At	atement is T	aking F	Place (3)				Type of Fac	silie. 14					
TCNJ-Green Hall Street Address								School ()				
		10000					•	Subchar	ter 8 (Other than	K-12)			
2000 Pennington Rd								L Other (I.	e priva	ate and cor	nmerci	al bui	ldings	5,
City (5)				100				homes, o	C.C.)					
Ewing								66,000	'	# of Floors		Bld	g. Age	е
County (6)				C	ounty Cod	e (7)(STATE USE O	NN		/D-i-	2		8	8	
MERCER					870	1,7,	,	Current Use	(Prior	if being der	nolishe	d)		
Name of Monitoring Firm Hi	red by Buildi	ng Owr	ner (8)	ASC	CM No.	Name of Aba	teme	nt Contractor	(0)					
AET, Inc				00	0021	BRISTOL	FAIL	VIRONMEN	(9)					
Street Address						Street Addre	-111	ALICOMATE IA	IAL, I	NC.				
28 Pennell Rd						E		STREET						
City, State, Zip Code						City, State, Z				10				
Media, PA 19063						BRISTOL								
Project Manager for Monitori	ng Firm		Te	elephor	ne No.	Telephone No		19007						
Roy Mosicant					91-0114	215-788-6		1	1	icense No.				
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 7/09/2018	otification (1):	Name of	THE RESERVE OF THE PARTY OF THE	Owner/Operator (2		7110111101	7.20)	7	1	E	C	E [W	E	F
Agencies	Type Notification	Street A	ddress:					- 11				W			- Maria
Notified	Unitial /		ammad A te, Zip Co	li Avenue Room 20	09			- 11			1111	1 2	2010		
ØÉPA □ DEP	Amended Amendment#: 1,2		NJ 07108					1			JUL	1 3	2018		benach
© DOL	□ Emergency HOLD	1	Contact:				Telephone		C ₄	North of Japan	-				
БФОH	(including justification)	Mr. Ben	amin Olag	gadeyo			973-733-7	200		ASB	ESTO)L &	
□.bCA	☐ Cancellation							-		2,242100		ENSI	NI	TE	
				FACILITY IN					11		6	<u>s</u> I	$\overline{\mathbb{A}}$	5	
Name of F	acility: American Histo	ory High S	chool			e of Facility ((4):		31					Taloptine	-
74 Montgo	mery Street					chool (K-12) ibchapter 8 ((Other than K	120			AUG	- 2	2018	1	1
City/ (5)	County	(6):	Coun	ty Code (7):		ther (i.e., priv							15000	NAME OF THE PERSON NAME OF THE P	
Newark	Essex	8.0	07103		San	are Feet:			# }	£Flor	015	- 05	VITO/		
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	Ionitoring Firm Hired	by Buildin	g Owner:	ASCM No.:		ne of Abater		actor	(9):				- 92		
WHITMA	N			00110	Apo	ex Develop	oment. Inc	c.							
Street Add	ress:					et Address:		7.31.77	vav						\neg
17 Pleasar	nt Hill Road														
City, State,	Zip Code:				City	, State, Zip	Code:								
	NJ 08512					vark, NJ 0	101.500								
	nager for Monitoring F	Firm:		Telephone No.:	Tele	phone No.:		Lic	ense	No.:					
Kevin Lov				732-644-5418	_	350-0101		012	15						
Start Date (7/23/18		heduled Co 24/18	mpletion l	Date (11):		ne of OSHA ro Analytica		ries							
	Status During Abatement	70			0.000000	et Address:		202							
	osed/vacated During Entitle Performed Outside of N				1	West 36th S , State, Zip		e 203	70 / C-200						-
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City, State: Bronx, NY	10474	D	isposal Da	te:		City, State Waynesbu	e: arg, OH 446								
Completed	By:		Title:		Signa				Date						
Chinyelu O	raegbunam		Vice F	President	(6)	hall	_		07/0	9/20	18				

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Date of Notification (1) 07/30/2018)				of Building air Board		Operator (2) cation			bud U	Che	eck#	1187	
Agencies Notified	Type Notification			Street A 22 Vall	Address ley Road			A da Projectory	(III) ~	2 20il	.3	THE PERSON NAMED IN	1	
⊠ EPA ⊠ DEP ⊠ DOL	☑ Initial☐ AmendedAmendment:☐ Emergency (_		ate, Zip Co air, New		07042	A	SBEST	OS CONTI CENSING	ROL		Will find the control of the control	
☑ DOH ☑ DCA	justification) Cancellation	including			f Contact schmanr	1			Tel	ephone Nun 3-509-4044	nber-	PO TRAPLE MANAGE AND AD	-und	
Name of Facility When	e Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMATI	ON Type of Faci	lity (4)						
George Inness Scho	ool	19 1 1200 (0	,				✓ School (
Street Address 141 Park Street							☐ Subchar	oter 8 (Oth	ner than & comm	K-12) ercial buildir	igs, ho	omes,	etc.)	
City (5) Montclair							Square Feet 30,000		# 0	Floors		ldg. A 0+	ige	
County (6) Essex					Code (7) USE ONLY)	Current Use	(Prior if be Sch		nolished)			1042, L	
Name of Monitoring Fi Detail Associates, Ir		Owner (8)		ASCI	И No.		Name of Aba Lilich Corpo		ontractor	(9)				
Street Address 300 Grand Ave							Street Addres	200 C						
City, State, Zip Code Englewood, NJ 076	31						City, State, Zi Woodland F		v Jersey	,				
Project Manager for M Anthony Valentine	onitoring Firm			Telepho 201-56			Telephone No 973-225-840			License No 01104	D .			
Start Date (10) 08/11/2018		Schedule 08/14/20		npletion	Date (11)		Name of OSH Iris Environr			ries, LLC				
Occupancy Status Dur	ring Abatement (Chec	ck Only On	e)				Street Addres 2333 Route							
	acated During Entire ormed Outside of Nor e:						City, State, Zi Union, NJ	p Code						
Scope of Work (Check	All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emolit		10.		☐ Min ☐ Glo	i-Enclosu vebag Pro	re ocedure	Negative P Limited Co Non-Friab	ntainn	nent&	Tent	
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Room 610		Х			VAT & I	Mastic	Under Carpe	et	550 S	F	X			
Name of Registered W	aste Hauler		IN	JDEP W	/aste	Cubic	Yards	Name o	f Registe	red Landfill				
Lilich Corporation			H	lauler ID 18724	100000000000000000000000000000000000000	of Was	\$100 P. 1200 P	Fairless	Landfill					
City, State Woodland Park, Nev	w Jersey					Dispos 08/14/	sal Date 2018	City, Sta Morrisv	ite ille, PA					
Completed by Adriana Olejarova		Title Pre	siden	t		\$	ignature	, Q		Dat 0		2018		





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Date of Notification (1) 07/27/18 Ch#					g Owner/Op n Annex/			Vepomucen	ne ne	1/2/	AUG	667	2:	2018	,
Agencies Notified Type Notification EPA Initial				Address Polk St					Disease of the contract of	AS	BEST	TOS	COI	VTRO)L &
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DOH justification) Cancellation		3		of Contact					1000000	phone					
					FORMATIO	N				110		_			
Name of Facility Where Abatement is Takin Robert Fulton Annex	ng Place (3)						of Facility (4)							
Street Address 7111 Polk St								School (K-12) Subchapter 8 Other (i.e. pri	(Other	r than comm	K-12) nercial	buil	dings	, hom	es,
City (5) North Bergen							-	etc.) are Feet 000	# of F	Floors		- 1	ldg. <i>A</i>	Age	
County (6) Hudson			County (STATE	Code (7) USE ONL	Y)			ent Use (Prior	if being	g dem	olishe	100			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCI N/A	M No.			1,000,000,000	atement Contr	actor (9)			,		
Street Address N/A						Street	Addre	ss							
City, State, Zip Code N/A								ip Code	93						
Project Manager for Monitoring Firm N/A	- 1	Teleph	none N 295-1	lo.		Licens									
Start Date (10) 08/07/18	Schedul 08/07/		Completion Date (11) Name of OSHA Monitor												
Occupancy Status During Abatement (Chec						izvana.ce	Addre	SS							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of a	Abater y Hour	ment s		(N/A City, S N/A	tate, Z	ip Code							
Scope of Work (Check All That Apply)						IN/A									
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	Renova Demoli				×	Mir Glo	Il Containment	dure	978					
	le	Locat	ion				1 140	n-Exempted () and	NOII-F	nable	PIO		e ement	
Location of	1	Norma	lly		Desc	ription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial (12)	nce/		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
Aut Elementa	Yes	No	N/A											te	, u
1st Floor 101		X		_	Removal of Floor Tile					SF		Χ			
1st Floor 102		Х	-		Removal of Floor Tile 3 SF X										
Name of Registered Waste Hauler Fri-State Transfer Associates		H	JDEP W lauler ID 9551		Cubic Ya of Waste			Name of Re Minerva E			dfill				
City, State Bronx, NY					Disposal TBD	Date		City, State Waynesb		;		_			
Completed by	Title					nature	1	201 0	31		Date	1			

Office Manager

Gina Betances

MP

07/27/18

CK 4706

19-1	PALL	J. 1		TCATIO	N OF ASBES t to NJAC 8:0	STOS A		MENT					<u> </u>	
Date of Notification (1)				/		mer/Ope	rator (2)	SMTI	AG	AUG	- 2	20	10	occaPitantonastanina
Agencies Notified	Type Notification			Street A	ddress			_		4000				Contract of the Contract of th
□ EPA	Initial		1					•	other and the second	ASBEST	08 C	MO	ROL	<u> </u>
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A DOL	Emergency (i		-			M OC	100	O, TU					2 - 2 - 2 - 2	
DOH	justification)	Ŭ		Name of		_ ^ ^ _			le	lephone Numb	er		^	
□ DCA	☐ Cancellation				SAU	-						_		
Name of Facility Where Al	patement is Taking P	lace (3)		FACI	LITY INFOR	KMAII	ON	Type of Facility (4)					
	SANTIA	100 000						☐ School (K-1	23					
Street Address	٠٠٠٠ ١٠٠٠							Subchapter Other (i.e. p	8 (Other	than K-12) commercial b	uildin	gs, ho	mes, e	etc.)
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Name of Monitoring Firm I	Hired by Building O	wner (8)		ASCN	A No.	$\neg \neg$	Name o	of Abatement Cont						
Street Address					1.0		Best Street A	Removal	In	c				
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City, State, Zip Code		-					City, St	ate, Zip Code	0000000	Marin Mariner	L			
Dei at Maria Galdaria				T.1. 1.	N.			ensack,	NJ	0 / 6 0 1 License No.		-		
Project Manager for Monito	oring riim			Telephon			Telepho 201 -	329-7444		0038				
Start Date (10)		Schedule	2.2	pletion Da			Name o	f OSHA Monitor						
8/14/18			8/	15/1	8	(Omeg	a Enviro	nme	ntal	_			
Occupancy Status During A	Abatement (Check Or	nly One)					Street A							
☐ Facility Closed/Vacat								Huyler S	tre	et				
Abatement Performed Other – Describe:	B: 00 bu-	Pacility Ho		QM				ate, Zip Code		*				
						-	Sout	h Hacken	sac	k, NJ	076	06		
Scope of Work (Check All	inat Apply)													
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25 2100 St Ot 2200 H		О.	CHIOIN	2011				Glovebag Proc	edure					
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Asbestos-Containing I TO BE ABA		M	aintena	nce/				ation, surfacing,		Amount Specify	R	_	Enc	En
In Facili		Cus	stodial 8 (12)	Staff?		V	AT, or	PA 2000		For LF)	Removal	Repair	Encapsulate	Enclosure
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BASEMENT				U		VA	7		4	50SF	×			
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Name of Registered Waste	Hauler			IJDEP War		Cubic Y of Waste		Name of	Kegister	ed Landfill				
Best Removal	Inc		1	1710		ask		Mine	rva	Enter	ri	900	1	[,T C
City, State		-			/ 3 I	Disposal	Date	. City, Stat		THEFT	4	o e o	, ,	
Hackensack,	NI 07601					8	115/1	8 Warra	och.	irg, OF	r /ı	160	8	
Completed by	W 0/001	Title	-			Sic	mature	CHayll	التحدي	Dat	- + 4			

Estimator

Do not use this form for asbestos licensure exempted activities.

J. Maiorano

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gencies Notified	Type Notification			eet Ado				11.1		100 - 2	- 60	(W)	g-street,		Patricia
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DHSS	Amendment #				NJ 07512					LICEN	SING	1	According to	ATTEN GRAPH	-
DCA	Emergency (incluiustification)	laing			Contact				Tele	ephone Num	ber				
(NJAC 5:23-8)	Cancellation		Ma	rio Pe	rri										_
					ITY INFO	ORMAT	ION								_
ama of Engility Where	Abatement is Taking F	Place (3)			_			Type of Facili							
	, Abatement to Taming							School (K-	12)	or than K-1 2	21				
ivate house				- A COST 1-1-1-1-1				Other (i.e.	, private	e and comme	rcial b	uildir	ngs,		
treet Address								homes, et	c.)						_
ity (5)			-1000					Square Feet	#	of Floors	E	3ldg.	Age		
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otowa, NJ 07512 County (6)			10	County (Code (7) (S	TATE US	E ONLY)	Current Use	(Prior if	being demol	isned)				
100,000						25000	+								
assaic Name of Monitoring Fir	rm Hired by Building O	wner (8)	AS	CM No).	Name of	Abateme	ent Contractor	(9)						
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Street Address						Street A	ddress								
71. 600 7. 60. 60.					5	576 Val	ley Rd 7	#283					_		
City, State, Zip Code						City, Sta	ate, Zip C	ode							
						Wayne,		70		License No.					
Project Manager for M	Ionitoring Firm		Teleph	none No	72 S.	Telepho									
						973-638		Manihar	16)1127					-
Start Date (10)	5000000	uled Co			, ,		f OSHA								
08 / 09	/ 18 0	1	13	_ / _	18			onsultants,In	IC		_	-			
Occupancy Status Du	iring Abatement (Check	only or	ne)		7 Mile-99/69 12-6	Street A			U 0.51						
M Facility Closed/Va	cated During Entire Pe	riod of A	batem	ent	alle a	20-21 V	Vagarav	v Road, Bldg	, # 35k	<u> </u>					
Abatement Perform	med Outside of Normal	Facility	Hours	- Desc	M		ate, Zip								
						Fair La	wn, NJ	07410 up and decont	aminati	on with nega	tive pr	ressu	ге		=
Scope of Work (Chec	k all that apply)					X	Full Co	ntainment with	Negati	ive Pressure					
✓ >3 of or >3 If		⊠ Re	novatio	n		H		nclosure pag Procedure				ressu	re		
>3 sf or >3 lf > 160 sf or >260 lf		De	molition	n		X	Glovet Non-E	ag Procedure xempted (*) ar	nd Non-l	Friable Proce	dure		1		
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Loos	ation of	1	Normal	ly		De	escription	n of		Amount		R	Re	m	
Asbestos-Contain	ning Material (ACM)		d Sole		Asbe	stos Cor	ntaining N	Material (ACM) in sinsulation,		(Specify		Removal	Repair	cap	
TO BE	ABATED		todial S		(1.6	surf	acing, V	AT, or		SIF or LF)		val	7	Encapsulate	1
	Facility (13)		(12)			other	miscella	neous)						te	
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Name of Registered	d Waste Hauler		1		e Hauler ID No					2000					
Gr Tech LLC				00337	85	10.733	BD sal Date	T.R.R.I							-
City, State															
Wayne, NJ 07470						_	BD	Tullyto	wn, PA	1	Dat	e	-775		-
Completed By (Prin	nt or Type) T	itle					Signature	//	_	A		30/1	Q		
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Date of Notification (1) 07-27-18					of Building O Start De			(2)	1 1	11	EG	, [\mathbb{W}	恒	M
Agencies Notified	Type Notification			411	Address	veioh	ment		- 11	4						
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DEP DOL	Amended	си			ate, Zip Coo		07000		1		1100		60			though
	Amendmen Emergency	(including	-		New York	k, NJ	07093			L.	AGBES	TOS	COL	VTR(DL &	l
DOH DCA	justification) Cancellation		THE PARTY OF THE P		of Contact Aguirre						ephone 01) 42			IG		enero en Au
					ILITY INFO	RMAT	ION			1/2	01) 12	7 0				
Name of Facility Where Private Home	Abatement is Takir	ng Place (3)					Type of	Facility (4)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				10.00	
Street Address									hool (K-12							
On oct / Idaic33								Hot	bchapter 8 her (i.e. pri	ivate	er tnan & comm	K-12 tercia) I buil	dings	, hom	es,
City (5)								Square	1	# 0	f Floors		TE	ldg. A	lae	
Union City											,,,,,,,,				.50	
County (6) Hudson					Code (7) USE ONLY)			Current	Use (Prior	r if bei	ng dem	olish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.		Name	of Abater	ment Conti	ractor	(9)					
N/A									acting LL	.C.						
Street Address								Address 7th St.								
City, State, Zip Code				-			1	tate, Zip								
Project Manager for Mor	nitoring Firm			Telepho	ne No.			one No.	IJ 07087		Licens	se No				
	172						201 2	216-960			0120		541			
Start Date (10) 08-08-18		Schedule 08-10-1		npletion	Date (11)		4	of OSHA Contra	Monitor acting LL	.C						
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Address								
Facility Closed/Vac	ated During Entire	Period of A	baten	nent				th St.								
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours	5				ate, Zip (7						
Scope of Work (Check A	III That Apply)						Unio	I City is	IJ 07087						-	
23 sf or ≥3 lf	5.5(5.5)	□ R	enova	ition				Full C	ontainmer	nt with	Negatio	ve Pr	essu	e		
≥160 sf or ≥260 lf		□ D	emolif	tion			E	Mini-E	Enclosure bag Proce							
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In Facil (13)	ity		(12)				cing, VAT			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					The second secon			and investigation and	<u> </u>	~	late	re
Exteri	or		Х			Sidin	g Shing	gles		90	00 SF	- Constitution	X			
Basem	ent		х			Pipe	Insulat	ion		1	5 LF		х			
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Delfa Contracting LL			2.7	lauler ID 35240	No.	of Wa			Tullytowr				cove	erv F	acilit	v
City, State				00240			sal Date		ity, State							_
Union City, NJ					and the second		-10-18		Fullytowr	n, PA	1					
Completed by		Title				S	Signature	//	2		T	Date				
Jaime Delgado		Proj. I	Proj. Manager. 07-27-18													

FALL	NC			OF ASBE					E (CE		W	E	m	- Concession
Date of Notification (1) 07/27/2018				Building O	wner/C	perator	(2)		AUC		2 21	110			
Agencies Notified Type Notification		S	treet Ad	dress					1	5 6	no San S	h est		Lorente	1
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▼ EPA ▼ Initial ▼ DEP Amended ▼ DOL Amendment #_				e, zip coo ey Heigh		07922	2	e e e e e e e e e e e e e e e e e e e	ASBI	STOS	S CO	NTR	OL 8		J. Sales
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DOH justification) DCA justification Cancellation			1	s Case					•		-				_
Name of Facility Where Abatement is Taking P	lace (3)		FACIL	ITY INFO	RMATI	ON	Туре	e of Facility (4	1)		ii.				\neg
Private Residence	, ,							School (K-1	2)						
Street Address							×	Subchapter Other (i.e. p				buildi	nas. I	nome	s.
						n1		etc.)		Floors			dg. Ag		
City (5) Berkeley Heights	- 5-						242		2			50		,c	
County (6) Union			County C	code (7) ISE ONLY)		_	Hot				olishe	d)			
Name of Monitoring Firm Hired by Building Own N/A	ner (8)		ASCM	No.				atement Con struction L		(9)					
Street Address						Street 63 L		ess er Stocking	g Path						
City, State, Zip Code			7 77.0					Zip Code ark, NJ 07	035						
Project Manager for Monitoring Firm		Т	elephor	ne No.		Teleph				Licens					
						E 200 E 0		9463		0130	6				
	cheduled 8/07/2		pletion [Date (11)		0.0000000000000000000000000000000000000		SHA Monitor struction L	LC						
Occupancy Status During Abatement (Check C	Only One	∍)				Street		ess er Stocking	n Doth						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of A Facility	bateme Hours	ent			City, S	State,	Zip Code Park, NJ 07		-					
Scope of Work (Check All That Apply)						LINC	OIII F	ark, NJ 07	033						
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	le	Locatio	n l					ion-Exemple	4 () () ()	u 14011 1	Habi		Abate	ment	
Location of	N	ormally	y	200 100 20	De	escription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Solel	ice/			ntaining I		ial (ACM) ulation,		mount Specify		Re	71	Enc	Ē
In Facility (13)	Custo	odial S (12)	taff?	,	surfa	acing, VA	AT, or		SF	or LF)	l .	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		outor	moodiid		,				<u>a</u>		late	Гe
Basement		200000	Х		Т	SI/Pipe	es		4	5 LF		Х		X	
						•									
		- 11/2			117										
Name of Registered Waste Hauler		110/005	JDEP W		Cubic of Wa	c Yards		Name of		ered La	ndfill				
Nari Construction,LLC			auler ID 037535		1 CY			G.R.O.	W.S						
City, State Lincoln Park, NJ					Dispo	osal Date	е	City, Sta Morris		Ą					
Completed by	Title		w			Signatu	re _	1			Da		2010		
Igor Jezdimirovic	P.Ma	nage	r)		07/27/2018					



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

CHECK # 25463

Date of Notification (1) 07-27-18					of Building		Operato	r (2))	1) [1	V/ I	2 6	- 1
Agencies Notified	Type Notification			110000000000000000000000000000000000000	son & Jo	nnson		_		11-1	= 9	15	<u>i</u>	y I		
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EPA DEP	Initial Amended				ate, Zip Co				6.4	1 6	1 UG -	- 2	201	8 -		#
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DOH DCA	justification) Cancellation	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			of Contact ita Kamo	lar			***************************************	AB	dephone	Nun	ber	ROL	<u>.</u>	- C.
DOX.	Cancellation				ILITY INF		ION				32).32	4-2	JOU	Mindo		
Name of Facility Where	Abatement is Takin	g Place (3	3)	1710	ici i iiii	ORMAT	1014	T	ype of Facility	(4)						
Johnson Hall									School (K-1							
Street Address 501 George Street								×	Subchapter Other (i.e.					dings	hom	es.
City (5)									etc.) quare Feet		of Floors			Bldg. /	W-1.15515W	
New Brunswick									0,000	2	31 1 10015	•	1000	00 y	1000000	
County (6)			T		Code (7)			C	urrent Use (Pri	or if be	eing dem	nolish	ed)			
Middlesex				10	USE ONLY		_		luseum							
Name of Monitoring Firm Environmental Hea				ASC	M No.		100000000000000000000000000000000000000		Abatement Cor le Environm							
Street Address		,,					Street			Cirtai	оогр.					
655 West Shore Tra	ail								oad Street							
City, State, Zip Code Sparta, NJ 07871							1		e, Zip Code							
Project Manager for Mon	itoring Firm			Telepho	no No		Telep		dt, NJ 07072		Litera		0.5			
Laura Wieczezak	itoring i iiii				651-104	0	NOSSER		9-6565		Licens 0075					
Start Date (10)				mpletion	Date (11)		Name	of (OSHA Monitor							
07-31-18		08-31-					ESPANCES.		ir Inc.							
Occupancy Status During		1.00					Street		_{dress} ackson Ave	nue						
Facility Closed/Vaca									e, Zip Code	nuc						
Other - Describe: _				72 		_			land City, N	Y 11	101					
Scope of Work (Check A	II That Apply)	10 10						_				- 1-1-11			/ Ca+O/La	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				>		Full Containme Mini-Enclosure		h Negati	ive Pr	essu	re		
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		1	1						Non-Exempted	d (*) ar	nd Non-F	riable	Pro		e ement	-
Location	of	1	Locat Norma	lly		De	scription	n of							ре	
Asbestos-Containing TO BE ABA	Material (ACM)		d Sole intena			tos Cont	taining N	Mate	erial (ACM)		Amount		_		щ	Е
In Facili		Cust	todial (12)		(i.e.	surfa	cing, VA	AT, c			Specify F or LF)		Remova	Repair	caps	Enclosure
(13)			18 11 200			other r	niscellar	neou	us)				oval	a:	Encapsulate	sure
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1st Floor: I	Lobby			X		Pipe	Insula	atio	n		10LF		х			
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City, State Shirley, NY / Bronx,	NY					Dispos TBD	sal Date	1	City, State Waynes		. OH 4	4688	3			
Completed by		Title					ignáture	9		9	, -,, ,	Date				
Richard Doran		Proje	ct Ma	anager			K		AH	4		07-	27-	18		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

					Pri	nt Form
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	AUG	-	2	2018		固

Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING DEP DOL Amended Amendment # Emergency (including Name of Contact Telephohe Number		AID	140	(Purs	uant to	NJAC 8:60 and 12:1	120)	1	31			Charles and a	
Separation Sep	Date of Notification (1)			12	me of B	uilding Owner/Opera	tor (2)	T T T T T T T T T T T T T T T T T T T	AUG - 2	2 20	18	han	2
EPA	7 JULIO	Type Notification		Str	eet Add	ress							
DEP Amended Am	Agencies Noulleu	Type Wollhousen		100				· ·	ASBESTOS C	ONT	ROL	&	- Character
DOL				Ci	v. State.	Zip Code		C	LICEN	SING	-		
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FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Steet Address Steet Address Steet Address Steet Address Size of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code C	DOH	justification)		140	カン	N. N.					on Leve		
Name of Facility Where Abatement is Taking Place (3) Steet Address Steet Address Steet Address Square Feet # of Floors Bidg. Age County (6) County (6)	☐ DCA	Cancellation			5000	TVINEOPHATION			1	1			2000
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Street Address Subchapter 8 (Other Ham K-12) Other Lee, private & commercial buildings, homes, etc.) Other Lee, private & com	Name of Facility Where	Abatement is Taking F	1					Cabaal /V 1	2)				
Street Address City, State, Zip Code Couply (6) City, State, Zip Code City, State, Zip	FIRSCY	16 HODE	40	<u> </u>			$\dashv \exists$	Subchanter	8 (Other than K-12)				Į
County (6) County (7) County (8) County (9) County (10) County	Street Address		1	A.			N	Other (i.e. p	rivate & commercial	buildin	gs, he	mes,	. [
County (6) County (6) County (6) County (6) County (6) County Code (7) County (6) County (6) County (6) County (6) County Code (7) County Code (9) Cod									# of Floors	(Dide	a And		-
County (6)	City (5)				-	_1 .)	Squa	_	# OI FIDOIS				of the Barton
County (6) (STATE USE ONL') Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ACL STATE USE ONL') Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No	(LOCKE+	DW0/1	1600	07	Our	SIND			l (1		<i>J</i>	-1
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abetement Contractor (9) ACCH SIZE AGATES Street Address Stypet Address Stypet Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No.				C	ounty Co	ode (7)	Curr		1	a)			
Street Address Street Address City, State, Zip Code City, State,	(Yor.			(S	IAIEUS			1 -	~ -	-			-
Street Address City, State, Zip Code City,	Name of Monitoring Fin	m Hired by Building Ov	vner (8)		ASCM	No. Na	me of Ab				/-	_	
City, State, Zip Code	radio of monitoring i in		£1.12	1		1	40 R	10521	(Ction (3 1	0	_	
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Project Manager for Monitoring Firm Telephone No.	Oit Chata 7in Codo					Cit	y, State,	Zip Code		17	7-	1	
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Start Date (10) Occupandy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Stope of Work (Check All That Apply) Location of Asbestos Containing Material (ACM) To BE ABATED In Facility (13) Ves No N/A Name of Registered Waste Hauler Name of Registered by Material Containing Material Co		-it-day Firm		ΙT	elenhon	e No. Te	lephone	No.	License No.				-
Stert Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	Project Manager for Mic	intoring rain		1.	olop/lol/	F	37.20	4175	1//00.	29			ž.
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) In Facility Hours In Facility (13) Normality (13) Period and Non-Frieble Procedure Non-Exempted (*) and Non-Frieble Procedure Non-Exempted (*) and Non-Frieble Procedure Non-Exempted (*) and Non-Frieble Procedure Asbestos-Containing Material (ACM) (Specify by Maintenance/ Custodial Staff? Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler NulDEP Waste Hauler ID No. 17.0 State Output Yards of Waste Disposal Date Chy, State Output Yards Date Title Completed by Date Title Signature Date The Date Title Completed by Date Title Signature Date The Date Title Completed by Title Completed by Title The Date Th		- 10	Schodulo	d Comr	oletion D	late (11) No	1 11 5 3	11		,			
Occupancy Status During Abatement (Citez of My Orley) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Start Date (10)		scrieddied		C	1							
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Abatement Performed Outside of Normal Facility Hours County													ĺ
Abatement Personned (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Renovation Demolition Description of Asbestos Containing Material (ACM) (Specify Custodial Staff? (12) Yes No N/A Si dung SF or LF) Description of SF or LF) Description of SF or LF) Description SF or LF) Description Description Description Description Description Description Description Description Description Asbestos Containing Material (ACM) (Specify SF or LF) Description Desc	Facility Closed/Va	cated During Entire Pe	eriod of A	bateme	ent	C	ity State	7in Code					
Scope of Work (Check All That Apply) 23 sf or 23 lf 2160 sf or ≥260 lf Renovation Demolition Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing to the procedure Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing to the procedure Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing to the procedure Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing to the procedure Asbestos Containing Material (ACM) (i.e. thermal sy	Abatement Perfor	med Outside of Norma	il Facility	Hours		0	ity, otato,	Zp occo					
≥3 sf or ≥3 if ≥160 sf or ≥260 if □ Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and	INC.	J	7)78	1			W						
Solution of School Scho	Scope of Work (Check	All That Apply)				37							
Second	≥3 sf or ≥3 lf									essure	=		Ī
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Name of Registered Landfill	≥160 sf or ≥260 lf		PAT D	emoliu	on		116	Royebag Pro	cedure	435	1.27		
Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Name of Registered Waste Hauler Name of Registered Landfill							(M)	ion-Exempte	ed (*) and Non-Friable				
Normally Used Solely by Maintenance/Custodial Staff? (12) Security (13) Description of Asbestos Containing Material (ACM) Maintenance/Custodial Staff? (12) Security (13) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Security (12) Security (12) Security (12) Security (12) Security (13) Security (12) Security (13) Security (13) Security (14) Security (15) Securit			10	Location	n					1			
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Name of Registered Waste Hauler Name of Registered Landfill	TO BE A	ABATED								Ren	Ro	cap	nolo
Name of Registered Waste Hauler Name of Registered Landfill	in Fa	acility	Cusi		itan:	surfacin other mis	g, VA1, 0 cellaneou	r (s)	SF ULLT)	VOL	pali	Sul	usc
Restrict Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Registered Landfill	(1	3)	-		_	Outer mis	ochanoo	,		1 2		ate	ø
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill No. 12 To Sich State City, State City, State Completed by Completed			Yes	No	N/A				1			- 1	-
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill No. 1708: Disposal Date City, State Completed by Comp	10.11-12				X	Siding			147577	X		1	
Name of Registered Waste Hauler ID No. ACRITICAL Hauler ID No. Of Waste City State City State Completed by Breem Core Secretory Treasive Title Signature Page 130 18	18 TACIO				1	1			7	the Section			
Name of Registered Waste Hauler ID No. ACRITICAL Hauler ID No. Of Waste City State City State Completed by Breem Core Secretory Treasive Title Signature Page 130 18													
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Name of Registered Waste Hauler ID No. ACRITICAL Hauler ID No. Of Waste City State City State Completed by Breem Core Secretory Treasive Title Signature Page 130 18										1			1
ACRIOSICTION (DINC 1708) City, State Completed by Breem (Directory Treasive 1500) Title Secretory Treasive 1500 Title Tit	Name of Registered V	Vaste Hauler						Name	of Registered Landfill				
City State City S	Λ	101.	1.7	, H	lauler ID	No. of Waste)	1112	Viac				
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1 / Control of the co	Completed by	T		col	rici-	Tor tro	2	, X -		210	4.7	116	/
* Do not use this farm for ashestos licensure exempted activities.	Breem (orce	اعتار	764	U Y	11600	10 0	\sim	i	40		10	
					£0 50	*	Do pot "	se this tolm	for asbestos licensur	e exer	noted	activi	ities.

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Date of Notification (1)		NO.	(i dis	suant to NJAC 8:6	STOS ABAT 60 and 12:1	20)	DEG		\mathbb{V}	7 6	
7/30/18			Na Sc	ame of Building Ow eminole Constr	/ner/Operati	or (2)					
Agencies Notified Type Notified	cation			eet Address	uction	i i	J L AUG	- 2	2018	3	
EPA X Initial			12	28 Bartlett Ave		-	-				
DEP Amend	ded dment #		Cit	y, State, Zip Code			ASBESTO	SCON	ITRO	2 10	3
Emerg	ency (inclu	uding		est Creek, NJ (08092	L_	LICE	ENSIN	G		
DCA justifica	ation)			me of Contact yce Lynn			Telephon	e Numi	her		
				ACILITY INFORM			609-29	6-070	0		
Name of Facility Where Abatement is	Taking Pla	ce (3)		ACIENT INFORM	IATION	Type of Fa	cility (4)				
Street Address						10- <u></u>	ol (K-12)				2-12-1
						Subch	apter 8 (Other than	K-12)			
City (5)						etc.)	(i.e. private & comr	nercial	buildi	ngs, h	nomes,
Manahawkin						Square Fee	# of Floors	3	Blo	lg. Ag	e
County (6) Ocean			Cour	nty Code (7)			/Dela-iii				
Name of Monitoring Firm Hired by Build	in . 0		(STA	TE USE ONLY)		home	(Prior if being dem	olished)		
3 I med by Build	iig Owner	(8)	AS	SCM No.	Name	of Abatement	t Contractor (9)				
Street Address					AAA	LEAD PRO	DFESSIONALS				
City State 7: 0						Address ITE DOVE	COURT				
City, State, Zip Code						ate, Zip Code					
Project Manager for Monitoring Firm			T		LAKE	WOOD, N	J 08701				
			Telepi	hone No.	Telepho	ne No.	Licens	e No.			
Start Date (10) 8/1/18	Sched	uled Co	mpletio	n Date (11)		68-9078	1200				
	1 8/6/3	8	,,,,,,,,,		AAA I	OSHA Moni	tor FESSIONALS				
Occupancy Status During Abatement (Ch	eck Only (One)			Street Ad	ddress	LOSIONALS				
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period o	f Abater	ment		6 WHI	TE DOVE	COURT				
	- Tacil	ry riour	5		City, Stat	te, Zip Code					
cope of Work (Check All That Apply)					LAKEV	VOOD, NJ	08701				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				Eull O-	Call of 1960 (Call of the Call				
TAN II	×	Demolit	lion			THE PERIODS	ment with Negative	Pressu	ıre		
					×	Glovebag Pr Non-Exempt	rocedure ted (*) and Non-Fria	hlo D			
Location of		s Locati Normali					y and Non-File	DIE Pro		ire temen	nt
Asbestos-Containing Material (ACM)	Use	ed Sole	lv bv	Ashestos Co-	scription of		T .			уре	,
TO BE ABATED In Facility	Cus	aintenar stodial S	ice/ staff?	Asbestos Cont (i.e. thermal	systems ins	sulation	Amount (Specify	-		ū	-
(13)		(12)		surfac	cing, VAT, o	r	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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EXTERIOR			Siding		005			le			
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	1	-+									
	+										
ne of Registered Wasle Hauler		NJ	DEP Wa	aste Cubic Y	Varde	151					
WARK CARTING		Hai	uler ID N	Vo. of Wast	ie e	Name of IESI	Registered Landfill				
		y, State					4				į
				1 1 1150000							- 1
VARK, NJ				8/6/18	a Date	City, State					
, State NARK, NJ Ipleted by EPH PERLSTEIN	Title OWNE			8/6/18	nature		EHEM PA				

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Date of Notification (1) 7/31/18			e of Building ninole Con	Owner/Opera	tor (2)		AUG	; - 2	2018		Ib
Agencies Notified Type Notifi	cation	Stree	et Address Bartlett Av				ASBEST	08.00	NTD.	\1 O	based
DEP Amen	dment #		State, Zip Co st Creek, N					CENSIN)L. &.	-
DOH justific	gency (including cation) ellation	20	e of Contact ce Lynn				Telephone	Number			512
Name of Facility Where Abatement is	Taking Place (3)	F.A	ACILITY INFO	ORMATION		acility (4)					
Street Address					Sub	chapter 8 (er (i.e. priva	Other than ate & comm		ldings,	home	> S,
City (5) Little Egg Harbor					Square F 1228	eet	# of Floors		3ldg. A	ige	
County (6) Ocean		(STA	ity Code (7) TE USE ONLY,)	Current l	Jse (Prior it	f being dem	olished)			
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	AS	SCM No.	100000000000000000000000000000000000000	ne of Abatem A LEAD P						
Street Address					et Address VHITE DO	VE COU	RT				
City, State, Zip Code					, State, Zip C KEWOOD		01				
Project Manager for Monitoring Firm		Telep	hone No.		phone No. 2-668-907	8	Licens 1200	e No.			
Start Date (10) 8/10/18	Scheduled 8/15/18	Completi	on Date (11)	10.000	ne of OSHA I A LEAD P		SIONALS				
Occupancy Status During Abatement Facility Closed/Vacated During 8	Entire Period of Aba	atement		6 V	et Address VHITE DO	10 mil	RT				
Abatement Performed Outside of Other Describe:		ours			, State, Zip C KEWOOD		01	20°C-30-4-35197			20000000
Scope of Work (Check All That Apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren	ovation nolition		29	Mini-E Gloveb	nclosure ag Proced	with Negation ure and Non-F			e	
Location of		cation mally		Descripti	on of					ement pe	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)	(i.e.	tos Containing thermal syste surfacing, \ other miscel	g Material (A0 ms insulation VAT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes !	No N/	n	Sidin	g		2500SF	х			
					(*						
Name of Registered Waste Hauler NEWARK CARTING		A 1437707070700	Waste ID No.	Cubic Yards of Waste 10		ame of Reg	gistered Lan	dfill			
City, State NEWARK, NJ		AL AND		Disposal Da 8/15/18	aran Paga	ity, State ETHLEH	IEM PA				
Completed by JOSEPH PERLSTEIN	Title OWNE	R		Signati	ure			Date			



PAID	N		ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		Т			G	E]	\mathbb{V}	E	
Date of Notification (1) 7/31/18				f Building ersey C					The second secon	The second secon	AUG	, -	- 2	2018	Appendix Control	1
Agencies Notified Type Notification			Street A				•		end tres	and the same of th				-0.0	POTENCIAL PROPERTY	Lengt
EPA Initial DEP Amended		-		te, Zip Co		1001		1		AS	BEST				- &	
X DOL Amendment Emergency		-		runswic		08901		Į.			LI	Ulzi	4SIN	ì	or something	and the second of the second
DOH justification) Cancellation	modeling		Name of Oscar	f Contact							ephone 3.841					
				LITY INF	ORMAT	ION				-	0.011					
Name of Facility Where Abatement is Taking	g Place (3))					Тур	e of Faci								
Street Address							×	School Subcha Other (i etc.)	pter 8	(Othe				dings.	hom	es,
City (5) Elizabeth							Squ 236	are Feet		# of	Floors	3	E	Bldg. A	ge	
County (6) Union			County (Code (7) JSE ONLY)			rent Use me	(Prior	if bei	ng dem	nolis	hed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	1 No.				atement AD PRO				5				
Street Address						Street 6 Wh		ess DOVE	COL	JRT						
City, State, Zip Code								Zip Code DOD, N		01						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 732-6		No. -9078			Licen 1200		lo.			
Start Date (10) 8/10/18	Schedule 8/14/18		npletion [Date (11)				SHA Mon AD PRO		SIO	NALS					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	9.5%	-68	nent			Street 6 WH		ess DOVE	COL	JRT						
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	3					Zip Code		01						
Scope of Work (Check All That Apply)										**		7				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit	100000000000000000000000000000000000000			×××	, N G	ull Conta lini-Enclo lovebag lon-Exem	sure Proced	lure						
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Location of	N	ormal i Sole	ly			scription				-	PROFUS - CONT. 215		-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	ntenar odial S (12)	nce/		thermal surfa	systems cing, VA niscellan	s insu T, or			(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A						_						fe .	
INTERIOR					Pipe	Insula	tion		-	8	0LF		X			
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			+						-			-				
Name of Registered Waste Hauler		4	JDEP W		1	Yards		Name	e of Re	giste	red Lar	ndfill				
NEWARK CARTING			auler ID 4509	IVO.	of Wa	sie		IESI								
City, State NEWARK, NJ					Dispo: 8/14/	sal Date 18		City, S BET	State 'HLEI	HEM	PA					
Completed by JOSEPH PERLSTEIN	Title OWNI	ER			8	Signature						Da	ite			

State of New Jersey

128 %				
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Date of Notification (1) 7/31/18				Building O			(2)	Y	3		5145		a c	010	ersessanding of the Co	reading to higher the
Agencies Notified Type Notification			Street Ad 128 Ba	ddress artlett Av	/e			l las		ě	AUG			Uld	nanykyj cadalit	and d
EPA X Initial Amended Amendment #	0			te, Zip Co Creek, N		92		Service American	1	ASB					<u>;</u> L &	
Emergency (ir justification)	cluding	1	Name of	Contact				1	- S	Teleph	none i		per	J	AURINI PO	A WOOD CO.
DCA Cancellation			Joyce	LITY INFO	DAHAT	TION				009-2	290-	0700				
Name of Facility Where Abatement is Taking	Place (3)	FAGI	LITTINEC	KIVIA	ION	-	of Facility School (K-	dictiv			-				
Street Address							×	Subchapte Other (i.e. etc.)					build	ings,	home	s,
City (5) West Creek							Squar	e Feet	#	# of FI	loors		BI	dg. A	ge	
County (6) Ocean				Code (7) USE ONLY)			Curre	nt Use (Pr e	ior if I	being	demo	lishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.				tement Co PROFI								
Street Address			1	me die in			Addres	SS DOVE C	OUF	RT						
City, State, Zip Code								p Code DD, NJ (0870)1						
Project Manager for Monitoring Firm		1	Telephor	ne No.		100000000000000000000000000000000000000	hone No 668-9			1 1263	icens 200	e No				
	Schedule 8/15/18		pletion [Date (11)		100000000000000000000000000000000000000		HA Monitor		ION	ALS					
Occupancy Status During Abatement (Check	Only Or	ne)				1	Addres							1000		
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal								DOVE C	OUF	RT						
Scope of Work (Check All That Apply)						LAK	EWO	DD, NJ (0870)1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti					Min Glo	l Containn ni-Enclosu ovebag Pro n-Exempte	re ocedu	ıre					е	
	100000	Locati													ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normall ed Sole lintenar todial S (12)	ly by nce/ Staff?		tos Co therm surf	escription ntaining I al system facing, VA miscella	Material ns insula AT, or			Amo (Spe SF o			Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-	0.50						
EXTERIOR						Siding			-	2500	0SF		х			
Name of Registered Waste Hauler			JDEP W		100000000000000000000000000000000000000	ic Yards /aste		Name o	f Reg	jistere	d Lan	dfill			L	
NEWARK CARTING City, State		1	4509		10	osal Date	9	IESI City, Sta	ate							
NEWARK, NJ					8/15			BÉTH		E.M	PA					
Completed by JOSEPH PERLSTEIN	Title OWN	NER				Signatur	e	x - 69				Date	е			



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

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)		1-	11		2-11
7 / _	16 /	18	_				PERTY GROUP	Maria de la companya del companya della companya de				160	Total process of
Agencies Notified	Type Notifica	ation	SW2		Street	Address			J J AUG	-2	201	8	111
☐ EPA					225	WEST V	VASHINGTON S	TREET	-				E-course
□ DOLWD					-	State, Zip C	AND DESIGNATION OF STREET WAS INCOMEDIATED						
☐ DHSS	Amendm	ent # <u>1-</u>	7/30/	18	1 300			204	ASBESTO			OL8	N N
☐ DCA	☐ Emergen		luding				LIS, INDIANA 46	1204	The state of the second	ENSI	NG	intelligible	
(NJAC 5:23-8)	justification				Name	of Contac	t		Telephone Numi				
	☐ Cancellat	tion							317-636-160	0			
N			-	(0)	FA	CILITY IN	IFORMATION	-					
Name of Facility Where A				(3)				Type of Facility (140.60				
QUAKERBRIDGE M	ALL - JC P	ENNE	YS					School (K-12)					
Street Address									(Other than K-12 ivate and commer		ilding	10	
500 QUAKER BRIDG	GE MALL							homes, etc.)	ivate and comme	Ciai Di	mume	5,	
City (5)			100					Square Feet	# of Floors	BI	dg. A	ne	-
TRENTON, NJ 08648	В										ug. 71	90	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
MERCER								COMMERCIA	AL				
Name of Monitoring Firm I	Hired by Build	ding Ov	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Watterson EFM							BRISTOL EN	VIRONMENTAL	INC.				
Street Address							Street Address		,	10.00			
5580 Monroe Street,	Suite 103						1123 BEAVE	D STDEET					
City, State, Zip Code	Julie 103			-1100-11			The substitution of the substitution of the						
							City, State, Zip Co						
Sylvania, OH 43560							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm				phone		Telephone No.		License No.				
Dave Dukat				4	19-824	-5210	215-788-6040)	00509				
Start Date (10)		Schedy	led Co	omple	tion Da	ite (11)	Name of OSHA N	lonitor		1110-000		MEO-	
01N1		H	/	0			BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated					ment		1123 BEAVE	RSTREET					
Abatement Performed						cribe							
Time of Abatement: 8:						355347074	City, State, Zip Co						
C							BRISTOL, PA	19007					
Scope of Work (Check all	tnat apply)						□ Full Cont	tainment with Neg	ativa Prossura				
≥3 sf or ≥3 lf		0	⊠ Rei	novat	ion		☐ Mini-Enc	losure	alive Flessule				
≥160 sf or ≥260 lf		Ī	Der	molitic	on		☐ Glovebag	g Procedure					
							Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
				Loca						Ab	atem	ent T	уре
Location of		.		lorma	illy elv bv		Description o			R	R	m	ш
Asbestos-Containing N TO BE ABA		")		ntena			stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	ıca	Clo
IN Facility			Cust		Staff?	(surfacing, VAT,	, or	SF or LF)	va	¬	Encapsulate	Enclosure
(13)		-		(12)		4	other miscellane	ous)				late	O
			Yes	No	N/A							1000	
ROOF TOP COOLING	TOWER		\boxtimes			TRANS	ITE PANELS		550 SF				
Name of Registered Waste	e Hauler			N	JDEP I	Waste	Cubic Yards of	Name of Regist	ered Landfill	-			
BRISTOL ENVIRON	MENTAL IN	С		F	lauler II 1870		Waste 5 Cu Yds	FAIRLESS					
City, State				11111111			Disposal Date	City, State					
BRISTOL, PA							7/31/18	FAIRLESS	HILLS, PA				
Completed By (Print or Ty	pe)	Title					Signature		Da	te		-	
Gino Pizzigoni	100-2 0 10	Est	timat	or			Dino	Pingiozon	i/9/1 -	7 -	30	-1	8

ASB-41 GI 18117

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



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16 /	10				ling Owner/Operator						
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	ion				_		15 10 1			IC	H
Amended						TREET	1)!			Transcatte.	
		_					LII AUG -	2 2	018		Land
☐ Emergency	(includ	ing	-			6204	To any factor of the contract			in the same	hae
			Nai	ne of Conta	act	10 m	Telephone Nu	mber.	TDO		
				A CIL ITY I	NEODILLEION	1	317-636-16	500 C	HUL	. Œ	
patement is Ta	king Pla	ce (3)	г	ACILITY	NFORMATION	IT	4.4		-	Non-ten-	
ALL - JC PEI	NEYS	;									
						☐ Subchapter	8 (Other than K-1	12)			
E MALL						Other (i.e., p	rivate and comm	ercial l	buildir	ngs,	
								1.	21-1-	Δ	
						oquate / cct	# OI FIOOIS	1	siag. I	Age	
			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being dome	liahad)		_	
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lired by Buildin	g Owne	r (8)	ASCI	M No.	Name of Abateme						. ()
					Street Address		_,				
Suite 103					1123 BEAVE	R STREET					
					BRISTOL, PA	19007					
ring Firm					Telephone No.		License No.				
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Sch											
			_ ′	18	BRISTOL EN	/IRONMENTAL	., INC.				
batement (Che	ck only	one)			Street Address						
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at apply)					☐ Full Conta	ninment with Nea	ative Pressure				
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	1:	s Locat	ion		☐ Glovebag	Procedure npted (*) and Non			otom	T	
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	Initial Amended Amendmer Emergency justification Cancellatio Datement is Tal ALL - JC PEI BE MALL Suite 103 Pring Firm Sch During Entire Foutside of Norm	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Can	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Datement is Taking Place (3) ALL - JC PENNEYS SE MALL Silied by Building Owner (8) Suite 103 Pring Firm Tel 4 Scheduled Complet 8 / 1 Subatement (Check only one) During Entire Period of Abate Putside of Normal Facility Hou OAM-4:30 PM/PM	Type Notification Initial Amended Amendment #	Type Notification ☐ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation FACILITY Datement is Taking Place (3) ALL - JC PENNEYS GE MALL Grounty Code Grounty Cod	Street Address 225 WEST WASHINGTON S	Street Address 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact School (K-1.5 Subcaptor Other (i.e., phomes, etc.) Square Feet COMMERCI Comment Street Address Square Feet Square Fee	Type Notification Similary Initial Amended	Type Notification Street Address 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact FACILITY INFORMATION FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial bloomes, etc.) Square Feet Gommercial Williams of Commercial Wil	Type Notification Initial Amended Amendment # City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Amendment # Telephone No. ASCM No. Name of Abatement Contractor (9) BRISTOL, PA 19007 Scheduled Completion Date (11) Asch Amendment (City, State, Zip Code Street Address 123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 City State, Zip Code C	Type Notification Initial Amended Amendment # City, State, Zip Code INDIANA 46204 AUG - 2 2018 INDIANA 46204 Amended Amendment # City, State, Zip Code INDIANA 46204 INDIANA 46204 AUG - 2 2018 INDIANA 46204 AUG - 2 2018 INDIANA 46204 INDIANA 46204 AUG - 2 2018 AUG - 2 2018 INDIANA 46204 AUG - 2 2018 AUG

1 CK4376

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

VIA U.S. MAIL

	PAID)			nt to NJAC 8:60 a				Ch#	43	76	
Date of Notification (1)	07/27/1	8		5	of Building Owner	/Operato	r (2)	Vio	GE-GE		W	
Agencies Notified	Type Notification				20心い日 Address	I G	TIVE	PO	KTIES			7#
CI EPA	initial Amended			10	7 E. C	URTI	5 5		H AUG -	2 2	018	
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DOH DCA	justification Cancellatio			/版	John				908495	SING	45	17
Name of Facility Where /	Abatement is Taki	na Place (3)	FA	CILITY INFORMA	FION	Type of I	acility (A		***************************************	
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Street Address	ricum - Garge it versegrjande, errei dag der tri de der dig grünmelle Hille of geldine.	it samualiste a testude vermulimise			>	***************************************	D Sub	chapter er (î.e. p	8 (Other than K-	12) dal bu	flolings	, hom
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01	Cion			(STATE	USE ONLY)		ourona c	, , , , , , , , , , , , , , , , , , ,	House			
Name of Monitoring Firm	Hired by Building	Owner (8))	ASC	M No.		of Abatem		•		,0,000	
Street Address						-	VALE.		INC			
							Box	81	4			
City, State, Zip Code		sumadu natururudni u			hand kandarinin maraganjiha dipidanjian pohjanjian papagan	1	tate, Zip C	11	0	<u> </u>	102	
Project Manager for Moni	lorina Firm			Telepho	nne Mo	Tolent	One No.	idy	C (U) O. (0-3) T
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Start Date (10)	/18		1 -		Date (11)		of OSHA N	lonitor				
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Facility Closed/Vacat Abatement Performe			Į.	nent		P.C		18 1	4			2
Abatement Performe Other — Describe:						City, S	are, Zip Co	de	N.J. 01	89.	57.	
Scope of Work (Check All	That Apply)					(0 1/4)		9		<u> </u>	<u> </u>	
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Asbestos-Containing N TO BE ABA	faterial (ACM)	Mai	d Sole ntenai	nce/	Asbestos Cont	aining M	aterial (ACI	VI).	Amount (Specify	75	-	Enc
In Facility (13)	liniz.	Cust	odial 9 (12)	Staff?	sunac	oing, VA1	, or	- Andrews	SF or LF)	Removal	Repair	Encapsulate
(10)		Yes	No	N/A	04,67 1	, noonan	July	and the second		30		ate
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City, State CID Bridge	NO.	083	57		S S	al Date		State Live	SUINE	T.	H.	
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	and the second second second	ata annual production						/		1	ŧ	

PAID	NC		ATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		т [E C	E		\mathbb{V}	E	M
Date of Notification (1) 07/27/2018				f Building Amplo	Owner/0	Operator	(2)		A TOTAL OF THE PARTY OF THE PAR	AU	G -	- 2	2018	III to Aprillance and	W
Agencies Notified X EPA X DEP X DOL X Initial Amended Amendme		(City, Sta	ddress ate, Zip Co				5.0	A Lot			CON MSIN		L 8.	
➤ DOH justificatio DCA Cancellati		1	Name o	f Contact Amplo		ON			Te	elephone	e Nur	mber			
Name of Facility Where Abatement is Tak House Street Address	king Place (3)		170		J. W. J. W.	ON	Typ	School (K- Subchapte Other (i.e.	12) er 8 (Oth				dinas.	home	es.
City (5) Madison								etc.) lare Feet	# c	of Floors	\$		ldg. A	ge	
County (6) Morris				Code (7) USE ONLY				rent Use (Pr use	ior if be	ing den	nolish	ned)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCN	1 No.				patement Co atement, I		r (9)					
Street Address							osei	ngren Ave	nue						
City, State, Zip Code Project Manager for Monitoring Firm		17	elepho	ao No			wa,	Zip Code NJ 07512		T 1 :	N				
Start Date (10)	Scheduled		15.0			973-	345-	NO. 8685 SHA Monitor		Licen 0131		0.			
08/07/2018 Occupancy Status During Abatement (Ch	08/09/20	18	JICLIOIT	Date (11)			Aba	itement, Ir							
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: Occupied	e Period of Ab	ateme	ent			11 R	oser tate,	ngren Ave Zip Code							_
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	× Rer		2002		_	I Oto	7	NJ 07512						XX	
25 st of 25 ii ≥160 sf or ≥260 lf	-	novati				×	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure					9	
Location of	No	catio			De	scription	of						Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	enand	ce/		tos Cont thermal surfa		fateri s insu T, or		(:	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		No X	N/A		Pipe	Insula	tion	<u> </u>	1	40 LF		Х		ie	
Name of Registered Waste Hauler D&S Abatement, Inc.		Ha	DEP W uler ID 996	707.7	Cubic of Was TBD			Name of Waste				PA			
City, State Totowa, NJ					Dispos TBD	sal Date	į	City, Star Morris		PΑ					
Completed by Oliver Hegedis	Title Project	MAr	nager		S	ignature	11	1_	And the Second lives		Da 07	te /27/2	2018		

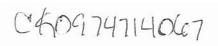
State of New Jersey

15. ²	ALD		NOTIF (F	ICATIOI Pursuant	N OF ASE t to NJAC	BESTOS 8:60 an	ABATE d 12:12	MEN 0)	IT	7),		C			$\underline{\mathbb{V}}$		M
Date of Notification (1) 07/27/2018					of Building Guaglia		Operator	(2)	To Change a project			AUG	',) 2(118	A STATE OF THE PARTY OF THE PAR	
Agencies Notified	Type Notification			Street A	Address				- 11	11	ε	100	-	e leat	010	- 11	-d
× EPA × DEP × DOL	Initial Amended Amendmen				ate, Zip C		40		1000		ASBE		OS C			8	mary and the same
DOH DCA	Emergency justification		İ		of Contact						Telep	hone	Num	ber			
DCA	Cancellation				Guagliar									1			
Name of Facility Where	Abatement is Taki	na Place (3)	FAC	ILITY INF	ORMAT	ION	Tv	pe of Facility	, (A)							
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Street Address								×	Subchapt Other (i.e.	er 8 (dings,	hom	es,
City (5) Maplewood				3.5.00				Sq N/	uare Feet	11.0	# of F N/A	loors		1000	ldg. A	ge	
County (6) Essex					Code (7) USE ONLY	0			rrent Use (P	rior if	being	demo	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	M No.			of A	batement Coatement,		ctor (9)					
Street Address							Street 11 R		ress engren Ave	enue	9						
City, State, Zip Code									Zip Code NJ 07512)							
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph 9733	one	No.			icens					
Start Date (10) 08/08/2018		Schedule 08/09/2		npletion	Date (11)		Name	of O	SHA Monito atement, I			101					
Occupancy Status During							Street	Addı	ress								
Facility Closed/Vaci Abatement Perform Other – Describe:	ed Outside of Norr	Period of / nal Facility	Abaten Hours	nent S			City, S	tate,	Zip Code								
Scope of Work (Check A							loto	wa,	NJ 07512								
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Name of Registered Was	te Hauler		LN	JDEP W	laata	Cubic			Ty								
D&S Abatement, Inc			Н	auler ID 0996		of Was			Name of Waste	- 1.00 mar (F)				PA			
City, State Totowa, NJ							al Date		City, Sta Morris		DΛ	E-Usa					
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Project Manager

Oliver Hegedis

07/27/2018

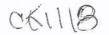


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×	DOL	Amendment Emergency				Orange,	NJ 07	040					LIC	DENS	SINO	3		
×	DOH	justification)	-			f Contact						Telep	hone l	Numb	er			and the same of the same
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	use	Abatement is Takii	ig i lace (J)					Type	e of Facility	537 60							
Stre	eet Address								H	School (K- Subchapte		Other	than k	(-12)				
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City	(5)								Sau	etc.) are Feet	т:	# of Fl	oors		I R	ldg. A	nne .	
	est Orange								N/A		1 3	N/A	0013			/A	ge	
Cou	inty (6)				County	Code (7)			Curr	ent Use (Pr	rior if	being	demo	lishe	d)			
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Nar N/	ne of Monitoring Firm A	Hired by Building	Owner (8)	ASCN	/I No.				atement Co tement, I		tor (9))					
Stre	eet Address							Street 11 R	SOVERED TO CO	ess gren Ave	enue							
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Pro	ect Manager for Mon	nitoring Firm	5		Telepho	ne No.		Teleph				TI	icense	e No				
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	t Date (10) /09/2018		Schedul 08/10/		mpletion !	Date (11)				HA Monitor tement, I					31			
Occ	upancy Status During	g Abatement (Ched	k Only O	ne)				Street	Addre	ess					-			
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	TO BE ABA	ity	Cus	todial S	Staff?	(i.e.		systems cing, VA		ation,		(Spe			Rem	Repair	ncap	incl
	(13)			(12)				niscellan				J. J.	,		Removal	pair	Encapsulate	Enclosure
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Nan	ne of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards	-	Name of	f Reai	istered	d Land	dfill				
	S Abatement, Inc			100	lauler ID 0996	No.	of Was	ste		Waste					PA			
	, State owa, NJ						Dispos TBD	sal Date	lo.	City, Sta Morrisv		PA						
	npleted by er Hegedis		Title Proje	ect MA	Anager		S	Signature	C	-	/L-+0		or French	Date 07/2	7/2	018		





Date of Notification (1) 07 /	31 /	18					S	ner/Operator (2)	DEG		\mathbb{W}	E	-
Agencies Notified	Type Notifica				Street	Address			The second secon	ALIG	- 2	2018	and the same of th	
⊠ EPA	☐ Initial			j				Rd NE, 4 th F	1 4140	111 100		11010		basesse
☑ DOLWD	Amended Amendme				City, S	state, Zip C	ode							
□ DCA	☐ Emergend	ATT OF			Atla	inta, GA	3032	26) ·	ASBEST	OS COI	VTRC	L&	
(NJAC 5:23-8)	justificatio		iddirig		Name	of Contact	t		- I	Telephone N	mber	i <u>G</u>	Onderion or second	BARROW PROPERTY.
1	☐ Cancellati	on			Pau	l Tagliaf	erri			631-254-3	680			
			X		FAC	CILITY IN	FOR	MATION						
Name of Facility Where A	batement is T	aking l	Place	(3)					Type of Facility	(4)				
Shopping Center									School (K-1					
Street Address								(7)	Subchapter	8 (Other than K- private and comp	·12)	ilding	c	
66 Goffle Rd									homes, etc.		Hercial Di	munig	5,	
City (5)			120						Square Feet	# of Floors	В	dg. A	ge	
Hawthorne									10000	1		55		
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	olished)	- 23		
Passaic									Shopping (Center				
Name of Monitoring Firm	Hired by Build	ing Ov	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)				*
Arcturus Environm	ental						N	licrotech Co	ontracting Cor	p.				
Street Address							Stre	et Address		-				
1972 E 36 th St							3	8 Kean St						
City, State, Zip Code							City	, State, Zip Co	ode					
Brooklyn, NY 11234	Į.								n, NY 11704					
Project Manager for Moni			-	Tele	phone	No.		ephone No.	,	License No.	1	11, 12, 1		
Frank Trimargo	g				2-617		1 330	31-243-5559	ì	01021				
Start Date (10)	S	chedu	iled Co	2.7	tion Da			ne of OSHA M						-
08 /14 /				90	/	72 32		ame as Abo						
Occupancy Status During	Abatement (C	Check	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate	S				ment									
☐ Abatement Performed Time of Abatement: _	Outside of No	rmal F	acility	Hour	s - Des		City	, State, Zip Co	ode					
Scope of Work (Check all	I that apply)	- 80												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re ☑ De					☐ Mini-End	tainment with Ne closure g Procedure empted (*) and Ne		dure			
			lo	Locat	ion			□ I40II-EXC	inpled () and ive	Thable 1 1000		atem	ant T	uno
Location	of			lorma				Description of	nf		0.00	1	Total of	
Asbestos-Containing)		d Sole		Asbe	stos (Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA	TED			intena	nce/ Staff?	(i.e		rmal systems		(Specify SF or LF)	VOL	a:	aps	losu
IN Facili	ty		Ouoi	(12)	otun.			urfacing, VAT ner miscellane		SF OF LF)	1 2		Encapsulate	re
(.0)			Yes	No	N/A	1			,		1		Ф	
Roof 1						Tar on	Copi	ings		200 SF				
Roof 1 & 2						Tar on	Chin	nney		100 SF				
Roof 2	-					Tar und	ler C	opings		400 SF				
Roof 3					\boxtimes	Tar on	Wall	s		200 SF				
Name of Registered Was	te Hauler			N	JDEP I	Vaste	Cub	oic Yards of	Name of Regi	stered Landfill				*
Tri State Transfer	5)			H	lauler II 19531		Was		Minerva E	nterprises				
City, State								posal Date	City, State					
Bronx, NY 10474							1 2	BD	Waynesb	urg, OH				
Completed By (Print or Ty	vne)	Title						Signature			Date		1	
Vincent Arbucci	, pc/	F. (5.70.70)	eside	ent				(><	20		7/	31,	118	ė.



PAID

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

Check #_/// 8

Date of Notification (1)/				Monne	of Building C		\	(0)	11 2000		n n	7 5	3	-
Deale of redundation (1)	30/18			G	-0 COBI	swaenc BiRG	perator Rib	(2) BAUTY	Asa	OCIUTE)		/ [A STATE OF THE STA
Agencies Notified	Type Notification			Street A	Address				111311			10.	111	111
図 EPA	M Initial		espeinte		33 C		1010	19012		A UG - 2	. 20	18	II.	1
区 EPA 区 DEP 区 DOL	Amended Amendment	ALTERNATION AND ADDRESS OF THE PARTY OF THE		City, Str	ate, Zip Coo	se CA-C	Nwh	LC d	47 B	17006				ana arress
DOH DCA	Emergency justification)		no manager de		f Contact	.00	. 10	ı		Telephone Nun	nber	NOL	<u></u>	7
DCA DCA	Cancellation	1			35/9- L					973-1	00-	6=	11	10
Name of Facility Where I					ILITY INFO	THEAT	OPE	Type of F	acility (4)					-
DUNCAN !	AUE APA	RTM	BWT:	ン					ool (K-12)					
Street Address	WW CAN I	9UE					-	Othe	ır (î.e. priv	(Other than K-12 rate & commercia		dings,	home	es,
City (5) JERSEY C				***************************************				Square Fo	set	# of Floors	E	lidg. A	ge L	
County (6)	· · · /			County	Code (7)			W.		if being demolish	Orto	6		
Hudson				(STATE	USE ONLY)	e e e e e e e e e e e e e e e e e e e	-	A	צדת		00)			
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	A No.	and and		of Abateme ac Contra			CONTROL CONTROL			
Street Address			THE REAL PROPERTY.	-		- Inches	Street	Address			-	-		-
City, State, Zip Code						1		/reeland		****				
Gity, State, Zip Gode						and the second		tate, Zip Co and Park,						
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No. 262-5841		License No).			
Start Date (10)		Schedul			Date (11)			of OSHA M		00150				
8/13/18				/13	118	.			onmenta	al Services inc	2.			
Occupancy Status During Facility Closed/Vaca	F8: (5)	1/2-1	70					Address Huyler St	reet					
Facility Closed/Vaca Abatement Performe Other – Describe:						ł	City, S	tate, Zip Co	ode					
-	I That Analys				-		Hack	ensack,	N.J. 076	306				
Scope of Work (Check Al	i tust Abbih)	1831 -	200010	Mos			F	1 - " -				24.		
23 sf or ≥3 if . ≥160 sf or ≥260 if		and the same of	Renova Demolii					Mini-En	closure	with Negative Pr	ressu	ie		Delin Agentum
									ag Proced empted (*	lure) and Non-Friabl	e Pro	cedur	3	(databas)
		1	Locat									Abate		
Location Asbestos-Containing	377		Vormal d Sole		Ashasia		cription					Ty	36	\Box
TO BE ABA	TED	l Ma	intena todial S	nce/	(i.e. ti	hermal a	systems	laterial (AC insulation,	ivi) i.	Amount (Specify	Re	70	Eno	9
In Facility (13)	ty		(12)	Julii :		surfact other m	ing, VA			SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					and to record		8		ate	16
BASBURGET A	nras	-		V		All	PE		-	102505	X			
	·			<u> </u>						A Translation of the Control of the				
		-		<u> </u>					<u> </u>					
Name of Registered Was	te Haufer		IA	IJDEP W	laste I	Cubic '	/arde	(i Ma	me of Do	gistered Landfill				
Newark Carting, Inc			F	lauler ID 4509		of Was		1		ntral Sanitary	Lan	dfill		
City, State Newark, N.J. 07105	;					Disposi	al Date		y, State en Argyl	, PA 08072				
Completed by		Title					grature	MACK	111	Dat		1	1-	\dashv
R. McDonald		Pres	ident			1/	K	111 Year	All Control			30/	18	The state of the s

State of New Jersey

- 2222	Ñ			OF ASBESTOS o NJAC 8:60 an					Check			-		
Date of Notification (1)		1	lame of	Building Owner/ORGAN /	Operator Roll	(2) RT	IES		AUG		2-2	J18	and controlled to the state of	
Agencies Notified Type Notification		1				ASBESTOS CONTROL & LICENSING								
EPA Initial DEP Amended Amendment t	ŧ	_	Lity, State	e, Zip Code	PA	19406								
Emergency (in justification) DCA Emergency (in justification) Cancellation	ncluding			Contact IN PHIL				Telephone Number 6/0-265- 2 800						
and Dord				ITY INFORMAT										
Name of Facility Where Abatement is Taking SHORT HILLS VILL	AGE					D s	of Facility (4) ichool (K-12)						
Street Address 72, 74, 76A + 76	Bi	£100¢	CAM	O RUAD		D C	other (i.e. pri tc.)	ivate &	r than K-12) commercial				5,	
City (5) HORT HILLS			-			Square / 2	e Feet , 000 -	# of	Floors 3		dg. A			
County (6)	7		County C	ode (7) SE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.	1	Name of Abatement Contractor (9) A. Mac Contracting Inc.								
Street Address	- A PARKETOR	Manager and the same of the sa	A	THE THE PERSON OF THE PERSON O		eet Address 35 Vreeland Ave.								
City, State, Zip Code			City, State, Zip Code Midland Park, N.J.											
Project Manager for Monitoring Firm	Felephon	e No.		elephone No. License No. 01-262-5841 00156										
Start Date (10) / 8 / 1 4 / 1 8		pletion C	pate (11)			IA Monitor vironmen	tal Se	rvices Inc						
Occupancy Status During Abatement (Chec						Addres	s Street							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abatem Hours	ent		City, State, Zip Code Hackensack, N.J. 07606									
Scope of Work (Check All That Apply)					1									
≥3 sf or ≥3 lf . ≥160 sf or ≥260 lf	AND DESCRIPTION OF THE PERSON	Renova Demolifi	50.000000000000000000000000000000000000			Min Glo	i-Enclosure vebag Proc	edure	Negative Pr			e		
	1	Locati	77.77			-	1				Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole iintenar todial S (12)	ly by nce <i>l</i>	Asbestos Co (i.e. therm surf	escription of ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
00-8-0-05	Yes	No	N/A	PIP	8				388 LF	V				
BASEMENTS			×	1-11-1				<u> </u>	300 20					
	-													
Name of Registered Waste Hauler Newark Carting, Inc.	The state of the s						3	100	red Landfill al Sanitary	Lar	ıdfill			
City, State Newark, N.J. 07105				Disp	osal Dat	ie Kon	City, State Pen Arg		4 08072	15.12.126	ð		Delimin	
Completed by R. McDonald	Title Pres	sident	:		Signatu	7/11/2	Frales	f .	Dat	e	/3	الإيخ	de	

CK 5017

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

Date of Notification (1)							g Owner/Operator (2)	LEGE	2 J. C. 12	7	J [;	1/20				
	18 /	18			SA	F 427 BI	oomfield, LLC	1	Job #1807-23	22	Chk.	#50	97				
Agencies Notified EPA	Type Notific	ation				t Address		AUG -	0 004			111					
⊠ DOLWD	☐ Initial ☐ Amende	d				9 Jefferso		1.4	1	< 301	8	IL	41				
☑ DHSS	Amendm		1			State, Zip (4	Commence of the State of the St			1	-				
DCA	☐ Emerger		_	g			NY 07054		ASBESTUS C	ONTRO	71 0		Sherman,				
(NJAC 5:23-8)	justificati	on)			Nam	e of Contac	t		Telephone No	Telephone Number							
	☐ Cancella	tion			Ma	tthew Rin	naldi	973-953-2355									
					FA	CILITY IN	FORMATION										
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility (4)									
Office								School (K-12)									
Street Address								☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings,									
427 Bloomfield Ave	enue							homes, etc.)		iciciai bi	mani	,,					
City (5)								Square Feet	# of Floors	В	dg. A	ge					
Montclair								30,000	4		1910	1					
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)							
Essex								Office									
Name of Monitoring Firm	and the second section of the second second	ding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)									
Finog Environment	al						Asbestos and	d Mold Service	es, Corp.								
Street Address							Street Address										
617 Stokes Rd., Sui	ite 4-318						3859 Sylon B	oulevard									
City, State, Zip Code						20 - 11-580											
Medford, NJ 08055							Hainesport, N	IJ 08036									
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.								
Rebecca Rubnitz			1 2		5-2211	609-702-0400		00862									
Start Date (10)					ate (11)	Name of OSHA M											
_8 / _3 /				AS THE	1/	18_	EMSL Analyti	ical, Inc.									
Occupancy Status During						Street Address											
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ement		200 U.S. Rout										
	AM-6:3	ormal 0 PM/	Facility	y Hou -PM	irs - De: 2:30AN	scribe 1	City, State, Zip Co										
Scope of Work (Check all		_					Cinnaminson	, NJ 08077									
≥3 sf or ≥3 If			-					ainment with Neg	ative Pressure								
\(\text{\geq} \geq 160 \text{ sf or \geq 260 lf}\)			⊠ Re □ De				☐ Mini-Encl	osure Procedure									
					011		☐ Non-Exer	mpted (*) and No	n-Friable Proced	dure							
				Loca							atem	ent T	vpe				
Location				Norma	ally elv by		Description of			-	_		1				
Asbestos-Containing I TO BE ABA		1)			ance/	Asbe	stos Containing Mat ., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	nca	nclo				
IN Facilit			Cust		Staff?	(surfacing, VAT,	or	SF or LF)	oval	=-	Encapsulate	Enclosure				
(13)			Yes	(12) No	10000000	-	other miscellaned	ous)				ate	O				
4 th Floor					1 1000000												
4 Floor						Carpet	& Floor Tile		800 SF								
											П	П	П				
Name of Registered Wast	te Hauler			1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill		_						
Waste Management				ŀ	1727		Waste 5	Grand Cen									
City, State							Disposal Date	City, State									
Lafayette, NJ							8/4/18	Penn Argy	le, PA								
Completed By (Print or Ty	rpe)	Title					Signature	1		Date							
Kimberly A. Trumbe	etti	Of	ffice (Coor	dinato	r	CXV.			73	11-1	6					

ASB-41 MAY 11

CK 5040



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			44-870		Nam	e of Buildir	ng Owner/Operator	(2)	EGEI	D/I	- Fr	-	7		
	31 /	18			N 2000	rgas USA		/ Job #170		₩ k. #5	098		The state of the s		
Agencies Notified ☑ EPA ☑ DOLWD	Type Notifi					et Address 9 North F	Radnor CHester	Road, Suite 100	AUG - 2	2018	No.				
☑ DHSS	Amenda Amenda					State, Zip			*#PANIANTS A		- 5	Principle"	D _Q		
□ DCA	☐ Emerge	_	cluding	1	Ra	dnor, PA	PA 19087 ASSESTOS CONTROL &								
(NJAC 5:23-8)	justifica		, adam,	,	Nam	Name of Contact Telephone Number									
	☐ Cancell	ation			St	even Fish	ner		708-417-505	- Committee of the last		- marketing			
					FA	CILITY II	NFORMATION								
Name of Facility Where A				(3)				Type of Facility (4)						
Airgas Merchant Ga	as - Dry Ice	e Plant				School (K-12)									
Street Address							Subchapter 8	(Other than K-12)						
A Line Road						homes, etc.)	ivate and comme	rcial b	uildin	gs,					
City (5)								Square Feet	# of Floors	В	ldg. A	ae			
Gibbstown								13000	1		60	5			
County (6)		100000			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	shed)					
Gloucester							Vacant								
Name of Monitoring Firm			wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)							
Absolutley Clean Er	nvironmen	it					Asbestos an	d Mold Services	s, Corp.						
Street Address							Street Address								
777 Westchester Av	enue Suit	e 101					3859 Sylon Boulevard								
City, State, Zip Code							City, State, Zip Code								
White Plains, NY 10							Hainesport, NJ 08036								
Project Manager for Monit	oring Firm			0.00	ephone		Telephone No.		License No.						
Jeffrey Sheridan				1		5-9223	609-702-0400		00862						
Start Date (10)8 /15 /		Schedu				42 70	Name of OSHA M								
					<u> </u>	18	EMSL Analyt	ical, Inc.							
Occupancy Status During							Street Address								
☐ Facility Closed/Vacated☐ Abatement Performed	During Ent	ire Perio	od of /	Abate	ment		200 U.S. Route 130 North								
Time of Abatement:	AM	PM/	acility	_PM		AM	City, State, Zip Co								
Scope of Work (Check all							Cinnaminson						_		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rei Der	novat	ion on		 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 								
			ls	Loca	tion		_	, , , , , , , , , , , , , , , , , , , ,	7 714010 7 7000441	T 7/2	atem	ant T	1/20		
Location o				orma	lly ely by		Description o	f			_	-			
Asbestos-Containing M TO BE ABAT		л)			nce/		stos Containing Ma ., thermal systems i		Amount	em	Repair	nca	ncl		
IN Facility			Cust		Staff?	(1.6	surfacing, VAT,	or	(Specify SF or LF)	Removal	ai-	ısde	Enclosure		
(13)		,	Yes	(12) No	N/A		other miscellane	ous)	/	-		Encapsulate	6		
Exterior			7	П		Transite	3		440.05	57		_			
			=			Transite	•		140 SF						
			_							\boxtimes	Ш	Ц	Ш		
		L]												
N															
Name of Registered Waste	Hauler				JDEP V		Cubic Yards of	Name of Registe	red Landfill						
Waste Management					17273		Waste 5	Grand Centr	al						
City, State							Disposal Date	City, State							
Lafayette, NJ							8/16/18	Penn Argyle	, PA						
Completed By (Print or Typ		Title					Signature	1	Dat	е					
Kimberly A. Trumbet	ti	Offi	ce C	oord	linator	•	PAI			:31	-18	4			
CD 41								1	(V .	1.		1		

ASB-41 MAY 11

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

Data of Notification (4)				TING.	133				111-							
Date of Notification (1)	10 /	18				ne of Buildin tand Up fo	ng Owner/Operator or Salem	1.1	b #1	806-2313 AUG -	Chk	#NA	And the second second	The second		
Agencies Notified EPA	Type Notific	cation				et Address	roadway	1	-	AUU	(- h	VIG	and distance and			
☑ DOLWD		d				23 East B			ASBESTOS CONTROL&							
☑ DHSS	Amendm	nent#	1			State, Zip		ASBESTOS CONTRO LICENSING						7		
☐ DCA	☐ Emerger		cludin	g	_	alem, NJ						TABLES THE STATE OF	and the same party of the same	entern?		
(NJAC 5:23-8)	justificat				100000000000000000000000000000000000000	e of Conta	ct			Telephone N	umber					
	☐ Cancella	ition			Jo	dy Veler			856-759-4097							
						ACILITY II	NFORMATION									
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Fac	ility (4	1)						
Commercial Proper	ty/Former	JC Pe	enney	Bu	ilding			School (I	K-12)							
Street Address								Subchap	ter 8	Other than K	-12)					
225 East Broadway								homes, e	e., priv	ate and com	mercial	buildi	ngs,			
City (5)				_			- The latest the lates	Square Feet		# of Floors		Bldg.	Δαρ			
Salem								12509		1		60	ngc			
County (6)					Cor	inty Code (7)(STATE USE ONLY)		/Prio		olichoo	0.000				
Salem					1 3.5	, (Monne doe divery	Current Use (Prior if being demolished) Vacant								
Name of Monitoring Firm	Hired by Buil	dina C	wner	(8)	ASCN	1 No	Name of Abatam		- (0)							
Criterion Laboratori		unig c	WIICI	(0)	Acci	TINO.		ment Contractor (9)								
Street Address					nd Mold Services, Corp.											
400 Street Road							Street Address									
							3859 Sylon Boulevard									
City, State, Zip Code	•						City, State, Zip Co									
Bensalem, PA 1902				_			Hainesport, I	NJ 08036								
Project Manager for Monitoring Firm Teleph							Telephone No.			License No.	Í					
			8015-		215-24		609-702-0400			00862						
Start Date (10)7 /23 /					eletion D	ate (11) 18	Name of OSHA M EMSL Analyt									
Occupancy Status During	Abatement (Check	only o	ne)			Street Address		-							
							200 U.S. Rou	te 130 Norti	h							
☐ Abatement Performed	Outside of No	ormal	Facility	у Но	urs - De	scribe	City, State, Zip Co									
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Time of Abatement:AMPM				_PI	M	_AM	Cinnaminson									
Scope of Work (Check all	that apply)							tainment with	None	kius Danasuus						
\boxtimes \geq 3 sf or \geq 3 lf \Box \geq 160 sf or \geq 260 lf			⊠ Re □ De								duro					
		T	Is	Loc	ation	T	ZA NON EXC	inpica () and	TAOTI	Tiable Floce	1 2			_		
Location of			N	Norm	nally		Description o	f					nent T	T		
Asbestos-Containing N		1)			lely by	Asbe	stos Containing Ma			Amount	, contract of the contract of	Repair	Enc	Enclosure		
TO BE ABAT		- 1			nance/	(i.e	., thermal systems i	insulation,		(Specify	3	air	àp	los		
(13)	!			(12			surfacing, VAT, other miscellane			SF or LF)	2	2	Encapsulate	ure		
055 45540055 000			Yes	No									te			
SEE ATTACHED SCO	PE															
					\boxtimes											
											Г	П	П	П		
			П	П					+				+=			
Name of Registered Waste	Hauler				NJDEP	Maste	Cubic Yards of	Name of De								
Waste Management				- 40	Hauler I 1727	D No.	Waste 5	Name of Re Grand C								
City, State							Disposal Date	City, State								
Lafayette, NJ							7/31/18	Penn Ar	gyle	, PA						
Completed By (Print or Typ		Title					Signature /	1			Date					
Kimberly A. Trumber	tti	Of	fice C	001	rdinato	r	1				7-	30-	13			
SB-41				_			JEIXI	1			1 5	20	/ %			

ASB-41 MAY 11

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

PA			NO				BESTOS ABATAC 8:60 and 5:1		EGE	N W		In	- Artes			
Date of Notification (1)	31 /	18	3				g Owner/Operator		/ Job #1807	-2324	Ch	k. #5	099			
Agencies Notified	Type Notifi	cation			Stree	et Address		- 444	AUG -	2 201	3		4			
					0.00	or ridarooo		Í								
□ DOLWD	☐ Amende				City	State, Zip (Code		ASBESTOS COMPONIO							
☑ DHSS	Amendr			-		well, NJ		[ASBESTOS CONTROL & LICENSING							
DCA (NJAC 5:23-8)	☐ Emerge justifica		cludin	g		e of Contac		The state of the s								
(110/10/0.20-0)	☐ Cancella				Bil				Telephone N	Number						
					1	30.0	FORMATION									
Name of Facility Where A	batement is	Taking	Place	e (3)	ГА	CILITIN	IFURIMATION	Type of Equility	. (4)							
Residential				- (-)				Type of Facility School (K-1								
Street Address				_				☐ Subchapter	8 (Other than h	<-12)						
								Other (i.e.,)	private and com	nmercial	buildin	gs,				
City (5)								homes, etc.			21-1					
Howell								1046	# of Floors	1	3ldg. A	Age				
County (6)					Соц	nty Code (7)(STATE USE ONLY)	Current Use (P		a a lla ba a ll	65					
Monmouth						, 0000 (/	(CTATE OOL ONET)	Residentia		nolisnea						
Name of Monitoring Firm	Hired by Bui	lding C	wner	(8)	ASCM	Name of Abateme		-								
Tiger Environmenta				`				d Mold Service								
Street Address							Street Address	a word Service	es, corp.							
16 W Elizabeth Ave	# 2						3859 Sylon Boulevard									
City, State, Zip Code							City, State, Zip Code									
Linden, NJ 07036							Hainesport, NJ 08036									
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No	k.						
Kelly Walton				(9	08) 86	2-4301	609-702-0400		00862	*						
Start Date (10)	Sched	uled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor									
8 /15 / _	18	8	3_ /	17	_ / _	18	EMSL Analyti	ical, Inc.								
Occupancy Status During							Street Address									
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abate	ment		200 U.S. Rout	te 130 North								
Abatement Performed	Outside of N	ormal	Facility	y Hou	s - Des	scribe	City, State, Zip Co	de								
Time of Abatement:		PIV	·/	_PIVI-		AM	Cinnaminson									
Scope of Work (Check all t	that apply)							\$1 \$4200 min								
≥3 sf or ≥3 lf			⊠ Re	novati	on			ainment with Ne	gative Pressure	Encli	sure	=				
≥160 sf or ≥260 lf			☐ De	molitic	n		☐ Glovebag	Procedure								
2							☐ Non-Exer	mpted (*) and No	n-Friable Proce	edure						
Location o	f			Locat Norma				_		Α	Abatement Type					
Asbestos-Containing M	aterial (ACN	1)	Use	d Sole	ly by	Asbes	Description of tos Containing Mat		Amount	Re	Re	E	E			
TO BE ABAT IN Facility				intena odial		(i.e.	, thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure			
(13)			0.00	(12)	Juli .		surfacing, VAT, other miscellaned		SF or LF)	/a		Encapsulate	ure			
989999			Yes	No	N/A	1	other miscellanee	Jus)				ē				
Kitchen Area						Floor Ti	le		209 SF							
									200 01							
										_		Ш	Ш			
N- (D)																
Name of Registered Waste	Hauler			1,000000	JDEP V auler ID		Cubic Yards of	Name of Regis								
Waste Management				_ 1	17273		Waste 5	Grand Cen	itral							
City, State							Disposal Date	City, State								
Lafayette, NJ							8/17/18	Penn Argy	le, PA							
Completed By (Print or Typ		Title					Signature (1	Date						
Kimberly A. Trumbet	ti	Of	fice C	oord	inator					7-3	1-1	8				
SB-41							THE			, –	, ,					

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