CK7236

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D&S Proj. #: 18-164	\$0	AID				s Abatement 0 and 12:120)	(D) E	GE		V E	
Date of Notification (1)		Name of Bu		ner/Operator (2	?)			AUG - 7	201	18	
Agencies Notified Type Notifical  EPA Initial  DEP Amended		Street Addre					ASE	BESTOS CO	NTR	OL&	Person
DOL Amendment #:  ☐ Emergency (including justification)	-	City, State, a cranford Name of Cor	, nj 0701	6			Telepho	ne Number	Process and Process of the Party of the Part	endorfulling the dea	Alleman de de Careca de
DCA Cancellation	- 11	tage hau	n								
			FAC	ILITY INFORM	MOITAN	1					
Name of facility where abatement is tage haun Street Address	s taking p	lace (3)					Subch	ol (K - 12) napter 8 (Othe (Private/Com			)
						1	Square Feet	/Homes, etc. # of Floors	_	Bldg.	Δαο
City (5)	Cou	nty (6)			177.55	nty Code (7) te use only)	Current Use (F	Mac Bunklerson with	emoli	255	
cranford	uni									betoreven.	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement D & S RESTOR	100 120 0363 100 120 130 1363				
Street Address						Street Address 20 California A	VA.				
City, State, Zip Code						City, State, Zip Code					_
						Paterson, NJ 0					
Project Manager for Monitoring Firm		Ph	one Numb	er	_	Telephone Number 973-345-8020		License Nu			
Start Date (10)	Sched	d. Completic	on Date (1	)		Name of OSHA Mor D & S Restorat					
08/14/18	09/1	4/18				Street Address	ion, mc.				
Occupancy Status During Abatemen  Facility closed/vacated during  Abatement performed outside Describe:	entire peri of normal	od of abater				20 California A City, State, Zip Code	a*				
Other-Describe: NORMAL H					_	Paterson, NJ 07	7503				
Scope of Work (check all that apply $\boxtimes >\underline{3}$ sf or $>\underline{3}$ If $\boxtimes$ $\geq 160$ sf or $\geq 260$ If	Renovation						Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	re			re
Location of		n normally u					Troil Exemples ( )	F	F	_	
asbestos-containing material (acm) to be abated in facility (13)	staff(12)	enance/cust	Odial N/A	Description material (		sbestos-containing	Amount (Specify S LF)	SF or o	n p	c a a	n c
basemen & crawl space				PIPE INSU	LATI	ON	180 l ft	e D	l r	Р	+
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Registered Waste Hauler		EP Hauler II	D# C	ubic Yards of V	Vaste	Name of Registered	Landfill		11-	1	11-
D & S RESTORATION, INC.	135			yds.	-	TULLYTOWN,	RESOURCE RE	ECOVERY			
Dity, State PATERSON, NJ 07503			08/15/18	3		City, State TULLYTOWN	, PA				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature		19		Date 08/02/20	18		

D&S Proj. #: 18-137

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

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Date of Notification (1)	Name	of Building Ow	ner/Operator (2)	)		- 1	AUG	-72	018	- 1	1 000	
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Agencies Notified Type Notificat		Address				-	ASBESI	S CON	THOL	, Öt		
DEP Amended							LIC	DENSIN	3	a ign part Person		
Amendment #:	City, S	tate, Zip Code										
DOL ☐ Emergency	spri	ngfield, nj 07	7081									
DOH (including justification)		of Contact					Telephor	ne Numbe	er			
DCA Cancellation	spri	ngfield, nj 0'	7081				_					
			CILITY INFORM	ATIO	N							
Name of facility where abatement is	s taking place (3)				.,		Type of Facility	(4)				
	3. (	S.E.						K - 12	)			
springfield, nj 07081 Street Address						-4		apter 8 (				
Officer Address								(Private/0 /Homes,		ercial		
						_		# of Floo		В	ldg. A	ge
City (5)	County (6)				unty Code (7)	7						
springfield	union			(St	ate use only)		Current Use (P	rior if beir	ng der	nolish	ed)	
Name of Monitoring Firm Hired by E			ASCM No.	-	Name of Abatem	ent C	ontractor (9)			-		
SE (2)			7.00		D & S REST							
Street Address				-	Street Address	OKA	TION, INC.		_			
					20 California	a Ave	÷.					
City, State, Zip Code				-	City, State, Zip Co	-						-
					Paterson, N.	075	03					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Numb	er		License	Num	oer		
					973-345-80				1169			
Start Date (10)	Sched. Com	pletion Date (1	1)	_	Name of OSHA							
08/15/18	09/15/18				D & S Resto	ratio	n, Inc.					
Occupancy Status During Abatement		e)			20 California	Δνο	nue					
Facility closed/vacated during	entire period of a	batement.			City, State, Zip Co		nuc					_
Abatement performed outside of Describe:	of normal facility	hours-										
Other-Describe: NORMAL HO	OURS			-	Paterson, NJ	0750	03					
Scope of Work (check all that apply)						Fu	III Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation						ini-enclosure					
≥160 sf or ≥260 lf 1	Demolition						ovebag procedur on-Exempted (*)		friable	proc	edure	
Location of	Is location norm		y				1		IR	R	E	E
asbestos-containing material (acm) to be	by maintenance staff(12)	custodiai			asbestos-containing	3	Amount (Specific S	F 0.	e m	e p	n	n
abated in facility (13)	Yes No	N/A	material (A	ACM)			(Specify S LF)	r or	0	a	а	C L
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Registered Waste Hauler	NJDEP Hau	ler ID# I C	ubic Yards of W	laste	Name of Registe	rad I				Ш		
D & S RESTORATION, INC.	13506	- 1	yds	3310			andiiii ESOURCE RE	COVER	Υ			
City, State		Disposal D	ate		City, State							
PATERSON, NJ 07503		08/16/1		_	TULLYTOW	/N, P	A					
	Title PRESIDENT		Signature					Date 08/02/	2018			

CK#9146

Date of Neitherglain (1)   Second Processor (2)   Second Processor (3)   Second Processor (4)   Second Processor (5)   Second Processor (6)   Second Processor (7)   Second Processor		٧.			0.00 ui		-/	1111		- 1	W	占		
EPA DOL   Initial Amended Emergency (including DoLA)   DoLA)   Dolar Emergency (including Dolar Emerge	Date of Notification (1)					Owner/	Operato	r (2)						
DEP   Amended   Amended   Amended   Emergency (including   Lindiation)   Do	To the state of th					Y ROA	.D			AUG	7	2018		Land of the land
DOH	DEP Amended Amendment						D. NJ (	07080		ASSESTO	s co	NTR	)L &	ŧ.
DCA   Cancellation   September   Standard   September   Standard   September   Standard   September   Standard   September   September   Standard   September   Standard   September   S		(includin	9						+	Telephone Ni	ımher	49		
Name of Reality Where Absternent is Taking Place (3)   School (K-12)   Schoo	- Jackindation,			Jo	HN	BR		$\epsilon \chi$		732-3	14	-6	12	8
Street Address    Strobour (Art 2)		g Place	(3)	IAC	SILIT HAI	OKWAT	1014	Type of Facil	lity (4)					
Steel Address   Scheduled Completion Date (11)   State (10)   State										(Oth th 16 d	0)			
County (9)  County (9)  County (9)  County Code (7)  Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMENTAL TACTICS  ASCM No.  O045  Name of Abatement Contractor (9)  UNIQUE SYSTEMS OF AMERICA INC  Street Address  64 BROAD STREET  City, State, Zip Code  MATAWAN, NJ 07747  Project Manager for Monitoring Firm  Telephone No.  To M GEIGER  Street Address  Street Address  Street Address  ASCM HIVER, NJ 08882  Project Manager for Monitoring Firm  To BEGER  Telephone No.  To M GEIGER  Street Address  Street Address  Street Address  SOUTH RIVER, NJ 08882  Project Manager for Monitoring Firm  Telephone No.  To M GEIGER  Street Address  South RIVER, NJ 08882  Project Manager for Monitoring Firm  Telephone No.  To M GEIGER  Telephone No.  To M GEIGER  Street Address  South RIVER, NJ 08882  Project Manager for Monitoring Firm  Telephone No.  To M GEIGER  To State (10)  MATAWAN, NJ 07747  Scheduled Completion Delicit (11)  Start Date (10)  MATAWAN, NJ 07747  Scheduled Completion No.  To M GEIGER  Street Address  South RIVER, NJ 08882  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Oither – Describes:  MACK TO MACK (Check All That Apply)  Asbestos-Containing Material (ACM)  To BEGERATED  In Facility (Check All That Apply)  Asbestos-Containing Material (ACM)  To BEGERATED  In Facility Closed South Name of Registered Landfill  Type  Abatement Type  Abatement Type  Abatement Type  Abatement South Name of Registered Landfill  Fall Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (') and Non-Friable Procedure  Ababestos-Containing Material (ACM)  To BEGERTED  Abatement Type  Ababestos-Containing Material (ACM	1377 US. 202	NO	RT	H				Other (i	e. priv	ate & commerc	ial bui	ldings	, hom	es,
Some   Start   Use (Prior if being demolshed)   Some   Start   Start   Use (Prior if being demolshed)   Some   Start	City (5) NG SHALLA ST	TAT'	241					Square Feet	. 1	# of Floors	1)	,		
SAMERS ET   STATE USE ONLY)   SWITCH STATION	County (6)	HI,	010	County	Code (7)	-				f heing demolis		40	IRS	500
Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMENTAL TACTICS  Street Address 64 BROAD STREET  City. State, Zip Code MATAWAN, NJ 07747  Foliat Manager for Monitoring Firm  To M GEIGER  Street Address 396 WHITEHEAD AVE.  City. State, Zip Code MATAWAN, NJ 07747  Froject Manager for Monitoring Firm  To M GEIGER  Street Address 396 WHITEHEAD AVE.  License No. 732-432-9350  01111  Name of OSHA Monitor  INIQUE SYSTEMS OF AMERICA INC.  Street Address 396 WHITEHEAD AVE.  City. State, Zip Code SOUTH RIVER, NJ 08882  Facility Closed/Vacated During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: **Museus Augustus During**  Stope of Work (Check All That Apply)  23 st or 23 if 23 st or 23 if 24 560 st or 2560 if  Renovation Demolition  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempte	SOMERSET					n						n 0 t		
Street Address 48 BROAD STREET  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm Told GEIGER  Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.  Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Telephone No. 732-290-2217 732-432-8350 01111  Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.  Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Start Date (10) Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Start Date (10) Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Start Date (10) Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Start Date (11) St	Name of Monitoring Firm Hired by Building	Owner (8	3)	11 11 55 (45)			Name	of Abatement	Contra	ctor (9)	-			
City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm  Telephone No. 732-290-2217  Telephone No. 732-432-8350  D1111  Start Date (10)  Scheduled Completion Date (11) Start Date (10)  Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: "Describe: "Describe of Normal Facility Hours Other - Describe: "Describe: "Describe of Normality Used Solely by Maintenance/Custodial Staff" (12)  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Abatement Performed Outside of Normality Used Solely by Maintenance/Custodial Staff" (12) Yes No N/A  Abatement Type  Abatement Adress					17 (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 ) (18 )		Street	Address	1-1-1-1		7 ( 11 4 )			
Project Manager for Monitoring Firm  To M GEIGER  To M GEIGER  Telephone No. 732-290-2217  Telephone No. 732-432-8350  Do 1111  Start Date (10)	City, State, Zip Code					•	City, S	state, Zip Code		astron				
Start Date (10)   Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.   Occupancy Status During Abatement (Check Only One)   Street Address   396 WHITEHEAD AVE.   Abatement Performed Outside of Normal Facility Hours   Other - Describe: June 1	Project Manager for Monitoring Firm		T	Telepho	one No.				NJ 0		lo.			
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: ** **Index Status** ** ** **Index Status** ** ** ** ** **Index Status** ** ** ** ** ** ** ** ** ** ** ** **	TOM GEIGER	0-11												
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: **Mesessary after Lord Ornly**  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    Stocation of Asbestos-Containing Material (ACM) In Facility (13)   TO BE ABATED In Facility (12)   Yes No N/A   CONTROL Room   X Acm Tile* Mas Tic 2 400 s/A   X   X   X   X   X   X   X   X   X	1,1118	8	12							F AMERICA	A INC	).		
Abatement Performed Outside of Normal Facility Hours Other – Describe: **Successing upgestion** Or Puls  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) In Facility (13)  **Type**  **Type**  Abatement Type**  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  **Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Acam Tile** MASTIC**  Amount (Specify Service) Service of Waste**  Amount									D 41/1	=				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Renovation Demolition  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? SF or LF)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? SF or LF)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? SF or LF)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? SF or LF)  Renovation Normally Used Solely by Maintenance/ Custodial Staff? SF or LF)  Renovation Normally Used Solely by Abatement Type  Renovation Type Renovation Type Renovation Type Renovation Type Renovation Type Reno	Abatement Performed Outside of Norm	al Facilit	v Hours		0		City, S	tate, Zip Code						
≥3 sf or ≥3 if   ≥160 sf or ≥260 if	_	gers	vorz		Ny _		SOU	TH RIVER,	NJ 08	3882				
Demolition  Demolition  Demolition  Demolition  Demolition  Demolition  Demolition  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos-Containing Material (ACM) In Facility (13)  Per No N/A  Amount (Specify SF or LF)  Per No N/A  Acm Tilex MASTic J400 SF  TRANS: 12 Flork Paus(s  ISC SF  Name of Registered Waste Hauler WASTE MANAGEMENT  Name of Registered Landfill FAIRLESS  Disposal Date  City, State ELIZABETH, NJ  Demolition  Mini-Enclosure Glovebag Procedure  Abatement Type  Abatement Type  Abatement Type  Amount (Specify SF or LF)  Amount (Specify SP or LF)  Am		×	Renova	tion			>	Full Contain	nmont	with Nogotive F				
Location of Asbestos-Containing Material (ACM)   Location of Asbestos Containing Mat	≥160 sf or ≥260 lf							Mini-Enclos	sure		riessu	re		
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13)  Yes No N/A  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Acm Tile* MAST: a 2400 Se X  IRANS: te Floor PANSIS  ISG SE  Disposal Date TB MORRISVILLE, PA		T			1		X				le Pro	cedur	е	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  About 1  Amount (Specify SF or LF)  Amount (Specify SF	1 1													
TO BE ABATED   In Facility (13)   Custodial Staff? (12)   Security   Securi	Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes					Amount		ĺ		
CONTROL ROOM  ACM TITE: MASTIC 2400 SE X  TRANS: TE Floor PANSIS 156 SE X  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  ACM TITE: MASTIC 2400 SE X  TRANS: TE Floor PANSIS 156 SE X  Outic Yards of Waste FAIRLESS  Disposal Date TBD MORRISVILLE, PA			todial S		(i.e.	thermal	systems	insulation,		(Specify	Rer	Re	inca	End
CONTROL ROOM  ACM TITE: MASTIC 2400 SE X  TRANS: TE Floor PANSIS 156 SE X  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  ACM TITE: MASTIC 2400 SE X  TRANS: TE Floor PANSIS 156 SE X  Outic Yards of Waste FAIRLESS  Disposal Date TBD MORRISVILLE, PA	(13)		(12)							SI OI LF)	nova	pair	psula	osur
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ  NJDEP Waste Hauler ID No. 1125  NJDEP Waste Hauler ID No. 1125  Disposal Date TBD MORRISVILLE, PA		Yes	No	N/A							_		ate	е
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  NJDEP Waste Hauler ID No. 1125  Cubic Yards of Waste FAIRLESS  Disposal Date TB \( \triangle \text{MORRISVILLE, PA} \)	CONTROL ROOM		X		Acm	Tile.	MA	STic		2400 SF	X			
WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Hauler ID No. 1125  of Waste  FAIRLESS  Disposal Date  TB \( \text{MORRISVILLE, PA} \)							1-1001	e PANGIS	-	156 5=	×			
WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Hauler ID No. 1125  of Waste  FAIRLESS  Disposal Date  TB \( \text{MORRISVILLE, PA} \)														
City, State  City, State  ELIZABETH, NJ  TB \( \text{Disposal Date} \)  MORRISVILLE, PA								Name	of Reg	istered Landfill	1			$\neg$
ELIZABETH, NJ  TBA  MORRISVILLE, PA		3000		NO.	of Was	te	FAIR	LESS						
Completed by  CAROL RAIMO  Title  OFFICE MGR.  Signature  OFFICE MGR.	1. 1 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***************************************						ILLE. PA				
	Completed by CAROL RAIMO		CE M	GR.		Si	gnature				te //	. //	9	-

TO:16096330664 FROM:5406926298

Page:

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Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120 Date of Notification (1) Name of Building Owner/Operator (2) 08/01/2018 Perth Amboy Public Schools Agencies Notified Type Notification Street Address AUG 178 Barracks St EPA Initial XX DEP City, State, Zip Code Amended ASBESTOS CONTROL & DOL Amandment # Perth Amboy NJ 08861 Emergency (including M Telephone Bulmber / ED Name of Contact DOH justification) DCA Cancellation Dimitar Mitanov FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Perth Amboy High School School (K-12) Street Address Subchapter 8 (Other than K-12) 300 Eagle Ave Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg, Age Perth Amboy NJ 08861 N/A N/A NA County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consultants Inc. Amax Contracting LLC Street Address Street Address 36 N Quall Hill Blvd PO BOX 734 City, State, Zip Code City, State, Zip Code Galloway NJ 08205 Woodland Park NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Donna D'Errico 609-652-1833 973-692-6298 01266 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08-06-2018 08-31-2018 Amax Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address PO BOX 734 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code m Other - Describe: Woodland Park NJ 07424 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation X Full Containment with Negative Pressure ≥160 sf or ≥260 H Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify SF or LF) Removal Custodial Staff? Repair In Facility surfacing, VAT, or (12)(13) other miscellaneous) Yes No NA Courtyard Window Caulk × 3189 LF X North Elevation X Window Caulk 1316 LF х Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Amax Contracting LLC Fairless Hills 0036184 13 cy City, State Disposal Date City, State Woodland Park NJ 07424 09-08-2018 Morrisville PA Completed by Signature Tille Date Tome Maslarkov Project Manager 08/01/2018 ASS-41 (R-06-05) Do not use this form for asbestos licensure exempted activities.

0K3224

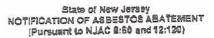
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THILL	LOUI

Date of Notification (1)				M	(5 ""					111)	i				1
08/01/18	Check # 3224				of Building le Catho				School	J4 II	AU	G -	7 20	110	True man
Agencies Notified	Type Notification			Street A	Address itan Rd				***************************************	Į					1600
EPA DEP	Initial Amended		+	TOTAL STREET	ate, Zip Co	ode				*	ASBEST.	08.00	DIVIE	IOLA	1
▼ DOL	Amendment Emergency		_	Rosel	le, NJ, 0						many comments and the	CENSI	NG		
DOH DCA	justification) Cancellation	9 (97)			of Contact Office/Ke	evin					lephone N 8-245-2				
					ILITY INFO		ION				0 2 10 2				
Name of Facility Where Roselle Catholic Re	Abatement is Takin egional High Sc	g Place (3 hool	3)					-	of Facility						
Street Address								П	School (K- Subchapte	r 8 (Oth	er than K-	12)			
1 Raritan Rd									Other (i.e. petc.)	orivate	& commer	cial bui	ldings	, hom	es,
City (5) Roselle								Squa 20.0	re Feet 00	# 0	f Floors		3ldg. / 50+	\ge	
County (6)		Hard Control			Code (7)			Curre	nt Use (Pri	or if be	ing demoli:	shed)			
Union  Name of Monitoring Firm	Hired by Building (	Numer (8)		ASCN	USE ONLY)		Nome	Scho			(0)				
N/A	Trined by Ballaring (	owner (o)		N/A	vi NO.			Service	tement Cor es	ntractor	(9)				
Street Address N/A							755-55	Addres					- 0.1		
City, State, Zip Code									ip Code						
N/A	***							g, NJ, 07	093						
Project Manager for Mon N/A	itoring Firm		Telepho N/A	ne No.		2000000	none No 295-1			License 01074	No.				
Start Date (10) 08/13/18		Schedule 08/14/1		npletion	Date (11)		100000000000000000000000000000000000000	of OSH e as a	HA Monitor above						
Occupancy Status During							100 CO CO CO STATE OF CO.	Addres	SS					<u> </u>	
Facility Closed/Vaca Abatement Perform	ed Outside of Norm	eriod of A al Facility	batem Hours	nent			N/A Citv. S	State, Zi	p Code						
Other – Describe:						_	N/A								
Scope of Work (Check A ≥3 sf or ≥3 lf	II That Apply)	⊠ R						٦							
≥160 sf or ≥260 lf			enova emoliti				Ė	Min	Containm	Э	Negative	Pressu	ire		
							×		vebag Pro		d Non-Fria	ble Pro	cedur	е	
	a		Location											ement rpe	
Location Asbestos-Containing	Material (ACM)	Used	d Solel ntenar	ly by		os Cont		Material		А	mount		Π		
TO BE ABA			odial S (12)		(i.e.		cing, VA	T, or	tion,		Specify or LF)	Remova	Repair	ncaps	Enclosure
(13)		Yes	No.	N/A		other n	niscellar	neous)				oval	air	Encapsulate	sure
Boiler Ro	nom	162	X	IN/A		ACI	M Elbo	W.S			3 SF	+	X	-	
	Boiler Room					7101	VI LIDO	WV3			0 01	+	^		
	PHILE PARTY COMMISSION OF THE PARTY OF THE P											+			
Name of Registered Was	70 70 70	JDEP W		Cubic of Was			Name of	Registe	red Landfi	11					
19551									Minerva		eprise			53.0	
City, State Bronx, NY		T							City, State Waynes		ОН				
Completed by Gina Betances		Title Office	Man	ager	,	S	ignature	BU	mas	// -		ate 8/01/	18		
								1	www/		141-				

PAID

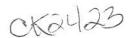
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page 1



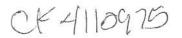
Date of Notification (1)		Nan	reputy le of Bu	ilding Own Park Boz	rd of E	rator (2) ducation	n		Che	DOP-	101	MX	- FARE		
Agencies Notified	Type Notification			et Addi					-	auce of the				4	K
THE SHOULD BE SEEN.	ESI Initial			AND AND						:	AUG	-:-	7:18	- 1	-
E EPA E DEP E DOL	Amended Amendment #		Clty	, Slate, oury Pa	Zip Cods irk, New J	ersey	07712				al de	M	arrent a	1	
⊠ DOH □ DCA	☐ Emergency (incluing justification) ☐ Cancellation	ding	LO	ns of Co U GRIF	FIN					732	mone Rum 176-2606	ger .	- Arc		
				FACILIT	Y INFORE	MATION	1	Tabuli .	44)			<u>, l</u> e	- 11	W	七
Name of Facility Whe Barrack Obama Ele	re Abetement is Taking I ementary School	Place (3)				1	Type of F		£:		4031				
Street Address 1300 Bangs Ave									nveite & c	1	12) ciel buildin		es. etc	_	4
City (5) Asbury Park, New J	Sersey 07712						20,000		rlor if bein	À	ACTIC	50∢		di minagi	
Gounty (6) Monmouth				unty Co ATE US	do (7) E DNLY) _		P	rivate	Bulkling			LICEN			-
Name of Monitoring I AHERA Consultan	Firm Hired by Building O	wner (8)		ASCM N	No.		Name of Lilloh Co		nen Cont	ractor (	<del>u</del> )				
Street Address P.O. Box 365					-		Street Ac 605 Mg		lve						
City, State, Zip Code Oceanville, New J	ersev 08231						City, Star Woodla	te, Zip nd Ps	Code k, New .	Jersey					
Project Manager for	The second secon			elaphone 19-662			Telephon 973-225				License N 01104	ю.			
John Smoyer Start Date (10)		Schedules 07/05/20	Comp	lation D	ste (11)		Name of	OSH/	Monitor intel Lab	orato	ios, LLC				
Ogrupancy Status D	During Abatement (Check					1	Street A 2333 R	ddres#	2 Wient						
E Facility Close D Abstement P	dNacated During Entire artermed Outakle of North ibe:	Period of / mail Facility	meted£ swoH t	ent 7em-3	\$pen	- American	Çity, Sta Unlor	ste, Zip n, NJ (	7063						_
Scope of Work (Chi	eck All That Apply)	rev p	enovatk	20				Full	ontainm	ent with	Negative	Pressur	è		
33 ≥3 af or ≥3 hf □ ≥150 sf or ≥250	19		emolitic				000	Oles	Exemple	nether.	e / Limited nd Non-Fris	plerio	Cachie		_
		T											Abate Tyr	mant	1
Asbestos-Cont	cation of sining Material (ACM) IE ABATED Facility (13)	Use Ma	Location Solution Location Communication Com	y by Logi	Asbest (i.e.	los Coni themai suris	scription taining M systems cing, VA miscellan	laterial i insula T, or	( VGAI) t >n.	(	Amount Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
	-544000000	Yes	No	N/A						100		X	+-	-	$\vdash$
Stair Tower			X		Wall pl	aster (	(M&O)			10 S	<u> </u>	+	+		
						100	- Varia		Navasa	f Repis	dered Land	নিয়া	1		
Name of Registers	-	UDEP V lauler ID 18724		of Wa		والمنافقة والمساورة المتأوول	Fal less	Land		de la					
City, State Woodland Park				Dispo	osal Date	, (	City, St Morris	ate ville, F	A	0					
Completed by	DVS	Title	resider	11		1	Significan	X		X		Date 08/02	2/2018	3	

5				N OF ASBEST t to NJAC 8:60				In	) E	G	E		W	E
Date of Notification (1) 07/31/2018			Name o	of Building Own	ner/Operato	r (2)					- State of the		L.I	namental and
Agencies Notified Type Notification			Street A	Address					VII.	AU	<del>-</del>	7	2018	
EPA     Initial     Amended     Amendment:     DOL	#			ate, Zip Code	200			Orecinated International	AS	BEST				)L. &.
Emergency (		<del>,</del>	15.0 (SW0000.00)	ood, NJ 070	)23	75-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-		Tole	eter de la	L	ICE	ISIN		
DOH justification)  DCA Cancellation				na Sava			I	reie	pnon	e Num	ber			
Name of Facility VAL Abottom 1: Till	D		FAC	ILITY INFORM	MATION									
Name of Facility Where Abatement is Taking Residence	g Place (	(3)				_	Facility (4)							
Street Address						Sub	nool (K-12) ochapter 8 er (i.e. priv	(Othe				lings,	home	es,
City (5) Fanwood						Square F 2,066	<i>I</i>	# of 2	Floors	S	BI 98	ldg. A	ge	
County (6)				Code (7)		(1.070)	Jse (Prior i	7	g den	nolishe				
Union				USE ONLY) _										
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	Jwner (8	)	ASCI	M No.			nent Contra Services		(9)					
Street Address PO Box 354					100000000000000000000000000000000000000	Address Liberty	Avenue							
City, State, Zip Code South Orange, NJ 07079					City, S	State, Zip Cide, NJ 0	Code							
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	ne No. 49-2666		none No. 462-746	5		Licen 0131	nse No. 16				
	Schedu 8/27/2		npletion	Date (11)	100000000000000000000000000000000000000	of OSHA I	Monitor nthouse S	Solut	ions					
Occupancy Status During Abatement (Check	Only O	ne)				Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of	Abaten	nent		A. Laurence	Box 354	\ada							
Other – Describe:	ai i aciiii	y i louis				State, Zip C h Orang	e, NJ 07	079						
Scope of Work (Check All That Apply)					_	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	000707		×××××××××××××××××××××××××××××××××××××××	Mini-E	ontainment nclosure pag Proced xempted (*	lure	-3-73				۵	
	Is	s Locat	ion					/				Abate	ement	
Location of Asbestos-Containing Material (ACM)	F 100 C 100	Normal ed Sole		Ashastas	Description		214					Тy	pe	
TO BE ABATED In Facility (13)	Ma	aintena stodial ( (12)	nce/	(i.e. ther	Containing Normal system urfacing, VA ner miscellar	s insulation T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	No	N/A					Sacration of the sacrat	No. Continue				fe		
Basement	X			Pipe wra	ıp		15	0 LF		Х				
Name of Registered Waste Hauler Newark Carting			IJDEP W lauler ID 4509		ubic Yards Waste	10000	ame of Reg	<del>-</del>			ndfill			
City, State East Orange, NJ				Di	sposal Date		ity, State enn Argy	yle, I	PA					
Completed by Alison Lamers	Title Offic	e Mar	nager		Signature		0 1			Date 07/3		018		



PA				ICATION	tate of Ne N OF ASB t to NJAC	ESTOS A	BATE		ENT		EC	E		M	E	
Date of Notification (1) 08/02/2018				Name o	of Building ence	Owner/O	perator	r (2	2)		KH/	^	7	2018		
Agencies Notified	Type Notification		$\dashv$	Street A	Address				200	1 111	AU	-	1	/HR		1
X EPA	× Initial								1	L	No.				1000	
× DEP	Amended		r		ate, Zip Co				8	1	IĞBEŞ!	USI	JON	TRO	1.8.	
X DOL	Amendment		_	Millbu	rn NJ 07	7041			Ĺ.,	VIVE OF BUILDING		CEN	SIN	3	er ner een toere	
DOH DCA	justification)  Cancellation				of Contact h Wishn	ıea			4	Te	elephone	Num	ber			
					ILITY INFO	W	ON									
Name of Facility Where	Abatement is Takin	g Place (	3)					T	ype of Facility	(4)	-50 lares - 50			*****		
Residence									School (K-							
Street Address								L ×	Subchapte Other (i.e.					linge	home	ie l
011 (5)									etc.)	private	& COITIII	ici ciai				,5,
City (5) Millburn		905						82	quare Feet ,892	2	of Floors		9 9	ldg. Ai 0	ge	
County (6)				County	Code (7) USE ONLY)	1		С	Current Use (Pr	ior if be	ing dem	olishe	ed)			
Essex	I lised by Duilding	2						Ļ								
Name of Monitoring Firm A. Seine Lighthouse		Jwner (8)	<u> </u>	ASCN	и No.				Abatement Co Tank Service		r (9)					
Street Address PO Box 354							Street 1256	. ,	ldress iberty Aven	ue						
City, State, Zip Code South Orange, NJ (	7079					City, S	Stat	te, Zip Code e, NJ 07205								
Project Manager for Mon				Telepho	ne No		Teleph	301-0	** ***********************************		Licens	e No				
Sarah Calandra				201-34	49-2666		844-4	46	2-7465		0131					
Start Date (10) 08/08/2018		Schedul- 8/22/2		npletion	Date (11)				OSHA Monitor ne Lighthous		utions					
Occupancy Status During			1000	16			Street		ldress x 354							
× Facility Closed/Vaca	ated During Entire F ed Outside of Norm	Period of	Abatem Hours	ent		-			e, Zip Code				-			
Other - Describe: _						_			Orange, NJ	07079	9					
Scope of Work (Check A	II That Apply)									<del></del>						-
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demoliti				×	_	Full Containm Mini-Enclosur Glovebag Pro	e cedure	•					
		Τ .		255					Non-Exempte	d (*) ar	ia ivon-r	паріе		Abate		
Location	of		Locati			Deed								Тур		
Asbestos-Containing	Material (ACM)		d Sole		Asbest		cription ining M		erial (ACM)	1	Amount				ш	
TO BE ABA		100,000,000	todial S		(i.e.	thermal s surfaci					Specify F or LF)		Rer	R	Encapsulate	Enclosure
(13)	ity .		(12)			other mi				3	r OI Lr)		Remova	Repair	psul	uso
	No	N/A									a.		ate	ē		
Baseme	X			Flo	or tile	е		6	00 SF		X					
Name of Registered Was	te Hauler		1000	JDEP W	STREET, 5 (71)	Cubic Y			Name of	Regist	ered Lan	dfill				
Newark Carting				auler ID 1509	INO.	of Wast	E		Waste	Mana	gemen	t La	ndfil			
City, State						Disposa	al Date		City, Sta	te						
East Orange, NJ			(2)	/4	B	Penn A		, PA								
Completed by Alison Lamers			Sig	gnature	1	I'm oll			Date		018					

S	10			1.				anu 5.10		The second secon			
Date of Notification (1)	17432	0.000.200			Name	of Building	g Owner	/Operator (	2)	in E C	IS II	11/1	7
	01 / _	18			Diane	Pursley			İ		u ii	y L	
Agencies Notified	Type Notifica	ation				Address							711
☐ EPA									1	I III AUG	-72	riter	
□ DOLWD	Amended				City. S	State, Zip C	Code		1			VIĞ	114
DHSS	Amendme					wood, NJ			1	Landan Marie Commission			T- Company
DCA (NJAC 5:23-8)	Emergene justification		uding			of Contac				ASHEST N	mherivi	RDI 9	1 1
(110110 0.20 0)	Cancellat	and the second					•			Telephone Nu	WSING	and Of	į
						Pursley						***********	
Name of Facility Where A	hatamant is T	Takina	Diago	(2)	FA	CILITY IN	FURM	ATION	T	7.0			
	marement is i	aking	Place	(3)					Type of Facility	50-A-10			
Private house									School (K-	12) 18 (Other than K-1	1 2)		
Street Address										private and comm		ildings,	
(C) - (C)			-		-				homes, etc				
City (5)									Square Feet	# of Floors	BI	dg. Age	
Ridgewood, NJ 07450													
County (6)					Coun	ty Code (7)	(STATE	USE ONLY)	Current Use (F	Prior if being demo	olished)		
Bergen	10 4 E. B. II			6. 1									
Name of Monitoring Firm	vner (	8)	ASCM	No.	Name	of Abateme	ent Contractor (	9)					
					Gr Te	ch LLC							
Street Address							Street	Address					
							576 V	alley Rd#	283				
City, State, Zip Code							City, S	State, Zip Co	ode				
								e, NJ 0747	0				
Project Manager for Moni	toring Firm			Tele	phone	No.	Teleph	none No.		License No.			
								38-1777	Service of the Control of the Contro	01127			
Start Date (10)						te (11)	Name	of OSHA N	lonitor				
	18	08	_ /	21	/ _	18	Enviro	vision Co	nsultants,Inc				
Occupancy Status During	Abatement (0	Check	only o	ne)				Address			-		
☐ Facility Closed/Vacate	ed During Entir	re Peri	od of	Abate	ment		20-21	Wagaraw	Road, Bldg .#	£35E			
Abatement Performed	Outside of No	ormal F	acility	Hour	s - Des	cribe	City, S	State, Zip Co	ode				
Time of Abatement: _		PIVI		PIVI_		AM	Fair L	awn, NJ 0	7410				
Scope of Work (Check all	that apply)					****		Clean up	and decontam	ination with negat	ive press	ure	
		F	✓ p.	novati	0.0					egative Pressure			
2 160 sf or >260 lf		ř		molitic			X	Mini-Enc Glovebac	Procedure F	Tent with Negat	ive Press	ure	
					363			Non-Exe	mpted (*) and N	lon-Friable Proce	dure	1	
				Locat							Ab	atemen	t Type
Location Asbestos-Containing I		n		Norma d Sole				escription o			R	R	n m
TO BE ABA		"	Ma	intena	nce/			ntaining Ma al systems i	terial (ACM) nsulation.	Amount (Specify	em	Repair	nclo
IN Facilit	ty		Cust	todial (12)	Staff?		surf	acing, VAT,	or	SIF or LF)	Removal	Repair	Enclosure
(13)		-		T .	Γ	-	other	miscellane	ous)		-	2	5 0
		-	Yes	No	N/A	-				-			
Basement	Ш	$\boxtimes$	Pipe insu	ılation			75 LF	$\boxtimes$					
								П		חר			
	П	П						一一	ПГ	7 0			
		12					-	ᆜᆜ	<u> </u>				
N	Щ												
Name of Registered Was	NJI	EP Waste	Hauler ID No.	Cubic Y	ards of Wast	Name of Reg	istered Landfill						
Gr Tech LLC						35	TE	BD	T.R.R.F. Inc	3			
City, State							Dispos	sal Date	City, State				
Wayne, NJ 07470							TB	BD	Tullytown, I	PA			
Completed By (Print or Ty					ignature	1		Date	1				
N.Jevtic		Own	er					New Control of the Co	eulic Wen		08/01/18		
ASB-41	-				//	ewic wen	na (	70/01/18	8				



	广准			(Pursuant to N.J	I.A.C. 7:26-2.12)			NE	C		7 F	F	- Carriera
Date of Notification (1) 8/1/18	- 40.1	- Alband			Name of Buildi Paulsboro Ref					3 U Y		A STATE OF THE STA	PARTICIPATE AND AND AND AND AND ADDRESS OF THE PARTICIPATE AND
Agencies Notified		Notification	Туре		Street Address 800 Billingspor		S		AUG -	7 201	8	14	The same of
() EPA () DEP (X) DOL (X) DOH		(X) Initial No () Amended ( ) Cancelle ( ) Emergen	Certification	n	<u>City, State, Zip</u> Paulsboro, NJ	Code 08066	Charles Officially agreement of the control of the	ASB	ESTOS LICE	CONTR	OL &	th.ppg.so	Anna Spinospool Call Spinos
() DCA					Name of Conta Ravi Jarecha	act	1 10 10 10 10 10 10 10 10 10 10 10 10 10	Tel. No	imber 24-4444	- Hardward Park Constitution States		principal designation	-8
				FACILITY IN				050-22	.4-4444				Ť
Name of Facility Where At Paulsboro Refining Compa		aking Place (3	3)		Type of Facility ( ) School (K-1) ( ) Subchapter	12) r 8 (other th							
Street Address 800 Billingsport Rd					(X) Other (i.e. Sq. Feet N/A								
City (5) Paulsboro	County (6) Gloucester		County C (State Us		Bldg. Age N/	Α							
Name of Monitoring Firm I	lired by Bldg	. Owner (8)	ASCM No	<u>).</u>	Outrent osc (p	mor ii being	Name of Co Mansfield In	ntractor	(9)				
Street Address					Street Address 26 Colonial Av		Wallshold III	dustrial,	1110.				
					City State, Zipo Woodbury NJ								
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nui 856-224-4392	mber		License 00857	e Numbe	<u>er</u>			
Scheduled Start Date (10) 8/15/18		Scheduled ( 8/17/18	Completion	Date (11)	Name of OSHA Mansfield Indu								
Occupancy Status During ( ) Facility Closed/Vacated ( ) Abatement Performed	d During Enti	re Period of A	batement		Street Address 26 Colonial Av								
(X) Other – Describe – Re	moval of ACI	M within restric	cted work a	rea in outside	City, State, Zip Woodbury NJ								
Source of Work (Check all	that apply)												
() Demolition (X) Renov () Large Proj. (160 SF or () Full Containment with N	>260 LF ACN	1) (X) SM Proj sure - PDA	. >25<160 : () Mini-Er	SF or >10 <260 l	LF ACM) () N Glovebag Proc	linor Proj. ( edure	<25 SF or <10	LF ACM	M)				
Location of Asbestos- Containing Material (ACM Facility (13)	Is Loc ) in Solely Staff?	ation Normally by Maint./Cus (12)	/ Used	Description of a thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or	LF)	Abaten	nent Type			
	_YES	NO	NA	misc.)	The second secon				Rem.	Rep. E	ncap E	nclose	Ito
Pipe at corner of PDA Roa and Valero Way	ad	X		TSI		Approx 2	0 LF		X				
No. of Dee Wests Hea		N IDED Wa	eta Haular I	D.#	Cubic Yards of	f Maste		Name	of Reg. I	andfill			-
Name of Reg. Waste Hau Waste Management, Inc.	<u>ler</u>	NJDEP Was 17273	ste Hauler i	<u>D#</u>	<1 CY	vvaste			ester Cou	unty Land			
City, State South Harrison, NJ							<u>Disp. Date</u> Various			ity, State outh Har		IJ	
Completed by (Print or Ty	<u>pe)</u>	<u>Title</u>			<u>Signature</u>			<u>Date</u>					
ANDREW GREEN		MANAGER	- Mansfield	d Industrial, Inc	Male	perations S	<i>COn</i>	8-1-18					
W.					Sile C	perations s	74per 1 1801						
													Ŧ

NOTIFICATION OF ASBESTOS ABATEMENT

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

NO OK

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) VERIZON /18 Street Address Agencies Notified Type Notification 1 VERIZON WAY EPA Initial Notification City, State, Zip Code DEP Amended Notification #5 BASKING RIDGE, NEW JERSEY 07920 ASBESTOS CONTE DOL Cancellation OL & DOH On Hold Name of Contact Telephone Number. DCA EMERGENCY NOTIFICATION CONNOR BURD 732-336-1205 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **VERIZON** Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 1196 EAST GRAND STREET 93.730 5 97 City (5) County (6) County Code (7) Current Use (Prior if being demolished) **ELIZABETH** UNION (STATE USE ONLY) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ESIS PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 313 SPOOK ROCK ROAD 10 EXCHANGE PLACE City, State, Zip Code City, State, Zip Code JERSEY CITY, NEW JERSEY 07302 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KINGSBURY** 201-388-0620 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor #### / /18 QUEST ENVIRONMENTAL 12 / 30 /18 Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code MONDAY -(2ND SHIFT 5 PM-1 AM WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure (EXTERIOR) Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A NORTH ELEVATION X CAULK 30 SF X **EAST ELEVATION** X CAULK COMPLETE 9 SF X SOUTH ELEVATION X CAULK COMPLETE 25 SF X WEST ELEVATION CAULK COMPLETE Х 10 SF POWER BLDG. RISING WALL X ACM PAINT COMPLETE 150 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. 30 GRAND CENTRAL SANITARY 369 RAYMOND BLVD 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 5/24/18-12/30/18 PLAINFIELD TOWNSHIP, P Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

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City, State, Zip Code					City, State, Zip				-	225	1	
	CITY, NEW JEF					W YORK 1090					1	
Project Manager for Monitoring Firm		elephone			Telephone Nur		icense N	lumbe	er			
BRIAN KINGSBURY  Expected State Date (10)		01-388-06	tion Date	(11)	845-369-7500 Name of OSHA		101				-	
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Name of Registered Waste Hauler	NIDE	P Waste	Cubic Yarr	ds of Waste	Name of Regis	tered Landfill		1	4	-	1	
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City, State NEWARK, NEW JERSEY		Disposal D 5/24/18-12		City, State	OWNSHIP, PA							
Completed by (Print or Type)	Title			Signature /		D D	ate 🥎	7	11	- 10	Ł	
BENJAMIN SANCHEZ	DIRECTOR	OF OPER	RATIONS	1	XXI		ate 7	-/	7	18	1	

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		BA	ty, State, Zip Code ASKING RIDGE, N	e NEW JERSEY 0	-		At	6 -	7 20	18
	SENCY NOTIFICA	TION CC	ONNOR BURD		Telephone 732-336-12					
			INFORMATION		/32-330-12	05 /10			CONT	BOL 8
Name of Facility Where Abatement is	Taking Place (3)	THOILIT	IN ORMATION	Type of Facil	ity (4)	Annies		- PS-/ last	FORMER	
VERIZON				School (	K-12) oter 8 (Other th	an K-12)				
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ELIZABETH UNION			TE USE ONLY)	COMMUNICA	TIONS	cinolistic	u)			
Name of Monitoring Firm Hired by Buil	lding Owner (8)		ASCM No.	Name of Abat	ement Contra	actor (9)				
Street Address			17	PAR ENVIRO	NMENTAL CO	RPORAT	TION			
10 EXCHANGE PLACE				Street Address						
City, State, Zip Code				313 SPOOK F City, State, Zip						
JERSEY CITY,	NEW JERSEY 07	302		SUFFERN, NE	W YORK 109	01				
Project Manager for Monitoring Firm	Telephon	e Number		Telephone Nu	mber	License I	Numb	er	-	
BRIAN KINGSBURY	201-388-			845-369-7500		1101			- 1	
Expected State Date (10) 6 / 4 /18	Sched. Comp			Name of OSH	A Monitor					
6 / 4 /18 _Month Day Year	12 / Month	Day	0 /18 Year	QUEST ENVIR	RONMENTAL				- 1	
Occupancy Status During Abatement (Ch	eck only one)			Street Address						
Facility Closed/Vacated During	Entire Period of	Abatement	t .	1376 ROUTE	,					
Abatement Performed Outside  X Other - Describe: MONDA	of Normal Facility	Hours - D	escribe:							
Other - Describe: MONDA	Y - FRIDAY 7AM-	3:30 PM		City, State, Zip	Code					
Scope of Work (Check all that apply)			Full Conta	WAPPIN	IGERS FALLS	, NEW Y	ORK	12590	- 1	
Demolition	Renovation		Mini-Enclo	inment with Neg	gative Pressure	9			1	
>3SF OR LF			Glovebag	Procedure						
x   >160 SF OR 260 LF	-	,	X Non-Friable	e Procedure	(EXTERIOR	)				
Location of Asbestos-containing	Is Location		Description of Asi	pestos-		A	baten	nent T	vpe	
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TO BE ABATED	solely by Maint/Custodia		(ie. Thermal sys	tems	(Specify		REPAIR	ENCAPSUL	ENCLOSUR	
in Facility (13)	Staff (12)	1	or other miscellar	g, VAI,	SF or LF	)   \	1	PS	100	
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Name of Registered Waste Hauler	NJDEP Waste	Cubic Vo-	ds of Waste	Nan						
NEWARK CARTING	Hauler ID No.	Cubic rar		Name of Regist GRAND CENTE	ered Landfill	v				
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	ECTOR OF OPE	PATIONS	Signature	$\sqrt{X}$		Dajte) _	16	-/		
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Op

Date of Notification (1)			ie of Building C	Owner/Operator (	(2)	TE 16		ederson physiques (g.), gés	
			et Address			E C	15		W/F
5 / 30 /18 Agencies Notified Type Notification	on .		ERIZON WAY			****			
EPA Initial Noti	fication Notification #	City,	State, Zip Code	EW JERSEY 079	920	AU	6 -	7 20	)18
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VERIZON					-12) er 8 (Other tha private & com		so bo	maa .	ata \
Street Address				Square Feet	# of Floo			J. Age	
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Name of Monitoring Firm Hired by Build	ing Owner (8)	(-,,,,,	ASCM No.	Name of Abate		ctor (9)			
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Street Address 10 EXCHANGE PLACE				Street Address					
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JERSEY CITY, NI	EW JERSEY 073	802		SUFFERN, NE		01			
Project Manager for Monitoring Firm	Telephone	Number		Telephone Num	ber	License N	lumbe	Г	
BRIAN KINGSBURY	201-388-0			845-369-7500		1101			
Expected State Date (10)	Sched. Comple			Name of OSHA					
6 / 4 /18 Month Day Year	12 / Month	30 Day	/18 Year	QUEST ENVIR	ONMENTAL				
Occupancy Status During Abatement (Che		Day	7 007	Street Address					$\neg$
Facility Closed/Vacated During				1376 ROUTE 9					
Abatement Performed Outside of X Other - Describe: MONDAY	of Normal Facility - FRIDAY 7AM-		escribe:	City, State, Zip	Code				
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Demolition X >3SF OR LF	Renovation		Mini-Enclo						
x >160 SF OR 260 LF			X Non-Friab	g Procedure ble Procedure	(EXTERIOR	)			
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Date of Notification (	1)				Nan VER	ne of B	Building	Owner/Operato	r (2)				
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Name of Facility wife	ne Abatemer	ILIS TAK	ing Plac	e (3)				Type of Facil	ity (4)			1,17	W. A
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D :	JERSEY C	ITY, NEV						SUFFERN, NE		901			
Project Manager for Mo	onitoring Firm			455	e Number			Telephone Nur		License	Numb	er	
BRIAN KINGSBURY  Expected State Date (	40)			1-388-				845-369-7500		1101			
5 /	24 /18			Sompl 2 /	etion Date (		40	Name of OSHA		-			
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Facility Clos	ed/Vacated D	uring En	tire Peri	od of	Abatement			1376 ROUTE 9					
X Other - Des	Performed Ou	tside of i	Normal i	acility	/ Hours - Des 3:30 PM	scribe:							
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CK# 32178

Date of Notification (1)					ne of Building	Owner/	Operator (	(2)				
N 5				510.000	RIZON							
5 / 14 /18					et Address		***************************************	in	23 /E	(A)	F <sup>3</sup>	0.0
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X DOH On H		NOT	F10.1	Nam	ne of Contact			Telephone		7100		- COIO
DCA EME	RGENCY	NOT		Commence   Commence	NOR BURD			732-336-12	205			
Name of Facility Where Abatement i	s Taking	Place	(3)	FACILITY II	NFORMATION	Tuna	of Facility	- (4)	- A0	0.101		
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Street Address						X	uare Feet	private & co # of Flo	mmcl. bl		omes,	
1196 EAST GRAND STREET							33,730	5	015	DI	19. Ag 97	9
	nty (6)			Cour	nty Code (7)	Curre	ent Use (Pr	ior if being d	lemolish	ed)	2000	
ELIZABETH UNIC				(STAT	E USE ONLY)	COM	MUNICAT	IONS				
Name of Monitoring Firm Hired by B	uilding C	wner	(8)		ASCM No.			ment Contr				
Street Address					17		t Address	MENTAL CO	DRPORA	TION		
10 EXCHANGE PLACE								CK ROAD				
City, State, Zip Code	No record					City,	State, Zip (	Code				
JERSEY CIT	Y, NEW J							V YORK 109				
Project Manager for Monitoring Firm BRIAN KINGSBURY		1333		Number			hone Num	ber	License	Numb	er	
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>3SF OR LF		ovalio	III.		Mini-Enclo		duro					
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in Facility (13)		Staff (1	todial	1	sulation, surfacions of the surfacion of the surface of the surfac			SF or LF	F)   \	R	PS	000
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WEST ELEVATION			X	CAULK				10 SF	X	+		H
POWER BLDG. RISING WALL			X	ACM PAIN	ıT					_	+	+
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Name of Registered Waste Hauler		EP W		Cubic Yard	s of Waste			red Landfill		-		
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City, State		913		Disposal D	ate	City	State			_1		
NEWARK, NEW JERSEY				5/24/18-12	/30/18	PLAIK	FIELD IO	WNSHIP, P.	A	1	1	
	Title	D 65	055		Signature				Date (	1/14	1/10	7
BENJAMIN SANCHEZ	JIKECTO	K OF	OPER	RATIONS	1-/	1/			_	111	1/2	2

Hauler ID No.

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Title

Vice President

of Waste

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Signatura

Nam: af it egistered Landfill

Pen Vrgyl, PA 08702

· do not use this form: or repestos licensure exempted extivities.

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Ottorali ati

Grar d Central Sanitary Landfill

ARD-41 (R-06-06)

Completed by

City, State

Newark Carting Inc.

Newark, NJ 07105

Joseph Vocaturo

Aug 02 2018 11:16 NJ Asbestos Control 609,633,0664 page 88/02/2018 10:32 2012620321 AMAC PAGE 02/03 State of New Jersey NOTIFICATION OF ASSESTOS ASSITEME (Fursuant to NIAC 8:50 and 12:120) Date of Notification (1) Heme of Building Owner/Operator (2) 8 /02/16 EASTEN CHASTIAN ype Notification Initial XX DEP City, State. Zip Code Amended OOL Amandment & Emergency (Including DOM Name of Contact justification) OCA Cancellation Name of Facility Where Abalament is Taking Place (3 Type of Fi (1) (4) CESIONICE Schn ( (F. 12) Sub: aptint 8 (Other then K-12) Other (i.e. private & commercial buildings, homes, Street Address Square Fi t City (5) # of Floors Bidg Age 205 420 County Code (?) if being demolished) Name of Abutemia I Emiliactor (8) Maine of Monito g Firm Hired by Building Owner (8) ASCM NO A.MAC Contr. Sting Inc. Straut Address Street Address 185 Midlend J re City State, Zip Code City. State. Zb Co e Midland Park 4J 07432 Project Manager for Monitoring Firm Talsonone No. Telephone Na. License No. 201-262-684 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA NI NINE 130/18 BIOZIE Omega Enviro (mantal Services Inc. Status During Abatement (Check Only Street Address Facility Closed/Vecated During Entire Period of Abatement Abatement Ferformed Outside of Normal Facility Hours 280 Huyler Striet City, State Zio Ce a Other - Describe: Hackensack, 1 J 6:7606 Scope of Work (Check All That Apply) J, 20 steres if Renovation Full Con Imment with Negative Prossure 2160 af or 2250 If Demolition Mini-En; sau:w Glovebu Pricedure Non-Ext oping (') and Non-Frisbia Procedure la Location Abalamani Normally Used Solely by Location of Type Description of Asbastos Comming Material (ACI) Astestos-Containing Majerial (ACM) Maintenance/ Custodial Stan? 70.BE ABATED Amount fi.e. thermal praterne insulation. surfacing, VAT, or (Specify SF or LF) (12) (13)

Encapsulate other miscellaneous) Yes No NIA PIPE INSULATION 53 LF IST F LMOCEUM 16458 721 LANDLIBURA Name of Registered Waste Haulel 2-40sp VAT NJOEP Waste Cubic Yards Na 1 Fol Registered Landfill Newark Carting Inc. Hauter to No. di Waste 04509 Gii nd Central Sanitary Landfill City, Stale Disposal Date
8 OctoON
Skinstyre City Sing Newark, NJ 07105 Per Argyl. PA 08702 Completed by

Vice President

Joseph Vocaturo

NOTIFICATION OF ASBESTOS ABATEMENT Check#3128 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 04 18 Daniel Cartaina Agencies Notified Type Notification Street Address X EPA M Initial **⋈** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # ASBESTOS CONTROL & Jersey City, NJ 07302 □ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Numb Cancellation Daniel Cartaina **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Apartment bldg. Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City, NJ 07302 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 13 / 18 08 / 15 / 8 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ AM- \_\_PM/ PM\_ \_\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If ■ Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A П  $\boxtimes$ Living room, 2 bedrooms VAT -floor tiles 500 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Wengel N.Jevtic 08/04/18 Owner ASB-41

State of New Jersey

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

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

Curcu & 233

Date of Notification (1) Name of Building Owner/Operator (2) 08/02/2018 Wayne Hills Hight School Agencies Notified Notification Type 15 VI Street Address L I. U 15 272 Berdan Avenue **⊠** EPA ☐ Initial Notification City, State, Zip Code DCA ☐ Amended # Wayne, NJ 0470 2010 X DOL Name of Contact Telephone Number □ DEP justification) John Maso 973-633-3053 **XDOH** ☐ Cancelled TOS CONTRO **FACILITY INFORMATION** LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Wayne Hills Hight School School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 272 Berden Avenue Sq. Feet: # 144000 of Floors:2 Bldg. Age: 57 year City (5) County (6) County Code (7) Current Use (prior if being demolished): Wayne, NJ Passaic (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) N/A BL Contracting Inc. Street Address Street Address 5 Marguerite Lane City, State, Zip Code City State, Zip Code Towaco NJ 07082 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-650-0392 01265 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/04/18 08/04/18 BL Contracting INC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 5 Marguerite Lane □Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Towaco, NJ 07082 ⊠Other - Describe: 7 AM- 4 PM Source of Work (Check all that apply)  $\geq$  3 sf or  $\geq$  3 lf Renovation □ Mini-Enclosure 図 ≥ 160 sf or ≥ 260 lf □ Demolition □Glove-bag Procedure Non-Friable Procedure Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) Remove Repair Encap Enclose LF) (12)YES NO NA Class Room 228 X Pick up transite boards from floor 14 SF X and Clean up Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036784 T.R.R.F BL Contracting Inc City, State Disposal Date Tullytown, PA 08/08/2018 Completed by (Print or Type) Signature Date Nedo Vasilio Project Manager 8/2//2018 Nedo Vasini



Date of Notification (1)

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I (ACM) ation,	(S	mount specify or LF)	Removal	Repair	Encapsulat	Enclosure

Date of Notification (1)					Building	Owner/0	Operator	(2)		(0)	ra n	n /7	5-	prise.	<u>. 1</u>	
8/3/18			F	Fred B	ostel				IN E	6	EI	$\mathbb{A}$	15	11		
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Name of Facility Where	Abatement is Takir	ng Place (3)						Туре	of Facility (	4)						
home									School (K-1	2)						
Street Address								-	Subchapter	8 (Oth	er than	K-12)			40000	
								×	Other (i.e. p etc.)	rivate	& comm	nercia	build	dings,	home	es,
City (5)								Squa	are Feet	# 0	f Floors	8	В	ldg. A	ge	
Cranford								200	0	2			6	0		
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Union			(3	CONTROL DE		13 <del>1 - 1</del>		hon								
Name of Monitoring Firr	n Hired by Building	Owner (8)		ASCM	No.				atement Con			_				
Street Address									ronmenta	Sen	vices, l	LLC				
Street Address							Street			-4- 5						
City, State, Zip Code									83, 4 E G	ate L	rive					
Oity, State, Zip Gode									Zip Code d, NJ 074	12						
Project Manager for Mo	nitorina Firm		Te	elephon	e No		Teleph			10	Licens	so No				
					0 110.		973-				703	SC INU.				
Start Date (10)		Scheduled	Comp	letion D	ate (11)		Name	of OSI	HA Monitor			_	-			
8/15/18		8/25/18	*		, ,											
Occupancy Status Durin	ng Abatement (Chec	ck Only One)				-	Street	Addre	SS							-
Facility Closed/Vac	ated During Entire	Period of Aba	atemei	nt												
Abatement Perform  X Other – Describe:	ned Outside of Norr	nal Facility H	ours				City, S	tate, Z	ip Code							
Scope of Work (Check A	All That Apply)	0.000														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		personne.	novatio					Fu	II Containme	nt with	Negati	ve Pre	essur	e.		
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Asbestos-Containing TO BE AB			enance				aining M				mount				Ψ.	m
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City, State							sal Date		City, State							
Freehold, NJ						TBD			Birdsbo	ro PA	Λ.					
Completed by				S	ignature		No	_		Date						
A. Scott Higgins		Preside	ent						M	The state of the s		8/3	/18			

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

Data SM 125 12 10										The state of the s	111	5 W	E	Ц	11/	E	In
Date of Notification (1)  08 /	03 /						vner/Operato Propertie	800 00	2)	5	07/6				1		
Agencies Notified	Type Notific	ation				et Address				- [1]		AUG	- 7	2	918	The second	Ш
⊠ EPA ⊠ DOLWD	☐ Initial	4			11	0 N. Wha	cker	Drive		1	L_						The said
⊠ DOH	Amended				City,	State, Zip (	Code				AS	BESTO	S CO	VT	BOI	-1	
DCA	☐ Emergen	ncy (inc	cluding	1	CI	icago, IL	606	06				Lici	ENSIN	IG	IUL	Ct	The state of the s
(NJAC 5:23-8)	justificati	on)			Nam	e of Contac	t				Tele	phone N	umber	THE SALE		~===	******
	☐ Cancella	tion			Ke	lly Webb					41	0-992-6	5581				
				70	FA	CILITY IN	IFO	RMATION		127-17							
Name of Facility Where A	Abatement is 1	Taking	Place	(3)						Type of Facility	(4)			-37			
Woodbridge Center	r Mall									☐ School (K-1	2)						
Street Address										Subchapter	8 (Othe	er than K	-12)	11.			
250 Woodbridge Ce	enter Drive									Other (i.e., phomes, etc.		and com	mercia	Du	liaing	js,	
City (5)										Square Feet	** ()	f Floors		Blo	dg. A	ge	
Woodbridge										1,633,000	2	?			16		
County (6)					Cou	nty Code (7	7)(STA	ATE USE ONL	Y)	Current Use (P	rior if be	eing dem	olishe	1)		and the lates	
Middlesex										Commercia	al	College College					
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCN	No.	Na	me of Abate	me	ent Contractor (9	)						
Criterion Laborator	ies, Inc.						5	Shade Env	iro	nmental, LLC	:						
Street Address							Str	eet Address									_
400 Street Road							6	23 Cutler	Αv	renue							
City, State, Zip Code							Cit	y, State, Zip	Co	ode							
Bensalem, PA 1902	0					Λ	Maple Shad	de,	NJ 08052								
Project Manager for Moni	toring Firm		7.5	Tel	ephone	No.	Tel	lephone No.			Lice	ense No.					
Michael Panepresso	0			2	15-24	I-1300	8	56-755-00	99		0	0842					
Start Date (10)		Schedu	led C	ompl	etion D	ate (11)	Na	me of OSHA	M	onitor		100010000000000000000000000000000000000					
09 /04 /	18	_ 09	9_ /	_2	1 /	18	C	Criterion La	abo	oratories, Inc.							
Occupancy Status During	Abatement (0	Check	only c	ne)			Stre	eet Address						_	-		
☐ Facility Closed/Vacate	d During Entir	re Peri	od of	Abate			3	370 Progr	es	s Drive, Suite	J						
Abatement Performed							_	y, State, Zip									_
Time of Abatement:	AM	PM	/ <u>9:00</u>	PM- <u>7</u>	:00AM			Bensalem,									
Scope of Work (Check all	that apply)									ainment with Neg	antivo F	2000000					
≥3 sf or ≥3 If			⊠ Re					Mini-E	ncl	osure	yative r	riessure					
≥160 sf or ≥260 lf		[	☐ Dei	moliti	on			Glove	oag	Procedure			00 <b>4</b> 000000				
			lo	Loca	tion	T	-	₩ NON-E	xer	npted (*) and No	n-Friab	le Proce					
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			Yes	No	N/A											6	
Space 1015				$\boxtimes$		Tile and	Ma	stic			8	96 SF					
Space 1015	$\boxtimes$		Carpet I	Mas	tic			3,	200 SF	0	3						
Space L380 Storage R	Room			$\boxtimes$		Wall Sea	am (	Caulk			•	10 LF					
Space L380 Storage R	Room			$\boxtimes$		Beam M	lasti	ic			2	20 SF	0	3			
Name of Registered Waste	e Hauler				JDEP			oic Yards of		Name of Regis	tered L	.andfill					
Freehold Cartage					lauler I 1593		Was			Fairless La	andfill						
City, State			-		1000	,		oosal Date	-	City, State							
Freehold, NJ								9/21/2018		Morrisville	. PA						
Completed By (Print or Type	pe)	Title					- 7	Signature	_				Date				
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\* Do not use this form for asbestos licensure exempted activities. Continued on Page 2



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Date of Notification (1)  08 /	02 /	18						ner/Operator (	(2) Safety Office		<u>6 6</u>		<u> </u>	
Agencies Notified  EPA	Type Notifica					Address St 1603				HILL A	J(7 - 7	20	18	of the second
☑ DOLWD	Amended Amendme			Ī	City, S	State, Zip C	Code		t	L				
DCA	☐ Emergend		ina	1	Pis	cataway,	NJ (	08854	1	ASBES	TOS O	ONTE	POL	3
(NJAC 5:23-8)	justification		9	1	Name	of Contac	t			Telephone N		ING	The state and party and	Name of the last
	☐ Cancellat	ion			Mic	hael F. S	mith	, HSS		848-445-2	2550			
					FAG	CILITY IN	FOR	MATION						
Name of Facility Where	Abatement is T	aking Pla	ice (	(3)					Type of Facility	(4)				
Rutgers University	Camden Ca	mpus S	cie	nce	Buildi	ng			School (K-12					
Street Address 315 Penn Street									Subchapter 8	rivate and com		uildin	js,	
									homes, etc.)		I D	Ida A	~~	
City (5) Camden									Square Feet	# of Floors		ldg. A		
					T C	h. O. d. /7	V/OTA	TE LICE ON NO	50,000	4	-11-111	60+	yrs	
County (6) Camden					Cour	ity Code (7	)(S1A	TE USE ONLY)	Current Use (Pr	for it being dem	iolisnea)			
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Nar	ne of Abatem	ent Contractor (9)					
ATC Group Service	es, LLC				0009	98	S	hade Enviro	onmental, LLC					
Street Address							Stre	et Address						0.0000000
3 Terri Lane, Suite	4						6	23 Cutler A	venue					
City, State, Zip Code				- 10			City	, State, Zip C	ode					
Burlington, NJ 080	16						IV	laple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No				
Brian Kearney				60	9-479	-8513	8	56-755-0099	9	00842				
Start Date (10)	S	Schedule	d Co	mplet	tion Da	te (11)	Nar	ne of OSHA N	Monitor					
08 /11 /	_18	08	1	14	/	18	E	MSL Analyt	tical, Inc.					
Occupancy Status During	g Abatement (0	Check on	ly or	ne)			Stre	eet Address						
☐ Facility Closed/Vacate							2	00 Route 13	0 North					
Abatement Performed						cribe	City	, State, Zip C	ode					
Time of Abatement: _	AIVI	PIVI/ <u>5</u>	<u>00</u> P	'IVI- <u>5:</u>	UUAW		C	innaminsor	n, NJ 08077					
Scope of Work (Check a	ll that apply)													
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf				ovati nolitio					tainment with Neg closure g Procedure empted (*) and No					
			ls l	Locat	ion				( ) ( )			patem	ent T	vne
Location	of		N	ormal	lly			Description of	of			_	1	Т
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012, 015, 020 Suite						Windov	v Gla	azing		10 SF		-		
Name of Registered Was	ste Hauler	-		A (0.0320)	JDEP \		27322700	ic Yards of	Name of Regis	stered Landfill		-		
Freehold Cartage				Н	auler II 15939		Was	ste	Fairless La	andfill				
City, State					. 5500		-	oosal Date	City, State					
Freehold, NJ							0	8/14/2018	Morrisville	, PA				
Completed By (Print or T	ype)	Title					-	Signature			Date			
Christina Lynch		Vice	Pre	side	nt of	Operatio	ns	Omede			8%	2/19	7	

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

PAID

Check # 1405

Date of Notification (1)				Name of		Owner / Ope	rator (2	2)	D / [2] [2]				
Agencies Notified	August 3, 2018  Type Notification	n		Street A			100	EGET	WEINI				
□EPA	Type Nouncation				ıxottica P	Place			Control of the Contro				
DEP	N Initial			City St	ate & Zip (	Code		AUC -/	2018   15/1				$\dashv$
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DOH	Amenda Amenda			Iviasori,	011 4504	••	L	and the second s	eresist 0				
DCA	Cancell			Name o	f Contact			ASPENTED SON MENDEL	C Te	elephone	Num	ber	
				Kevin K	(raus			- Live 3	5	13-765-6	000		
				FAC	ILITY II	NFORMAT	ION						
Name of Facility When		Taking Pla	ace (3)				of Facilit						
Street Address						Th s	Subchap	oter 8 (Other than K	(-12)				
Menlo Park Mall, 55	Parsonage Roa	d. Unit 50	1				Other (i	.e., private & con	nmercial building	gs, hom	e, etc	c.)	
Weillo Fark man, 55	i arsonage reca	a, ome oo				- Committee	e Feet	# of Floor		dg. Age			
City (5)							5,000		1	59	Year	s	
Edison						Currer	nt Use (	Prior if being demo	lished)				
						Comn	nercial					_	
County (6) Middlesex			inty Code E ONLY_	(7)									
Name of Monitoring F	irm Hired by Buil	ding Own	er (8)		ASCM N			tement Contractor	(9)				- 1
Pennoni Associates							ech, In						-
Street Address							Addres						
24 Commerce Street							* (ACT   ACT   ACC   ACC	Zip Code					
City, State & Zip Code Newark, NJ 07102	<b>5</b>							arbor, NJ 08087					
Project Manager for N	Monitoring Firm		Tel	ephone N	umber		hone Nu		License Nur				- 1
Ralph Coppola	9		973	3-265-976	3		96-6916			00817			-
Scheduled Start Date	1	cheduled						HA Monitor					
August 13,		(0)		ber 13, 20	)18		ech, In				-		
Occupancy Status Du	ıring Abatement ed/Vacated Durir	(Check on	ily one)	1hatemen	t		adio R						
						1	See Liberton Charles	Zip Code			- 180		
	Performed Outsid	le of Norm	iai Hours					arbor, NJ 08087					
Other – Desc						Little	Egg na	arbor, No 00007					- 1
	ipied During Aba	tement											-
Scope of Work (Chec	k all that apply)							1	W. North Dee				
				+1.					with Negative Pre	SSUIE			
≥3 sf or ≥ 50 lf				Renovatio			$\boxtimes$						
≥160 sf or ≥26	0 If		$\Box$	Demolitio	n			Glovebag Proced					
								Non-Exempted(*)	and Non-Friable				
	cation of	200715774		on Norma			Descript		Amount (Specify		ateme	ent i	ype
	ining Material (A	CM)	Solely b	y Mainten dial Staff	ance or		estos-C Naterial	ontaining (ACM)	SF or LF)	,			
	E ABATED Facility		Custo	ulai Stali	(12)			l systems	0. 5 /			m	
	(13)					insulat	ion, sur	facing, VAT		고	71	nc	Ē
	V7				1	or oth	ner misc	cellaneous)		em	Repair	aps	Clo
										Removal	ar.	Encapsulate	Enclosure
			Yes	No	N/A					-		te	CD
Main Area					Х	Floo	r File a	nd Mastic	1,000 SF	Х			
Name of Registered	Waste Hauler		NJDEP I		Cubic Y	ards of Was	te	Name of Registe	ered Landfill				
Synatech, Inc.			DOMEST HOPE STATE OF	429	20			Fairless Hills					
City, State					Dispos	al Date		City, State					
Little Fac Usebar &	11 00007				Senten	nber 14, 201	8	Morrisville, PA					
Little Egg Harbor, N Completed By	10 U0U0/	Title	-		Signați		102		Date				
Completed by						111	11	lore 1					
Diane Aloia		Executiv	e Admin	istrator	10	white	al	NIC	August 3, 2018				

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

27	***************************************	X-Y	*** Additiona	al foot	tages ***	Check	# 9112			
Date of Notification (1)	Name o	f Building Owr	ner/Operator (2	)	711					
10  8   /  0  3   /  1  8		itic Health S			last .	ECEI	I W E	m	on the second	
Agencies Notified Type Notificati	on Street A	ddress					1 0			
☐ EPA ☐ Initial	_	Madison Av	venue			<del>- AUO - 7</del>	2018	The second		
X DOL X Amenda		ate, Zip Code ristown, NJ	07960					الحيص	ALTERNATION AND AND ADDRESS OF THE A	
₩ DOH	11	Contact		2000-02		ASBEST eleghone				
DCA Cancella	Pete	er Palmer			Eugenhalmannengerinnen	LICENSI (973)9		*******	Į.	
		FAC	LILITY INFORM	IATIO	N					
Name of facility where abatement is	s taking place (3)					Type of Facility (				
Morristown Medical Center	/ Deskovick	С					I (K - 12) apter 8 (Other	than !	K-12)	
Street Address						X Other (	Private/Comm			
100 Madison Avenue							Homes, etc. # of Floors	E	Bldg. A	Age
City (5)	County (6)				unty Code (7)					
Morristown	Morris			(30	ate use only)	Current Use (Pr Hospital (nor	2.70	nolisi	nea)	
Name of Monitoring Firm Hired by I	Bldg. Owner (8)		ASCM No.		Name of Abatement C	Contractor (9)				
T&M Associates			0145		B & G Restoration	on, Inc.				
Street Address 11 Tindall Road					Street Address 105 Ryerson Ro	oad				
City, State, Zip Code			***************************************	-	City, State, Zip Code			-	eties in the	
Middletown, NJ 07748					Lincoln Park, N	IJ 07035				
Project Manager for Monitoring Firm		Phone Num			Telephone Number (973)696-6869	1	License Num 00378			
Kevin Burns		732-676-4			Name of OSHA Monit		00376		-	
Scheduled Start Date (10)		pletion Date (1	1)		B & G Restoration					
06/18/2018	09/28/20				Street Address					
Occupancy Status During Abatemer					105 Ryerson Ro	oad ————————				
Facility closed/vacated during  Abatement performed outside	(2014) (1.15 B. 14 B. 15 B. 15 B. 16 B				City, State, Zip Code					
Describe: Work shift	3:30 pm - 12:	00 am		-	LincolnPark, NJ	07035				
Scope of Work (check all that apply									10 30	21.4
☐ Demolition 🕱	Renovation				Full Containment w/neg	ative pressure	Glovebag p	roce	dure	
	≥160 sf or ≥260 l	f		X	Mini-enclosure		☐ Non-friable	proc	edure	<b>)</b>
Location of	Is location norm by maintenance	ally used sole			E. 198		R	R	E n	
asbestos-containing material to be	staff(12)		Descript material		asbestos-containing	Amount (Specify S	F or m	p	С	n
abated in facility (13)	Yes N	o N/A	material	(, ,0,,,,		LF)	v	i	p	L
Morgue Freezer AREA		×	Pipe Insu	latior	1 ,.	145 lf	X	10	10	
below freezer unit		×	VAT/masti	С	¥	650 sf	X			
					N/-				40	
								뷰	븯	
Registered Waste Hauler	INJDEP Ha	ular ID# 1	Cubic Yards of	Maste	Name of Registered	andfill	_			
B & G Restoration, Inc.	19563		6	· vasio		Resource & Re	ecovery Cer	nter		
City, State Lincoln Park, NJ		Disposal 09/30	Date 0/2018		City, State Tullytown, F	PA				*
Completed by (Print or Type)	Title		Signature		Gordana Luna		Date	-		
Gordana Luna	Secretary/Tre	easurer			Jordana Zuna		08/03/20	118		

nook

2018-124 B & G proj. #:

### State of NJ Notification of Asbestos Abatement

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

	3	<u></u>					Check	# 9007				_
Date of Notification	(1)	I I Name	of Building Ow	ner/Operator (2	103	ECEL	WEDI					
10 16 1/10 17		Atla	ntic Health			555						
Agencies Notified	Type Notificat	Street A	Address			ALLO TO ALL	Control of the Contro					
☐ DEP	X Initial	11	Madison A		ШЦ	AUG - 7 20						
X DOL	Amenda		ate, Zip Code ristown, No		Bress	ASBESTOS CONT	ROL&					
<b>X</b> DOH	П .c"	1	f Contact	Į.		LICENSING	Telepho	ne Number				
☐ DCA	☐ Cancella	Pet Pet	er Palmer			***	(973)9	971-4194				
		00-10-10-10-10-10-10-10-10-10-10-10-10-1	FA	CILITY INFORM	IATION							
Name of facility wh	nere abatement i	is taking place (3)	Ti .				Type of Facility	(4) ol (K - 12)				
Morristown M	edical Center	r / Deskovick	С					napter 8 (Ot	ther ti	nan K	12)	
Street Address							X Other	(Private/Co	mme			
100 Madison	Avenue						Square Feet	/Homes, et # of Floors		Blo	ig. A	ge
City (5)		County (6)				nty Code (7)						
Morristown		Morris			(Sta	te use only)	Current Use (F Hospital (no		dem	olishe	d)	
Name of Monitorin	g Firm Hired by	Bidg. Owner (8)		ASCM No.	-	Name of Abatement (		11 300 0)				
T&M Associa	ates			0145	Ti I	B & G Restorati	on, Inc.					
Street Address				-1		Street Address						
11 Tindall Ro					_	105 Ryerson R	oad		-	-	-	
Middletown,						City, State, Zip Code Lincoln Park, I	NJ 07035					
Project Manager for	r Monitoring Firm	n	Phone Nun	nber	-	Telephone Number		License		er		
Kevin Burns			732-676-	4000		(973)696-6869		00:	378			
Scheduled Start Da	ite (10)	Sched. Com	pletion Date (	11)		Name of OSHA Monit B & G Restorati						
06/18/2018		09/28/20	18			Street Address						
Occupancy Status I						105 Ryerson Ro	oad					
Abatement pe		entire period of a of normal facility				City, State, Zip Code						
Describe:  Other-Descri	be: Work shift	4:00 pm - 12:	30 am			LincolnPark, N.	07035					
Scope of Work (ch	eck all that apply	y)										
☐ Demolition	X	Renovation			☐ F	ull Containment w/neg	ative pressure		ag pr	ocedu	re	
		≥160 sf or ≥260			X	fini-enclosure		☐ Non-fri			2000	
Location of asbestos-cor	staining	Is location norm by maintenance					Amount		R e	R	E n	E
material to be	э	staff(12)		- Descripti material		sbestos-containing	(Specify	SF or	m o	p a	c a	n c
abated in fac	ility (13)	Yes N	lo N/A				LF)		v e	i	р	L
Morgue Freeze	r AREA		X	Pipe Insu	lation		145 lf		X			
										님	무	井
				=					H	屵	븜	ዙ
-				#			_		H	H	一	十十
Registered Waste F		NJDEP Ha		Cubic Yards of	Waste	Name of Registered						
B & G Restorat	uon, inc.	1956	Disposal	Date 2		City, State	Resource & R	ecovery	Cent	er		
Lincoln Park, N	NJ		1 1000000000000000000000000000000000000	0/2018		Tullytown,	PA				Y	
Completed by (Prin		Title	2001:22	Signature	(	Gordana Luna		Date	100	0		
Outdana Luna		Secretary/Tr	casurer	_		Jumina Lana		06/07	1201	٥		

Aug 01 18 08:31a Resource Management Group

Aug 01 18 08:31a	Resou	ırcə Managəməi	nt Group	,			603	31-14651		-2.3	F.G. =	
CK2907	PARI	NOTIF	CATIO	tate of I NOFA	SBEST	xzey TOS ABATEME 10 and 12:120)	NT	-	D) E C		V [5	
Date of Notification (1)	-1-2018			of Buildi dy Unive		er / Operator (2)	)		PET		!	- Carlo
Agencies Notified Ty	pe Notificati  Initial Amend Emerg Canda	ded gency	Street 2201 C City, S Chern Name Micha	Address Chapel Hille & Z Hill, N. of Cent el McCle	s ijil Cam ip Cada I 08002 act oskey	pus :			MANEH	CENSO		_
Name of Fedility When	Abatement	la Takho Place		ACILITY	INFOR	MATION Type of Fesility	(4)					
Jefferson-CPD øres Street Address 2201 Chapet Hill Camp		te rolling .				School (K-1  Subshaples  Other (i.e. p	i2) r & (Cr ortvati	ter then h	erdel buildings	ildg. Age		
City (6) Cherry Hill, NJ		County (6) Camden	County (	Cede (7)	)	250,000 Current Use (Pr Heepkal				8	j2	
Name of Monitoring Fl Criterion Leboratories Street Address 3370 Progress Drive, Su		Building Owner (	B)	ASC	M No.	Neme of Abater Resource Mana Street Address 2115 Hamiton	gemi	nt Group,		40		_
City, State & Zip Code Besselem, PA, 19020						City. State & Zi	p Coi	COLUMN ADMINISTRA		-		
Project Manager for N Mr. Mike Panepresso	lonitoring Fl		elephone		ЭГ	Telephane Nun 609-914-4279	-		License N	(umber 01185		
Scheduled Start Date 8-2-2018	,	Schaduled Comp	letion Da 3-3-2018			Neme of OSHA J&S Environme	ental l	pr por relorie	es, ine			
Absterrent Po	d/Vecated D enformed Ou	During Entire Pedi Maide of Normal I	od of Abe Jours			Street Address 2833 Route 22 City, State & Z	West	8				
Describe:	pied During		900:8 Aid	m to 2:0	Dam	Unlen, NJ 0700	03 					_
⊠ ≥3 sf or ≥3 if			⊠ Re	enovatio emoBlome	ก า			Mini-Encl	g Procedures mpled and No	n-Friable f	ೌಡಾಧಿಕಿರಬ	19
Asbest Mate TO E	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					Description Asbestes-Cont Material (AC (i.e., thermal s) Insulation, surfac or other miscelle	einin; 2M) /elem ing, 4	76	Amount (Specify SF or LF)		Repair Repair	1
CPD renovation ar	CPD renovation area					75			18 each			The same of
Name of Registered	Waste Hau	ler		MOEP		Cubic Yerds of						
Resource Managerr	ant Group,	U.C.		003@21		TBD Disposal Date	City	al.endfil Strike	11			
City. State Trenton, NJ Completed By (Print Mr. Brian J. Hansy	or Type)			Title Praside	ent	Signatule	Mor	isyille, PA	That is	Date 8-1-2	018	
						1		1		-		

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D-46N-00-0	,,,							1-27			WE	In	11		
Date of Notification	Date of Notification (1)  8-1-2018 Agencies Notified Type Notification						Owner / Operato	r (2)		A real and a second sec			Transfer des		
Agencies Notified		ation			eay U t Addi		ty Hospital	-1115					1		
⊠ EPA	Type Nounc	allon		100000000000000000000000000000000000000			Campus		II AU	G - 7 2	.018	111	/		
☐ DEP		ıl				& Zip C		114 1	-				-		-
□ DOL		ended				NJ 08		1			and the Co.	0	1		
□ DOH	☐ Eme	ergency				ontact		1	ASBES	TOS CON	TROL	elepho	ne N	umh	er
☐ DCA		cellation				Closke	v			FICENSIN	3	ARTON TO STATE OF THE STATE OF	-472		
							<u> </u>					NATION OF	8 00/070		
					ACIL	ITY INF	ORMATION						=NextX-	7755736	
Name of Facility Wh	ere Abateme	ent is Taking Pla	ace (3)	)			Type of Facil								
Jefferson-CPD area Street Address							School (								
2201 Chapel Hill Ca	mpue						Subchar	oter 8 (0	Other than	ı K-12)					
2201 Oliapei i illi Ca	IIIpus						Other (i. Square Feet		# of Floo	mercial bui				) <u> </u>	
City (5)		County (6)	C	ounty	Code	(7)	250,00		# 01 F100	าร	BIG	lg. Ag			
Cherry Hill, NJ		Camden	100	Julity	ooue	(1)	Current Use		hoing dor	Z moliphod)			52	ouniero.	
, , , , ,							Hospital	(11011)	being der	nonsneu)					
Name of Monitoring	Firm Hired b	y Building Own	er (8)		AS	CM No		tement	Contracto	or (9)					
Criterion Laboratorie							Resource Ma								
Street Address							Street Addres			•					_
3370 Progress Drive, S	Suite J						2115 Hamilto	n Ave,	Suite 202						
City, State & Zip Coo	de						City, State &	Zip Cod	de						
Bensalem, PA, 19020							Trenton, NJ 0	08619							
Project Manager for	Monitoring F	irm	Tele	phone	Num	ber	Telephone N	umber		Licen	se Nur	mber			
Mr. Mike Panepresso			215-2	244-13	00		609-914-4279	9				0118	5		
Scheduled Start Dat		Scheduled Cor			e (11)		Name of OSH	HA Mon	itor						
8-2-2018				2018			J&S Environn	mental l	aboratori	es, Inc					
Occupancy Status D	uring Abaten	nent (Check on	y one	)			Street Addres								
☐ Facility Clos ☐ Abatement F	ed/Vacated L	During Entire Pe	eriod o	f Abat	emen	t	2333 Route 2								
Abatement	Performed Ot	utside of Norma	I Hour	S			City, State &	Zip Coo	ie						
Describe:	Project to be	conducted 2 <sup>nd</sup>	shift 6	3:00nn	to 2	Mam	Union, NJ 07	U83							
네	upied During		Ormic C	.oopii	. 10 2.	ooani	Onion, No on	003							
Scope of Work (Che	ck all that ap	ply)													
	222		20200						Full Conta	ainment wi	th Neg	ative F	Press	sure	
≥3 sf or ≥3 lf			$\boxtimes$		novatio				Mini-Encl	osure					
≥160 sf ≥260	J IT			Der	nolitio	n		$\boxtimes$		g Procedu			_		
Lo	ocation of		ls	Locat	ion	1	Description	n of	Non-Exer	npted and Amou					
	tos-Containin	q		mally			Asbestos-Con			(Speci		ADS	atem	enti	ype
	erial (ACM)			Solely			Material (A			SF or L				ш	m
	BE ABATED			ntenar			(i.e., thermal s					₹er	Re	ca	nc
li li	n Facility (13)		Cust	odial	Staff?		insulation, surface					Remova	Repair	nsc	Enclosure
	(13)		Yes	(12) No	N/A	-	or other miscell	aneous	)			<u>a</u>	-	Encapsulate	Ire
CPD renovation ar			П			Elboy			1	0 aaah					
or b fortovation at	ca		H	H	H	LIOUV	VS.		1	8 each				님	H
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			П		$\overline{\Box}$	-			-				H		H
			H	H	H	-						ㅐ	+	H	H
Name of Registered	Waste Haule	r		NJ	DEP 1	Waste	Cubic Yards of	Name	of Regist	tered Land	fill				
		_		- 1	uler II		Waste								
Resource Manageme	ent Group, Ll	_C		00	35218	3	TBD	Grows	s Landfill						
City, State						-20-	Disposal Date	City, S		1	100000				
Trenton, NJ							TBD	Morris	ville, PA						
Completed By (Print Mr. Brian J. Haney	or Type)			Tit			Signature	1	1 1	h///		Date			
wit. Dilati J. Halley				Pre	esider	п	MM	/_	K-N	ILM		8-1-20	118		
							1111	-/	1 ()	mul/					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN Check#3127 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 03 18 Richard Queen Agencies Notified Type Notification Street Address **⊠** EPA ✓ Initial **⋈** DOLWD ASBESTOS CONTROL 8 LICENSING ☐ Amended City, State, Zip Code X DHSS Amendment # Hawthorne, NJ 07506 □ DCA Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Richard Queen **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors City (5) Square Feet Bldg. Age Hawthorne, NJ 07506 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm License No. Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 08 / 18 08 / 13 / 18 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ AM-\_ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Remova Repair Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X VAT -floor tiles 160 SF 1st floor  $\times$ 400 SF 2nd floor VAT -floor tiles M  $\boxtimes$ Basement Pipe insulation 80 LF NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler

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

TBD

TBD

Signature

Disposal Date

T.R.R.F. Inc City, State

Tullytown, PA

entic

Wena

Date

08/03/18

0033785

Title

Owner

N.Jevtic

Gr Tech LLC

Wayne, NJ 07470

Completed By (Print or Type)

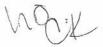
City, State

Check#3126

Date of Notification (1)			Nomo	of Duilding	· Owner!	\	31		<u>a 1711</u>	<del></del>	n i	
08 /	02 / 18			of Building	Owner/C	perator (	2)	111) 15 (			<u> </u>	
Agencies Notified			-	l Green								-
Agencies Notified  ☑ EPA	Type Notification Initial		Street	Address				All III Al	JG -	7 20	110	1
☑ DOLWD	☑ Amended		0: 0					ii Li M	JO	1 20	110	
☑ DHSS	Amendment #	1		State, Zip C								- The Court of the
☐ DCA	Emergency (in	cluding		gboro, N.	The state of the s			ASBES	STOS (	CONT	ROL	8:
(NJAC 5:23-8)	justification)			of Contact				Telephone Nun	iber E.N.	SING		
	Cancellation		Kevin	Mathis				46				
			FAG	CILITY IN	FORMA	TION						
Name of Facility Where A	batement is Taking	Place (3)					Type of Facility	(4)				
Private house							School (K-1)		21			
Street Address								8 (Other than K-1 : private and comme		ildinas		
							homes, etc.		1107070100000		z	
City (5)							Square Feet	# of Floors	Ble	dg. Ag	е	
Willingboro, NJ 08046												
County (6)			Count	ty Code (7) (	STATE US	SE ONLY)	Current Use (P	rior if being demol	ished)			
Burlington												
Name of Monitoring Firm	Hired by Building (	Owner (8)	ASCM	No.	Name o	f Abateme	ent Contractor (9	)				
				65	Gr Tech	LLC						
Street Address		A TOTAL STATE OF THE STATE OF T			Street A	ddress						
					576 Val	ley Rd#	283					
City, State, Zip Code					City, Sta	ate, Zip Co	ode					
					Wayne,	NJ 0747	0					İ
Project Manager for Moni	toring Firm	Tele	phone	No.	Telepho	ne No.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	License No.				
					973-638	3-1777		01127				1
Start Date (10)		luled Comple		20 000	Name o	f OSHA M	onitor					
	18 (	08 / 04	/ _	18	Envirov	ision Co	nsultants,Inc					
Occupancy Status During	Abatement (Check	only one)			Street A		,,,,,,				712 - 1115-	$\neg$
					20-21 W	/agaraw	Road, Bldg .#	35E				
Abatement Performed	Outside of Normal	Facility Hour	s - Des	cribe		ite, Zip Co						
Time of Abatement: _	PI	VI/PIVI_		AM	Fair Lav	vn, NJ 0	7410					İ
Scope of Work (Check all	that apply)						The state of the s	nation with negative	e press	ure		$\neg$
₩ >3 sf or >3 If		<b>⊠</b> Panauati			$\bowtie$		ainment with Ne	gative Pressure				
>3 sf or >3 If > 160 sf or >260 If		Renovati Demolition	on n		Н	Mini-Encl	Procedure	Tent with Negativ	e Press	ure		
						Non-Exe	mpted (*) and No	on-Friable Procedu	ıre	1		
		Is Locat				0 04			Ab	ateme	nt Ty	ре
Location Asbestos-Containing I		Norma Used Sole		Asha		scription o		0	Z.	R	m	m
TO BE ABA		Maintena	nce/			systems i	terial (ACM) nsulation.	Amount (Specify	Remova	Repair	car	Clo
IN Facili	ty	Custodial (12)	Staff?		surfac	cing, VAT,	or	SIF or LF)	ova	=	Encapsulate	Enclosure
(13)		T	Т		other n	niscellane	ous)				ate	
0.00		Yes No	N/A						-		_	
Bedroom			$\boxtimes$	VAT -flo	or tiles			200 SF	$\boxtimes$	Ш	Ц	Ш
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Name of Posistand Was	to Haulas		L	Haulas 12 M	0 1: 1:	1 6111	The contract			Ш		Щ
Name of Registered Was	te namer			Hauler ID No.	Cubic Yai	ds of Wast	Name of Regi	stered Landfill				
Gr Tech LLC		(	03378	5	TBI		T.R.R.F. Inc					
City, State					Disposa	Date	City, State	-				
Wayne, NJ 07470					TBI	)	Tullytown, P	A				
Completed By (Print or Ty	/pe) Title	)			Sig	nature			ate			
N.Jevtic	Own	ner				Heure	Wenad	los	3/02/18			
ASB-41			-			#		100			-	

Name of Building Owner / Operator (2)   Separate Notification   Name of Building Owner / Operator (2)   Separate Notification   Shera Danese   Shera Danese   Shera Danese   Name of Contact   Name of Contact   Shera Danese   Name of Contact   Name of National Name of National Name of National Name of National Name of National Name of National Name of National Name of National Name of National Name of National Name of National Name of Name of National Name of N								The state of the s	FAR		The state of the s	
Street Address   Stre	Date of Notificat							/ Operator (2)				
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X   DOH   Cancellation   Name of Contact   SISESTOS   STREET Number   Telephanese	DEP	Х			550000	tate & Zip	o Code		71017	20/8	113/1	
Shera Danese   FACILITY INFORMATION			Amended	Notificatio				10	To Charles and the Control of the Co	6-2007-1		
Shera Danese   FACILITY INFORMATION			Cancellati	on				/\S	BESTOS	VTROL &	Telnhon	o Number
Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.  Square Feet 2,800 2 Bldg. Age Current Use (Prior if being demolished) Residential Re	DCA				Shera	Danes	e	The second second second	LICENSIN	G		
School (K-12) X Other (fie., private & commercial buildings, homes, etc.  Square Feet # of Floors   Bidg. Age   60   County (6)   County (7)   2,800   2   60   Courrent Use (Prior if being demolished)   Residential   Resident						CILITY I					and the second of the second o	
Subchapter 8 (Other than K-12)   X Other (i.e., private & commercial buildings, homes, etc.   Square Feet   # of Floors   Bidg. Age   60   Current Use (Prior if being demolished)   Residential   R	Name of Facility				ace (3)		Тур					
Square Feet   # of Floors   Eldg. Age   60	Street Address							- 12 50	Other than K-	12)		
Stockton   County (6)   Hunterdon   County (7)   County (8)   County Code (7)   Curret Use (Prior if being demolished)   Residential							Х	Other (i.e., priv	ate & comme	rcial build	lings, home	es, etc.
Stockton   Hunterdon   Current Use (Prior if being demolished)   Residential						47	Squ	are Feet	# of Floors		Bldg. Age	
Residential  Resi	City (5)		Cou	inty (6)	County C	ode (7)			2			60
ASCM No.   Name of Abatement Contractor (9)   Global Abatement Services, LLC	Stoc	kton	Hur	nterdon				23 W	f being demol	ished)		
invironmental Tactics, Inc invironmental Tactics, Inc invironmental Tactics, Inc invironmental Tactics, Inc invironmental Tactics, Inc invironmental Tactics, Inc invironmental Tactics, Inc invironmental Tactics, Inc invited Address  4 Broad Street  4 Broad Street  4 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-290-2217 732-805-9062  Name of OSHA Monitor Global Abatement Services, LLC  Street Address  4 As Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Name of OSHA Monitor Global Abatement Services, LLC  Street Address  4 As Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Name of OSHA Monitor Global Abatement Services, LLC  Street Address  4 As Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Name of OSHA Monitor Global Abatement Services, LLC  Street Address  4 As Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Name of OSHA Monitor Global Abatement Services, LLC  Street Address  4 As Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Name of OSHA Monitor Global Abatement Services, LLC  Street Address  4 As Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Under Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Under Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Under Schoolhouse Road  City, State As Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Under Schoolhouse Road  City, State As Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Under Schoolhouse Road  City, State As Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-9062  Under Schoolhouse Road  City, State As Zip Code Monroe Township, NJ 08831  Telephone Number 732-805-						7						
titreet Address 44 Schoolhouse Road  City, State & Zip Code Matawan, NJ 07747  Telephone Number om Geiger T32-290-2217 T29-200-90-90-90-90-90-90-90-90-90-90-90-90-9				ilding Own	er (8)	ASCM N						
AB Broad Street		ii i actics	, inc			1			nt Services,	LLC		
City, State & Zip Code Matawan, NJ 07747    Compact Manager for Monitoring Firm   Telephone Number   732-290-2217   732-605-9062   License Number   732-605-9062   00714		et							Road			
Matawam, NJ 07747   Troject Manager for Monitoring Firm   Telephone Number   T32-290-2217   T32-605-9062   T32-605-9062   T32-290-2217   T32-605-9062   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-605-9062   T32-290-2217   T32-605-9062   T32-605-9062   T32-290-2217   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217   T32-290-2217   T32-605-9062   T32-290-2217   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217   T32-605-9062   T32-290-2217    T32-290-2217   T32-290-2217   T32-290-2217   T32-290-2217		Marine A.										
Telephone Number om Geiger T32-290-2217 Telephone Number T32-605-9062 Doubled Completion Date (11) Scheduled Start Date (10) Scheduled Completion Date (11) 8/17/18 Global Abatement Services, LLC Scream Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe: Area Isolat										ı		
Table   Tab			oring Firm	100-20-02-01	Telephone	Number					Number	
Street Address   Address   Street Address   Address   Street Address   Address   Street Address   Address	Tom Geiger				732-290-2	217					0071	4
Street Address   Address   Add			Sche	duled Con		e (11)	(A B) (M, 4/2000)			LLC		
Abatement Performed Outside of Normal Facility Hours-Describe: Area Isolated During Abatement Other - Describe: Area Isolated During Abatement Other - Describe:  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Other: Non-friable  Description of Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Or Enclosure)  City, State Trenton, NJ  City, State Name of Registered Landfill TRRF  City, State Trenton, NJ  City, State Name of Registered Landfill TRRF  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Name of Registered Landfill Trenton, NJ  City, State Nam						tomont			D I			
Describe: Area Isolated During Abatement Other - Describe:    Cope of Work (Check all that apply)   X   Demolition   Renovation   Renovation   Renovation   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   X   Quantity is ≥ 3 SF or ≥ 3 LF ACM   Glovebag Procedure   X   Quantity is ≥ 160 SF or ≥ 260 LF ACM   X   Quantity is ≥ 260 LF ACM									22 - 200   200   200   200   200			
X Demolition   Renovation   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure	Describe	: Area				urs -		and the second of the second o		I		
X       Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM       Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure         X       Quantity is ≥ 3 SF or ≥ 3 LF ACM       X       Other: Non-friable         Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)       Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)       Description of Asbestos-Containing Material (ACM) (Specify Square Feet Or Custodial Staff? (12)       Asbestos-Containing Material (ACM) (Specify Square Feet Or Custodial Staff? (12)       Siding State Treehold Carting Treeho			hat annly)									
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Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Exterior  NJDEP Waste Hauler ID # Cu. Yds. of Waste Trenton, NJ  City, State Trenton, NJ  Completed By (Print or Type) Dominick Tringali  Description of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Mater								Gloveba	g Procedure			
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Exterior  Normally Used Solely by Maintenance or Custodial Staff? (12)  Exterior  N/A  Siding  Cu. Yds. of Waste Feet Trenton, NJ  Disposal Date Trenton, NJ  Signature  Dominick Tringali  Normally Used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Siding  Cu. Yds. of Waste Name of Registered Landfill TRRF  City, State Trenton, NJ  Signature Dominick Tringali  Date  Normally Used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Cu. Yds. of Waste Name of Registered Landfill TRRF  City, State Tullytown, Pa  Date  Dominick Tringali	X Quantity	is ≥ 160 S	SF or ≥ 260	LF ACM				X Other:	Non-friable			
Material (ACM) TO BE ABATED in Facility (13)  Exterior  N/A  Siding  Cu. Yds. of Waste Freehold Carting  Trenton, NJ  Completed By (Print or Type) Dominick Tringali  Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Square Feet or Linear Feet)  Cu. Yds. of Waste  Value of Registered Landfill  TRRF  City, State  Signature  Dominick Tringali  Date  Dominick Tringali	¥ 3								2.0			
Maintenance or Custodial Staff? (12)   Inear Feet   Ine												
in Facility (13)  Custodial Staff? (12)  insulation, surfacing, VAT or other miscellaneous)  Exterior  N/A  Siding  2,000 SF  Removal  lame of Registered Waste Hauler  Freehold Carting  NJDEP Waste Hauler ID # 10 TRRF  Sity, State  Trenton, NJ  Completed By (Print or Type)  Dominick Tringali  Dominick Tringali  Linear Feet)  Linear Feet)  Linear Feet)  Linear Feet)  Cu. Yds. of Waste  Name of Registered Landfill  TRRF  City, State  Tullytown, Pa  Date  Dominick Tringali												
Exterior N/A Siding 2,000 SF Removal    Iame of Registered Waste Hauler   NJDEP Waste Hauler ID # TRRF   Ity, State Trenton, NJ   Disposal Date 8/19/18   Tullytown, Pa   Dominick Tringali   Date 1/2   Da	\$ <del>.                                    </del>										0, 2,	10.000.0)
lame of Registered Waste Hauler Freehold Carting  ity, State Trenton, NJ  completed By (Print or Type) Dominick Tringali  Dominick Tringali  NJDEP Waste Hauler ID # 18693  Cu. Yds. of Waste 10 TRRF  City, State 10 TRRF  City, State 8/19/18  Signature Dominick Tringali  Date 10 Dominick Tringali		(13)			(12)		or other	er miscellaneous	s)			
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Trenton, NJ  Completed By (Print or Type) Dominick Tringali  Title Pres.  Signature Dominick Tringali  Dominick Tringali  Signature Dominick Tringali	Freehold (							10	TRF	RF		
Completed By (Print or Type)  Dominick Tringali  Title  Pres.  Signature  Dominick Tringali  8/2/18	City, State											
Dominick Tringali Pres. Dominick Tringali 8/2/18	THE RESIDENCE OF THE PARTY OF T			1=					3 Tull	ytown, I	Pa	
Dominion Tringan			e)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
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Agencies Notified				ATOR	·		Signature	lastin	1.0	1	1,	7	
Agencies Notified	City, State BRISTOL, PA 19007						Disposal Date		LE, PA 1906	7			
Type Notification   Street Address   S		MENTAL, INC.		H			[ [ ] [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]						
Agencies Notified   Type Notification   Street Address   2000 Pennington Rd.	Name of Registered Wast	e Hauler		I		Waste	Cubic Yards of	Name of Regist	tered Landfill				1
Agencies Notified   Type Notification   Street Address   2000 Pennington Rd.			П	П									1
The College of New Jersey										П	П		+
The College of New Jersey													1
Agencies Notified    Type Notification   Street Address   2000 Pennington Rd.	Attic			$\boxtimes$		Pipe In:	sulation		1,500 LF				
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Agencies Notified				Norma	lly		Description of	f		Ab	_		Ť
Agencies Notified	<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	шат арріу)					Mini-Encl     Glovebage	osure Procedure		dure			
Agencies Notified	Abatement Performed     Time of Abatement:     8 3 ≈ 2 1 io - 2 3 is	Outside of Norm  AM-  AM-  AM-  AM-  AM-  AM-  AM-  AM	al Facilit	y Hou PM-7	rs - Des		City, State, Zip Co	de	-				
Agencies Notified    Type Notification   Initial   Marked Amended Amendment #6-8/3/18   Emergency (including Justification)   Initial   Marked Amendment #6-8/3/18   Initial Marked Amendment #6-8/3/18   Initial Marked Amendment #6-8/3/18   Initial Marked Amendment #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked Marked #6-8/3/18   Initial Marked Marked #6-8/3/18   Initial Marked Marked Marked #6-8/3/18   Initial Marked Marked Marked Marked Marked Marked Marked Marked Marked Mar					ment		Proceedings and the control of the c	STREET				581. E	
Agencies Notified  □ FPA □ Initial □ DOLWD □ Amended □ Amendent #5-8/3/18 □ DCA (NJAC 5:23-8) □ Cancellation □ Cancellation  Name of Facility Where Abatement is Taking Place (3) □ TCNJ-Green Hall □ Street Address 2000 Pennington Rd. □ Type of Facility (4) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Cher (i.e., private and commercial buildings, homes, etc.) □ City (5) □ Ewing □ County (6) □ MERCER □ MERCER □ County Code (7)(STATE USE ONLY) □ RISTOL ENVIRONMENTAL, INC. □ RISTOL ENVIRONMENTAL, INC. □ Street Address 28 Pennell Rd □ City, State, Zip Code □ Media, PA 19063 □ The College of New Jersey  AUG = 7 1018 □ Street Address 2000 Pennington Rd. □ City, State, Zip Code □ Media, PA 19063 □ County (6) □ County Code (7)(STATE USE ONLY) □ Current Use (Prior if being demolished) □ City, State, Zip Code □ City, State, Zip Code □ Media, PA 19063 □ RISTOL ENVIRONMENTAL, INC. □ City, State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City, State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ RISTOL, PA 19007 □ City-State, Zip Code □ Media, PA 19063 □ City-State, Zip Code □ Media, PA 19063 □ City-State, Zip Code □ Media, PA 19063 □ City-State, Zip Code □ Media, PA 19063 □ City-State, Zip Code □ Media, PA 19063 □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Code □ City-State, Zip Cod		18	88	1			BRISTOL EN		_, INC.				
Agencies Notified    Street Address   DOLWD   Marked   Ma	Start Date (10)	Sche	eduled C	1				onitor	00509				
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Agencies Notified  ☐ FAR ☐ Initial ☐ DOLWD ☐ DOLWD ☐ DCA ☐ (NJAC 5:23-8) ☐ Emergency (including justification) ☐ Cancellation ☐ Cancellation ☐ Type of Facility Where Abatement is Taking Place (3) ☐ TCNJ-Green Hall ☐ Street Address ☐ 2000 Pennington Rd. ☐ Initial ☐ DOLWD ☐ Cancellation ☐ Cancellation ☐ Cancellation ☐ Cancellation ☐ Telephone Number ☐ 609-771-2881 ☐ FACILITY INFORMATION ☐ Street Address ☐ Ounty Gode (7)(STATE USE ONLY) ☐ County Code (7)(STATE USE ONLY) ☐ Current Use (Prior if being demolished) ☐ County Code ☐ City, State, Zip Code ☐ Street Address ☐ Street Address ☐ Street Address ☐ County Code (7)(STATE USE ONLY) ☐ Description ☐ City, State, Zip Code				1= -				19007					
Agencies Notified  ☐ FA	City, State, Zip Code												_
Agencies Notified  □ FPA □ Initial □ DOLWD □ Amended □ DHSS □ DCA □ (NJAC 5:23-8) □ Cancellation □ Cancellation □ Type Notification □ DOLWD □ Amended □ Amended □ Amended □ Cancellation □ Cancellation □ Cancellation □ Cancellation □ Cancellation □ County Code (7)(STATE USE ONLY) □ Courrent Use (Prior if being demolished) □ ASCM No. □ O0021 □ BRISTOL ENVIRONMENTAL, INC.	28 Pennell Rd						1123 BEAVE	R STREET					
Agencies Notified  Agencies Notified  EPA  DOLWD  Amended  Amendment #6-8/3/18  DCA (NJAC 5:23-8)  Cancellation  Telephone Number  Amanda Radosti  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  TCNJ-Green Hall  Street Address  2000 Pennington Rd.  City, State, Zip Code  Ewing, NJ 08628  Name of Contact  Amanda Radosti  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e., private and commercial buildings, homes, etc.)  City (5)  Ewing  County (6)  MERCER  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	Street Address								L, 1140.				
Agencies Notified  EPA  DOLWD  Mercer  Agencies Notified  DHSS  DCA (NJAC 5:23-8)  DCONTACL  City, State, Zip Code Ewing, NJ 08628  Name of Contact Amanda Radosti  DCONTACT  Tope of Facility (4) DCOTACT Control (K-12) DCOTACT Control (K-12) DCOTACT Control (K-12) DCOTACT Control (K-12) DCOTACT Control (K-12) DCOTACT Control (K-12) DCOTACT Control (K-12) DCOTACT CONTROL & CITY School (K-12) DCOTACT CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CONTROL & CO		ca by building	OWINE	(0)				, ,					
Agencies Notified  EPA  DOLWD  DOLWD  DOLWD  DOLA  (NJAC 5:23-8)  Name of Facility Where Abatement is Taking Place (3)  TCNJ-Green Hall  Street Address  2000 Pennington Rd.  City, State, Zip Code Ewing, NJ 08628  Name of Contact Amanda Radosti  FACILITY INFORMATION  Type of Facility (4)  Street Address  2000 Pennington Rd.  Telephone Number 609-771-2881  FACILITY INFORMATION  Type of Facility (4)  Subchapter 8 (Other than K-12)  Other (i.e., private and commercial buildings, homes, etc.)  Square Feet Fwing  County (6)  County Code (7)(STATE USE ONLY)  Current Use (Prior if being demolished)	1120	Hired by Building	Owner	(8)	ASCM	No	Name of Abatama	ent Contractor (0)		-			
Agencies Notified  Agencies Notified  EPA  DOLWD  Amended  Amendment #6-8/3/18  DCA  (NJAC 5:23-8)  Type Notification  Amended  Amendment #6-8/3/18  Emergency (including justification)  Cancellation  Type Notification  City, State Address  2000 Pennington Rd.  City, State, Zip Code  Ewing, NJ 08628  Name of Contact  Amenda Radosti  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  TCNJ-Green Hall  Street Address  2000 Pennington Rd.  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e., private and commercial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age	County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Agencies Notified  Agencies Notified  EPA  DOLWD  Amended  Amendment #6-8/3/18  DCA  (NJAC 5:23-8)  DCA  (NJAC 5:23-8)  Amended  Amendment #6-8/3/18  Emergency (including justification)  Cancellation  Cancellation  Amended  Amendment #6-8/3/18  Emergency (including justification)  Cancellation  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  TCNJ-Green Hall  Street Address  2000 Pennington Rd.  City, State, Zip Code  Ewing, NJ 08628  Name of Contact  Amanda Radosti  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e., private and commercial buildings, homes, etc.)					.,,,,				(0°CC-0°CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC				
Agencies Notified    Street Address	City (5)								<u> </u>	В	lda. A	ae	
Agencies Notified  Agencies Notified  EPA  DOLWD  Amended  Amendment #6-8/3/18  DCA  (NJAC 5:23-8)  DCA  (NJAC 5:23-8)  Amendment is Taking Place (3)  The College of New Jersey  AUG = 7 1018  Street Address  2000 Pennington Rd.  City, State, Zip Code  Ewing, NJ 08628  Name of Contact  Amendment is Taking Place (3)  Tope of Facility (4)  Street Address  2000 Pennington Rd.  Telephone Number  609-771-2881  Type of Facility (4)  School (K-12)		d.						Other (i.e., p	rivate and comr	nercial b	uilding	js,	
Agencies Notified    Street Address   St										-12)			
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	N 65 33 140				FA	CILITY	NFORMATION						
		☐ Cancellation			An	nanda Ra	dosti		609-771-2	881			
				g	Name	e of Contac	ot		Telephone N	umber			-5-5-5
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6 / 1 / 18 The College of New Jersey  Agencies Notified Type Notification Street Address	7 <u> </u>				S			- Indiana and a second	ASBESTUS	CONT	801	<u></u> [	
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							of New Jersey		AUG AUG	<del>- 7</del> 2	118		1
		1 /	18		100000000000000000000000000000000000000			2)				Chamberla.	The state of the state of



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Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	AUG -	7 90	10	111	111
6/	1 / 18	3		Th	e College	e of New Jersey	[7]	AUG	/ LU	10		-
Agencies Notified T	ype Notification			Stree	t Address					a restablishment	- Committee	- 5
Control Control	☑ Initial			20	00 Penni	ngton Rd.		ASSECTUS	CONT	ROL	8.	******
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□ DHSS □ DCA □	Amendment #			1000	ing, NJ (							
(NJAC 5:23-8)	Emergency (in justification)	nciuain	g		e of Contac			Telephone Nun	her			
1	Cancellation			Am	nanda Ra	dosti		609-771-28				
				FA	CILITY II	NFORMATION		1 111 111 20				
Name of Facility Where Aba	atement is Takin	g Place	e (3)				Type of Facility	(4)				
TCNJ-Green Hall							School (K-12					
Street Address							Subchapter 8	Other than K-12 (Other and comme	2) vrcial b	uildina		
2000 Pennington Rd.	A CONTRACTOR OF THE CONTRACTOR						homes, etc.)	wate and comme	i Giai D	ununi	<b>j</b> 5,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Ewing							66,000	2		88		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
MERCER												
Name of Monitoring Firm Hi	red by Building (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
AET, Inc				000	21	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Street Address						
28 Pennell Rd						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Media, PA 19063						BRISTOL, PA	19007					
Project Manager for Monitor	ing Firm		Tele	ephone	No.	Telephone No.		License No.				
Roy Mosicant				10-891	CONTRACTOR OF THE	215-788-6040		00509				
Start Date (10)			1115		ite (11)	Name of OSHA M	lonitor					
_7_/_5_/_	18	8 /	1(	_ / .	18	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Al						Street Address						
☐ Facility Closed/Vacated [						1123 BEAVER	R STREET					
Abatement Performed Ou Time of Abatement:					cribe	City, State, Zip Co	ode					
		VI/ <u>1.00</u>	PIVI-I	.UUAIVI		BRISTOL, PA	19007					
Scope of Work (Check all the	at apply)					П		700 1200		7-5-6-1		
≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Full Cont	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		☐ De	molitic	on		☐ Glovebag	Procedure					
		l-	Local			∐ Non-Exe	mpted (*) and Nor	-Friable Procedu	re			
Location of		1 333	Norma			Description o			Ab	ateme	ent Ty	уре
Asbestos-Containing Mat			d Sole		Asbe	stos Containing Ma	terial (ACM)	Amount	Re	Re	ᄪ	m
TO BE ABATE IN Facility	D		intena todial	nce/ Staff?	(i.e	., thermal systems i		(Specify	Removal	Repair	cap	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
		Yes	No	N/A			/				te	
Attic			$\boxtimes$		Pipe Ins	sulation		1,500 LF		П	П	П
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										Ш	Ш	Ш
			Ш	$\perp$								
Name of Registered Waste H	Hauler		124	JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
BRISTOL ENVIRONME	NTAL, INC.		H	18706	The state of the s	Waste	FAIRLESS I	LANDFILL				
City, State				10100		Disposal Date	City, State					
BRISTOL, PA 19007							17 9593	LE, PA 19067				
Completed By (Print or Type)	) Title					Signature			ite .			
BRIAN SCAFIRO		STIMA	TOR			Brian	Section 1		1/301	/18		
ASB-41				20 - 5-5		- Suan	1 conform	Jr '	10%	, 0	-	

ASB-41

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



			(	Pursu	ant to N.	JAC 8:60 and 5:	16)	EC	E	n n	17 1	escarios Filial
Date of Notification (1)	· · · · · · · · · · · · · · · · · · ·			Nai	me of Build	ling Owner/Operator	(2)	1) 15 (10	E	11 1		F
6 / 1	/	18		T	he Colleg	ge of New Jersey		1,711				-
	pe Notificati	on		Stre	et Address	S		AUG	7	- 201	2	- Jan
	Initial			2	000 Penn	ington Rd.	į			441	0	i i
☑ DOLWD ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Amended	v -11			, State, Zip					17. 17. 5.44		-
	Amendmen 27/18	T#KEV	774-		wing, NJ			AGBLET	SCL	NTR	OL	S.
	Emergency	(includ	ina		ne of Conta			Telephone Nu		VG		***
	justification		9	A	manda R	adosti		609-771-28				
	и			F.	ACILITY I	INFORMATION		1001112				_
Name of Facility Where Abat	ement is Tal	king Pla	ce (3)				Type of Facility	v (4)				_
TCNJ-Green Hall							School (K-1	12)			76	
Street Address							→ Subchapter	8 (Other than K-	12)			
2000 Pennington Rd.							homes, etc	private and comm	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors	- 1	Bldg.	Δαο	_
Ewing							66,000	2		88 88	nye	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (P	Prior if being demo	lished)			
MERCER								3 401110	orrou	t.		
Name of Monitoring Firm Hire	d by Building	g Owne	r (8)	ASCA	/ No.	Name of Abatem	ent Contractor (9	9)				_
AET, Inc				000	21		VIRONMENTA					
Street Address						Street Address		,				_
28 Pennell Rd						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co				-		_
Media, PA 19063						BRISTOL, PA		.02				
roject Manager for Monitorin	g Firm		Tel	ephone	No.	Telephone No.		License No.				
Roy Mosicant			6	10-89	1-0114	215-788-6040		00509				
Start Date (10)		eduled (	Compl	etion D	ate (11)	Name of OSHA M	lonitor	00000				_
_7_/_5_/_18	3_   _	7	/ _3	1 /	18	BRISTOL EN		L. INC.				
occupancy Status During Aba	tement (Che	ck only	one)			Street Address		-,				
Facility Closed/Vacated Du	ring Entire P	eriod of	Abate	ment		1123 BEAVER	STREET					
Abatement Performed Outs	ide of Norm	al Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:	AM	PM/ <u>7:0</u> (	<u>DPM-7</u>	:00AM		BRISTOL, PA						
cope of Work (Check all that	apply)											_
] ≥3 sf or ≥3 If		⊠ n.		•		☐ Full Conta	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			enovat emoliti			Mini-Encle     Glovebag						
						☐ Non-Exen	npted (*) and No	n-Friable Procedu	re			
W1000W1 Q			Loca				1		_	atem	ont 7	
Location of Asbestos-Containing Mater	al (ACM)		Norma		Asha	Description of				_		T
TO BE ABATED	ar (7 (0171)	Ma	intena	nce/	(i.e.	stos Containing Mat ., thermal systems in	erial (ACM)	Amount (Specify	(em	Repair	inca	
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Remova	air	sde	1
(10)		Yes	No	N/A		other miscellaneo	us)		-		Encapsulate	
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me of Registered Waste Hau	ler-		IN	JDEP V	Vaste T	Cubic Yards of	Name of Regist	ared Landell		Ш	П	
BRISTOL ENVIRONMENT	AL, INC.		H	auler ID	No.	Waste	FAIRLESS					
y, State				18706		Disposal Date		LANDFILL				
BRISTOL, PA 19007						Disposal Date	City, State	I = B				
mpleted By (Print or Type)	Tial						WORKISVIL	LE, PA 19067				
The state of (1 this of 1 Abe)	Title	3				Signature		Dat Dat	te			_
BRIAN SCAFIRO	-	STIMA	TOP			Brian		// \//.	-	7-		



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Date of Notification (1)6 /1 /	18				ling Owner/Operator ge of New Jersey		AUC -	7 0	210	
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amended	ion		Stre	et Addres			AUD T	1	U10	
Z Allelided				, State, Zir			710000		1. 1	
<ul> <li>☑ DHSS Amendme</li> <li>☑ DCA 7/13/18</li> </ul>	nt #PC#	5-	1	wing, NJ			1,174			
(NJAC 5:23-8)	/ (includ	lina		ne of Conta			Telephone Nu	mhor		
justification		3	A	manda R	adosti		609-771-28			
			F	ACILITY	NFORMATION		003-171-20	001		
Name of Facility Where Abatement is Ta	king Pla	ace (3)			IN ORMATION	Type of Facility	(4)			
TCNJ-Green Hall	20					School (K-12	7 (5)			
Street Address						Subchapter 8	Other than K-1	12)		
2000 Pennington Rd.						homes, etc.)	rivate and comm	ercial	buildi	ngs,
City (5)	= - 1/2-1					Square Feet	# of Floors		DId-	Λ
Ewing						66,000	2		Bldg.	Age
County (6)			Cot	unty Code	(7)(STATE USE ONLY)			lichad		
MERCER					• • • • • • • • • • • • • • • • • • • •		or it being demo	nsneu	,	
Name of Monitoring Firm Hired by Buildir	g Owne	er (8)	ASCN	/ No.	Name of Abateme	ent Contractor (9)				
AET, Inc			000	21		VIRONMENTAL	INC.			
Street Address					Street Address		,			
28 Pennell Rd					1123 BEAVE	R STREET				
City, State, Zip Code			14-11-10-11		City, State, Zip Co	ode				
Media, PA 19063					BRISTOL, PA	19007				
roject Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.			
Roy Mosicant				1-0114	215-788-6040		00509			
tart Date (10) Sch				ate (11)	Name of OSHA M	onitor				
7 /5 /18			31 /	18	BRISTOL EN	VIRONMENTAL	, INC.			
ccupancy Status During Abatement (Ch	eck only	one)			Street Address					-
Facility Closed/Vacated During Entire I	Period o	f Abate	ement		1123 BEAVER	STREET	83			
Abatement Performed Outside of Normalization of Abatement:AM,	al Facil	ity Hou	irs - Des	scribe	City, State, Zip Co	de			-	
SEE BELOUT	PIVI//1.0	UPIVI-1	7:00AM		BRISTOL, PA	19007				
cope of Work (Check all that apply)								-		
≥3 sf or ≥3 If	⊠R	enova	tion		☐ Full Conta	ainment with Nega	tive Pressure			
≥160 sf or ≥260 lf		emoliti			⊠ Glovebag	Procedure				
	_		41		☐ Non-Exen	npted (*) and Non-	Friable Procedu	re		
Location of	'	s Loca Norma			Dannisti			Al	patem	ent 7
Asbestos-Containing Material (ACM)		ed Sol	ely by	Asbe	Description of stos Containing Mate		Amount	Z)	Z	m
TO BE ABATED IN Facility	11 11 12 12 12 12	aintena stodial	ance/ Staff?	(i.e	., thermal systems in	sulation,	(Specify	Remova	Repair	ncap
(13)		(12)			surfacing, VAT, other miscellaneo		SF or LF)	Val	"	Encapsulate
	Yes	No	N/A							ate
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me of Registered Waste Hauler	S		JDEP V		Cubic Yards of	Name of Register	red Landfill	1-		_
BRISTOL ENVIRONMENTAL, INC.		H	lauler ID 18706		Waste	FAIRLESS L				
y, State	Marie 1		. 5. 00		Disposal Date	City, State			,	
DIOTAL T						MORRISVILL	E, PA 19067			
BRISTOL, PA 19007					Cinnatura					
mpleted By (Print or Type) Tit	е				Signature	1 1	11301	ie.	/	
mpleted By (Print or Type) Tit	e STIM	ATOR			Grean Se	elis to	2 Dat	13/	18	



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

Date of Notification (1)				N	ame of Bui	Iding Owner/Operator	(2)					
_ 6 /	1 /	18				ege of New Jersey				Maria de Maria		-
Agencies Notified	Type Notifica	ation		-		// / / / / / / / / / / / / / / / / / /	No.	ii AUG	- /	2018		-
⊠ EPA	☑ Initial	20011		1	treet Addres		f i	į			-	-
⊠ DOLWD						nington Rd.	1	ASSIT	0.6.60	arr o		
⊠ DHSS	Amendme	ent #Re	v #2-		ty, State, Z				PIO A			-
□ DCA     (NJAC 5:23-8)	7/5/18				Ewing, N.			der market var				
(110/10/0.25-0)	☐ Emergeno justificatio	cy (inclu	iding		ame of Con			Telephone N	lumbe	r		_
	I Jackinousio	,			Amanda F			609-771-				
Name of Equility Miles	A L	*			FACILITY	INFORMATION						_
Name of Facility Where A	Abatement is Ta	aking P	lace (3	)			Type of Facilit	ty (4)				_
Street Address							School (K-	12)				
					22-22-17		Subchapte	r 8 (Other than W	(-12)			
2000 Pennington R	α.	225					homes, etc	private and com	mercia	l buildi	ings,	1
City (5)							Square Feet	# of Floors		B	_	
Ewing							66,000	2		Bldg.	Age	1
County (6)				Co	ounty Code	(7)(STATE USE ONLY)		Prior if being dem	- l'- l	88		
MERCER					t.	1	0 (1	ii beilig dem	olished	۵)		
Name of Monitoring Firm	Hired by Buildir	ng Own	er (8)	ASC	M No.	Name of Abateme	ent Contractor (	9)				
AET, Inc				00	021	BRISTOL EN						
Street Address						Street Address	- I FI MINISTER	114U.				
28 Pennell Rd						1123 BEAVER	STREET					
City, State, Zip Code						City, State, Zip Co						
Media, PA 19063						BRISTOL, PA						
Project Manager for Monito	oring Firm		Te	lephon	e No	Telephone No.	19007					
Roy Mosicant					11-0114	10 ES		License No.				_
Start Date (10)						715.722 6040						
	Sch	eduled				215-788-6040	-11	00509				
_7_ / _5_ / _			Comp	etion D	ate (11)	Name of OSHA Mo						_
_7_/_5_/_	18	7	Compl	etion D		Name of OSHA Mo BRISTOL ENV						_
7 / 5 /	18	7 eck only	Complete / 3	etion D	Pate (11) 18	Name of OSHA Mo BRISTOL ENV Street Address	TRONMENTA					
7. / 5 / Cocupancy Status During A Facility Closed/Vacated Abatement Performed C	Abatement (Che	Peck only	Complete / 3	etion D	Pate (11) 18	Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER	IRONMENTA STREET					
7. / 5 / Cocupancy Status During A Facility Closed/Vacated Abatement Performed C	Abatement (Che	Peck only	Complete / 3	etion D	Pate (11) 18	Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo	STREET					_
7. / 5 /	Abatement (Che During Entire F Outside of Norm	Peck only	Complete / 3	etion D	Pate (11) 18	Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER	STREET					
7 / 5 /	Abatement (Che During Entire F Outside of Norm	Peck only	Complete / 3	etion D	Pate (11) 18	Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET le 19007	L, INC.				_
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

6 /	1 /	18		1	Name of Bui	Iding Owner/Operato	or (2)				_	11
A						ege of New Jerse	У	2170	7	AAIA		-
N FDA	Type Notific	ation		18	Street Addre	5.50		All()		4416		1
☑ DOLWD		ď		L		nington Rd.						
⊠.DHSS	Amendme	ent#R	ev #1.	.   0	ity, State, Z			Part of		2.11	y 7	
	6/15/18				Ewing, N.				i de alt	(i		
(NJAC 5:23-8)	☐ Emergen	cy (incl	uding	N	ame of Con			Telephone N	1. 1994 1-			
	justificatio	on) 			Amanda F	Radosti		609-771-2		Г		
Name of F. III.					FACILITY	INFORMATION		003-771-2	1001			
Name of Facility Where Ab	atement is T	aking F	Place (	3)			Type of Facility	(4)				
TCNJ-Green Hall							School (K-1)					
Street Address							→ Subchanter	8 (Otherthan K	-12)			
2000 Pennington Rd.							Li Outer (i.e., p	rivate and come	nercia	l build	dinas.	
City (5)		10					homes, etc.) Square Feet					
Ewing	5					8	66,000	# of Floors		Bldg	. Age	
County (6)				С	ounty Code	(7)(STATE USE ONLY)		2		.88	1	
MERCER					,	( MOTHE OOE ONLY)	Current Use (Pri	or if being demo	olished	d)		
Name of Monitoring Firm Hir	red by Buildir	ng Own	ner (8)	ASC	M No.	Name of Al-1						
AEI, Inc		1	1-7		0021	Name of Abatemo	ent Contractor (9)					
Street Address					- VA 1	Street A L	VIRONMENTAL	-, INC.				
28 Pennell Rd						Street Address						_
City, State, Zip Code						1123 BEAVE						
Media, PA 19063						City, State, Zip Co						
Project Manager for Monitoring	na Firm		17	11		BRISTOL, PA	19007					
Roy Mosicant	.5			elephon		Telephone No.		License No.	-			
			_	07U-85	1-0114	215-788-6040		155				
plant Date (10)	Sch	edulad	Carre	1-11 -				00509				
ON I Hold			Comp	letion D	Date (11)	Name of OSHA Me	onitor			_		_
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ON / Hold	atement (Che	eck only	Comp	letion D		Name of OSHA Me						
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\* Do not use this form for asbestos licensure exempted activities.

wock.

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)	/	18		Î	Name of Bu The Coll	ilding Owner/Opera	tor (2)	CL #			The Control of the Co	
	pe Notifica	ation		5	Street Addre		11:	di AUG.	7	2018	}	and the same
	Initial				2000 Per	nnington Rd.						1
DHSS 0171	Amended Amendme			C	ity, State, Z			7 12 1 2 1 TO	4		****	1
Ø DCA 0/64 □	Emergend		udina		Ewing, N			ARRENOS UCE	UUN NoiAi	ilini. G	11. 8.	
(NJAC 5:23-8)	justification	n)	unig	N	ame of Cor	ntact			7.66 (4.764)	117,624-1-1-1		
	Cancellati	on			Amanda	Radosti		Telephone N		r		
					FACILITY	INFORMATION		609-771-2	2881			
Name of Facility Where Abate	ement is Ta	aking F	Place (3	3)		Oranzitore	Type of Facilit					
TCNJ-Green Hall							School (K-			**		
Street Address							── Subchapter	8 (Other than K	-12)			
2000 Pennington Rd.							Other (i.e., homes, etc	Drivate and com-	mercia	l build	dings	S.
City (5)							Square Feet	·)·				
Ewing							65,000	# of Floors		22	. Age	е
County (6)				C	ounty Code	(7)(STATE USE ONL)	The state of the s	2		88	}	
MERCER						, A DOL ONL	, Journal Ose (P	rior if being demo	olished	d)		
Name of Monitoring Firm Hired	by Buildir	ng Own	ner (8)	ASC	CM No.	Name of Abate	ment Contractor (9	1				
AET, Inc					0021		NVIRONMENTA			8 = 2		
Street Address				1		Street Address	. THINDINENIA	L, INC.				
28 Pennell Rd							ER STREET					
City, State, Zip Code						City, State, Zip						
Media, PA 19063						BRISTOL, P						
Project Manager for Monitoring	Firm		Te	elephor	ne No.	Telephone No.	C 1900/	1				
Roy Mosicant					91-0114	215-788-604	0 /	License No.				_
Start Date (10)	Sch	eduled			Date (11)	Name of OSHA		00509				
6 / 18 / 18	_   _				18							
								70.100				
Occupancy Status During Abate	ement (Che	eck onl	v one)				VIRONMENTAL	L, INC.				
□ Facility Closed/Vacated Duri	na Entire D	ck onl	y one)			Street Address		L, INC.				
J Facility Closed/Vacated Duri     Abatement Performed Outside     Abatement Performe	ng Entire F	eck onl	y one) of Abat	ement		Street Address 1123 BEAVE	R STREET	L, INC.				
☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outsic Time of Abatement:A	ng Entire F de of Norm MI	eck onl	y one) of Abat	ement		Street Address 1123 BEAVE City, State, Zip C	R STREET	L, INC.				
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Abatement Performed Outsic Time of Abatement:  Acope of Work (Check all that ap  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material  TO BE ABATED IN Facility (13)	ng Entire F de of Norm .MI oply)	Period of Period	y one) of Abate lity Hot 00PM-1 Renovati lemoliti s Loca Norma ed Sole aintena stodial (12) No	ement urs - De 7:00 AM tion on tion ally ely by ance/ Staff?	Asbe:	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe  Description of stos Containing Ma thermal systems surfacing, VAT, other miscellane	R STREET ode 19007 tainment with Negationsure g Procedure mpted (*) and Non f terial (ACM) insulation, or	ative Pressure I-Friable Procedu  Amount (Specify SF or LF)	Removal	1	T -	7
Abatement Performed Outsic Time of Abatement:  Acope of Work (Check all that applications of Asbestos-Containing Material TO BE ABATED IN Facility (13)	ng Entire Fide of Norm	Period of all Facility PM/7:00	y one) of Abate lity Hot 00PM-1 Renovat Demoliti Is Loca Norma ed Sole aintena stodial (12) No	tion on tion ally ely by ance/	Asbei (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe  Description of stos Containing Mathemal systems surfacing, VAT, other miscellanes	R STREET ode 19007  tainment with Negatiosure g Procedure mpted (*) and Non  f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal 🛛	1	T -	7
Abatement Performed Outsic Time of Abatement:  Acope of Work (Check all that ap  23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  tic	ng Entire Fide of Norm	Period of Period	y one) of Abate lity Hot 00PM-1 Renovati semoliti s Loca Norma ed Sole aintena stodial (12) No	tion on tion ally ely by ance/	Asbe: (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe  Description of stos Containing Ma thermal systems is surfacing, VAT, other miscellanes  sulation  Cubic Yards of	R STREET ode 19007  tainment with Negationsure g Procedure mpted (*) and Non  f terial (ACM) insulation, or ous)  Name of Registe	Amount (Specify SF or LF)	Removal 🛛	1	T -	7
Abatement Performed Outside Time of Abatement:A  cope of Work (Check all that approximate of Abatement:A  cope of Work (Check all that approximate of Abatement:A  Location of Abatement:A  Location of Abatement:A  Location of Abatement:A  IN Facility (13)  Abatement Performed Outside  IN Facility (13)  Abatement Performed Outside  Abatement Performed Outside  Location of Abatement Performed Perfor	ng Entire Fide of Norm	Period of Period	y one) of Abate lity Hot lity	tion on tion ally ely by ance/	Asbe: (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe  Description of stos Containing Mathemal systems surfacing, VAT, other miscellanes	R STREET ode 19007  tainment with Negatiosure g Procedure mpted (*) and Non  f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal 🛛	1	T -	7
Abatement Performed Outsic Time of Abatement:  Acope of Work (Check all that ap  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material  TO BE ABATED IN Facility (13)  tic  me of Registered Waste Hauler RISTOL ENVIRONMENTA	ng Entire Fide of Norm	Period of Period	y one) of Abate lity Hot lity	tion on tion ally ely by ance/ Staff?	Asber (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe  Description of stos Containing Ma thermal systems is surfacing, VAT, other miscellanes  sulation  Cubic Yards of	R STREET ode 19007  tainment with Negationsure g Procedure mpted (*) and Non  f terial (ACM) insulation, or ous)  Name of Registe FAIRLESS L City, State	Amount (Specify SF or LF)  1,500 LF	Removal 🛛	1	T -	
Cope of Work (Check all that application of Asbestos-Containing Material TO BE ABATED IN Facility (13)  Astic  The property of the Assessment of Selection of Asbestos-Containing Material TO BE ABATED IN Facility (13)  The property of the Assessment of Selection of Asbestos-Containing Material TO BE ABATED IN Facility (13)  The property of the Assessment of Selection of Asbestos-Containing Material TO BE ABATED IN Facility (13)  The property of the Property of Total Tot	ng Entire F de of Norm M  pply)  (ACM)	Period of all Facility PM/7:00  Us M Customer PM/7:00  Yes	y one) of Abate lity Hot lity	tion on tion ally ely by ance/ Staff?	Asber (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe  Description of stos Containing Matan, thermal systems surfacing, VAT, other miscellanes  sulation  Cubic Yards of Waste	R STREET ode 19007  tainment with Negationsure g Procedure mpted (*) and Non  f terial (ACM) insulation, or ous)  Name of Registe FAIRLESS L	Amount (Specify SF or LF)  1,500 LF	Removal 🛛	1	T -	7
Abatement Performed Outsic Time of Abatement:A  cope of Work (Check all that applications of Asbestos-Containing Material TO BE ABATED IN Facility (13)  tic	ng Entire F de of Norm MI pply)  (ACM)  Title	Period of all Facility PM/7:00  Us M Customer PM/7:00  Yes	y one) of Abate lity Hou one Manager Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati Renovati	tion on tion ally ely by ance/ Staff?	Asber (i.e.	Street Address  1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe  Description of Stos Containing Mat, thermal systems surfacing, VAT, other miscellanes  culation  Cubic Yards of Waste  Disposal Date  Signature	R STREET ode 19007  tainment with Negationsure g Procedure mpted (*) and Non  f terial (ACM) insulation, or ous)  Name of Registe FAIRLESS L City, State	Amount (Specify SF or LF)  1,500 LF	Removal 🗵 🗆	1	T -	7



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Date of Notification (1) 8/2/2018				of Building (				EDUCATI	ON		3			1
Agencies Notified Type No	otification ial			Address .EES AVE	ENUE					A A	UG -	-7	2018	The section of the second second
DOL Am	nended nendment # nergency (including			tate, Zip Co INGSWO		NJ 081	08		£.	ASBE	STOS			11.8.
DOH jus	tification) ncellation		Name of	of Contact RD					10000000	ephone N 6-962-5				THE STATE OF THE S
Name of Facility Where Abatemen COLLINGSWOOD HIGH S			FAC	ILITY INFO	DRMAT	ION	_	e of Facility (4	100					
Street Address 424 W. COLLINGS AVENU	s terratio	10111					×	School (K-1: Subchapter Other (i.e. p etc.)	8 (Othe			dings	, hom	es,
City (5) COLLINGSWOOD							Squ	are Feet	# of	Floors	E	Bldg. /	Age	
County (6) CAMDEN				Code (7) USE ONLY)		_	Cur	rent Use (Pric	r if beir	ng demolis	shed)			
Name of Monitoring Firm Hired by EPIC ENVIRONMENTAL S		)	ASCI	M No.				oatement Con OTHERS (			VG, IN	IC.		
Street Address 1930 BROWN ROAD						Street 11 V		ess ELAND AVE	ENUE					
City, State, Zip Code NEWFIELD, NJ 08344								Zip Code A, NJ 0751	2					
Project Manager for Monitoring Fir JIM EBERT	m		Telepho 856-20	one No. 05-1077		Teleph 973-		No. -8700		License 00494	No.			
Start Date (10) 8/14/2018	8/28/2	018	npletion	Date (11)				SHA Monitor S (9) ABO	/E					
Occupancy Status During Abateme	ent (Check Only O	ne)				Street	Addr	ess						
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: EXTERIOR	e of Normal Facility	Abatem y Hours	ient		_	City, S	tate,	Zip Code						
Scope of Work (Check All That Ap	ply)													$\neg$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Processed.	Renova Demolit				×	M G	ull Containme lini-Enclosure ilovebag Proc on-Exempted	edure	-			e	
Location of	1 77	Locati			-		2020					Abate	ement pe	
Asbestos-Containing Material (.  TO BE ABATED In Facility (13)	ACM) Use Ma Cus	ed Sole iintenar todial S (12)	ly by nce/ staff?		os Cont thermal surfac	scription aining M systems cing, VA niscellan	lateria s insu T, or	8	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Yes	No X	N/A	Cau	lk Join	ıt/Wate	rpro	ofing	11	5 LF	X		,,,	
				Jun			,, р. с	ioning						
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of R	egister	ed Landfi				
TWO BROTHERS CONTRA	ACTING	0.00	auler ID 8743	No.	of Was	ste		WASTE	MAN			G.R.C	).W.S	S.
City, State TOTOWA, NJ					Dispos 8/28/2	sal Date 2018		City, State MORRI		E, PA				
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINATO	-	ignáture	4 1	on Ka	1	-	ate /2/201	18		

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		PAID				to NJAC				(1)	Doa	Q.	1018	9	4	
650000	e of Notification (1)		T.			f Building Develop			2.0	1	) E	C. F		W		71
11000	encies Notified	Type Notification			Street A	ddress				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>从上</b>	<u> </u>	21 LI	1.7		
Χ	EPA DEP	X Initial Amended		-	37.00	Arrowwo		ive		A COLUMN TO THE PERSON TO THE	Agents and a second	AHG	-7-7	018		
×	DOL	Amendment :				h Plains,		7076		į lai	100					
×	DOH	justification)	iricidali ig			f Contact				the state of the s	Tel	ephone N 8-313-6	lumber	TRO	i	
	DCA	Cancellation			John \	LITY INFO	DMAT	ION		1	/90	18-313-6	5071	3		
1000000	me of Facility Where	Abatement is Taking	Place (	3)	1 ACI	LITTINI	JINMAT	ION	Туре	of Facility	(4)					
	cDonald's eet Address									School (K-			40)			
24110000	5 18th Avenue								×	Subchapte Other (i.e.				dings	hom	es,
0.000	· (5)									etc.) re Feet	# 0	f Floors	E	Bldg. A	Age	
	ewark								300		2			62		
	unty (6) SSEX					Code (7) USE ONLY)				ent Use (Pr		ng demol	ished)			
Nar	me of Monitoring Firm	Hired by Building C	)	ASCN	A No.		1	of Aba	atement Co	ntractor	200	_				
Stre	eet Address							ABS		ronment	al Serv	rices, Ll	_C			
-	, or , i da i do d									83, 4 E (	Sate D	rive				
City	, State, Zip Code							55.555		ip Code d, NJ 07	110					
Pro	ject Manager for Mon	nitoring Firm		Т	Telepho	ne No.		Teleph			+10	License	No.			
0									764-2	234. B		703				
	rt Date (10) 14/18		8/24/1		npletion l	Date (11)		Name	of OSI	HA Monitor						
Occ	cupancy Status During	g Abatement (Check	Only O	ne)				Street	Addre	SS						
×	Facility Closed/Vaci Abatement Perform Other – Describe:	ated During Entire P led Outside of Norm	eriod of all Facility	Abaten y Hours	nent			City, S	itate, Z	ip Code						
Sco	pe of Work (Check A	II That Apply)					2									
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		attended to	Renova Demolit				×	Mir Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	V 700 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			e	
				Locati											emen pe	t
	Location Asbestos-Containing		Use	Normal ed Sole	ly by	Ashes		scription taining M		I (ACM)	Δ	mount		Γ,		
	TO BE AB	ATED	1000000	intenar todial S			thermal	systems cing, VA	s insula		(5	Specify or LF)	Ren	Re	Encapsulate	Enclosure
	(13)			(12)				niscellar				J. C. )	Removal	Repair	sula	osure
		76	Yes	No	N/A										te	
	exterior	roof			X			oof field			6,7	'50 SF	Х			
					Х	ре		er roof		ng	33	30 LF	X			
					Х		ro	of caul	k		3	0 LF	X			
Nan	ne of Registered Was	ste Hauler		l N	JDEP W	lacto	Cubia	Yards		Nama af	Daniela		EII			
	ehold Cartage	No Fidure		Н	auler ID 5939		of Wa			1900 W. N. N. N. N. N. N. N. N. N. N. N. N. N.		ered Land RLESS		FILL	e	
. 23	, State ehold, NJ						Dispo:	sal Date		City, Sta Morris		Ą			15	
	npleted by Scott Higgins		Title Pres	ident			S	Signature		1	~		Date 8/3/18			

	PAID					(Pursuant to NJAC 8:60 and 12:120)					Chech 4712					
Date of Notification (1) 8-2-18			Name	Name of Building Owner/Operator (2)  D. ROSEN					MILE OF IME							
Agencies Notified	Type Notification	Street	Street Address					<u> </u>	įĘ,	1	14/	E				
□ EPA □ DEP □ DOL □ DOH □ DCA	Initial  Amended Amendment #_  Emergency (including justification)  Cancellation				City, State, Zip Code SOUTH DRANGE, WJ Name of Contact D. ROSEN					AUG 7 2018  O7079  Telephone Number						
Name of Facility Where Al	notomont is Takin 1	DI (D)		FA	CILITY I		ATION			1		The same of the sa	Company of the Language	- I		
D. ROSEN	batement is Taking I	Place (3)						Type of Facilit	y (4)					The second second		
Street Address City (5)							Subchapt Other (i.e	ool, (K-12) chapter 8 (Other than K-12) or (i.e. private & commercial buildings, homes, etc.)								
SOUTH OF	RANGE				٠.			Square Feet	1	Floors	T	Bldg.				
County (6)				County Code (7)				3800 3 101 YE Current Use (Prior if being demolished)					FARS			
ESSEX				(STATE	(STATE USE ONLY)			RESIDENCE								
Name of Monitoring Firm Hired by Building Owner (8)				ASC	ASCM No. Name of Abat				ent Contractor (9)							
Street Address					Best Re Street Address				oval Inc.							
City City 7: 0				10-14-15-15-15-15-15-15-15-15-15-15-15-15-15-						River Street						
City, State, Zip Code								rty, State, Zip Code								
Project Manager for Monitoring Firm				Telepho	Telephone No. Telephone No.			kensack, NJ 07601								
· · ·				To 0.200000000				Telephone No. License No.								
					pletion Date (11)			201 - 329 - 7444 00388 Name of OSHA Monitor								
Occupancy Status During Al	patement (Check Or	ly One)			0		Omeg Street A	a Envir ddress	onmen	tal						
□ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Other – Describe: 24 M - 5 PM				t	280 I			Huyler Street								
Scope of Work (Check All T							Sout	h Hacker	nsack	. NJ	076	506				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renova Demoli				遊路	Full Containm Mini-Enclosus Glovebag Proc Non-Exemptes	ent with Ne re cedure	gative Pre	ssure					
Is Location of Normally										Abatement Type						
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Solel Maintenar Custodial S (12)			ly by nce/	Asbe (i.e. the	stos Cont rmal syst	scription of aining Material (ACM) ems insulation, surfacing, VAT, or miscellaneous)		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure			
71555		Yes	No	N/A							_		te	e.		
BASEMENT				V	THER	MAL	INSUL	ATION	150	LF	Х					
BASEMENT				V	VAT	•			22	. SF	X					
	-															
Name of Registered Waste Ha	-1															
Ha			DEP Waste   Cubic   Cubic   Of Waste   Of Waste   Cubic   Of Waste   Cubic   Of Waste   Cubic   Of Waste   Of Waste   Cubic   Of Waste   Cubic   Of Waste   Of Wast			te 105	Name of Registered Landfill  Minerva Enterprises, LI City, State					LC				
ackensack, N.	I 07601	Tiel				8-1	7-18	,	esbur	e. OH	1, 1	169	8			
. Maiorano Estimat				tor			gnature R.Vol				OH 44688 Date 2-2-18					
				- U L		1 1		TIMEST			Comme	1/	100	1.0		