ON HOLD

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)		5	1		
8/	3 / 1	8			itgers Un		/ Job	#1807-2328	Ch	k. #T	BD	
Agencies Notified  EPA	Type Notification  ☐ Initial				et Address		LI LI AU	3 1 0 2018		力		
☑ DOLWD						oridge Road						
☑ DHSS	Amendment #	<u> 1</u>			State, Zip		ASBEST	OS CONTRO	1 0			
DCA	☐ Emergency (i	ncludin	g	_	1000	, NJ 08854	LI	CENSING				
(NJAC 5:23-8)	justification)			A STANSON	e of Contac	170	12	Telephone N	Number			
	Cancellation			Jo	an Stanto	on, PE		848-445-	2419			
No. of the last				FA	CILITY IN	FORMATION						
Name of Facility Where Al							Type of Facility	(4)				
Building #3084 - Kre	eger Learning	Anne	X				School (K-1	2)				
Street Address							Subchapter	8 (Other than k private and com	(-12)	uildin		
151 College Avenue							homes, etc.	)	irrierciai b	ullulli	gs,	
City (5)			121-1-				Square Feet	# of Floors	В	ldg. A	\ge	
Piscataway							14000	1		40		
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being den	nolished)			
Middlesex							Vacant					
Name of Monitoring Firm H		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
Criterion Laboratorie	es					Asbestos and	d Mold Service	es, Corp.				
Street Address						Street Address						
400 Street Road						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode			_		-
Bensalem, PA 19020						Hainesport, N	IJ 08036					
Project Manager for Monito	oring Firm		Tele	phone	No.	Telephone No.		License No			-	37-3-72
Mike Panepresso			2	5-244	-1300	609-702-0400		00862				
Start Date (10)	176-1867				ite (11)	Name of OSHA M	onitor					
_8_ / _13_ / _		9_ /	_ 30	_ / .	18	EMSL Analyti	cal, Inc.					
Occupancy Status During /						Street Address						
☐ Facility Closed/Vacated	During Entire Pe	riod of	Abate	ment		200 U.S. Rout	e 130 North					
Abatement Performed C	Outside of Normal	Facilit	y Hour	s - Des	cribe	City, State, Zip Co						_
Time of Abatement:		VI/	PM-		AM	Cinnaminson						
Scope of Work (Check all t	hat apply)											
☐ ≥3 sf or ≥3 lf			novati			☐ Mini-Encl	ainment with Negosure	gative Pressure				
≥160 sf or ≥260 lf		□ De	molitio	n		☐ Glovebag	Procedure					
		le	Locat	ion		⊠ Non-Exen	npted (*) and No	n-Friable Proce	dure			
Location of	f	2,533	Vorma			Description of			Ab	atem	ent Ty	уре
Asbestos-Containing Ma	aterial (ACM)		d Sole intena		Asbes	tos Containing Mat	erial (ACM)	Amount	Re	Repair	E	En
TO BE ABATI	<u>ED</u>	193543	odial S		(i.e.	, thermal systems in	nsulation,	(Specify	Remova	pair	aps	Enclosure
(13)			(12)			surfacing, VAT, other miscellaneo	or us)	SF or LF)	<u>a</u>		Encapsulate	ure
Exterior		Yes	No	N/A	_						fe	
Exterior						Board Siding		1500 SF				
						ar Paper Vapor E	Barrier	4500 SF				
Exterior		Ш		$\boxtimes$	Roofing			14,000 SF				
Name of Registered Waste	Hauler			JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
Champion				auler ID 32707	0.0-12004	Waste 5	Grand Cen	tral				
City, State						Disposal Date	City, State					_
Hainesport, NJ						9/30/18	Penn Argy	le, PA				
Completed By (Print or Type	e) Title					Signature (	91	. 1787	Date			
Joann Mullarkey	O	ffice C	oord	inator		12×11			8 -	7,-	19	
SB-41						The state of the s			L'	<u></u>	10	

CK1489

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Check

								111311				1111
Date of Notification (1)					Name of Bu	uilding Ov	vner/Operator (2)	IIIII AUG	10	2018	7	
8/17/2018					PAUL RO	BESON	CHARTER SCI	IOOL		13010	,	11.7
Agencies Notified	Type Notific	ation			STREET A					-		i
□ EPA	Initial				643 INDIA	NA AVI	ENUE	ASBESTO	5 00	NTRO	11 8.	1
☐ DEP	'Amend	led An	nendme	ent #	City, State,	Zip Code	1		12.00	17.1	Silve 12 (A)	
□ DOL	Emerg	ency (	includin	g	TRENTON	N. NJ 080	638					in ever
□ DOH	justifica	ation)			Name of Co				Tele	nhone	e Num	her
□ DCA	☐ Cancel	lation			DAVID D'	ANDRE	A			890-7		ibei
				-	FACILITY IN				1009-	090-7	110	
Name of Facility Where At	patement is T	aking	Place (	3)			····	Type of Facility (4)				
PAUL ROBESON CHA				6				School (K-12)				
Street Address								Subchapter 8 (Oth	or the	n K 11	2)	
643 INDIANA AVENUE								Other (i.e., private				Halla a a
City (5)												
TRENTON, NJ								Square Feet	# of 1	rioors	Blag	. Age
County					County Cod	a (7) (S)	ATE USE ONLY	Current Head (Drive if h				
MERCER					Joodin'y Cou	e (1) (31	ATE USE UNLY	Current Use (Prior if be	ing ae	molis	ned)	
Name of Monitoring Firm H	lired by Build	ina Ov	vner (8)		ASCM No.	Nome	of Abatamant O	1 (6)				
	ou by build	iiig Ov	viici (o)		ASCIVI NO.		of Abatement Con					
Street Address					L			RONMENTAL INC.				
						Service System	Address	P2/33 (44/30/20)				
City, State, Zip Code							ACK FOREST R	OAD				
only, otato, zip oode						1	ate, Zip Code					
Project Manager for Monito	ring Cissa	IT-1-	. b N	1			on, NJ 08691					
i roject Manager for Monito	ning riim	reiep	hone N	NO.		Telepho			Licen	se No	).	
Start Date (10)			11.10			609-89			0067	6		
				complet	ion Date (11)		of OSHA Monitor					
8/4/2018		8/4/2				MECS						
Occupancy Status During A						Street A	Address					
☐ Facility Closed/Vacate	ed During Ent	ire Pei	riod of /	Abatem	ent	P.O. B	OX 341					
Abatement Performed	Outside of N	lormal	Facility	/ Hours		City, Sta	ate, Zip Code					
0					-	CROSS	SWICKS, NJ 08	515				
Scope of Work (Check all to	hat apply)							☐ Full Containment w	ith Ne	gative	Pres	sure
≥ 3 sf or ≥ 3 lf					□ Renova	tion		☐ Mini-Enclosure				
$\perp$ $\geq$ 160 sf or $\geq$ 260 lf					Demolit	ion		Glovebag Procedur	re			
								Non-Exempted (*) 8	& Non-	Friab	le Pro	cedure
		100	s Locat						Abate	ment	Туре	
Location of Asbestos-C	ontaining		rmally l				stos Containing		T			
Material (ACM) TO BE A	BATED In		Solely I	e/Custo			thermal systems g, VAT, or other	Amount (Specify SF or	Removal	Re	าса	Enclosure
Facility (13)			LStaff?			niscellan		LF)	Nou	Repair	nso	osı
		Yes	No	N/A					<u>a</u>	7	Encapsulate	ıre
LIBRARY			X		NFVAT			840 SF	X		-	
										-		-
										-	-	-
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered Lar	ndfill			_
HODIZON DICROCAL C	EDVIVORO				Hauler ID No.		Waste					
HORIZON DISPOSAL S	ERVICES						20 YDS	GROWS				
City, State							Disposal Date	City, State				
TRENTON, NJ							8/4/2018	MORRISVILLE, PA.				
Completed By		Title		1772		Signatur	27-Mar /		Date			
DAVID D'ANDREA		PRES	SIDEN'	Г		16	acre 1.	K Cladien		18		
ASR-41						1	1		J. 01 20			

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Date of Notification	on (I)		IN	ame	of B	uildi	na	Owner/O	perat	or (2)	P		<b>B</b> 1	A		W	-6	-
0 8 / 0	3 1/1 1	181	11_								and properties		15 1	6	<u> </u>	1.1	Land	Tario and
Agencies Notified			11			dress		hool Dist	trict			4						100
[X]EPA													Δ	WG	10	201	8	
(X) DEP	[X]Init:	ial Sication				Stree		8			-148							
			11			te, Z						i.	ACCIO	107/	)S C0	WEER	OL /	
⊠1DQL	( }Ameno	ied fication	1 1			NJ 076		8						Lic	ENS		Seal Seal Se	~
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[ ]DCA	18 -28 h		P	aul	Cord	ts, Dir	rec	ctor			20	1-38	7-30	79				
							INI	FORMATIO	N								-	
Name of Facility Wh	nere Abater	ment is I	akin	g P	ace	(3)				Type of	Faci	lity	(4)					
Charles A. Selzer Ele	ementary S	chool				-					Subc	r (i	er 8	(O1	her ivate	8 00	mme	2)
435 Prospect Ave.									1	Square F	cial	bui  #	of F	100	home	s, et Ida.	Age	
City (5)		Count	y (6	1		ICo	uni	ty Code	775-	40000			2			50		
D   11107000						(S	TAT	TÊ USE O	NLY)	Current	Use	(Pri	or i	f be	eing	demol	ish	ed)
Dumont, NJ 07628 Name of Monitoring	Firm Hired	Berge	en ding	AS	CM N	0.	TI	Name of	Abate	School ment Cont	ract	or (	9)	_			-	-
Owner (8) Westchester Environ Street Address	mental, LL0	<u> </u>		00	0127	,		Four Street A		uilders, Ind	o. ·							
1248 Wrights Lane	ode						11.	180 Sarq	eant						- 700			
West Chester, PA 19	380	a Firm I	Tele	abon	e Nu	mher	11	Clifton, N	IJ 070	13-1935				7 :	nse	· · · · ·		
Matt Abraham Scheduled Start Date		1	610-4	131-	7545			973-614-	0377				- 1	0080		vumb e	: L	
0 8 / 1 4 / / Day	1 8	0   8   /   Month	1   7	1/1	1   8	3 1		Name of Our Stro		monicor uilders, Inc	<b>.</b>							
Occupancy Status Du  [X] Facility Close	ring Abate	ment (Ch	eck d	only	опе	)		Street A						-				
of Abatement []Abatement Perf Hours - Descri	ormed Outs	= 32.00.75					1	180 Sarg	eant/ ate.	Avenue Zip Code							- 20	
[ ]Other - Descri	-							Clifton, N	J 070	13								
[ ]Demoliti [ ]>3 sf or [X]\(\sum_{1}\)160 sf	on >3 If		×	Ren	ovat	ion		[	]Mini ]Glov	Containm -Enclosur ebag Proc Friable P	e edur	e		ativ	re Pr	essur	e	•
			1.00	ls ati	OD							T		20000000	Aba	emen		
Locati Asbestos-C Material TO BE A in Faci	ontaining (ACM) BATED lity		Nor So by ter Cus Sta	mal Jsed Diel Mai anc stod	ly y n- e/ ial 12)	iı	(i.	Descrisses of the second secon	-Conta al (Al rmal : surf	aining CM)	T.		Amour Spec SF LF	ify	R E M O V A L	R E P A I R	EXCAPSUL	ENCI.OSUR
Room 121			ies	X	N/A	VAT	&	associat	ed ma	astic		281	0 SF		X		•	E
					-							120	0 01					
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Name of Registered	Waste Haul	er			Wast			bic Yar	ds	Name of	Regi	ster	ed L	andf	111			
Nowark Corting Co					r ID	No.	10	Waste										
Newark Carting, Co.			140	09			Di	sposal !	Date	Grand Ce	ntra	Sar	litary	Lar	natill			
Newark, NJ										Pen Argy		180	72					
Completed By (Print	or Type)	Title						Signe	ture	1				$\overline{}$	Da	ite		
Bilyana Kulakovska		Office A	dminį	stra	tor			#	A.	De					8/	3/18		
ASB-41					-								1	20002		10.70		

6583C - NJ

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Check #: 7248

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Date of Notificati	on (1)		IN	ame of	Buil	din	g Owner/Operat	or (2)	A F	3 15	1	W	TE	Too S
0 8 7 0	13 1/11	18	11,	Jumon	t Duk	lio S	School District	-		<i>J_</i>		77	1	
Agencies Notified	Type Noti	fication		treet			SCHOOL DISTRICT	1	1					
[X]EPA		2012		25 Dep	OW S	troo	+	1 1 1	II A	UG 1	0 2	1018.		
(X) DEP	[X]Init	ial fication	ĺć	ity.	state,	Zi	p Code							
X1DQL	[ ]Amen		110	Dumon	t N.J	076	28		ASBES	STOS	CON	TRO	. &	
[×] DOH		fication	2 1	ame of	200				elephone	Numb	er	No.	er we have	
[ ]DCA	[ ]Canc	ellation	F	Paul Co	ordts	Dire	ector	1	01-387-3					
			П.			=1000	INFORMATION		01-307-3	079			-	
Name of Facility W	here Abate	ment is	Takin				THE OWN THE TOWN	Type of Fac	ility (4	.)				
Charles A. Selzer Elegere Address	ementary S	chool						[ ]Sub [ ]Oth	nool (K-1 ochapter ner (i.e.	8 (Ot	vate	8 00	omme	2) r-
435 Prospect Ave.								Square Feet	il buildi	ings,	home	S. e	tc.)	
City (5)		Count	y (6	1		Cou	inty Code (7)	40000		2		50		
Dumont, NJ 07628		Berge	nn.			(SI	ATE USE ONLY)	Current Use	Prior	if be	ing	demo.	lish	ed)
Name of Monitoring Owner (8)	Firm Hire	d by Buil	ding	ASCN	No.		Name of Abate	School	tor (9)					
Westchester Environ	mental, LL	0		000	127	-	Four Strong B	uilders, Inc.						
1248 Wrights Lane	ode						180 Sargeant	Avenue						V-1-112
West Chester PA 19	8 Wrights Lane y. State. Zip Code st Chester, PA 19380 Ject Manager for Monitoring Fire						Clifton, NJ 070	13-1935						
	r Monitoria	g Firm	Tele	phone	Numbe	r	Telephone Num	ber		Lice	nse	Numbe	er	
Matt Abraham Scheduled Start Date		Sched.Com	plet		te (1	1)	973-614-0377 Name of OSHA	Monitor		0080	7			
0   8   / 1   4   /   Occupancy Status Du	1   8   Year	Month /	1 7 Day	7/11	ear	_	Four Strong Bu	uilders, Inc.						
X) Facility Close of Abatement [ ] Abatement Peri Hours - Descri [ ]Other - Descri	ed/Vacated Formed Outs	During E	ntir	e Peri	ođ.		180 Sargeant /	Avenue	-					
Scope of Work (Chec					. —		Clifton, NJ 070	113					200	
[ ]Demoliti [ ]>3 sf or  XI\u2012160 sf	lon ->3 1f	N(1 125)	×	] Renov	ation	ı	[ ]Mini [ ]Glov	Containment -Enclosure ebag Procedu Friable Proc	re	gativ	e Pr	essu	re	
		-	T	Is cation	T	_					Aba	temer	it Ty	ype
Locati Asbestos-C Material TO BE P in Faci	Containing (ACM) BATED Lity	22	No.	rmally Used olely Main- nance/ stodia aff(12	1	( in	Description Asbestos-Cont Material (A i.e., thermal sulation, surf or other misc	aining CM) systems acing, VAT,	SF	unt cify or F)	R E M O V A L	REPAIR	日兄のみやのひは ・	ENCI. OSURE
Room 121				X	V	AT 8	& associated ma	astic	280 S	F	X			
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									1					
												$\neg$		
Name of Registered	Waste Haul	er		DEP W			Cubic Yards of Waste	Name of Reg	istered	Landf.	111			
Newark Carting, Co.				509				Grand Centr	al Sanitar	v Lan	dfill			
City. State						<b>—</b>	Disposal Date	City. State		,	2.111		-	
Newark, NJ								Pen Argyl, P	A 18072					
Completed By (Print	or Type)	Title					Signature	1			Da	ate		
Bilyana Kulakovska		Office A	dmin	istrato	r		1 #X	Vis			Q/	3/18		
ASB-41	~						1				10/	0/ 10		

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

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) August 7, 2018 RUTGERS, THE STATE UNIVERSITY OF NUMBERS Agencies Notified Notification Type 5 6 5 1 W 15 Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) X DEP- No Longer REQUIRED □ Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550NTROL& **HEALTH & SAFETY** LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DOUGLASS DISABILITIES CENTER, BLDG# 8370 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **DOUGLASS CAMPUS** Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON. NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/17/18 8/20/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ > 3 sf or >3 lf X Renovation ☐ Mini-Enclosure  $\ge$  160 sf or  $\ge$  260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Room 4-124 Suite X VAT 300 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 08/20/2018 NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino August 7, 2018 MANAGER

noik

Date of Notification (1 08/06/2018	)		(1	Name o	of Building outh Univ	Owner/0	Operator (2)	3) 15 (C)		Check No.	1177	No.	SIL-	
Agencies Notified	Type Notification			Street A				0.1175	_			The state of the s		
□ EPA ☑ DEP ☑ DOL	☐ Initial ☐ Amended Amendment #			City, St	ate, Zip Co	ode	w Jersey 0		1 0	2012	19		47 F. 10 W	
⊠ DOH ⊠ DCA	☐ Emergency (i justification) ☑ Cancellation	ncluding		Name of Timoth	of Contact by Orr					ephone Num 2-571-3424	per			
				FAC	ILITY INFO	ORMATI	ON							
Name of Facility When Monmouth Universi	re Abatement is Takir ity, Spruce Hall	ng Place (3	)				Type of F	acility (4) ol (K-12)						
Street Address 400 Cedar Street		12					⊠ Subc	chapter 8 (Other (i.e. private & c			s, hom	es, e	tc.)	
City (5) West Long Branch,	New Jersey 07764	Į.					Square Fe 60,000	eet	# of 2	Floors	Bld 50-	g. Ag	e	
County (6) Monmouth					Code (7) USE ONLY	r	Current U R-2 Resid	lse (Prior if being dential-contains	dem 2+ dw	olished) elling units, o	occupa	nts p	erma	anent
Name of Monitoring Fi AHERA Consultants		Owner (8)		ASCN 0005	M No. 57		Name of A Lilich Cor	batement Contr poration	actor	(9)				
Street Address P.O. Box 385							Street Add 606 McBi							
City, State, Zip Code Oceanville, New Jer	rsey 08231						City, State Woodland	, Zip Code d Park, New Je	ersey					
Project Manager for M John Smoyer	Ionitoring Firm			Telepho 609-65	ne No 52-1833		Telephone 973-225-			License No. 01104	9			
Start Date (10) 08/04/2018		Schedule 08/07/20		mpletion	Date (11)			SHA Monitor onmental Labo	rator	ies, LLC				
Occupancy Status Du	30	Æ	120				Street Add	ress ite 22 West						
☐ Abatement Perford ☐ Other – Describe:							City, State Union, No	, Zip Code J 07083						
Scope of Work (Check	( All That Apply)													9
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enova emolit					Full Containmen Mini-Enclosure Glove Bag Proce Ion-Exempted (*	edure	/ Limited Co	ntainm		Tent	
		le	Locat	ion				ion Exempted (	1	Amount		oater	nent	
Locat Asbestos-Containi		N	lormal d Sole	lly			escription of			Specify F of LF)		Тур	е	
TO BE A	ABATED cility		ntena odial ( (12)	nce/ Staff?	(i.e	e. therma surf	ntaining Mat al systems in acing, VAT, miscellaned	nsulation, or			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				/al	7	late	ıre
Mechanical Room		X			Textured	Ceiling 8	& Joint Com	pound		50 SF	X			
Name of Registered W	/aste Hauler		100	JDEP W		Cubic	77	Name of Re	egiste	red Landfill				
Lilich Corporation			100	lauler ID 18724	NO.	of Was		Fairless L	andfi.	II				
City, State Woodland Park, Nev	w Jersey					08/07	1.11	City, State Morrisville	, PA	200				
Completed by Adriana Olejarova		Title Pre:	siden	t		S	Ignatûre	1 (2)		Date 08	/06/20	18		
ASB-41 (R-06-08)						(	* Do not us	e this form for a	sbest	os licensure	exemp	ted a	ctivit	ies.

hock

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

Date of Notification (1) 07/19/2018					f Building ( outh Unive		Operator (2)		Check No	1177			3.5:
Agencies Notified	Type Notification			Street A 400 Ce	ddress dar Aven	ue		AUF 10	ma pr	11			
□ EPA ⊠ DEP ⊠ DOL	☐ Amended Amendment #				ate, Zip Co ong Bran		w Jersey 077	764	No. TR				
☑ DOH ☑ DCA	<ul> <li>☐ Emergency (in justification)</li> <li>☐ Cancellation</li> </ul>	cluding		Name of Timothy	f Contact y Orr				Telephone Nur 732-571-342				
				FACI	LITY INFO	RMATI	ON						
Name of Facility Wher Monmouth Universit	re Abatement is Taking ty, Spruce Hall	g Place (3)	)				Type of Fac	2000					
Street Address 400 Cedar Street							☐ Other (i		ommercial buildi			C C-SW	
City (5) West Long Branch,	New Jersey 07764						Square Fee 60,000	t	# of Floors 2	50	g. Ag	je	
County (6) Monmouth				County (	Code (7) USE ONLY)			e (Prior if being ntial-contains 2	demolished) 2+ dwelling units	occupa	ints p	ema	anent
Name of Monitoring Fi AHERA Consultants	rm Hired by Building ( s, Inc.	Owner (8)		ASCN 0005			Name of Aba Lilich Corpo	atement Contra oration	actor (9)				
Street Address P.O. Box 385							Street Addre						
City, State, Zip Code Oceanville, New Jer	rsey 08231						City, State, 2 Woodland	Zip Code Park, New Je	ersey				
Project Manager for M John Smoyer	ionitoring Firm			Telepho 609-65	ne No 52-1833		Telephone N 973-225-84		License N 01104	0.			
Start Date (10) 08/04/2018		Schedule 08/07/20		mpletion	Date (11)		Name of OS Iris Environ		ratories, LLC				
Occupancy Status Du	ring Abatement (Chec	k Only On	e)				Street Addre						
☐ Abatement Perfor							2333 Route	Zip Code					
☐ Other – Describe:							Union, NJ (	37083					8
Scope of Work (Check	( All That Apply)												
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enova emolit				☐ Mi ☐ GI	ni-Enclosure ove Bag Proce	t with Negative Fedure / Limited Cook ) and Non-Friable	ontainm	ent &	&Tent	t
		lo	Locat	ion					Amount		bate	ment	
Locat	ion of	10.70	lorma			Г	escription of		(Specify SF of LF)		Ту	e	
	ng Material (ACM)	N. 100 (100 (100 (100 (100 (100 (100 (100		ely by	Asbe		ntaining Mater	rial (ACM)	0. 5. 2. /			П	_
TO BE A	ABATED acility	1000000	ntena odial	Staff?	(i.e		al systems ins facing, VAT, or			Rer	Re	nca	Encl
	3)		(12)				miscellaneou			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								ate	G)
Mechanical Room		X			Textured	Ceiling	& Joint Compo	ound	50 S	FX			
Name of Registered V	Vaste Hauler		1775	NJDEP W		1 M 535 0 5 1 5 5	Yards	Name of Re	egistered Landfil				
Lilich Corporation				Hauler ID 18724	No.	of Wa		Fairless L	andfill.				
City, State Woodland Park, Ne	w Jersey					08/07	sal Date //2018	City, State Morrisville					
Completed by Adriana Olejarova		Title Pre	sider	nt		8	Signature	7		ite 17/19/2	218		

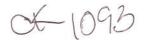
Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1)	.10		N	ame of I	Building Ov	mer/Ope	erator (2)			1/12:		1	F-10-10-10-10-10-10-10-10-10-10-10-10-10-	
	1/18					CIAN	० ८स०	CCH E	17	MADISE	200			1
Agencies Notified (	Type Notification		S	treet Ad	iress	192		. 41111	AL	E IV 2	Uib	1	1	1
EPA EPA	Initial					REC	N AL	) =						7
D DEP	☐ Amended		C	ity, Stat	e, Zip Code		227	_   .		7.		- 4		1
Z DOL	Amendment #_		-	1	JADI	50	N. N	7. 0	74	10.00k	IHU	LO.		1
DOH DOH	☐ Emergency (inci	luding	N	ame of	Contact			- Carlot American		phone Numbe				
D DCA	☐ Cancellation			NS.	CATH	5 Y	Alchie		19	73-37	7-	16	00	
•				FACIL	ITY INFO	RMATI	ION	- 19						
Name of Facility Where Al	batement is Taking Plac	e (3)					Тур	of Facility (4	4)					
PRESBY TER	I'AN CHUR	CH	of	M	10150	SNO		School (K-12	2)					
Street Address							a	Subchanter 8	(Other)	han K-12)	ildina	e hon	nac et	·~ \
19	GREEN A	4UE			M. E		ш.	Other (i.e. pr	tvate &	commercial bu	munig	3, 1101	100, 00	
City (5)		Table 1					Squa	re Feet	# of	Floors	1	ig. Ag		
MAI	SISON						140	2224		3	1	30	YR	5
County (6)	-120		To	ounty C	ode (7)		Curr	ent Use (Prior	if being	demolished)				
N 10	RRIS				SE ONLY)		- RA	rusit/	SCH	001				
Name of Monitoring Firm	Hirad by Building Own	er (8)		ASCM	No			stement Contra				110		
and the second contract of the second		or (o)		12000	012		_							
DETAIL ASS	OCNUE >			00	1012		Best R Street Addre	emoval	In					$\neg$
Street Address	~ 1.34									Ctroot				
300 GRAN	O ACC								ver	Street		-		-
City, State, Zip Code	> 1-						City, State, 2	8						
ENGLENO		076					Hacken		NJ (	7601				-
Project Manager for Monit	oring Firm		1	elephon			Telephone N	o.		License No.				1
STEVE JARAC	ZEWSKi		2	201 56	9-67	08	201-32	9-7444		00388	3	-		
Start Date (10)		cheduled	Comple	etion Da	te (11)		Name of OS	HA Monitor						1
8/6	118	5	3/1	9/1	8		Omega	Enviro	nmer	ntal				
Occupancy Status During	Abatement (Check Only	One)		-			Street Addre	ss	19					1
Facility Closed/Vaca	ted During Entire Period	d of Abate	ement				280 Hu	yler S	tree	t	-1116-002			
	d Outside of Normal Fa						City, State, 2							
☐ Other - Describe:						-	South	Hacken	sack	. N.I (	76	06		-
Scope of Work (Check All	That Apply)						Doucii	110011011	<del>D</del> <del>G</del> <del>C</del> ·		Constitute Visco	.,		
000 - 100 -		- P	enovatio				□ F	ull Containme	nt with 1	Negative Press	ure			
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emolitic	555300				imi-Enclosure		108				
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								on-Exempted	(*) and	Non-Friable P	EDCCUI	Abate	ment	
		Is	Locatio	n								Ty		
Location	n of		formally			De	scription of							$\Box$
Asbestos-Containing			d Solely intenan		Asbest	os Cont	aining Materia	I (ACM)	N) (27)	mount	-	i Amari	En	123
TO BE AB In Facil	AND DESCRIPTION OF THE PERSON		odial St		(i.e. then		ems insulation VAT, or	, surracing,		or LF)	Removal	Repair	cap	nclo
(13)			(12)			other i	miscellaneous)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A									e	
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BOLLER R	Mag			/			FACING IN	95		1855F	×			
13-10-10	~~.	-		-	111-001 (6)	2 300	11.00							
Name of Registered Waste	Hauler			DEP W		Cubic		Name of	Registen	ed Landfill				19
				uler ID		of Was	12cy	\$ 20.		17				
Best Removal	Inc			1710	)9	Di		City, Stat	rva	Enterp	rı	ses	,	LLC
City, State						Dispos	al Date			08/2010		, , .	0	
Hackensack,	NJ 07601	1						Wayn	esbi	rg, OF		468	8_	
Completed by		Title				S	Signature	-base	Du,	Date	7/	.,1	19	
J. Maiorano		Est	ima	tor			140		_	·	1	-	0	
55							1) 1		_					
ASB-41 (R-06-08)							1/ * Do 1	not use this for	rm for as	bestos licensu	te exe	mpteo	activ	iucs.

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Date of Notification (1)			1	Name of	Building Owner/C	perator (2	:)	111	Dis			į	
8/6/18			<	PRE	SBYTERU	W C	HURCH	DF	MADISO	N	2010	700	
Agencies Notified	Type Notification		5	Street Ad	dress	2000						j	- 48
	Initial				19	GILE	= N	AVE	ASOTOTA	. 1000		1	
DEP DOL	Amended Amendment #_  Emergency (inc		_   '	City, Stat	e, Zip Code MADISC	SV	EG.	0	7940	Sing	HOL	&	
Z DOH	justification)	iuding		Name of		•	8		Telephone Num			_	
DCA I	☐ Cancellation		1		ATHY B		16		973-3	77-	16	00	
N CP TO ME AL	to Talaina Dia	na (2)		FACIL	JITY INFORMA	TION	Type of Fa	cility (4)					-
Name of Facility Where Abar PRES BY TENNA Street Address			-	MADI	SON		☐ Scho	ol (K-12) hapter 8 (	Other than K-12)				
	REEN AL	して							ate & commercial				c.)
City (5) MADI	SON						Square Fee	224		1 2	ldg. Aq 30°		S
County (6)				County C	Code (7) ISE ONLY)		().		being demolished				
Name of Monitoring Firm Hi	ired by Building Ove	ner (8)		ASCM		Name	of Abatemer	CISH ON CONTRACT		-			-
	SO CLATES.			1	012								
Street Address	OUAIB.	د		100		Street	t Remo	val	Inc.				
300 G (A	ND AUG					450	South		er Stree	e t			
City, State, Zip Code			121			150	State, Zip Co		11 07/01				
ENCLEWO		٥ / و		Telephon	a No		kensac none No.	K, N	J 07601 License No	).			
Project Manager for Monitor STEUE JANACZE					69-6708	,			0038				
Start Date (10)		Scheduled					- 329 - 7 of OSHA M	onitor	1 0030	Ω		-	
8/6/18			19/			Oma	ca Ent	iron	mental				
Occupancy Status During Ab	patement (Check Onl		/	7 0		Street	Address						
☐ Facility Closed/Vacated				1_	^ -		Huyle State, Zip Co		reet				
Other - Describe:	7:00 AM TO	5:00	PM/	Dee	WRED		v		ack, NJ	076	06		
Scope of Work (Check All T	hat Apply)		•			1000		110110	Coles and	<u> </u>			
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati Demoliti			, 1	☐ Mini-E	nclosure ag Proced	with Negative Pre				
		T			1		□ Non-Ex	empted (*	) and Non-Friable	Fioced		ment	
		90	Location			2 2 2	5				Ту	ре	
Location of Asbestos-Containing M		Use	d Solel	y by	Asbestos Co	Description ntaining N	Material (ACI	M)	Amount			н	_
TO BE ABA	TED	1000000	aintenar todial S		(i.e. thermal sy			cing,	(Specify SF or LF)	Rem	Repair	ncap	Encl
In Facility (13)	у		(12)	50 VIEWS	othe	VAT, o r miscella			DI OL DI )	Removal	Dair	Encapsulate	Enclosure
		Yes	No	N/A								te	(*
BOILER ROOI	4			V	THERMAL SY:	Stans 1	OUTAILEN	N	230 LF	7			
BOILER ROO				V	THE CONAC SUA	CARE NO	, insulat	ISN	185 SF	×			
Name of Registered Waste F	lauler			JDEP W lauler ID		ic Yards /aste	N	ame of Re	egistered Landfill				
Best Removal	Inc	<u> </u>		1710	)9		cys M	liner	va Enter	pri	ses		LLC
City, State					Dist	osal Date	19	ity, State	ahura o	H_4	1,60	Ω	
Hackensack, N Completed by	NJ 07601	Title				Signatur	e /	1000	D	ate			
J. Maiorano		8888	cima	tor		V	Mais	سمم	3	8)	6	18	

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

(00		NOI	(Pursua	nt to NJAC 8	ESTOS ABATI 8:60 and 12:12	EMENT PO)	IN E	CE		$\overline{\mathbb{W}}$ [	Eli
Date of Notification (1)		-	Name	of Building (	Owner/Operato	r (2)		9/ 15	LI	LJ L	
08-01-2018			Carr	men Perez		****		A11/2 1	0 0	n12	and the same of th
Agencies Notified Type Notifica	tion		Street	t Address				AU	-1- /	UIS.	+
X EPA Initial X DEP Amende X DOL Amendr											1
X DEP Amende	-			State, Zip Coo			155	HE	CON	TROL	- &
Emerge	ncy (includi	na		on NJ 070	11			1.73	1811-1	3	
DOH justificat	ion)	3		of Contact			Telephor	ne Numbe	er	10000	
L DCA L Cancella	ation			n Stone			1				
Name of Facility Where Abatement is T	aking Place	(3)	FA	CILITY INFO	RMATION	T = 45 W					
Private Dwelling		(0)				Type of Facilit					
Street Address						School (K	(-12) ter 8 (Other tha	- 1/ (0)			
						Other (i.e	e. private & com	mercial b	uildina	ıs. hor	nes
City (5)						etc.)					
Clifton NJ 07011						Square Feet N/A	# of Floor	s	6	Age	
County (6)			County	/ Code (7)			1		N/A		
Passaic			(STATE	USE ONLY)		Private Dwe	Prior if being de	molished)			
Name of Monitoring Firm Hired by Buildi	ing Owner (	8)	ASC	M No.	Name	of Abatement C	-				
Standard Environmental		50				x Contracting					
Street Address	-					Address	LLO				
2108 Fulton St Suite 2A						30X 734					
City, State, Zip Code						tate, Zip Code				-	
Brooklyn NY 11233						dland Park N	J 07424				
Project Manager for Monitoring Firm		T	Telepho	one No.		one No.		ise No.			
Kayode Adefisoye			347-2	241-7673		692-6298	012				
Start Date (10)	Schedu	iled Co	mpletion	Date (11)		of OSHA Monito					
708-11-2018	09-11		3		Ama	x Contracting	LLC				
Occupancy Status During Abatement (Cl	heck Only C	ne)				Address			-		
Facility Closed/Vacated During Enti	re Period of	Abater	ment		POE	30X 734					
Abatement Performed Outside of No Other – Describe:	ormal Facili	ty Hour	S		City, S	ate, Zip Code					
					- Woo	dland Park N	J 07424				
Scope of Work (Check All That Apply)	-					_					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova			×	Full Containn	nent with Negat	ive Press	ure		
		Demoli	tion		×	Mini-Enclosus	re				
							cedure ed (*) and Non-l	Friable Pr	ncedu	re	
	1:	s Locat	ion					, idale i i		temen	t
Location of		Normal			Description	of			Т	уре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbestos	Containing Ma	aterial (ACM)	Amount			m	
In Facility	Cus	todial S	Staff?	(i.e. the	ermal systems surfacing, VAT	insulation,	(Specify	Re	R	nca	Enc
(13)		(12)			ther miscelland		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u> </u>	-	late	лге
Basement			x		nina inautati			_	-		
	_		1^		pipe insulati	on	60 LF	X			
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Name of Registered Waste Hauler	-	100000	JDEP W		ubic Yards	Name of	Registered Lan	dfill	1		-
Amax Contracting LLC		125/95	auler ID		f Waste	Fairles	950	WIIII			
City, State		] 00	036184		CY	MI 160.00					
Voodland Park NJ 07424					isposal Date	City, Stat					
Completed by	Title			0	9-202-2018	Morrisv	rille PA				
ome Maslarkov	23.55	ect Ma	nager		Signature			Date			
	1 1016	or ivid	alayer		1			08-01-	2018	1	



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Date of Notification (1) 8/2/2018				of Building		Operator	(2)		A	iiG 1	0 00	16		1
Agencies Notified Type Notification			Street /	Address					A		0 20	18	Lan	4
☐ EPA 🔀 Initial													1	all the same
DEP Amended			2,5%	ate, Zip C					ASBE	STOS (	CONTI	ROLE	3	
X DOL Amendment Emergency (i	# ncluding	[		y City N		7			-	LICEN	SING		********	
	. Ioiddii ig	,		of Contact					Tel	ephone	Number			
DCA Cancellation				1 Bacchu	10400				_					
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMATI	ON	Tun	a of Facility (	4)					
Sham Bacchus's Residential	i iace (	3)					Тур	e of Facility (4	50					
Street Address							H	School (K-1) Subchapter	2) 8 (Oth	or than k	( 12)			
							×	Other (i.e. p	rivate 8	& comme	ercial bu	ildings	, hom	ies,
City (5)							_	etc.)	1#0	Floors		Dida	Λ	
Jersey City							Squ	are Feet	# 01	Floors		Bldg.	Age	
County (6)			County	Code (7)			Cun	rent Use (Prio	r if hei	na demo	lished)			
Hudson				USE ONLY	)		Our	10111 000 (1 110	i ii bei	ng demo	ilioneu)			
Name of Monitoring Firm Hired by Building C	wner (8	)	ASCI	M No.		Name	of Ab	atement Con	tractor	(9)				
								perty Main			С			
Street Address						Street	Addr	ess						
		-100				105	Van	Riper Aver	nue					
City, State, Zip Code								Zip Code						
5						Clifto	n N.	J 07011	orone ar					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License				1
Start Data (10)	0.1. 1.1	10		=				9008		01336	5			
	Schedul 9/25/2		npletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Check						Ohrand	A -1 -1 -	5-15-15-15-15-15-15-15-15-15-15-15-15-15						
						Street	Addre	ess						
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe:	al Facility	Abatem y Hours	ent			City, S	tate, 2	Zip Code		-				
Scope of Work (Check All That Apply)		-												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	M Gl	ull Containme ini-Enclosure lovebag Procon-Exempted	edure	<i>(2)</i>			re.	
	le	Locati	on						1 / 4110		T T		emen	1
Location of	1	Normal	у		Dos	cription	of						уре	
Asbestos-Containing Material (ACM)		ed Sole		Asbes	tos Conta	aining M	ateria	al (ACM)	Ar	nount			m	
TO BE ABATED In Facility		todial S		(i.e.	thermal	systems ing, VA	insul	lation,		pecify	Re	20	nca	Enc
(13)		(12)				iiscellan		)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								2	-	late	lre
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										100				
											-	-	-	
						-					-	-	-	$\vdash$
Name of Registered Waste Hauler		I N	JDEP W	lasto	Cubic \	Varde		Name of R	o aioto	end I and	EII			
TBD			auler ID		of Was									
		TI	3D		1 YD			110 San	a Coi	npany				
City, State					Dispos	al Date		City, State Melville,	NY 1	1747				
Completed by	Title				Si	gnature		1			Date			
Darko Raloski	Proje	ect Ma	nager								8/2/20	18		

OK 1144

#### PAID

Data of N. CC. C. 11	規 仁東島	LALT.	,		C TO INDAO				The same of	111		e			Marin Market	
Date of Notification (1) August 8, 2018					of Building Service			r (2)	t as a second	1	AUG	1	2	018	a constitution of	
Agencies Notified  EPA	Type Notification  Initial			4730	Address N. Cres		Blvd		0.00	ASI	BEST(	OS CO			<u>_</u>	
DEP DOL	Amended Amendmen	t #			ate, Zip C		1400		L.		1 (	71140	1140	d.	manacha)	MAN THE PARTY OF T
□ DOH	Emergency	(including	9		sauken,		3109			1 = 1						
DCA	justification Cancellation				en Friel					_	ephone 6-317	-	_			
Name of Facility Where	Abatement is Takir	ng Place (	(3)	FAC	ILITY INF	ORMA	TION	Turn	-6 F1114	(4)						
HOME/APARTMEN	NTS TO BE DE	MOLIS	HED					Туре	of Facility							
Street Address								H	School (K- Subchapter	8 (Othe	er than	K-12)				
60 US ROUTE 130								×	Other (i.e. petc.)	orivate 8	comm	ercial	build	dings	, hom	ies,
City (5) BORDENTOWN								200	are Feet	N. 32	Floors		В	ldg. A	Age	
County (6)				County	Code (7)			175	ent Use (Pri	1 or if boin	a dam	aliah a	1			
BURLINGTON					USE ONLY	n		НО		or it bein	ig dem	olisne	1)			
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building	Owner (8	) ANITC	ASCI	M No.				atement Cor	ntractor	(9)		0000			
Street Address	. TESTING CO	NSUL I	ANTS						DUP LLC							
413 N BLACK HOR	SE PIKE						Street 41 P		STREET							
City, State, Zip Code								A1197 C 117 C	Zip Code							
RUNNEMEDE, NJ Project Manager for Mon							_		/AY, NJ 0	7866						
HOWARD ZENOBI	Southern			Telepho 856-48	ne No. 82-1311		Teleph 6099				Licens 0133					
Start Date (10) AUGUST 17, 2018				mpletion	Date (11)				HA Monitor		0100	-	_			
Occupancy Status During	Abatement (Char			1, 2018	3		21									
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire I	Period of	Abater	nent s			Street City, S		ip Code							
Scope of Work (Check Al	l That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Innerent	Renova Demoli	I Division in the second				Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	e edure						
		Is	Locat	ion			_	110	II Exempled	( ) and	NOTI-F	nable i		-	emen	t
Location			Normaled Sole				scription					-		Ту	ре	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Ma	intena todial S (12)	nce/		therma surfa	taining M I systems cing, VA miscellan	insula T, or		(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	Ф
1 FL MASTER BR							NOLEU			60	0SF	>	(			
FRONT I		-				-	OLEU			15	0SF	)				
2ND FL UNIT 3 TH	ROUGHOUT					LIN	OLEU	M		90	0SF	)				
Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic	Yards		Name of F	Dogiat-	od I c	4611				
NEWARK CARTING			H	auler ID		of Wa	ste		GRAND			ати				
City, State NEWARK, NJ				.000			sal Date		City, State	1						
Completed by		Title					ignature	,	1 LINO F	II GIL		Date	_			
WILLIAM FINKLE		PRO	JECT	MGR				11	1			08/0	3/2	018		



#### NO

Date of Notification (1)			Nama	of Duildin	g Owner/C	N====1=	(0)	11:4	E		E		//	3 1	
8/6/2018				Energy		perato	(2)					and the second of		The state of the s	
Agencies Notified Type Notification  EPA Initial				Address Rt 31					į	AUG	1 (	20	18	AND	4
DEP Amended Amendment			City, St Glen	tate, Zip C Gardne	Code er NJ 08	826		1	LAS	BEST	os c	ONT	ROL	8.	e Effective Control of
Emergency justification)		g		of Contact		50 Desp.		1		ephon	CICKIS	ING	- d- milet milet milet		
DCA Cancellation						. 2	Manager			73-57					
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILIIY INI	FORMATI	ON	Type of Fa	cility (4)							
NRG Energy Inc Street Address							School	ol (K-12)	)						
2033 Rt 31							Subch Other etc.)	apter 8 (i.e. pri	(Other	er thar & com	n K-12 mercia	) Il buil	dings	, hom	nes,
City (5) Glen Gardner							Square Fee	et	# of n/a	f Floor	s		Bldg. /	Age	
County (6) Hunterdon				Code (7) USE ONL			Current Use lot	e (Prior	if bei	ng der	nolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.		Name Che	of Abatemer ckmark Ind	nt Contra	actor	(9)					
Street Address							Address lorgan Dr								
City, State, Zip Code						City, S	tate, Zip Coo ta NJ 078	le 71			+				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 570-2645			Licer 013	ise No				
Start Date (10) 8/20/2018	Schedu 9/3/20	led Cor	npletion	Date (11)		Name	of OSHA Mo	nitor	1	010					
Occupancy Status During Abatement (Chec	k Only O	ne)					Address	- COLITA							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of al Facilit	Abaten y Hours	nent		-	City, S	lorgan Dr tate, Zip Cod				-12-2311	0.33			
Scope of Work (Check All That Apply)						Spar	ta NJ 078	71							
23 sf or ≥3 lf	П	Renova	tion				1		***						
≥160 sf or ≥260 lf	Commonwell .	Demolit	3373333			×	Full Conta Mini-Encl Glovebag	osure Proced	lure						
	le	Locati	on				Non-Exer	nptea (*	) and	Non-	Friable		cedur Abate		-
Location of	1	Normal ed Sole	ly			cription								ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		thermal s	systems ing, VA	aterial (ACM insulation, Γ, or eous)	)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Outside Underground	Yes	No	N/A											fe	
Odiside Oriderground		Х			tar-coate	ed iror	i pipe			prox.		X			
										0 LF					
		1								act qt					
Name of Registered Waste Hauler		1 51	וחבריי		1011				34.000.0000	nowr					
Atlantic Carting		110	JDEP W auler ID		of Wast 20			e of Reg ste Ma	Charles and						
City, State Wayne NJ		1			Disposa	al Date	City, Tull	State eytow	n PA	Α					
Completed by Corey Stankovic	Title CEO				Sig	nature	0	Kong			Date 8/6	/201	8		



#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator		V L					
8/8	/ _1			Mr	. Craig B	alogh	/ Job #180 AUG 1 0	08-2335 2010	Chk.#	ŧ51(	80		
	Notification	1		Stree	et Address		7100 10	2010	-				
	tiai nended												
	nended nendment:	#		1000	State, Zip	The state of the s	ASBESTOS CO	NTROL &					
	nergency (			Во	onton, N	J 07005	LICENSIA	NG .					
(NJAC 5:23-8) jus	stification)			Nam	e of Contac	ct	1-	Telephone	Numbe	r			
Ca	ncellation			Cr	aig			1					
				FA	CILITY II	NFORMATION						1-10-	
Name of Facility Where Abatem	ent is Takir	ng Place	(3)				Type of Facility	(4)					
Residential							School (K-12						
Street Address							Subchapter 8	Other than	K-12)				
							Other (i.e., proposed homes, etc.)	rivate and co	mmercia	al bu	uilding	gs,	
City (5)							Square Feet	# of Floors	c	BI	dg. A	<b>GO</b>	
Boonton							2300	2	3		ag. A 63	ge	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)			moliche		05		
Morris				000	my code (	MOTATE GOL GIVETY	Residential	or it being de	HIOHSHE	(u)			
Name of Monitoring Firm Hired b	v Buildina	Owner	(8)	ASCM	No	Name of Abateme	Charles and an article of the second						
Criterion Laboratories	,		(-)			The same of the sa	d Mold Service						
Street Address						Street Address	a word Service	s, corp.					
400 Street Road						3859 Sylon B	oulovard						
City, State, Zip Code						City, State, Zip Co							
Bensalem, PA						Hainesport, N							
Project Manager for Monitoring F	irm		Tel	ephone	No	Telephone No.	13 00036	T1: N					
Mike Panepresso					I-1300	609-702-0400	rv	License N 00862	10.				
Start Date (10)	Sche	duled C	1355			Name of OSHA M		00002					
8/20/18_	-   _	8 /	_2			EMSL Analyti	50 N						
Occupancy Status During Abater						Street Address		1111 - 111-11					-1
☐ Facility Closed/Vacated Durin	g Entire Pe	eriod of	Abate	ment		200 U.S. Rout	te 130 North						
Abatement Performed Outside	e of Norma	I Facility	/ Hou	rs - Des	scribe	City, State, Zip Co	ode						$\neg$
Time of Abatement:Al	VIF	101/	_PIVI		AIVI	Cinnaminson	, NJ 08077						
Scope of Work (Check all that ap	ply)					☐ Full Cont	ainment with Neg	ative Pressur	re				$\neg$
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠.Re				☐ Mini-Encl	losure						
24 = 100 St 01 = 200 H		☐ De	HOIL	OH		☐ Glovebag  Non-Exer	Procedure mpted (*) and Nor	n-Friable Pro	cedure				
		Is	Loca	tion	T		The Control	111000110	ocauic	Δh	atem	ant T	vne
Location of			Norma			Description of			H				1
Asbestos-Containing Material <u>TO BE ABATED</u>	(ACM)	100000000000000000000000000000000000000		ely by ance/	Asbe	stos Containing Mat	terial (ACM)	Amount	t	₹em	Repair	nca	incl
IN Facility				Staff?	(I.e	., thermal systems i surfacing, VAT,		(Specify SF or LF	<u>/</u>	Removal	≅.	sde	Enclosure
(13)			(12)	T	-	other miscellaned		OI OI LI	'	-		Encapsulate	е
		Yes	No	N/A								(D	
Basement					Floor T	ile & Mastic		930 SF					
											П	П	П
			П	П						_			
Name of Registered Waste Haule	er			JDEP I	Waste	Cubic Yards of	Name of Regist	ered I andfill			Ш	П	
Waste Management			1000	lauler II	D No.	Waste 5	Grand Cent						
City, State				1121		Disposal Date	City, State						-+
Lafayette, NJ						8/22/18	Penn Argyl	e, PA					
Completed By (Print or Type)	Title	е				Sighature			Date	_	-		-
Kimberly A. Trumbetti	0	Office C	oor	dinato	r				200	0.	10		
ASR-41						ICPY V			1 3	0	18		



	PATT		NOTIF	ICATIO	N OF ASBESTO It to NJAC 8:60 a	SABATE	EMENT	- 122	6 P 1	D.O	F	2	
Date of Notification (1) August 8, 2018				Name Gem	of Building Owner ini Restoration	/Operato n, Inc.	11.	) <u> </u>	<u>G E I</u>	\V/	E	7	
Agencies Notified	Type Notification				Address Lehigh Avenue	)			in 10	101	S		<i>J</i>   -
DEP DOL	Amended Amendment		[		tate, Zip Code n, NJ 07083							1	
DOH DCA	Emergency (i justification) Cancellation	nciuain	9		of Contact Abrahamson			Te 9	elephone Nu 108-686-77	mber			
				FAC	ILITY INFORMA	TION							-
Name of Facility Where a former residence	Abatement is Taking	Place	(3)				Type of Fac						
Street Address							Subcha		her than K-1 & commerc		ldings	, hom	ies,
City (5) West Caldwell, NJ							Square Fee 1,548 sf	t #6	of Floors		3ldg. / 1932		
County (6) Essex					Code (7) USE ONLY)		Current Use residentia		eing demolis	hed)		-	
Name of Monitoring Firm n/a	Hired by Building O	wner (8	3)	ASCI	M No.	Name Finis	of Abatement shing Touch	Contracto Asbesto	or (9) os Abatem	ent (	Corp.	, Inc	).
Street Address							Address hompson S	Street					
City, State, Zip Code							State, Zip Code t Long Bra		07764				
Project Manager for Mon n/a	itoring Firm			Telepho	one No.		none No. 222.8372		License N 00040	0.			
Start Date (10) 8/19/18		Schedu 8/20/1		npletion	Date (11)	Name	of OSHA Mor	nitor					
Occupancy Status During	Abatement (Check	Only O	ne)			Street	Address						
Abatement Performe	ated During Entire Pe ed Outside of Norma	eriod of	Abaten y Hours	ent		City. S	tate, Zip Code	4					
Other – Describe: _ Scope of Work (Check Al	That Annly					,		· .					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	ттат Арріу)		Renova Demolit			×	Mini-Enclo Glovebag	sure Procedure	h Negative F			e	
	,		S Locati Normall									ement pe	
Location Asbestos-Containing in BE ABA In Faciliti (13)	Material (ACM)	Use Ma Cus	ed Solel aintenar stodial S (12)	y by nce/ staff?	Asbestos Cor (i.e. therma surfa	escription staining M il systems acing, VA miscellan	faterial (ACM) s insulation, T, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
BASEME	NT	Yes	No	N/A X		TOI			001 5			Ф	
DITOLIVIE	-141			^		TSI		-	60LF	X			
N													
Name of Registered Wast Finishing Touch Asbe		Corp	I H	JDEP Wauler ID 2058			1 1000		ered Landfill ANDFILL				
City, State West Long Branch, N	NJ					sal Date	City, S	State RRISVIL	LE, PA				
Completed by Joseph P. Miller		Title Pres	ident			Signature 1 LM	A M		Da	te 8/18			

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

OK 5203			
Date of Notification (1)	State of New Jersey NOTIFICATION OF ASBESTOS A (Pursuant to NJAC 8:60 and	ABATEMENT 12:120)	)ECEIVE
113/16	Name of Building Owner/Ope	rator (2)	111 111 11
	Street Address / Many	15	2018
DEP Initial Amended	City,		Re Constitution a
Amendment # C Emergency (including justification)	- L /201/01/200 A	7	- In Carca Angles (1100 M
LI Cancellation	Maine of Contact	- (  1	elenhane Wimber
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFORMATION		4
Street Address		Type of Facility (4)  G School (K-12)	
City (5)	*	Subchanter & Cost-	than K-12) commercial buildings, homes, etc.)
County (6) A 1 i		Square Feet # of	Floors Bidg Age
Name of Monitoring Firm Hired by Building Owner (8)	County Code (7) (STATE USE OALL)	Current Use (Prior if being	demolished)
Street Address	ASCM No. Name	of Abatement Contractor (9)	
City, State, Zip Code	Street	Address	ut Leur Iner: /(/
	/ 2	2 OUZLING	1 Hive
	Telephone No. Telephon	dutto /U.J	Eisto)5
Start Date (10)	659	SHE CSIE LI	cense No.
Occupancy Status During Abatement (Check Only Occ)	1/8		
Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other – Describe:	Street Add		
Scope of Work (Check All That Apply)	City, State.	Zip Code	-
☐ ≥3 sfor≥3 If ☐ ≥160 sfor≥260 if ☐ Renovation ☐ Demolition	□ F	Sul Co.	
> Summing	□ G	iull Containment with Negativ fini-Enclosure lovebag Procedure	
Lecation of Normally	JE N	on-Exempted (*) and Non-Fri	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Normally Used Solely by Maintenance/ Custodial Staff?	Asbestos Containing Material (i.e. thermal systems insulation, s	(ACM) Amount	Abatement Type
(12)	VAT, or other miscellaneous)	urfacing (Specify SF or LF)	Enclosure Encupsulate Repair
OUTSide Yes No N/A	,		Enclosure Sheupsulate Repair
On Bu Somet	Siding	2500	
	100118 YOU	20SF	14
Name of Registered Waste Hauler NIDEP Wa	iste Cala		
Hauler ID 1  Zity, State 201547	Vo. of Waste	lame of Registered Landfill	
omplered by (MICC 10.	. Disposal Date   C	ty of Pa	
Isoph THUL K. Riesdent	Signature	10 llytocon &	2
8-41 (R-06-03)			1/13/18
	= Do not use ti	nis form for esbestos licensure	exempted activities
		4	6/6/18



	PAIL	il.		CATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		NT	Ē	C E	3	<u> </u>	E	The state of the s
Date of Notification (1) 08/02/2018				Name of Resid	of Building lence	Owner/	Operato	r (2)	111		AUG :	1 0 20	112	The state of the	
Agencies Notified  EPA DEP DOL	Type Notification    Initial	# (including	_	City, St Westf	Address ate, Zip C iield NJ of Contact	07090			1		stne LiCei	CONTI V3ING	iot.	COX.	NAME OF PERSONS ASSESSED.
DOH DCA	justification) Cancellation			Kathi	McGee					Te	lephone	Number			
Name of Facility Where Residence Street Address	Abatement is Takin	g Place (	3)	FAC	ILITY INF	ORMAT	ION	Ту	pe of Facility School (K-	12)					
City (5)								×	Subchapte Other (i.e. etc.) uare Feet	private	er than & comm	nercial bu		900	nes,
Westfield County (6)								2,	100	3			88	Age	
Union					Code (7) USE ONLY	o	_	Cu	rrent Use (Pr	ior if be	ing dem	olished)			
Name of Monitoring Firm A. Seine Lighthouse	Hired by Building G Solutions	Owner (8)	)	ASC	И No.				batement Co ank Servic		(9)				
Street Address PO Box 354							Street 1256		ress erty Aveni	ıe					
City, State, Zip Code South Orange, NJ (									Zip Code NJ 07205						
Project Manager for Mon Sarah Calandra	itoring Firm			Telepho 201-34	ne No. 19-2666		Teleph 844-		No. -7465		Licens 0131				
Start Date (10) 08/13/2018		Schedul 8/30/20		npletion	Date (11)				SHA Monitor Lighthous		utions				
Occupancy Status During  Facility Closed/Vaca				nent			Street PO E								
Facility Closed/Vaca Abatement Perform Other – Describe: _	ed Outside of Norm	al Facility	Hours	5		_			Zip Code range, NJ	07079	)				
Scope of Work (Check Al	I That Apply)	_							3-, 115						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	N G	ull Containm Ini-Enclosur Glovebag Pro Ion-Exempte	e cedure				ıre	
Location		1	Locati Normal d Sole	ly		Des	scription	of					Aba	temen	ıt
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	intenar todial S (12)	nce/	Asbes (i.e.	thermal surface	aining M systems cing, VA niscellan	insu T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No X	N/A		Die	oe wra	n			0 LF			fe	
Basement (			X			-	oe wra	_			0 LF	X	-	+	-
													+	+	
Name of Registered Was	te Hauler		Н	JDEP W auler ID 1509		Cubic of Was	ste		Name of Waste				ill		
City, State East Orange, NJ						Dispos	al Date		City, Stat Penn A		PA				
Completed by Alison Lamers		Title Office	Man	ager		Si	ignature	1/	Mid			Date 08/02/	201		



	DATE			ICATIO	tate of Nev N OF ASBI t to NJAC	ESTOS	ABATE		ENT (	) [	G		] [		700	1
Date of Notification (1) 08/06/2018	一人 医复复罗			Name o	of Building ence	Owner/C	Operator	r (2)	)		AUG	1 ()	201	ĮΩ	And the same	
Agencies Notified	Type Notification			Street A	Address					1			5.V.		1	-/-
EPA	× Initial									L	than a second of the					and the fact
× EPA × DEP × DOL	Amended Amendment				ate, Zip Co ia NJ 07					P462.	Lick			(i. )!_	8	
Ĭ DOH	Emergency (i	nciuaing	'		of Contact					Tel	lephone	Num	ber			
☐ DCA	Cancellation				Vidmer	DBAATI	ON									
Name of Facility Where	Abatement is Taking	Place (	3)	FAC	ILITY INFO	JKWATI	ON	T	ype of Facility	(4)						
Residence								Е	School (K-	12)						
Street Address								×	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) Colonia								7.5	quare Feet ,081	# o 2	f Floors		- 1	ldg. A	ge	
County (6) Middlesex					Code (7) USE ONLY)		_	С	urrent Use (Pr	ior if bei	ng demo	olish	ed)			
Name of Monitoring Firm A. Seine Lighthouse		wner (8	)	ASC	M No.				Abatement Co Tank Service		(9)					
Street Address PO Box 354							Street 1256		dress berty Aven	ue						
City, State, Zip Code South Orange, NJ 0	7079						City, S	State	e, Zip Code , NJ 07205							
Project Manager for Mon Sarah Calandra	itoring Firm			Telepho 201-34	ne No. 49-2666		Teleph	non			Licens 01316					
Start Date (10) 08/17/2018		Schedul 09/04/		npletion	Date (11)				OSHA Monitor e Lighthous			5				
Occupancy Status During	Abatement (Check	Only O	ne)				Street									
× Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			PO B		anetener							
Abatement Perform Other – Describe:		al Facilit	y Hours			_ [			e, Zip Code Orange, NJ	07079						
Scope of Work (Check A	I That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure						
		Is	Locati	on					TTOTI Exempte	u ( ) ain	u 14011-1	labic		Abate	ment	
Location			Normal ed Sole				cription							Ту	pe	
Asbestos-Containing TO BE ABA	ATED	Ma	aintenar todial S	nce/					erial (ACM) sulation,	503	mount Specify		R	_	Enc	回
In Facili (13)	ty	Cus	(12)	olan?		surfac	ing, VA	Τ, α	or		or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		0410111		,,,,,					/al	=	ılate	ure
Attic Chimne	ey Area		Х			Pip	oe wra	р		Ę	5 LF					
Name of Decision 111	te Hauto															
Name of Registered Was Newark Carting	te mauier		Н	JDEP W auler ID	50000000000000000000000000000000000000	Cubic \ of Was	100		Name of Waste				ndfil	l		
City, State East Orange, NJ			0	1509		Dispos	al Date		City, Sta	te	5/4 5/4	u	. Julii			
Completed by		Title				1 0:	gnature	. ^	Penn A	rgyle,	PA T	D /				
Alison Lamers			e Mar	ager		31	Allarine	A	MUA			Date 08/		018		



Check # 2344

Date of Notification	1 (1)			Name	of Bu	ilding	Owner / Operato	or (2)				aration on a			
-	08/01/2018	Company of the Compan		Chan	cello	r Dev	elopment Gro	up LL	C	CEI	$\mathbb{W}$		5		
Agencies Notified EPA	Type Notific	cation		Street		ess n <b>gs H</b>	war			and a company of the second state of the second state of	-	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	And Describe		
☐ DEP		af				Zip C				AUG 10	2018	1 1			
DOL		ended				I NJ 0		1	(1)	WOO I A	EU10	of each 2	7		
□ DOH		ergency		Name				<u>-</u>			Te	elepho	ne N	umb	er
☐ DCA	Can	cellation				agon		į	ASB	ESTOS CO	NT 8	6-79	5-77	75	
Name of C 111 10	n a			FAC	HLIT	Y INF	ORMATION					ACTION IN PROPERTY.	1		
Name of Facility W Metro PCS #760		ent is Taking P	lace (3	3)			Type of Facil								
Street Address									Other the						Į.
1615 N Kings H	wy						Other (i.							tc.)	
City (E)		10	- 10				Square Feet	7	# of Floo	ors	Blo	lg. Ag			
City (5)		County (6)	Co	unty C	ode (	(1)	4,000			1			50+		
Cherry Hill		Camden					Current Use		being d	emolished)					
Name of Manitoria	a Firm Him d	Duilding Own	(0)		TAGG	NA A A L -	Retail Store	THE REAL PROPERTY.		. (0)		description	orania de Carto		racidiscuster.
Name of Monitoring	g rim Hirea i	by Bullaing Own	ier (8)		ASC	M No.	Name of Aba Alpha Envi								
Street Address							Street Addre		HIGH LL						
							P O Box 82								
City, State & Zip Co	ode						City, State &	-	de	***************************************					
							Trenton NJ								
Project Manager fo	r Monitoring	Firm	Telep	hone	Numb	er	Telephone N 609-847-29			Licens	se Nu	mber 0122	2		
Scheduled Start Da	ate (10)	Scheduled Cor	npletic	n Date	e (11)		Name of OSI	attraction to the con-	nitor				National Control	and the same of	-
08/10/20	18	08/11/2018					EMSL Anal	ytical							
Occupancy Status							Street Addres								
(2)		During Entire P					200 Route		CONTRACTOR DESIGNATION OF THE PARTY OF THE P						
Describe:	Performed C	utside of Norm	al Hou	ırs — 7	am to	3pm	City, State &								
	cupied During	Abatamant					Cinnamins	on NJ	08077						1
Scope of Work (Ch															
coope of tront (on	ook an triat a	PPI)							Full Con	tainment wi	ith Ne	gative	Pres	sure	
X ≥3 sf or ≥3	If		X	Rend	ovatio	n			Mini-End						
≥160 sf ≥26	30 If			Dem	olition	n		$\boxtimes$	Glove Ba	ag Procedu	res				
								П	Non-Exe	mpted and	Non-F	riable	Pro	cedu	re
	ocation of		ls l	ocatio	on		Description	n of		Amour	nt	Aba	teme	ent Ty	уре
	tos-Containir	ng		nally U			Asbestos-Con			(Speci					
	terial (ACM) BE ABATED			olely by			Material (Al (i.e., thermal s			SF or L	.F)	20		E	ш
	in Facility			dial S	100 mg 5	i	nsulation, surfac					Removal	Repair	Encapsulate	Enclsoure
	(13)			(12)			or other miscell					ova	air	sula	our
		i i	Yes	No	N/A									6	(0
Lobby		~~~		×			Pipe Insula	ation		12 LF				미	口
Name of Registere	d Waste Hau	ler		NIF	)FP V	Vasta	Cubic Yards	Name	of Region	stered Land	160	لـــــا			
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Name of Facility Wh	nere Abatement is	Taking			INFORMATION	Type of Faci.	lity (4)		_			
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Maplewood				(SI	ATE USE ONLY)	Current Use	(Prior if b	eing o	demo	olis	hed)	)
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Name of Monitoring Owner (8)	Firm hired by Bu	ilding	ASCM No.			ment Contracto IANAGEMENI						
N/A Street Address							,					
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City, State, Zip Co	a.						-			_		
city, state, zip co	ode				Montclai	r, NJ 070	42					
Project Manager for	Monitoring Firm	Teler	phone Numb	er	Telephone Num	ber		Licen	se l	Numb	er	
		N/A		- University	(973) 744	-8800		003	371	L		
Scheduled Start Dat		- 12	tion Date	(11)	Name of OSHA	Monitor						
8 29 Month Day	18 8		1 18 V Year		N/A							
Occupancy Status Du	ring Abatement (C	check or	nly one)		Street Addres	s					150	
of Abatemer	osed/Vacated Duri	ng Enti	re Period									
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	cribe: «OffHours D											
Scope of Work (Chec	k all that apply)				11							
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City, State				1 2 2 2 2 2	sposal Date	City, State						
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Completed By (Print	or Type) Title				Signature		/	Dat	6			_
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Print Form

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Date of Notification (1) 7/25/2018				of Building Walnut						named the same	114 TH M 1-4 TH-	The Paris of	100	The sales and th	
Agencies Notified Type Not				Address Morris Tu	urnpike				AUG	10	20	18	the state of the s	1	
DEP Ame	nded endment #		City, St Short	ate, Zip C	ode				SREST	OS C	CALT	271	0	-	
Eme	rgency (including			of Contact	ē			1	11	lephone	12.10		C:		
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Name of Facility Where Abatement	is Taking Place (	37	FAC	ILITY INF	ORMATI	ON	т	F1116	745						
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City (5) Clark							Sq	uare Feet	# 0	of Floors	S		ldg. <i>A</i>	\ge	
County (6) Union County			County (STATE	Code (7) USE ONLY	0		Cu	rrent Use (Pr	rior if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by B N/A	uilding Owner (8)		ASCI N/A	M No.				batement Co							
Street Address N/A						Street 1435	-	ress st Street							
City, State, Zip Code N/A				ű				Zip Code ergen NJ (	7047						
Project Manager for Monitoring Firm	i	- 1	Telepho	ne No.		Teleph			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Licon	se No				
N/A	***************************************		973-7	64-9676				-9685		0132		,.			
Start Date (10) 8/6/2018	11/30/2	2018	npletion	Date (11)				SHA Monitor ronmental		atorie	s				
Occupancy Status During Abatemer	GF G	200				Street		KBBB (1							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 7:00 AM to 4	of Normal Facility	Abaten Hours	nent			City, S	tate,	ute 22 We Zip Code J 07803	est ———	-					
Scope of Work (Check All That Appl	v)					Offici	II IN	0 0 0 0 0 0 0		100					
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Y			Name of				^			
Newark Carting Inc		Н	auler ID 1509	2.000	of Wast			ISES B				ndfill			
City, State Po Box 5670					Disposa	al Date		City, Stat 2335 A		utter R	ld Be	thle	hem	PA	
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Vipe President

ASB-41 (R-05-08)

Joseph Vocaturo

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PAGE. 1/ 3



POTESTION OF ASSESTED ASATUMENT (FURNISH TO MAKE SISO and 13:12th)

Check # 1/23

Data of Notification (f) 8/3/15		PA	Building Owner RKB/R	CAB	280		DOL - 10	) D/	Ϋ́	- Liberton	
Apercias Notified Type Notification  EPA (nittel Amended Amendment & Europerse (St. po))  DOA Cannellation		CIN SE	* 6 ELD m. Zo Code AFIBLA	N		12	Selvie Control		) F	وارو	
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Project Manager for Montloring Firm	,	Telepho	ne No.		none No. 262-6841	to undersor.	License 1 00166	100000			
8/4/18		lameterian	Date (11)	Ome			Ital Barvices I	na.		- war-well	The state of the s
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Asbestos-Centalning Materiel (ACM) TO BE ABATED In Facely (13)	Alektod Gustodi (1	nunca/ el Steff? 2)	(i.e. there	enlehing i 181 system rivolog, V/ er miscella	Maberial (AC) is insulation, AT, or necus)		Amount (Specify BF or LF)	BANK AND	Repute	Expedito	Endiamin
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Completed by R. McDonald	Title Preside	ent			MZ	4		Selle Se	/3,	18	

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Check # 9324

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

	Name and the second								· ·	1 -1			1.3	1-	1 11	111
Date of Notification (1)	F .	10				-		ner/Operator (2	2)		THE COLUMN TWO IS NOT				- Control	
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	Type Notificat ⊠ Initial	ion				Address Ellison S	`4uaa	4	*** Australia	d and					have	1
	☐ Amended			-							ASBESTOS (	COMT	'DC	i o		1
☑ DHSS	Amendme					ate, Zip C erson, N.		505	Ĺ.,	more and the second	LICEN	SING	110	/L 0:		
	<ul><li>Emergency justification</li></ul>		ding	ŀ		of Contact		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Telephone Nu	mber	Mary Joseph	word and an		
(NJAC 5:23-8)	☐ Cancellation							agent for o	wner		973-237-1					
								MATION								
Name of Facility Where Ab	atement is Ta	aking Pl	lace (3	)				, 111011	Type of Fac	ility (4	1)					
N/A			,						School (F		on service out service					
Street Address											(Other than K- vate and comm		hui	ldina	2	
163-177 Pennsylvan	ia Avenue								homes,		vate and comm	icroidi	Dai	iairig	٥,	
City (5)			2///		- 11 1902				Square Feet	t	# of Floors		Bld	g. Ag	le	
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County (6)					Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use	(Prio	r if being demo	olished	)			
Passaic																
Name of Monitoring Firm F	lired by Buildi	ing Owi	ner (8)	1	ASCM I	Vo.		ne of Abateme								
N/A					N/A		- 33	ast Coast H	az Mat Ren	nova	I, Inc.					
Street Address							122200000	et Address 9 <b>4 East 41s</b> :	t Street							
City, State, Zip Code							City	, State, Zip Co	ode					-	1000000	
Particular							Р	aterson, NJ	07504							
Project Manager for Monito	oring Firm			Tele	ohone i	No.	Tele	ephone No.			License No.					
							97	73-345-0022	!		00507					
Start Date (10)				÷4	ion Dat		50000	ne of OSHA N								
08 /17 / _	18	08	_ / _	31	_ / _	18	S	ame as abo	ve					5V 13V		
Occupancy Status During					100		Stre	et Address								
☐ Facility Closed/Vacated ☐ Abatement Performed						a sila a						2001				
Time of Abatement:						cribe	City	, State, Zip Co	ode							
Scope of Work (Check all	that apply)							□ Eull Con	tainment with	Noas	ative Pressure					
≥3 sf or ≥3 lf			Reno					☐ Mini-Enc	losure	ivege	ative i ressure					
☐ ≥160 sf or ≥260 lf		L	] Demo	olitio	n				g Procedure mpted (*) and	d Non	-Friable Proce	dure				
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Location of			No: Used	rmal				Description of			7.00		ZD.	R	Щ	ū
Asbestos-Containing N TO BE ABA		)	Maint					Containing Ma rmal systems			Amount (Specify		Removal	Repair	icap	Enclosure
IN Facility			Custoo	lial ( 12)	Staff?	, , ,	s	urfacing, VAT	, or		SF or LF)		val	200	Encapsulate	ure
(13)		,		No	N/A		otr	ner miscellane	ous)						te	
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Name of Registered Wast	e Hauler			N	JDEP V	Vaste	Cub	oic Yards of	Name of R	Regist	ered Landfill					
East Coast Haz Mat	Removal, Ir	nc.		Н	auler II 419	No.	Was		G.R.O.	W.S.	, North W/M	of PA	1			
City, State			7/2		710			posal Date	City, State							
Paterson, NJ							8-	-30-17	Morris	ville,	PA					
Completed By (Print or Ty	pe)	Title						Signature	///	1		Date		2111 Bu342		
James Unger		Sr.	Estim	ato	r/Proj	ect Mgr.		from	4 14			P	-,5	-	18	
ACD 41				_				//	- French	and the same		-1/	-		- 62	

ASB-41 MAY 11

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

OK 34633

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

				(Pt	ırsuar	it to NJA	C 8:60 and 5:1	6)	ECEI	$\mathbb{W}$	同日	[17]	4
Date of Notification (1)					Name	of Building	g Owner/Operator	(2)		(!)	5	1 1	
08/	07 /	18	_		Am	eritrust F	Residential Serv	ices, LLC	34	1.7	3 1	-	tune sunt
Agencies Notified	Type Notifica	ation			Street	Address		\$1.5 E 5	AUG 10	<del>2018 -</del>	1	111	-
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□ DOLWD	☐ Amended	i				State, Zip C		inte 1500	description of the second seco	a populari menerila		_	2
☑ DOH	Amendm					anta, GA			ASBESTOS CON		_&_		rudeov.
	☐ Emergen		ding			of Contac			LICENSIN	- unanimization		southern the	and a
(NJAC 5:23-8)	justification Cancellate						A) T		Telephone Num				
	Caricellal	.1011				y Hagop			917-586-255	9			
NI				/A \	FA	CILITY IN	FORMATION		- 100 				
Name of Facility Where At	patement is 1	aking P	lace	(3)				Type of Facility	A E				
Residence								School (K-12	2) 8 (Other than K-12	V.			
Street Address									rivate and comme		ildina	S.	
								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
East Brunswick								2000 sf	1		70		
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Middlesex								Residence					
Name of Monitoring Firm H	lired by Build	ding Owr	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Guardian Contractin	g, Inc.						Guardian Co	ntracting, Inc.					
Street Address							Street Address						
1889 Rte. 9, Unit 61							1889 Route 9	), Unit 61					
City, State, Zip Code							City, State, Zip C	ode		-			-
Toms River, New Je	rsey 08755						Toms River,	New Jersey 08	755				
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.				
Nicholas Fernicola				7:	32-349	-9932	732-349-9932	2	00624				
Start Date (10)	5	Schedule	d Co	mple	tion Da	te (11)	Name of OSHA N	Monitor					
08 / 17 /	1 10 10				) /		E.M.S.L. Ana						
Occupancy Status During		25-17-20-0	38				Street Address	.,					
☐ Facility Closed/Vacated					ment		1056 Stelton						
☐ Abatement Performed (						cribe			<u> </u>				
Time of Abatement:							City, State, Zip Co		054				
Scope of Work (Check all t	that analy)						Piscataway,	New Jersey 08	854				
	iliat apply)						☐ Full Con	tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf				novati			☐ Mini-End	losure	,				
≥160 sf or ≥260 lf			Der	nolitio	on			g Procedure	n-Friable Procedu	re			
		- T	ls	Locat	ion	I		impled ( ) and 140	n-i nabic i roccau		otom	nt T	vno.
Location o	f		N	orma	lly		Description of	of			ateme	2000	
Asbestos-Containing M		1)			ely by ince/	Asbe	stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e	<ul> <li>thermal systems surfacing, VAT</li> </ul>		(Specify	NOV	=	aps	losu
(13)				(12)			other miscellane		SF or LF)	3		ulat	ē
		Y	es	No	N/A			,				O	
basement						asbesto	s containing ce	ilina	900 sf		П	П	П
		1	7	П	-					22.00			
		_	_	ш							Ш	Ш	Ш
			J T								П	П	
Name of Registered Waste	Hauler			N	IJDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill		_		
Guardian Contractin				H	lauler II	No. of the last of	Waste	T.R.R.F.	n en				
City, State	·	_			20223	5	3 Disposal Date	City, State					
Toms River, New Jer	rsev						08/20/18	E333	Pennsylvania				
Completed By (Print or Type		Title						1 Anytown,	-3	4			
Nicholas Fernicola	,		act	Man	ager		Signature		() Da	ile	and the same of		
monoido i citilicola		[ [ [ ]	CUL	mail	ayer		1	roter		X1-	11	8	

CK34637

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	ATT	Tought Tought		(F	ursua	ant to NJ	AC	8:60 and 5:1	6) E P F	IWEI	17			
Date of Notification (1)  08 /	07 /	18	3		Nan		ng (	Owner/Operator			A CONTRACTOR OF THE PARTY OF TH			
Agencies Notified	Type Notif								11/2 1	130to 1	9			
⊠ EPA	Initial	ication			Stre	et Address			III AUG	V 1010	Carried S			
□ DOLWD	☐ Amend	ed			City	Ct-t- 7:	_			1	1			
☑ DOH	Amend			_	. KG 1980	State, Zip			ASBESTOS	CONTROL &	1			
DCA	☐ Emerge		cludin	ng				s, NJ 07076	LICE	NSING	l			
(NJAC 5:23-8)	justifica					e of Contac		ci	5.	Telephone Nur	nber			
					F/	CILITY IN	VF(	ORMATION						
Name of Facility Where A	batement is	Taking	g Plac	e (3)				OT MINITION	Type of Facility	(4)				
Residence									School (K-1)					
Street Address									☐ Subchapter	8 (Other than K-1	2)			
									Other (i.e., p	private and comme	ercial b	ouildir	ıgs,	
City (5)									homes, etc. Square Feet	# of Floors		21-1-		
Westfield									1800 sf	1	-	3ldg. /	Age	
County (6)					Cou	inty Code (7	)(S	TATE USE ONLY)		rior if being demol	ishad)	0.000		
Union								· ·	Residence	ior in boing definor	Sileu)			
Name of Monitoring Firm	Hired by Bu	ilding C	wner	(8)	ASCN	l No.	N	lame of Abateme	ent Contractor (9)					
N/A								Guardian Cor	de comercia en marca de comercia de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia de la comercia del la come					
Street Address							S	treet Address	Ű,					
	ty, State, Zip Code							1889 Route 9,	Unit 61					
City, State, Zip Code	ty, State, Zip Code						С	ity, State, Zip Co					5.09/500	
-					Toms River, N	New Jersey 08	755							
Project Manager for Monit	oring Firm			Tele	phone	No.	Te	elephone No.	-	License No.	7877			
01-10 / //0								732-349-9932		00624				
Start Date (10)	40					ate (11)	N	ame of OSHA Me	onitor					
					)_ /	18		E.M.S.L. Anal	ytical					
Occupancy Status During	Abatement	(Check	only	one)			St	treet Address			200			
☐ Abstement Performed	During Ent	ire Per	iod of	Abate	ment	1220		1056 Stelton						
Abatement Performed Time of Abatement:	AM-	Iormai PM	Facilit	y Hou	s - Des	Scribe AM	Ci	ty, State, Zip Co	de					
			"			ZIVI		Piscataway, N	ew Jersey 08	854				
Scope of Work (Check all	that apply)							Ппп						
☐ ≥3 sf or ≥3 lf			☐ Re					☐ Mini-Enclo	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			⊠ De	molitio	n			☐ Glovebag	Procedure					
			ls	Locat	ion			⊠ Non-Exen	npted (*) and No	n-Friable Procedu	re			
Location o			١	Norma	lly			Description of			At	atem	ent T	уре
Asbestos-Containing M TO BE ABAT	aterial (ACN	/I)		d Sole		Asbes	tos	Containing Mate	erial (ACM)	Amount	Re	Repair	En	E
IN Facility				odial		(i.e.	, th	ermal systems in surfacing, VAT, of	sulation,	(Specify	Removal	pair	caps	Enclosure
(13)		-		(12)			0	ther miscellaneo	us)	SF or LF)	<u>a</u>		Encapsulate	ure
			Yes	No	N/A				,				fe	
exterior				$\boxtimes$		asbesto	s s	iding		1820 sf		In	П	П
	П													
					-						Ш	Ш		
Name of Bogistered Mark			ЦΙ					- Maria						
Name of Registered Waste				11/4/199	JDEP V			bic Yards of	Name of Regist	ered Landfill				
Guardian Contracting	y, inc.				20223		vva 3	aste B	T.R.R.F.					
City, State								posal Date	City, State					
Toms River, New Jer							8	3/20/18	Tullytown,	Pennsylvania				*
Completed By (Print or Typ	e)	Title		(A)			-	Signature	71	// Da	te ;	and and		
Nicholas Fernicola		Pro	oject	Mana	ger			1-	test	5	1/	1/3	5	

ASB-41 JAN 13

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



#### PAID

Date of Notification (1) 08-06-18					of Building Construct			r (2)		18	E (	G [	S N	M		Tr.
Agencies Notified	Type Notification	1			Address	1011 0	υρ			<u> </u>		9) [	= U	L'J	150	
☐ EPA	Initial			49 He	rmon St				THE PERSON NAMED IN COLUMN TO THE PE		A	UG.	1 0	2010		
DEP DOL	Amended Amendmen	t#	Ī		ate, Zip Co rk, NJ 07						10	<del>UU -</del>	1-19	2010		1
▼ DOH	Emergency justification		_		of Contact				-	Tel	ephon	e Nun	nber	stroor	11 2	
☐ DCA	Cancellation				n Espino				1	(9	73) 34	14-4	568	IG	ones	Magnes
Name of Facility Where	Abatement is Takir	ng Place (3	)	FAC	ILITY INFO	ORMA	TION	Type	of Facility (4	1)						
Dignity House / Co	mmercial Prope	erty	B)						School (K-12	-0.						
Street Address 276 Broadway			- 20000000						Subchapter of Other (i.e. pr	8 (Oth	er than	K-12	.) et build	dinas	home	26
City (5)								e	etc.) re Feet		Floors					
Passaic								Oquai	e reet	# 0	FIOOIS	5		ldg. A	ge	
County (6) Passaic				County (STATE	Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng den	nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	VI No.		Name	of Abat	tement Cont	tractor	(9)					
Charact Add									racting Ll	_C.						
Street Address								Addres 7th St.								
City, State, Zip Code							N 283 25 25 3		p Code NJ 07087	 7						
Project Manager for Mon	roject Manager for Monitoring Firm						Teleph	none No	).		Licen	se No	).			
Start Date (10)	77							216-96			0120	06				
08-16-18		08-24-1		npietion	Date (11)		1		IA Monitor racting LL	.C						
Occupancy Status During	g Abatement (Ched	ck Only On	e)					Addres								
Facility Closed/Vac Abatement Perform	ated During Entire	Period of A	baten	nent				7th St.				-				
Other - Describe:		nai r dollity	110013	,				tate, Zip n City	NJ 07087	7						
Scope of Work (Check A	II That Apply)	1701022					1						101/12/20			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				F		Containme	nt with	Negat	tive P	ressui	re		
_			01110111				v v	Glov	vebag Proce		d Man	الماسات	- D		<u>.</u>	
		Is	Locati	on				I NON	-Exempted	(*) and	Non-	Friabi		Abate		$\dashv$
Location		N	ormal Sole	ly			escription							Ту	ре	
Asbestos-Containing TO BE ABA		Mai	ntenai	nce/			taining N I systems			9.5%	mount pecify		ᄁ		Enc	四
In Facili (13)	ity	Cusio	odial 8 (12)	otan?			cing, VA				or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									al	7	late	ıre
2nd Flo	oor		Х			VA	T + Mas	stic		12	50 SF	=	x			
Baseme	ent	Х			Pipe	Insula	tion		7	0 LF		x				
Name of Registered Was	te Hauler		l N	JDEP W	lasta I	Cubia	Yards		Name of D	!		. 160				
Delfa Contracting LL		Н	auler ID 356240	No.	of Wa			Name of R Tullytown	1000000			COVE	ery F	acilit	y	
City, State Union City, NJ						Dispo	sal Date		City, State							
Completed by		Title					22-18 Signature		Tullytowi	n, PA		Dat				
Jaime Delgado		Mana	ger.			Jigilatule	A	1				e -06-1	18			

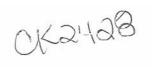
CREAM

#### PALL

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

4/			(F	ursuan	t to NJAC	8:60 an	id 12:12	0)		III						-
Date of Notification (1) 08/06/2018				Name o	of Building dence	Owner/	Operato	r (2)		14		AU	j j	0	2018	
Agencies Notified	Type Notification			Street /	Address						100		-			- Land
EPA	× Initial								Ĺ		Mot	BEST	08	DINE	TRO	LR
EPA DEP DOL	Amended Amendment	#			tate, Zip C							-		OHAE	7	******
	Emergency (		g		NJ 070											
☑ DOH DCA	justification) Cancellation			David	of Contact					Tel	ephone	Num	ber			
					ILITY INF	ORMAT	ION			<u></u>			_	_		
Name of Facility Where A Residence	Abatement is Taking	g Place	(3)			Ortiniza	ion	Туре	of Facility (4)							
Street Address								×	Subchapter 8 Other (i.e. pri etc.)	(Oth				dings	hom	es,
City (5) Union								Squa 1,58	are Feet	# of 2	f Floors		1000	ldg. A	Age	
County (6) Union					Code (7) USE ONLY	)		Curre	ent Use (Prior	if bei	ng dem	olishe	d)		- 1	
Name of Monitoring Firm A. Seine Lighthouse		Owner (8	3)	ASC	M No.				atement Contr		(9)					
Street Address PO Box 354							Street 1256		ss erty Avenue							
City, State, Zip Code South Orange, NJ 0	7079					City, S	state, Z	Zip Code IJ 07205								
Project Manager for Moni Sarah Calandra	toring Firm		Telepho 201-34	ne No. 49-2666		Teleph 844-				Licens 0131		8				
Start Date (10) 08/17/2018		Schedu 09/04/		npletion	Date (11)				HA Monitor Lighthouse	Solu						
Occupancy Status During	Abatement (Check	Only O	ne)				Street		- T-1							
Facility Closed/Vaca Abatement Performe	ted During Entire P	eriod of al Facilit	Abaten y Hours	nent		1	PO E	0000000	54 lip Code							
Other – Describe: _						_			ange, NJ 07	7079						
Scope of Work (Check Al	That Apply)	ab. Tr	- Hearn					fal								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit				×	Min	Il Containmen ni-Enclosure ovebag Proce n-Exempted (	dure					e.	
		Is	s Locati	on											ment	
Location			Normal ed Sole			Des	scription	of				-	_	Ту	ре	
Asbestos-Containing TO BE ABA In Facilit (13)	TED	Ma	aintenar stodial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac other m	aining M systems cing, VA niscellan	insula T, or	I (ACM) ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enciosure
		Yes	No	N/A											e	
Basement Utili	ty Closet		X			Pip	oe wra	р		2	5 LF					
Name of Registered Wast Newark Carting	e Hauler		H	JDEP W auler ID 1509		Cubic of Was			Name of Re Waste Ma				ndfil			
City, State East Orange, NJ						Dispos	al Date		City, State Penn Arg	vle	PA					
Completed by Alison Lamers		Title Offic	e Mar	ager		Si	ignature	av	NON	, -,		Date 08/0		018		

Print Form



PATO				N OF ASB t to NJAC					F	G.	[Fa	n ti	f) Fa	.3 pm	Danes
Date of Notification (1) 08/02/2018			Name o	of Building lence	Owner/0	Operator	(2)		15	(Ln	<u>E</u>	<u> </u>			And the second s
Agencies Notified Type Notification	1		Street A	Address						AUG	1.0	201	0		111
X EPA X Initial								F 1 2 141		14	1 1/	£VI	0		2/
X DEP Amended X DOL Amendmer	t #			ate, Zip Co ord NJ 0				i	1	takan para sa				- Constitution	The same
Emergency	(including	<del>,  </del>		of Contact						ephone			OL 8	<u> </u>	_ _
DOH justification				Harley					Lie	EDLIGIT	- 101111	II II-I		*****	
			FAC	ILITY INF	ORMAT	ION			_						
Name of Facility Where Abatement is Taki Residence	ng Place (	3)					Туре	of Facility	4)						
Street Address								School (K- Subchapter		or than	K 12	١			
							×	Other (i.e.					lings,	hom	es,
City (5)								etc.) re Feet	# 0	f Floors	3	В	ldg. A	ge	
Cranford							1,95	0	2			6			
County (6) Union				Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	)	ASC	M No.				tement Cor nk Servic		(9)	1				
Street Address PO Box 354						Street 1256		ss rty Avenu	ie						
City, State, Zip Code South Orange, NJ 07079							ip Code J 07205			72 9/1					
Project Manager for Monitoring Firm Sarah Calandra		Telepho 201-34	ne No. 49-2666		Teleph 844-	none N 462-7			Licen 0131		).				
Start Date (10) 08/13/2018	Schedu 8/30/2		npletion	Date (11)		111000000000000000000000000000000000000		HA Monitor	e Solu	itions					
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addres	SS							
Facility Closed/Vacated During Entire	Period of	Abatem	nent			PO E	36 XOX	54							
Abatement Performed Outside of Nor Other – Describe:	nal Facilit	y Hours			_	7000070000		ip Code Inge, NJ	07079						
Scope of Work (Check All That Apply)	0277774						_					1777			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	I Containment- ni-Enclosure nvebag Production n-Exempted	edure					e.	
	Is	Locati	on						7				Abate	ement	t
Location of		Normall ed Sole		851.68		scription							Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/				s insula T, or		(S	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
()	Yes	No	N/A		outern	moodiai	cous					val	₹:	ılate	ure
Living Room		Х			fl	oor tile	100		19	95 SF		X			
Bedroom#1 and Closet		Х			fl	oor tile	£0.		15	2 SF		Х			
Bedroom #2 and Closet	Х			fl	oor tile	e:		9	8 SF		Х				
Hallway with Closet		Х			fle	oor tile			4.	5 SF					
Name of Registered Waste Hauler			JDEP W	35.55	Cubic			Name of	Registe	red La	ndfill				
Newark Carting		1 100	auler ID 1509	No.	of Was	40505		Waste I		gemer	nt La	ndfil			
City, State East Orange, NJ						sal Date		City, State Penn A		PA					
Completed by Alison Lamers	Title Offic	e Man	ager		S	ignature	DM	LON			Date 08/		018		



Date of Notification	(1)			Nar	ne (	of Bu	ilding	Owner / Operat	or (2)					
	6/21/18			VE	RIZ	ON	COM	IMUNICATION	IS (2)	E CE I	N// 12	Trans.	rwy	
Agencies Notified	Type Notific	ation				Addr					# 별	111	12	
				386	Ea	ast E	Зау А	venue	TW.		1000		Contraction of the Contraction o	
☐ DEP		ıl					& Zip			Allo 10		111	11	
□ DOL		nded R#1-8/6/	18	Mai	nah	naw	kin N	J	114 141	AUG 10	2018	U		
□ DOH		rgency		Nan	ne d	of Co	ntact		1		Teleph	one l	Vuml	her
☐ DCA	☐ Cano	cellation		Bria	an '	Tilto	on		7.5	To the second	215-64			50.
				F	AC	ILIT	YINE	ORMATION		LIUT NSINC	1 HO 2 8.			
Name of Facility W	here Abatem	ent is Taking P	lace	(3)				Type of Faci	lity (4)	A STATE OF THE STA	A 7900			
Manahawkin Cer	ntral Office	1907 1907 1907 1907		w				School						
Street Address								Subcha	pter 8 (Other t	han K-12)				
368 East Bay Av	enue									ommercial build	dings, hon	nes,	etc.)	
0:4 (5)		1-						Square Feet	# of F	loors	Bldg. Ag	je		
City (5)		County (6)	C	ounty	/ Cc	ode (	(7)	23500		1		75		
Manahawkin		Ocean							(Prior if being	demolished)				
Name of March	E:	L						COMMUNI						
Name of Monitoring USA ENVIRONM	FIRM Hired b	y Building Own	ner (8	3)		ASC	M No		atement Contra	actor (9)				
Street Address	LIVIAL INA	VAGENIENI,	IIVC	٠.				Street Addre	NVIRONME	NTAL INC				
8436 ENTERPRIS	SE AVE							Street Addre	ss 'ER STREET	<u>6</u>				
City, State & Zip Co	de							City, State &						
PHILADELPHIA F								BRISTOL,						
Project Manager for	Monitoring F	irm		phon			er	Telephone N		License	Number			
MARK JENKINS			_	-365				215-788-60	40		0050	9		
	heduled Start Date (10) Scheduled Con 7/23/18  cupancy Status During Abatement (Check or							Name of OSI BRISTOL F	HA Monitor NVIRONME	NTAL INC				
Occupancy Status D	During Abater	ment (Check or	nly or	ne)	20			Street Addre		ATTAL ING				40
		During Entire P						1123 BEAV	ER STREET					
		utside of Norma	al Ho	ours -	- 7a	m to	3pm	City, State &	Zip Code					
	5:00 PM -							BRISTOL, I	PA 19007					
Scope of Work (Che	upied During													
Scope of Work (Che	eck all that ap	ppiy)							N 5.11.0			_		-
≥3 sf or ≥3 lf	F		M	Re	nov	atio	n			ntainment with	Negative	Pres	ssure	3
≥160 sf ≥260	O If		H			lition			The state of the s	iciosure Bag Procedure				
_										cempted and N		Dro	ood:	ıro
Lo	cation of		ls	Loca	tior	1		Description		Amount				
	os-Containing	9		mally				Asbestos-Con		(Specify	7100	atem.		ype
	erial (ACM)			Solely				Material (A		SF or LF	)		m	m
	E ABATED Facility			ntena: todial				(i.e., thermal s			Rem	Repair	cap	ncl
	(13)		Ousi	(12)		111 :		nsulation, surfact or other miscell	aneous)		Remova	pair	Encapsulate	Enclsoure
			Yes	No		I/A			anocac <sub>j</sub>		=		ate	0
Boiler Room			$\boxtimes$	П	1	T		Vat/Mast	ic	1200 SF				
Boiler Room			X	T	Ti	T		Boiler Insul		100 SF		H	H	H
Boiler Room				П	T			Breeching Ins		100 SF		H	H	H
					T					10001		H	H	H
											ᆖ	H	H	H
					[						TH	Ħ	Ħ	Ħ
Name of Registered	Waste Haule	er						Cubic Yards	Name of Reg	istered Landfil	ı			
SERVICE TRANSI	PORT GRO	UP. INC			aule <b>)99</b>		No.	of Waste	MINERVA I	ANDELLI				
City, State		,		20		-		Disposal Date		-ANDFILL			200	
NEW CASTLE, DE	19720							TBD	City, State WAYNESB	URG, OH 446	888			
Completed By (Print	or Type)			Tit	tle			Signature		4	Date			
PATRICK T. DeCA	RO			1000	7.0	nato			P. D' - 1	0	6/21/	18		
								Brian x	capus /	70	01211			
BS18083						76	b							-

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Date of Notification (1)			Na	me of Bui	ildina (	Owner / Open	rator (2)	-		The section we because		-
	21/18		VE	ERIZON	COM	MUNICATIO	ONS	- 1111	Alto	1 A 6000	-	Spirit Sp
Agencies Notified Type	Notification		St	eet Addre	ess			14 11	A00	1 0 2018	11.	1
☐ DEP	1-10-1	36	6 38	& East B	ay Av	renue					1	
DEP DOL9791	Initial Amended	,	Cit	y, State &	Zip C	ode			AGRESTO	CONTROL		-
Ø DOHQ¶O ☐			Mia	anahawk	in NJ	08050			LICE	INSING	a.	
DCA H	Emergency Cancellation			me of Cor				4	1 (	Telephone	Nur	he
	Cancellation		Br	ian Tiltoi	n					215-640-4		
Manager CE 100 Mar			F	ACILITY	INFO	DRMATION				I SOUTH THE PARTY OF		_
Name of Facility Where A Manahawkin Central	Abatement is Taki	ng Plac	e (3)			Type of Fa	acility (4)					
Street Address	Office						ol (K-12)					
368 East Bay Avenue						Subch	napter 8 (	Other than	K-12)			
ood Last Day Avenue						○ Other	(i.e. priva	ate & com	nercial build	dings, homes,	etc.)	
City (5)	0		_			Square Fe	et	# of Floor	'S	Bldg. Age	010.)	-
Manahawkin	County (6	))	Count	y Code (7)	)	235			1	75	# 5	
MIGHAMAMIH	Ocean					Current Us	e (Prior if	f being der	molished)	1		
Name of Monitoring Firm	Himada D. H. H.				(Selferance)	COMMUN	VICATIO	NS	3			
Name of Monitoring Firm	HIRED by Building	Owner	(8)	ASCN	No.	Name of Al	batement	Contracto	or (9)		-	
USA ENVIRONMENTA Street Address	LIVIANAGENIE	NI, IN	C.			BRISTOL	ENVIRO	DNMENT	AL INC			
3436 ENTERPRISE AV	F					Street Addi	ress					_
City, State & Zip Code	Man.					1123 BEA						
PHILADELPHIA PA 19	153					City, State				-1410 1240 0	distan	_
Project Manager for Monit	oring Firm	Te	lephor	e Number	r	BRISTOL, Telephone		07				
MARK JENKINS				-5810	L.	215-788-6			License	Number		
Scheduled Start Date (10)	Scheduled				-	Name of OS		itor		00509	_	
7/23/18	1	8	8/18	( , , ,		BRISTOL	FNVIRO	NOT	0141 13			
Occupancy Status During	Abatement (Chec	k only c	ne)			Street Addre	ess	i dini Lie i /	AL INC			
Facility Closed/Vac	cated During Entir	e Perio	d of Al	patement		1123 BEA		REET				
Abatement Perform	ned Outside of No	rmal H	lours -	7am to 3	pm	City, State &	Zip Cod	le			_	_
Describe: 5:00 F	M - 1:30 AM					BRISTOL,						
Facility Occupied E	uring Abatement											
cope of work (check all t	nat apply)						7.0000000000000000000000000000000000000	OV 200 120				_
≥3 sf or ≥3 lf			Do	novetiee			⊠ F	ull Contai	nment with I	Negative Pres	sure	ĺ
≥160 sf ≥260 If				novation molition			IV	/lini-Enclos	sure			
		ш	De	HOHIOH				Blove Bag	Procedures			
Location	of	I	Loca	ion		Deseriati	LJ N	Ion-Exemp	oted and No	n-Friable Pro	cedu	re
Asbestos-Con	taining		mally		Д	Descriptio sbestos-Cor	11 01		Amount	Abateme	ent T	уре
Material (A)	CM)	1 :	Solely	by		Material (A	CM)		(Specify SF or LF)			
TO BE ABA in Facility		Mai	ntenar	ice or	(i.	e., thermal s	systems		or or Lr)	2 7	Enc	Ī
(13)	, v	Cus	todial (12)	Staff?	insu	lation, surfa	cing, VA7	Г		Removal	aps	0
· · · · · · · · · · · · · · · · · · ·		Yes		N/A	Or (	other miscel	laneous)			val   air	Encapsulate	Liciocale
oiler Room			In			1/04/06-	4:-				0	
iler Room			1	H	-	Vat/Mas			1200 SF			Г
oiler Room		18	H	H		Boiler Insul			100 SF			
		11	H	H	DL6	eching Ins	ulation		100 SF			
		1	H	H								
		TH	H	-								
me of Registered Waste I	Hauler		N.II	DEP Wast	te Cut	nic Vardo	None	4 D				
			Hai	uler ID No		Vaste	ivame o	i Kegister	ed Landfill			
RVICE TRANSPORT	GROUP, INC.		1 .485.65	390	10		MINER	VA LANI	)EII I			
y, State						posal Date	City, Sta		7116			
W CASTLE, DE 19720					TBI				, OH 4468	c		
mpleted By (Print or Type)			Title	9		nature		LODONG	, on 44688			
TRICK T. DeCARO			12.000	imator	1	1 1	- ^		4	Date		
					111	strick	Till)	& Can	o MM	6/21/18		
18083					, 0	000	· · ·	. 500 0	10.			



### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Pg I.

Date of Notification	(1)			Nar	ne c	of Buildin	na O	wner / Oper	ator (2)	F (0)	72 n	T\ /7 F=3	princes,			
	7/10/18			Bu	rling	gton C	oat	Factory	101 (2)	EC		WE	m			
Agencies Notified	Type Notific	ation		Stre	eet A	Address			100		y - Ab - system	THE ARTES WITH				
☐ DEP	□ In:ii:a							30 North		1.10						
Ø DOL	☐ Initia☐ Ame	ı nded <b>R#2-8/6/</b>	10			ate & Zi				AUC	i V	ZUIB	1121			
□ DOH		rgency	10			gton No		016	_							
DCA		ellation				Voods	O.	1	A	SDE	al Con	VTROL &	Teleph	one	Num	ber
			-			10.000000000000000000000000000000000000	IFO	DIMATION		1,1	HASIN	G	317-0	30-4	314	
Name of Facility Wh	nere Abateme	ent is Taking P	lace	(3)	ACI	LIIYII	NFO	RMATION Type of Fa	oility (4)							
Burlington Coat	Factory Sto	ore #226	1400	(0)					l (K-12)							
Street Address										(Other th	nan K-1	2)				
2495 Route 1, Su	ite 1							Other	i.e. priv	ate & co	mmerc	ial buildin	gs, hor	nes,	etc.)	
City (E)		1-						Square Fee		# of Fl			3ldg. A			
City (5)		County (6)	C	ounty	/ Co	de (7)		72500			1			50	)	
Lawrenceville		Mercer						Current Use	e (Prior	if being	demolis	shed)			7.7	
Name of Monitoring	Firm Hirad h	y Building Our	205/9	``		A C C B A B		Retail								
ESIS	T HITT TINGG D	y ballang Owl	iei (o	2	ľ	ASCM N	10.	Name of At BRISTOL	atemer	ontra	ector (9)	INIC				
Street Address							***	Street Addr	ess	ONWIL	NIAL	INC				
436 Walnut Stree	The second secon							1123 BEA		TREET						
City, State & Zip Coo Philadelphia, PA								City, State 8								
Project Manager for		irm	Tele	nhon	o NI	umber		BRISTOL,								
Frank Westfall	rank Westfall							Telephone   215-788-6			1	_icense N				
	cheduled Start Date (10) Scheduled Com							Name of OS		nitor			005	UB		
	ccupancy Status During Abatement (Check on							BRISTOL			NTAL I	NC				
Occupancy Status D	uring Abaten	nent (Check or Juring Entire P	nly on	e)				Street Addre								
Abatement F	Performed Or	itside of Norma	erioa	Of At	oate	ment	_	1123 BEA								
1,000		6:00 AM) Sur					n	City, State &								
Facility Occu	pied During	Abatement	luuy	1110	ıı Su	ау		BRISTOL,	PA 19	007						
Scope of Work (Che	ck all that ap	ply)														
≥3 sf or ≥3 lf						0.000			$\boxtimes$	Full Co	ntainme	ent with N	egative	Pre	ssure	9
≥160 sf ≥260			$\bowtie$			ation				Mini-En						
2 -100 01 -200				De	ПОП	ition						cedures		- 10 ( <u>- 10</u> (- 1)	F. 12	
Loc	cation of		Is	Loca	tion		-	Description	on of	NON-EX	emptea	and Non mount	-Friable	e Pro	cedu	ire
	s-Containing		Norr	nally	Use	ed	P	Asbestos-Co	ntaining	1	(8	Specify	Ab	aten	enti	ype
	rial (ACM) E ABATED			olely tenar		0.5	/:	Material (A				or LF)	וד		m m	m
	Facility		Custo				insi	i.e., thermal : ulation, surfa	systems Icina V	§ ΔΤ			Remova	Repair	cap	ncls
	(13)			(12)				other misce					ova	bair	Encapsulate	Enclsoure
D 055			Yes	No	N.	/A									te	(D
Rear Offices	- D 0 /		ᆜ	X	1			Masti			5	12 SF	$\boxtimes$			
Break Room, Men Ladies Room, Cor	s Room &	corridor	Η	X	+-	-		Masti				75 SF				
Laules Room, Col	nuoi & Sai	es Floor	H		+	-	-	Masti	C		90	00 SF				
			H	H	╁	+	_						ᆜᆜ	Ц		Ц
			H	H	1	-							ᆛH		H	님
Name of Registered \	Waste Haule	r		N.	JDE	P Waste	Cu	ıbic Yards	Name	of Regi	stered	Landfill			Ш	Ш
SEDVICE TO ANOT	ODT ODG	ID INC		Ha	aule	r ID No.	of	Waste		100						
SERVICE TRANSP	UKI GROU	JP, INC.		20	990	)	-	Cu Yd			HILLS	LANDFI	LL			
City, State NEW CASTLE, DE	19720						Dis	sposal Date	City,		1 = -					
Completed By (Print of				Tit	le		10000		INIOR	RISVIL	LE, PA	1	15			
PATRICK T. DeCA	RO					ator		gnature	~		<u></u>	~	Date	0		
								Patrick	1	1 100	an	1 is	8/6/1	Ö		
PD 18055						S	Ι.	- /0				17/1				



### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Pg 2

Date of Notification (1)			Nam	e of E	Buildin	g Owner / Opera	tor <sub>2</sub> (2)	WEIN				
7/10/1			Burl	ingto	on Co	at Factory		And the second s				
Agencies Notified Type No	tification				dress	1:						
	nitial	- 1	1830	US	Rout	e 130 North	ANG 10 2	1018 113/1				
N 500	mended R#2-8/6				& Zip							
N 2000	mergency	1				08016	and the second s					
	Cancellation	- 1	Mike		Contac <b>ods</b>		SOULDS CON LICENSIN	G HULCE	Teleph 917-83			ber
			FA	CILI	TY IN	FORMATION			317-00	,0~ <sub>0</sub> ,	714	
Name of Facility Where Abat	ement is Taking	Place (3	3)			Type of Fac	ility (4)			-		
Burlington Coat Factory	Store #226					School						
Street Address						Subcha	pter 8 (Other t	than K-12)				
2495 Route 1, Suite 1						Other (i	.e. private & c	ommercial buildi	ngs, hon	nes,	etc.)	
City (5)	10	- 1-				Square Feet	# of F	loors	Bldg. Ag	je		
City (5)	County (6)	Co	unty (	Code	(7)	72500		1		50		
Lawrenceville	Mercer						(Prior if being	demolished)				
Name of Monitoring Firm Hire	d by Dollar	(0)		1		Retail						
ESIS	ed by Building Ow	mer (8)		AS	CM No		atement Contr ENVIRONME	actor (9) NTAL INC			**************************************	
Street Address 436 Walnut Street						Street Addre	ss					
City, State & Zip Code						1123 BEAV	ER STREET					
Philadelphia, PA 19106						City, State &	Zip Code					
Project Manager for Monitorin	a Firm	Telep	hone	Num	her	BRISTOL, Telephone N		71.		1		
Frank Westfall	3	215-6			ibei	215-788-60		License I		10		
Scheduled Start Date (10)	Scheduled Co				1)	Name of OS			0050	19		
7/24/18		OH NO	OLD	- (	-		NVIRONME	NTAL INC				
Occupancy Status During Aba Facility Closed/Vacate	atement (Check of	nly one	e)	. 4		Street Addre					1200	
Abatement Performed	Outside of Norm		OI ADS	iteme	ent La 2		ER STREET					
Describe: (10:00 P	M = 6:00 AM)	iai nou	115 – 1	ramı	o spm	The state of the s						
Facility Occupied Duri						BRISTOL, I	PA 19007					
Scope of Work (Check all that	apply)											
≥3 sf or ≥3 lf			_					ontainment with N	Vegative	Pres	sure	
≥160 sf ≥260 lf		$\bowtie$		ovatio	32100			nclosure				
2 100 31 2200 11			Dem	olitio	n			Bag Procedures				
Location of		le I	ocati	on.		Dogovintie	Non-Ex	kempted and Nor				
Asbestos-Contain	ning	Norm				Description Asbestos-Con		Amount	Aba	teme	ent T	ype
Material (ACM			lely b			Material (A		(Specify SF or LF)			m	
TO BE ABATE	<u>D</u>	Mainte				(i.e., thermal s	ystems	0.0.2.7	Re	æ	nca	Enc
in Facility (13)		Custo		taff?		insulation, surfac			Remova	Repair	psu	Enclsoure
(10)			(12) No	N/A	-	or other miscell	aneous)		/ <u>a</u>	=	Encapsulate	иге
Receiving Area						Mastic		4.000	5.7			
Aisle Way C-D @ Column	4	H		H		Mastic		4,000		님	님	뷔
Aisle Way C-D @ Column		H	X	H		Mastic		436 SF		님	님	님
Aisle Way D-E @ Column		FI		Ħ		Mastic		436 SF 300 SF		뮈	님	님
Vestibule G-H @ Column	2-5			Ħ		Mastic		1100 SF		H	님	님
Vestibule J & Cashwraps			X	Ī		Mastic		900 SF		ㅐ	님	뉘
Name of Registered Waste Ha	uler		NJE	DEP V	Naste	Cubic Yards	Name of Reg	istered Landfill				_
SERVICE TRANSPORT G	ROUP, INC.		209		O No.	of Waste 40 Cu Yd		HILLS LANDFI	11 1			
City, State NEW CASTLE, DE 19720						Disposal Date TBD	City, State					-
Completed By (Print or Type)			Title	<u> </u>		Signature	MORRISVIL	LE, PA	Te			
PATRICK T. DeCARO				imat	or	Patrick	J. Dec	Ow /il	Date <b>8/6/18</b>	3		
						1	03% W	//				



### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Pg. 1

Date of Notification (1)		- 1	lomo	of D	uildina	0	-4.15.77	A R	D WC	7	340	6		
7/10/18	1)	l I	Rurli	nato	unung	Owner / Oper	ator (2	10 5	U W G					
Agencies Notified Type Not				Add		it i actory					1 1			
⊠ EPA		1	1830	US F	Route	130 North		NIC 11	) onig		and the same of th			
	tial				& Zip (		1		2 2010	1				
	nended R#1-7/20		3urli	ngto	n NJ (	08016	1		1.007		2000			
	nergency ncellation	- 1		of Co Woo	ontact		ASB	ESTOU C	ONTROL &		Teleph			oer
								LICENS	SING		917-83	8-43	314	
Name of Facility Where Abate	ment is Taking P	lace (3	FAC	CILII	YINF	ORMATION	allik. /	4\						
Burlington Coat Factory	store #226	iace (S	,			Type of Fa								
Street Address	4						A		han K-12)					
2495 Route 1, Suite 1						☐ Other	i.e. pr	ivate & co	mmercial bu	ildin	as. hon	nes	etc.)	
						Square Fee		# of FI	oors		Bldg. Ag		-10.7	
City (5)	County (6)	Cor	inty C	Code	(7)	72500			1			50		
Lawrenceville	Mercer						e (Prio	r if being	demolished)					
Name of Monitoring Firm Hired	h. D. ildi O	(0)		1.00		Retail								
ESIS	by Building Owr	ier (8)		ASC	CM No.				nctor (9)					
Street Address 436 Walnut Street						Street Addr								
City, State & Zip Code						1123 BEA City, State								
Philadelphia, PA 19106						BRISTOL,								
Project Manager for Monitoring	Firm	Teleph	none	Numb	per	Telephone			Licens	se N	umber			
Frank Westfall		215-6			-0.5	215-788-6			1	00 14	0050	)9		
Scheduled Start Date (10) 7/24/18	Scheduled Con			e (11)	)	Name of OS								-5200-00
Occupancy Status During Abat	oment (Check as	8/20/				BRISTOL		RONME	NTAL INC			- /!!		
Facility Closed/Vacated	During Entire P	eriod of	f Aba	temer	nt	Street Addr 1123 BEA		TDEET						
Abatement Performed						City, State 8								
Describe: (10:00 PN	- 6:00 AM) Sun	day - T	hurs	day	•	BRISTOL,								
Facility Occupied Durin														
Scope of Work (Check all that	apply)							F 11.0				2000		
≥3 sf or ≥3 lf		M	Renc	vatio	n		M	Mini-En	ntainment wi	th Ne	egative	Pres	sure	1
≥160 sf ≥260 If		-		olition			H		Bag Procedur	201				
		_					$\boxtimes$		empted and		Friable	Pro	cedu	re
Location of			catio			Description			Amoun			ateme		
Asbestos-Containi Material (ACM)	ng	Norma	ally Us ely by			Asbestos-Co Material (A		ng	(Specif					
TO BE ABATED		Mainte				(i.e., thermal		ns	SF or LI	F)	R	71	Enc	Ē
in Facility		Custod		aff?		sulation, surfa	cing, '	VAT			Remova	Repair	aps	Enclsoure
(13)	-		12) Vo	N/A		or other misce	llaneo	us)			val	=	Encapsulate	nre
Rear Offices			X			Masti	•		F40.07				(D	
Break Room, Mens Room &	Corridor		#	H		Masti			512 SF			님		닠
Ladies Room, Corridor & S			<b>X</b>	Ħ		Masti			1,575 S 900 SF			님	H	H
			it	ПI					300 31		-	H	H	ዙ
											ᅢ	Ħ	퓜	뉘
(B 11 1111 1111												Ħ	Ħ	Ħ
Name of Registered Waste Hau	ler					Cubic Yards	Nan	ne of Regi	istered Landf	fill				
SERVICE TRANSPORT GR	DUP, INC.		209	ler ID <b>90</b>	The state of the s	of Waste 10 Cu Yd	FAI	RLESS I	HILLS LANI	DFIL	L			
City, State NEW CASTLE, DE 19720						Disposal Date	City	State						
Completed By (Print or Type)			Title			Signature	INIO	RRISVIL	LE, PA		<b>.</b>			
PATRICK T. DeCARO				mato		A.	0 /	à la	n 1.		Date 7/20/	10		
						Palrie	k s	. 02	aro/je	,	11201	10		

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## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Pg 2

CE# 3406

Date of Notification	141										CET	040	60		
Date of Notification	7/10/18			Nai	ne c	f Build	ding (	Owner / Opera		house to a		- The second sec			
Agencies Notified	Type Notific	ation	-			gton (		Factory	EG		WEI	11			
⊠ EPA	Type reduite	ation						30 North	1	DE THE SHEET					
☐ DEP		ıl				ate & Z			1		111				
□ DOL		nded R#1-7/2	0/18			gton i			ll AU	10 2	018 111.	4))			
□ DOH	☐ Eme	rgency				f Cont		3010			1 104	Tolonh	000	. I	la
☐ DCA	Can	cellation				loods						Teleph 917-83			per
					ACI	LITY	INIT	RMATION	<u> </u>	oc Sant Gertany	HOL 4	317-00	JO-4.	314	
Name of Facility Wh	ere Abatem	ent is Takino I	Place	(3)	MUI	LIII	IIVE	Type of Fac		1,11,11,11,11,11,11,11,11,11,11,11,11,1					
<b>Burlington Coat F</b>	actory St	ore #226	1400	(0)				School							
Street Address				7	200				apter 8 (Ot	her than k	(_12)				
2495 Route 1, Sui	te 1							Other (	i.e. private	& comme	ercial buildir	age hor	200	oto \	
								Square Fee	t #	of Floors		Bldg. Ag		eic.)	
City (5)		County (6)	C	ounty	Co	de (7)		72500	.	1	-	Diug. Ag	50		
Lawrenceville		Mercer						Current Use	(Prior if b	eina dema	olished)		50		_
	William Control	92						Retail		- ng donne	moricaj				
Name of Monitoring I	Firm Hired b	y Building Ow	ner (8	3)	1	ASCM	No.	Name of Ab	atement C	ontractor	(9)				
ESIS			5%	60'				BRISTOL	ENVIRON	MENTA	LINC				
Street Address								Street Addre	ess						
436 Walnut Street								1123 BEAV							
City, State & Zip Cod Philadelphia, PA 1								City, State 8	Zip Code						
Project Manager for M		irm	Tole		- NI.			BRISTOL,	PA 1900	7					
Frank Westfall	vioritoring i	11111		-640		umber		Telephone N 215-788-60			License N				
Scheduled Start Date	(10)	Scheduled Co						Name of OS				0050	)9		
7/24/18	(,,,	or leading co		0/18	ate (	11)		BRISTOL B			INIC				
Occupancy Status Du	uring Abater	nent (Check o	nlv or	ne)		-		Street Addre		HAIT IA I W	- 1140				
Facility Close	d/Vacated [	Ouring Entire F	eriod	of Al	oate	ment		1123 BEAV		FET					
Abatement Pe	erformed Ou	itside of Norm	al Ho	ours -	7ar	n to 3p	om	City, State &							
	(10:00 PM -							BRISTOL,							
Facility Occup					200		1/4								
Scope of Work (Chec	k all that ap	ply)								20020 00 00					
≥3 sf or ≥3 lf				Po	nove	ation			Fu	II Containi	ment with N	legative	Pres	sure	2
≥160 sf ≥260	lf		H		moli					ni-Enclosu					
			Ш	De	mon	LIOIT					rocedures			577	
Loca	ation of		ls	Loca	tion			Descriptio	n of	II-Exempt	ed and Nor				19-03-0
	s-Containing			mally		d		Asbestos-Cor	ntaining		Amount (Specify	Aba	tem	ent I	ype
	ial (ACM)			olely			2	Material (A	CM)		SF or LF)			ш	_
	ABATED			itenar odial				i.e., thermal s				Ren	Re	nca	inc
	(13)		Cust	(12)	Olai	1 .		ulation, surfactor other miscell				Remova	Repair	Encapsulate	Enclsoure
	1995-253		Yes	No	N/	Α	٠.	outor mioden	uncous)			<u>m</u>	-	ate	9
Receiving Area			П	X	T	7		Mastic		_	4,000				
Aisle Way C-D @ C	olumn 4		Ħ	X	T	il		Mastic			436 SF		H	님	님
Aisle Way C-D @ C			Ħ	X	T	il		Mastic			436 SF		붜	님	님
Aisle Way D-E @ C	olumn 1-2		П		T	il	2 2 3 7 2 2 2	Mastic			300 SF		님	님	뮈
/estibule G-H @ Co	olumn 2-5			X	T	il	-	Mastic			1100 SF		H	님	H
estibule J & Cash				X	T			Mastic			900 SF		H	H	H
Name of Registered W	/aste Haule			N.				ubic Yards		Registere					
COMOR TO MICO						ID No		Waste							
SERVICE TRANSPO	JRT GROU	JP, INC.		20	990		40	Cu Yd	FAIRLE	SS HILL	S LANDFI	LL			
City, State	10700							sposal Date	City, Stat						
VEW CASTLE, DE 1							- 1	BD .	MORRIS	SVILLE, I	PA				
Completed By (Print or PATRICK T. DeCAR	Type)			Tit			Sig	gnature				Date			
ATTION I. DECAR	.U			ES	um	ator		Patrick	11/19	4	10	7/20/1	8		
								1 on a most be	10.60	con p	The				

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

CMH 3400

Date of Notification	7/10/18		Nan Bur	ne of Build lington	ding Ow Coat F	ner / Ope	erator (2)	CEI	W/ E	D grand		
Agencies Notified	Type Notifica	ation	Stre	et Addres	S	Lowing		Smer 12- []	W E	Ini	Ê	
BPA 9975				0 US Ro		A Blooks	i'ali			111111	7	
I LI DEP		A a	City	State 9	Tin Ond	North				111 111		
DOL9555	☐ Amer		City,	State & 2	cip Code	э 📑	111	AUG 10	2018	111 ///		
□ DOH9982			Bur	lington I	NJ 080	16	**		EVID.	压力		
D DCA	H ciner	gency		e of Cont				A CONTRACTOR OF THE		-		
L BOX	☐ Cance	ellation	Mike	e Woods	3		ASB	NIGOROLA UCCHANA	Trong	leler	hone	Numb
AL 65 00			FA	CILITY	INFOR	MATION	J	LIDSUSSIA	INOLA	917-	838-4	314
Name of Facility Wh	ere Abateme	nt is Taking Pl	ace (3)			Type of F						
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Name of Monitoring Firm	Hirod by Dui	ldina (	2	(0)	10011		T		Verizon		munica	tions				
ESIS	i ilieu by bui	iding (	Jwner	(0)	ASCM	NO.		ne of Abateme								
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10 Exchange Place,	42th =1							et Address								
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City, State, Zip Code							10 8000	State, Zip Co								1
Jersey City							BI	RISTOL, PA	19007							
Project Manager for Monit	oring Firm				phone		Tele	phone No.	No.		License	No.				
Brian Kingsbury					01 356		21	5-788-6040			0050	9				
Start Date (10)						ite (11)	Nam	e of OSHA M	onitor							
_7_ / _23_ / _			5N		160		BF	RISTOL ENV	VIRONMEN'	TAL	, INC					
Occupancy Status During							Stree	et Address								_
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment		11	23 BEAVER	RSTREET							
Abatement Performed	Outside of N	ormal	Facilit	y Hou	s - Des	cribe	City,	State, Zip Co	de	-						-
Time of Abatement:	AM- <u>3:0</u>	UPM/	11:30	PM	AN	Λ		RISTOL, PA								
Scope of Work (Check all	that apply)															
≥3 sf or ≥3 lf			[Z] D						ainment with I	Nega	tive Pres	sure				
□ ≥160 sf or ≥260 lf			⊠ Re	novati molitic				<ul><li>☑ Mini-Encl</li><li>☑ Glovebag</li></ul>								
				· · · · · · · · · · · · · · · · · · ·					npted (*) and	Non-	-Friable F	roced	ure			
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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.



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(NJAC 5:23-8) j	ustification	1)	9	Na	Name of Contact Telephone Number									
	ancellatio	n		I	Brian King	sbury	201 356 5166							
Name of Equility When At				I	FACILITY	INFORMATION								
Name of Facility Where Abater	nent is Ta	king Pl	ace (3)	)			Type of Facility	(4)						
Verizon Bergen Central Street Address	Office						)							
							Subchapter 8	Other than K-	12)					
71 Madison Ave							Other (i.e., pr homes, etc.)	ivate and comn	nercial	build	ings,			
City (5)		2/					C = -							
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Name of Monitoring Firm Hired	by Buildin	g Own	er (8)	I ASC	M No.	Name of Aber	Verizon Com	munications	;					
ESIS		J - ****	. (5)	1,00	TWO INC.		ent Contractor (9)							
Street Address						VIRONMENTAL	NTAL, INC.							
10 Exchange Place, 13th I	Eloor.					Street Address						-		
City, State, Zip Code	1001					1123 BEAVER								
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Jersey City							BRISTOL, PA 19007							
Project Manager for Monitoring F	Telephone No.													
Brian Kingsbury			6 5166	00509										
tart Date (10) 7 /23 /18			Date (11) 18	Name of OSHA Mo										
Occupancy Status During Abater							IRONMENTAL,	INC						
Facility Closed/Vacated Durin	a Entiro	oriod	one)			Street Address						_		
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] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf			enova: emoliti				<ul> <li>         ⊠ Full Containment with Negative Pressure         ⊠ Mini-Enclosure         ⊠ Glovebag Procedure         ⊠ Non-Exempted (*) and Non-Friable Procedure     </li> </ul>							
		1	s Loca	tion	T	EN HOH-LACIII	pred ( ) and Non-	rilable Procedu	_					
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Asbestos-Containing Material TO BE ABATED	(ACM)	Us	ed Sol aintena	ely by	Asbes	stos Containing Mate	rial (ACM)	Amount	Re	Re	ш	T		
IN Facility		Cus	stodial	Staff?	(i.e.	, thermal systems in:	sulation,	(Specify	Remova	Repair	cap			
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NOOK.

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

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□ EPA ⊠ DOLWD ⊠	☐ Initial ☐ Amended					n Ave		AUG 1 0 20	78	7			
□ DCA □	Amendmer Emergency	(includ		٠   ١		y, NJ 07034	1.85	ASPLE OF CONTROL & LOTENSING					
(NJAC 5:23-8) justification)  Cancellation					me of Conta		Telephone Number						
				Brian King		201 356 5166							
Name of Facility Where Abat	ement is Tal	cina Pla	co (3)		ACILITY	NFORMATION							
Verizon Bergen Centra	al Office	any rie	100 (3)				Type of Facilit		A 60				
Street Address					☐ School (K-12) ☐ Subchapter 8 (Other than K-12)								
71 Madison Ave		¥ 38					Other (i.e.,	private and comm	12) nercial	buildi	inas		
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Name of Monitoring Firm Hire	d by Building	Owne	r (8)	ASCI	M No.	Name of Abstome	verizon Co	mmunications					
ESIS					The official contract								
Street Address		1	BRISTOL ENVIRONMENTAL, INC. Street Address										
10 Exchange Place, 13th	h Floor												
City, State, Zip Code			1123 BEAVER STREET City, State, Zip Code										
Jersey City				BRISTOL, PA 19007									
Project Manager for Monitoring	g Firm		Te	lephone	one No Tolonhone No								
Brian Kingsbury			356 5166 215-788-6040			License No.							
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Abatement Performed Outsi Time of Abatement:  Cope of Work (Check all that all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Evator Cab Floor  Evator Shaft	ring Entire P ide of Norma AMF apply)	eriod or elife Facility PM/5:00	Abate ty Hou DPM-2 enovate enovate enovate Norma ed Sole intena todial (12) No	ion on lly ely by nce/ Staff?	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Street Address City, State, Zip Cod BRISTOL, PA  Full Conta Scription of Code Scription Code Sc	inment with Neg sure Procedure apted (*) and No	Amount (Specify SF or LF)	Removal 🛛	T	T		
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Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement:  cope of Work (Check all that a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  evator Cab Floor evator Shaft  evator Machine Room  sement Hallway  me of Registered Waste Haule	ring Entire P ide of Norma AMF apply) al (ACM)	eriod or elife facility of the	Abate ty Hou DPM-2 enovate enovate enoliti s Loca Norma ed Sole intena todial (12) No	rs - De	Asbes (i.e., VAT & M Pipe Insu Pipe Insu	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Street Address City, State, Zip Coo British Coo	inment with Negosure Procedure spted (*) and No	Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF	Removal 🛛	T	T		
Abatement Performed Outsi Time of Abatement:  Cope of Work (Check all that all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Evator Cab Floor  Evator Shaft  Evator Machine Room  sement Hallway me of Registered Waste Haule	ring Entire P ide of Norma AMF apply) al (ACM)	eriod or elife facility of the	Abate ty Hou DPM-2 enovate enovate enoliti s Loca Norma ed Sole intena todial (12) No	ion on lition lly by nce/ Staff?	Asbes (i.e.,  VAT & M  Pipe Insu  Pipe Insu  Vaste (No. )	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Street Address  City, State, Zip Coo BRISTOL, PA  Full Conta Scription of Scription of Stos Containing Mate Surfacing, VAT, of other miscellaneous Static Sta	inment with Negsure Procedure pted (*) and No sulation, or us)  Cut)	Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF  ered Landfill	Removal 🛛 🖺	T	T		
Abatement Performed Outs Time of Abatement:  Cope of Work (Check all that all ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Evator Cab Floor  evator Shaft Evator Machine Room  sement Hallway  me of Registered Waste Hauk ERVICE TRANSPORT GI	ring Entire P ide of Norma AMF apply) al (ACM)	eriod or elife facility of the	Abate ty Hou DPM-2 enovate enovate enoliti s Loca Norma ed Sole intena todial (12) No	ion on Staff?	VAT & M Pipe Inst Pipe Inst Pipe Inst Vaste No.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Street Address City, State, Zip Coo BRISTOL, PA  Full Conta Screen Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, coo other miscellaneous  cother miscellaneous  cother miscellaneous  cother Maration  Culation  Culation  Cubic Yards of Waste 3	inment with Negosure Procedure pted (*) and No	Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF  ered Landfill	Removal 🛛 🖺	T	T		
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☐ Facility Closed/Vacated Durs ☐ Abatement Performed Outs ☐ Time of Abatement: ☐ Cope of Work (Check all that a ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Materia ☐ DBE ABATED ☐ IN Facility	ring Entire P ide of Norma AMF apply) al (ACM)	eriod or eli Facili PM/5:00  Re De Use Ma Cus  Yes	Abate ty Hou DPM-2 enovate enovate enoliti s Loca Norma ed Sole intena todial (12) No	ion on lition lly by nce/ Staff?	VAT & M Pipe Inst Pipe Inst Pipe Inst Vaste No.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Street Address City, State, Zip Coo BRISTOL, PA  Full Conta Screen Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, coo other miscellaneous  cother miscellaneous  cother miscellaneous  cother Maration  Culation  Culation  Cubic Yards of Waste 3	inment with Negosure Procedure pted (*) and No	Amount (Specify SF or LF)  40 SF 140 LF 40 LF 38 LF ered Landfill ANDFILL	Removal 🛛 🖺	T	T		

\* Do not use this form for ashestos licensum avantas .....

NOCK

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

Date of Notification (1)						me of Build	ding Owner/Operator		UR 711 1	D 7 (				
					'	Verizon C	ommunications	111 111 AI	JG 10 20,					
Agencies Notified	PA Minited						s on Ave	14 11/ 70	ACT E O ZO,	18		A CALLED		
DOTMD 0/5/6	☐ Amer							1 7256	55 1 2 / Note 1 process			1		
□ DCA	☐ Emer	ndment gency (	includ	ding	10 00	y, State, Zip Iersey Cit	y, NJ 07034		LICETCING TOTAL					
(NJAC 5:23-8)	cation)			Na	me of Conta	act		Telephone N	umher					
	☐ Cance	ellation			E	Brian King	gsbury	201 356 5166						
					F	ACILITY	INFORMATION							
Name of Facility Where A	Abatement	is Taki	ng Pla	ice (3)		6		Type of Facility						
Street Address								School (K-12	)					
71 Madison Ave								Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)						
City (5)								Square Feet	# of Floors					
Jersey City								113,347	7 7		Bldg.			
County (6)					Co	unty Code	(7)(STATE USE ONLY)				+-5	0		
Hudson							( ) ( ) ( ) ( ) ( )	Current Use (Pric	or it being demo	olished	)			
Name of Monitoring Firm	Hired by Br	uilding	Owne	r (8)	ASC	VI No.	Name of Abateme		munications	S				
ESIS						J 15576			1110					
Street Address							BRISTOL ENVIRONMENTAL, INC.							
10 Exchange Place,	13th Floo	r					Street Address							
City, State, Zip Code		A 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15			1123 BEAVER STREET									
Jersey City						City, State, Zip Code								
Project Manager for Monit	oring Firm			Te	lephone	a No	BRISTOL, PA 19007							
Deita King I						6 5166	Telephone No.	License No.						
Start Date (10)		Sched	fuled (				215-788-6040		00509					
Start Date (10)       Scheduled Completic									INC					
Occupancy Status During	Abatement	(Checl	only	one)			Street Address	,	IIIC .		0.0000			
☐ Facility Closed/Vacated	During En	tire Per	riod of	Ahati	ement		1123 BEAVER	STREET						
△ Abatement Performed (	Dutside of N	Normal	Facili	tv Ho	irs - De	scribe	City, State, Zip Coo							
Time of Abatement:	AM	PN	// <u>5:0(</u>	2PM-2	:00AM		BRISTOL, PA							
Scope of Work (Check all t	hat apply)													
≥3 sf or ≥3 lf       Renovation         ≥160 sf or ≥260 lf       Demolition						<ul> <li>✓ Full Containment with Negative Pressure</li> <li>✓ Mini-Enclosure</li> <li>✓ Glovebag Procedure</li> <li>✓ Non-Exempted (*) and Non-Friable Procedure</li> </ul>								
•			Is	Loca	tion		. Za rron Exch	ipted ( ) and Non-	Friable Procedi					
Location of Normally				ally		Description of			At	atem	ent 7	Гуре		
Asbestos-Containing Ma TO BE ABATE	aterial (ACI) =D	Vi)	Ma	inten	ely by ance/	Asbes	stos Containing Mate	erial (ACM)	Amount		Repair	En	1 0	
IN Facility Custodial S					Staff?	(I.e.	, thermal systems in surfacing, VAT, of	sulation,	(Specify		pair	Encapsulate	Liiciosula	
(13)		1		(12)		1	other miscellaneou	is)	SF or LF)	Removal		sula	0	
evator Cab Floor			Yes	No	N/A							ite		
levator Shaft						VAT & N			40 SF					
levator Machine Room							ulation (Wrap & 0	Cut) 140 LF						
ovator inacrime Room	2					Pipe Ins	ulation		40 LF					
ame of Registered Waste I	doules		Ш											
SERVICE TRANSPOR		P, INC.	Ē		JDEP V auler ID	No.	Waste	Name of Register MINERVA LA				_		
y, State					20990		Disposal Data		NOPILL					
NEW CASTLE, DE							Disposal Date TBD	City, State WAYNESBUR	G, OH					
mpleted By (Print or Type)	)	Title					Signature			4.				
Dillan DeCaro		Est	imat	or			Dellan	De Cars/	Da Da	rte	11	ar-		

ASB-41 JAN 13 DD 18063

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