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City, State / MONTGOMERY , PA 17752

Title DIRECTOR OF OPERATIONS

FREEHOLD, NEW JERSEY
Completed by (Print or Type)
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				ACILI	ITY IN	FORMATION				(4)	Co-westernament	enantika disebut	LI O'L	10114	- No.
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MERCK SHARP & DOHME CORPOR	ATION						×	_		er 8 (Ot	her than K	(-12)	s hon	nes e	etc.)
Street Address			_				- ^		uare Feet		f Floors	T Diag.		. Age	10.7
126 EAST LINCOLN AVENUE - BUILI	DING 80	P							4,600		1		-	i4	
City (5) Cour	ity (6)					y Code (7)			ent Use (Pi					I Nova Idanic	
RAHWAY UNIC				(S	TATE	USE ONLY)			EARCH LA				ICE F	ACILI	
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG			(8)			ASCM No. 104	P	PAR	e of Abate ENVIRON				ON		
Street Address							1.7		et Address SPOOK RO	OCK BO	חאר				
655 WEST SHORE TRAIL City, State, Zip Code					_	7.50			State, Zip		JAD				$\overline{}$
SPARTA,	NEW JEF	RSEY (07871				100		FERN, NE		K 10901				
Project Manager for Monitoring Firm		Tele	phone	Num	ber		T	elep	ohone Nun	nber	Lice	ense N	lumbe	Γ	
WILLIAM S. KERBEL, CIH		1000000	729-5						369-7500		110	1			
Expected State Date (10)	Scl	ned. C		tion			10.00		e of OSHA			_	#1	1480	- 1
8 / 17 /18 Month Day Year		10 Ionth) /	D	13 ay	/18 Year	100	AIVIE	RISCI LAE	BURAT	UKIES IN	_	# 1	1400	
Occupancy Status During Abatement IX Facility Closed/Vacated Du Abatement Performed Outs	Check or	nly one e Perio rmal F	od of A acility	baten Hours	ment s - De:		1	17 E	et Address EAST 30TI State, Zip	Code	EET K, NEW Y	ORK '	10016		
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	X Re	novatio	on			Full Cor Mini End Gloveba X Non-Fris	iclo , ag P	roce	nt with Neg edure						
Location of		s Loca	tion			escription of	Asbe	esto	s-				batem	ent Ty	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	(3000)	rmally solely int/Cus Staff (by stodial		in	ontaining Mate (ie. Thermal s sulation, surfa or other misce	syste acing	ems I, VA	AT,	(:	Amount Specify F or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	Ye	s No	N/A	_						+-			-	-	~
ROOF PERIMETER & PENETRATIO	NS	+	Х	ROC	OF FLA	ASHING				900 S	F	X			H
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		DEP V		Cubi	ic Yar	ds of Waste	ı	LYC	ne of Regis	YTNUC	RESOUR		ANAĢ	EME	NT SE
825 HIGHWAY 33		1593							ALEXAND	ER DR	IVE/ROUT	E 15			
City, State					osal D		1	City,	State //	Y PA	17752		,	3	
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title			0/10	5-10/13	Signature /	11	VIO)	VI GOIVIER	I, FA	17752 Da	te i/	15	11	0
BENJAMIN SANCHEZ	DIRECT	OR OF	OPE	RATI	ONS		f	X	X			X/	/	11/	5

	2	state of N	ew Je	rsev	cation of Asbestos	Abatem	THE				
11/2/5/ a				19/1			(n)	EC	E	\mathbb{W}	EF
			(Purs	suant to N.J.A.	3. 8:60-7 and 12:120-7)		LYF			<u>U</u>	<u> </u>
110109			583			1	m				
Date of Notification (1)					Name of Building Owne	r/Operator (2	11 111	AllG	1 3	2010	111
August 9, 2018 Agencies Notified		I Niere o	_		Archdiocese of P	aterson N	J	1100	. 0	2010	
Agencies Notified		Notification		ification	Street Address	-					-
X EPA		100			797 Valley Road		A	SBEST	OS COL	VTROL	R
DCA		Amend			City, State, Zip Code	_	- Company of the Paris of the P	LI(CENSIN	IG	
x DOL		Emerge			Clifton, NJ 07013	3				the confidence of the confidence of	With a furticization of
X DEP			cation)		Name of Contact Dennis Rodano			phone N			
x DOH		☐ Cance	ilea				973	3.689.4	038		
Name of Facility Where Abate	ement is Ta	king Place (3)		FACILITY IN	FORMATION						
Archdiocese of Pater	rson NJ	King Flace (5)			Type of Facility (4) School (K-12)						
		-			Subchapter 8 (other that	an K-12)					
Street Address 797 Valley Road					Other (i.e. private		huilding	a hamaa	oto)		
797 Valley Road						ors: 2 Bld					
<u>City (5)</u>	County (6	1		y Code (7)	34.1000	3013. Z DIG	4. / tgc.	oo year	3		
Clifton	Passai	С	(State	Use Only)	Current Use (prior if beir	ng demolishe	d):				
Name of Monitoring Firm Hire			ASCM		Name of Contractor (9)						
EnviroVision Cons	ultants	inc.	000.	79	ODEENWOOD A DA					200	
Street Address					GREENWOOD ABA	TEMENT (CONSU	JLTAN	S, INC)	
20-21 Wagaraw Road	Blda#	35F			Street Address						
	, = .ug	002			511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Fairlawn, NJ 07410					Butler, NJ 07405						
Project Manager for Monitoring Fred Larson	g Firm	Telephone N			Telephone Number		Licen	se Numb	er		
Fred Larson		973-636-	9145		072 402 0477		000	40			
Scheduled Start Date (10)		Scheduled C	ompletic	on Date (11)	973-492-0477 Name of OSHA Monitor		0084	40			
August 20, 2018		August 2			Traine or our in thornton						
				22	EMSL inc.						
Occupancy Status During Al	batement (Check only or	<u>ne)</u>		Street Address						
Facility Closed/Vacate Abatement Performed	ed During E	ntire Period (of Abate	ment	1056 Stelton Road						
Describe	Outside o	i Normai Faci	lity Houi	S-	City, State, Zip Code						
Other – Describe:					Oity, Olate, Zip Code						
					Piscataway, NJ 08	854					
					T23						
Source of Work (Check all that	t apply)										
11 14000042003-0001 1880 1800						Full Contai	nment v	with Nega	ative Pre	ssure	
\geq 3 sf or \geq 3 lf				Renovation		Mini-Encl	osure				
$\square \ge 160 \text{ sf or } \ge 2$	60			Demolition		Glovebag					
						x Non-Exer	npted (*	*) and No	n-Friable	e Proce	edure
Location of Asbestos-Containing	ng Is Lo	cation Normall	y Used	Description of Ast	bestos Containing Material	Wrap & C Amou		Ahatem	ent Type		
Material (ACM) in Facility (13)		y by Maint./Cu	stodial	(ACM) (i.e. therm	nal systems insulation, surfaci	ing, (Spec	817 mar. 100	A STATE OF THE STA			
	YES	? (12) NO	NA	VAT, or other mis	cell.)	or LF)	Marketon.	Remove	Repair B	Encap E	inclose
Office Room Lower	120	1 10	X	VAT		440					
Level			ı	VAI		140 :	ST	X			
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	ID #	Cubia Varda af Marta		1 1	(5)		1000	
See Hauler Below # 1 & 2	2	See Below		10 #	Cubic Yards of Waste:			of Regist		idtill	
\$10 B 20 C 20 C C C C C C C C C C C C C C C C							0.0000000000000000000000000000000000000	O.W.S	anumi		
Hauler #1) Greenwood A	batemen	t Consultar	nts, Inc	Butler, NJ 07	7405	Disposal Da			City, State	е	
NJ DEP # 12	561 NY D	EP#				August 2		18 F	Route 2, R	Box 68	
Hauler #2) Newark Cartin	g, Inc. – N	lewark, NJ 0	4509, N	IJ DEP # 19551				E	Bridgepor 804-842-2		
								3	U4-04Z-2	1104	
Completed by (Print or Type)	1000	itle		_	Signature		Date				
Marin Graure		ENIOR PF		T	Marin Graun	2.0.	Aug	just 9,	2018		
	I A	JANAGER			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 W					

	- 1	State of N	ew Je	rsey - Nofif	catton of Asbestos	Abat	emer	5	EC	GE I	W	E F
CH3105)		(Purs	suant to N.J.A.C	2. 8:60-7 and 12:120-7)		K			<u> </u>	
Date of Notification (1) August 9, 2018				-	Name of Building Owne West Milford NJ	er/Operat	of Fo	lucat	AU	6 13	2018	
Agencies Notified		Notification			Street Address	Doaru	U1 F0	lucat	1011	-		-
X EPA				ification	46 Highlander Dri	ive	1	А	SBES	os co	NTRO	18
DCA		Amend			City, State, Zip Code			- Carried Charles	POST MANAGEMENT IN	ICENSI	IG	- Marine and Propriet
x DOL				(including	West Milford, N.	J 0748	0					
X DEP		☐ Cance	cation)		Name of Contact		U. Pertinent		phone N			
x DOH		Li Cance	ilea	54041544	_Christopher Kelly			973	3.697.	1700		
Name of Facility Where Abater	ment is Ta	king Place (3)		FACILITY IN	FORMATION Type of Facility (4)			W				
Macopin Middle Scho					School (K-12)							
Street Address					Subchapter 8 (other th	an K-12)						
70 Highlander Drive					Other (i.e. private		ercial bu	uildings	s, homes	s, etc.)		
	Count 10				Sq. Feet: Unknown	# of F	Floors	: Bld	g. Age	year	s	
	County (6 Passai	-		y Code (7) Use Only)	0							
wood minora, No	rassai	C	Totate	Ose Only)	Current Use (prior if bei	ng demo	lished)	:				
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)							
EnviroVision Consu			000	0000000000	Itame of Contractor (9)							
Street Address					GREENWOOD ABA	TEME	NT C	ONSU	ILTAN	TS, INC	;.	
20-21 Wagaraw Road,	Dida #	255			Street Address							
20-21 wagaraw Noau,	blug #	35E			511 MAIN STREET							
City, State, Zip Code					City State, ZipCode				-			
Fairlawn, NJ 07410					Butler, NJ 07405							
Project Manager for Monitoring Fred Larson	Firm	Telephone N			Telephone Number	_ 12/30/20/00/20		Licens	se Numi	oer		-
rieu Larson		973-636-	9145		973-492-0477			0004	10			
Scheduled Start Date (10)		Scheduled C	ompletio	on Date (11)	Name of OSHA Monitor			0084	ŧU			
August 20, 2018		August 3	1, 201	8	200000000000000000000000000000000000000							
Occupancy Status During Aba	otomont (Chaok ank a			EMSL inc.							
Facility Closed/Vacated	l During F	Entire Period of	<u>ie)</u> of Ahatai	ment	Street Address							
Abatement Performed (Outside o	f Normal Faci	lity Hour	'S -	1056 Stelton Road							
Describe					City, State, Zip Code	***						
Other - Describe:					Diagotoway N.I. 00	2054						
					Piscataway, NJ 08	3854						
Source of Work (Check all that a	annly)											
	SPP111					Eull C	ontoine	mont	iila Nlaa	ativa Das	22002	
\geq 3 sf or \geq 3 lf				Renovation			lini-End			ative Pre	ssure	
$\square \ge 160 \text{ sf or } \ge 260$	0			Demolition		x Glov						
Location of Asbestos-Containing		antina Nassaul	. 1.1 1	· · · · · · · · · · · · · · · · · · ·		Non-E	empt	ed (*)		n-Friable	Proced	dure
Material (ACM) in Facility (13)		cation Normall y by Maint./Cu		(ACM) (i.e. therm	pestos Containing Material al systems insulation, surfac	(c) (d)	Amount Specify		Abater	nent Type	į.	
The state of the second st	Staff	? (12)		VAT, or other mis	cell.)	200	r LF)	or	Remove	Repair E	incap E	Enclose
Corridor-#114	YES		NA									
COTTUOT-#114		X		TSI			0'	- 1		X		
				TSI		9) '		X			
Name of Reg. Waste Hauler	-	NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste:			Nama	of Doo!	100011	1011	
See Hauler Below # 1 & 2	1	See Below	71000	10 11		3			or Regis	stered Lar	atili	
									D.W.S	anami		
Hauler #1) Greenwood A	bateme	nt Consulta	nts, In	c Butler, NJ 0	7405	Dispos				City, State		
NJ DEP # 1256 Hauler #2) Newark Carting			ME00 3	II DED # 1055		Augu	ıst 31	, 201		Route 2, l Bridgepor		
Amure Haj Newark Carting	5, 111C. — I	Newark, NJ	14509, P	NJ DEP # 19551						304-842-2		
Completed by (Print or Type)	T	itle			Signature			Data				
Marin Graure	100	ENIOR PR	OJEC	т				Date Aug	iist a	, 2018		
		MANAGER			Marin Grau	re		Aug	401 0	, 2010		

	S	state of N	ew Je	ersey - Notif	ication of Asbestos	Abat	enre	at .	7 @		חת ר	(=) mo
11/01/51					2\ II IU)			7)	E C] \(\mathbb{{W}} \)	EI
Chora I			(Pur	suant to N.J.A.	2.8:60-7 and 12:120-7)		3/				
Date of Notification (1) August 9, 2018					Name of Building Owner	er/Opera	tor (2)		AU(3 1 3	2018	
Agencies Notified		Notification	Type		Archdiocese of F Street Address	aterso	on No	-				
X EPA				tification	797 Valley Road			A	SBEST	OS CO	ONTRO)L &
DCA		Amend			City, State, Zip Code		arrest.		L	ICENS	NG	
x DOL		Emerger			Clifton, NJ 0701	3						The second second second
X DEP x DOH		justific Cance			Name of Contact Rebeca Ruiz-Ulloa				phone I 3.777.			
				FACILITY IN	FORMATION			31	5.111.	0010		
Name of Facility Where Abate Our Lady of Fatima	ment is Tak	king Place (3)			Type of Facility (4)							
					School (K-12) Subchapter 8 (other th	an K 10)						
Street Address 184 Breakneck Road					Other (i.e. private)	an K-12) & comm	ercial h	uildina	s homo	s otc)		
					Sq. Feet: # of FI	oors: 1	Bldg	Aae:	50 ve	ars		
City (5) Highland Lakes, NJ	County (6)	•		y Code (7) Use Only)								
,			Totate	Ose Only)	Current Use (prior if bei	ng demo	lished):				
Name of Monitoring Firm Hired	by Bldg. C	Owner (8)	ASCN		Name of Contractor (9)							
EnviroVision Consu	iltants i	nc.	000	79	GREENWOOD ABA	TEME	NT C	ONGI	HTAR	AI STI	10	
Street Address					Street Address	1 - 101 -	141 0	ONOC	JL I MIN	10, 11	0.	
20-21 Wagaraw Road	, Blag #	35E			511 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
Fairlawn, NJ 07410 Project Manager for Monitoring	· Firm I	T			Butler, NJ 07405							
Fred Larson	<u>ı Fırm</u>	<u>Telephone N</u> 973-636-			Telephone Number			Licen	se Num	ber		
Scheduled Start Date (10)					973-492-0477			0084	40			
September 10, 2018		Scheduled C Septemb	ompletic er 30	on Date (11) 2018	Name of OSHA Monitor							
11 11 11 11 11 11 11 11 11 11 11 11 11				2010	EMSL inc.							
Occupancy Status During Ab Facility Closed/Vacated	atement (C	Check only or	e)	received •	Street Address	24.530.7 - 2 - 12						
Abatement Performed	Outside of	Normal Facil	t Abate itv Hou	ment 's -	1056 Stelton Road							
Describe			,		City, State, Zip Code							
Other - Describe:					Piscataway, NJ 08	2851						
					1 1000101111111111111111111111111111111	7004						
Source of Work (Check all that	apply)											
\geq 3 sf or \geq 3 lf				-		Full C	ontain	ment v	vith Neg	ative P	ressure	
□≥ 160 sf or ≥ 26	80			Renovation Demolition			Enclos					
				Demonton			bag Pr			on-Fria	ble Proc	edure
Location of Asbestos-Containin	a Is Loc	ation Normally	Used	Description of Ash	pestos Containing Material	Wrap	& Cut					
Material (ACM) in Facility (13)	Solely	by Maint./Cus		(ACM) (i.e. therm	al systems insulation, surfac	ing,	Amount Specify	Stronger 19	Abater	nent Tyr	<u>)e</u>	
	Staff? YES	No. of the second	NA	VAT, or other mise	cell.)	o	r LF)		Remove	Repair	Encap	Enclose
Exterior			X	Window Cau	lking	3	300'		X	Т	Т	T
Name of Reg. Waste Hauler		NIDED West		15.11								
See Hauler Below # 1 & 2		NJDEP Waste See Below	Hauler	<u>ID#</u>	Cubic Yards of Waste: 2				of Regis			
Hauler #1) Greenwood Ak	natement	Consultan	te Inc	Butler N I 07	405	Dianaa	al Date		D.W.S	011 01		
NJ DEP # 125	61 NY DE	EP#			400	Dispos Septe		-		City, Sta Route 2	<u>ate</u> , Box 68	į.
Hauler #2) Newark Carting	g, Inc. – No	ewark, NJ 0	1509, N	J DEP # 19551		2018		,			ort, WVA	
Completed by (Print or Type)	Tit	lo.			Cianatura					704-042	-2104	
Marin Graure		ENIOR PR	OJEC	T	<u>Signature</u>			Date Aug	uct 0	2040		
	10000	ANAGER		-	Marin Graus	38		Aug	ust 9,	2018		

h15235		NO	TIFI	CATIC Pursu	State of N OF A ant to N	SBE	Jersey STOS ABA 8:60 and 5:	TEMENT)_E	G			\mathbb{V}
Date of Notification (1) 8 / 6	,	18			me of Build		wner/Operator	(2)			AUG	1	3 21	018
Agencies Notified Type I	Votificatio	n		Stre	et Address									
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	ended										LIC	ENS	SING	no
	endment		_	10 0.89	, State, Zip						THE REAL PROPERTY.	NO PERSON NAMED IN	Old Care Three Care	GAS-Maga
DCA Em	ergency ((includi	ng		aston, PA		044-0031							
	tification)				ne of Conta				Telephone	e Num	ber			
L] Cal	ncellation			K	raig Hum	e			610-55	9-330	0			
				F	ACILITY I	INFO	RMATION							
Name of Facility Where Abateme Victaulic REH, LLC - Buil	nt is Taki ding #3	ng Plac	ce (3)					Type of Facility ☐ School (K-1)						
Street Address								☐ Subchapter	8 (Other than	n K-12)			
119 Edison Road								Other (i.e., p)	rivate and co	ommer	cial b	uildi	ngs,	
City (5)								homes, etc.						
Stewartsville								Square Feet	# of Floo	rs	- B	ldg.	10790	
County (6)				Co	into Code /	/7\/OT	ATE USE ONLY)	1,600	1			112		
Warren				000	inty Code ((1)(51)	ATE USE ONLY)	Current Use (Pr	ior if being d	lemolis	hed)			
Name of Monitoring Firm Hired by	Ruilding	Ourne	- /0\	1000		1		vacant						
EMI	Dullullig	Owner	(0)	ASCN	I No.			ent Contractor (9)						
Street Address						P	Neuber Envi	ronmental Serv	vices, Inc.					
	0 :/ 0					1	eet Address			199				
34 East Germantown Pike,	Suite 2	04						r Road, Suite C	;					
City, State, Zip Code						City	y, State, Zip C	ode						
East Norriton, PA 19401						0	Gilbertsville,	PA 19525						
Project Manager for Monitoring Fi	m		1000000	ephone		Tel	ephone No.		License N	No.				
Ray Giordano			- 10		7-0405	6	10-933-4332	0	00836					
Start Date (10)8 /21 /18					ate (11) 18		me of OSHA M	lonitor onmental Serv	ices Inc					
Occupancy Status During Abatem	ent (Chec	k only	one)			_	eet Address							
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		0.000		Road, Suite C						
	of Norma	l Facilit	ty Hou	rs - Des	scribe		, State, Zip Co							_
Time of Abatement:AM	P	M/	PM		_AM		ilbertsville,							
cope of Work (Check all that app	ly)						moertovine,	FA 19525						
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti					ainment with Neg osure Procedure npted (*) and Nor						
			Loca					, , , , , , , , , , , , , , , , , , , ,		South		nto-	ort T	
Location of Asbestos-Containing Material (0.004		Norma ed Sol				Description of						ent T	
TO BE ABATED	4CIVI)	Ma	intena	nce/	Asbes	stos (Containing Mat	erial (ACM)	Amount	-	?em	Repair	inc	Enclosure
IN Facility		Cus		Staff?	(1.6,	St	urfacing, VAT,	or	(Specify SF or LF		Removal	ar.	Encapsulate	nso
(13)		- V	(12)		-	oth	er miscellaned	ous)	0. 0. 2	,	-		ulat	e
arious Walls		Yes	No	N/A	Cement	titiou	s Wall Patch	ning	5.05		57			_
/alls & Ceilings - Old Chem.	Sta		П					iiig	5 SF			Ц	Ш	
old Ollelli.	org			_	Wastic /	vvat	erproofing		600 SF					
ame of Pogistared West 11		Ш												
ame of Registered Waste Hauler Clean Harbors Environme	antal C	om :! -		JDEP V auler ID	33333	Cubi	c Yards of	Name of Registe						
lna	antal S	ervice	s,	16666	100000000000000000000000000000000000000	~2	20	Waste Conn	ections					
ty, State Norwell, MA							osal Date	City, State	V-200					
empleted By (Print or Type)	T'41					-	2018	Bethlehem,	PA					
Timothy Walter	Title		R/I				Signature	45.00		Date				
- Julion	Pr	oject	iviana	iger		-	1-	alai	-	5	1_/		18	

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	11 1	Noma of	Duilding On	ner/Operator	(2)			7 12 7	2 1	<u> </u>	7.77	同
Date of Notification (1)		Name of		O BEAT		NOVA	LIL	7) 追し	9 [3	\mathbb{V}	
		Street Ad	•	S CEIC	/		111	31		(0.500)		\dashv
Agencies Notified Type Notification		Sueet At	idicos			0)		111 41	10 4	10	2018	,
☐ EPA		City Sta	te, Zip Code			1/2	bes	4	JG	-3	CUIO	H
DEP Amended Amendment #_		010,000	Mornes	3 PL	1015	s N3	TIC	7950	>			
☐ Emergency (inc	luding	Name of		> 1 - 1	4.10_	2 100		phone Numb	INDOOR, INC.	CO	NTRO	DL 8
DOH justification ☐ DCA ☐ Cancellation		M	5 R20	BEREA	404	AK						
			LITY INFO									\Box
Name of Facility Where Abatement is Taking Place					Type	of Facility (4)					
MS. ROBERTA	, No	JAK				School (K-12						
Street Address		4				Subchapter 8	(Other	than K-12) commercial b	uilding	s. hor	nes, etc	c.)
						20. 05						_
City (5)						e Feet	# of	Floors		dg. A		
MORRIS VLAINS		, 1				2500	· (C)	Z Jamaliahad			17	_
County (6) Harris		County (Code (7) USE ONLY)		Curren	PES I	_	demolished)				1
(0140-0	(0)	,		I No-	a of Abote	ement Contra						\dashv
Name of Monitoring Firm Hired by Building Own	er (8)	ASCN	4 NO.	1			8 5					
0				Bes	t Address	moval	In	C		-		\dashv
Street Address				1 12			TT 0 *	Stree	+			
City, State, Zip Code					State, Zip		ver	DLIEE	<u> </u>			$\overline{}$
City, State, Zip Code				Total Control of the		sack,	NTT (7601				
Project Manager for Monitoring Firm		Telephor	ne No		ohone No.		NO (License No.	0			\neg
rioject Wanager to: Workoving 1 min		Totophol						0038	Q			
Start Date (10)	Scheduled Co	mpletion D	ate (11)) – 7444 A Monitor		0030	0			
8/23/18	8	3/24/	18	Ome	oo E	nviro	nmai	a t a 1				
Occupancy Status During Abatement (Check Only	One)			Stree	t Address		mie	Ital				
☐ Facility Closed/Vacated During Entire Perio	d of Abateme	nt		280	Huy	ler S	tree	et				
A hotement Performed Outside of Normal Fa	cility Hours	PM			State, Zip							
Other - Describe: S: 07 AM TO	3.00	41.		- Sou	ith H	lacken	sacl	c, NJ	076	06		
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf	Reno	vation						Negative Pres	sure			
☐ ≥160 sf or ≥260 lf	□ Demo	olition		,		ni-Enclosure ovebag Proce						
				145	□ No	n-Exempted	(*) and	Non-Friable I	roced	ure		_
	Is Loc	ation									ement	
Location of	Norm	nally		Description	on of					1 3	ре	-
Asbestos-Containing Material (ACM)	Used So Mainte		Asbest	os Containing	Material ((ACM)		amount Specify	-		En	E
TO BE ABATED In Facility	Custodia	al Staff?	(i.e. therm	nal systems in VAT.		surracing,	100	or LF)	Removal	Repair	caps	Enclosure
(13)	(1:	2)		other miscell	laneous)	- *			oval	air	Encapsulate	sure
	Yes N	o N/A									6	
Dissolar		V	CI- LAIA	SYSTEM	-AICH /	251247	1	38LF	X			
BASEMENT		-	THELIM	2731011	111300	1.(1010		5 4 21	1			
			-						-		\vdash	\dashv
							•		_			
Name of Registered Waste Hauler	-	NJDEP W		Cubic Yards	1	Name of I	Register	ed Landfill				
D		Hauler ID	1204000	of Waste	1/2	Mina	2170	Entor	224	000	, т	TC
Best Removal Inc		171	09	Dienocal Dat		City, State		Enter	111	SES	ــــــــــــــــــــــــــــــــــــــ	ملتله
				8)2	4/18			1ro 01	I /	468	2	
Hackensack, N.J. 07601	Title			Signatu		Wayn		Do		اہ	· ·	
J. Maiorano	C NAME OF STREET	nator			1 ct	pion	Dungo	3	8/	8	18	
	1 20011	LULUL			Λ	1			- (
ASB-41 (R-06-08)					Do no	t use this for	m for as	sbestos licens	ıre exe	mptec	activi	ties.

GAC Project # 060-18	Stale	Jersey Fretit Pursuant to N.J.A.	ication of Asbestos <u>C</u> . 8:60-7 and 12:120-7)	Abateme		CEIVEN
Date of Notification (1) August 7,			Name of Building Owne RUTGERS, THE S	r/Operator (2)	VERS	1446 F NJ 2018
Agencies Notified EPA DCA DOL DEP-No Longer REQUIRED DOH	☐ Amen	Notification aded Notification # gency (including ication)	Street Address ENVIRONMENTAL	HEALTH BLDG 411 08854 H, ENV.	& SAI	NGSTON CAMPUS hone Number 445-2550
			NFORMATION	•		
Name of Facility Where Abatement RWJMS RESEARCH TOV Street Address BUSCH CAMPUS			Type of Facility (4) School (K-12) Subchapter 8 (other that St. Other (i.e. private & co. Sq. Feet: N/A	ommercial build		omes, etc.) p. Age: 80÷ years
	Inty (6) //IIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if beir			0 3.4 0.00000 - 2.00000000
Name of Monitoring Firm Hired by F	Bldg. Owner (8)	ASCM No. 00098	Name of Contractor (9) GREENWOOD ABA	TEMENT C	ONSU	ILTANTS, INC.
Street Address 3 TERRI LANE			Street Address 511 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 080			City State, ZipCode BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN R. KEARNEY	<u>Telephone</u> 609-386		<u>Telephone Number</u> 973-492-0477		Licens 0084	se Number
Scheduled Start Date (10) 08/17/18	Scheduled 8/20/18	Completion Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C.	0004	
Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	Entire Period of A	Abatement	Street Address 20-21 WARGARAW	ROAD, BL	DG# 3	5E
Describe: Other- Describe: Schedule: 5 WEEKENDS AS NEEDED)	5PM – 5AM Dail	y (24 HOURS &	City, State, Zip Code FAIRLAWN, NJ 074	10		
Scope of Work (Check all that apply □≥ 3 sf or >3 lf 区≥ 160 sf or ≥ 260 le	553	Renovation Demolition	<u> </u>	I Mini-Enclos Glove bag	ure Procedu	th Negative Pressure ure / Wrap & Cut and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normal Solely by Maint./C Staff? (12) YES NO		sbestos Containing Material mal systems insulation, surfac	Amour	nt fy SF	Abatement Type Remove Repair Encap Enclose
Room 517	X	VAT		800	SF	X
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Wa See Belov	ste Hauler ID #	Cubic Yards of Waste:	25 CY		of Registered Landfill D.W.S. North Landfill
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509		- Butler, NJ 07405		Disposal Da 08/20/20		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR P MANAGER		Signature Raymond C. Pe	Edalino	Date Augu	ust 7, 2018

					Wateres								
Λ _	H3462	35	NOT		MOIT	OF AS	ew Jersey BESTOS ABAT & 8:60 and 5:10					\mathbb{V}	
_	Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	THE AL	16 1	3	2018	3
	08/0	/ 1	88		1000000	g Sulliva		-/	130	16	3	5	
		ype Notification	1		Street	Address			ASBES	STOS	CON	VTRO)L 8
		7 Amended		3	0.1 0				En innantial appropriation of the inner	Common en			nesona y no.
	⊠ DOH	Amendment			572.00	state, Zip (Haven,	NJ 07704						
	DCA (NJAC 5:23-8)	Emergency (i justification)	inciuain	g	20,000	of Contac			Telephone Number	er			
		Cancellation			Gre	g Sulliva	ın		Totophono Humb				
					FAC	CILITY IN	FORMATION						
	Name of Facility Where Aba	tement is Takir	ng Place	(3)				Type of Facility	(4)				
	Residence							School (K-12					
	Street Address								3 (Other than K-12) rivate and commerc	ial bu	ilding	s,	
	City (5)							Square Feet	# of Floors	Blo	dg. Ag	ie .	
	Fair Haven							2000 sf	1	1 00	70		
	County (6)	21			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)			
	Monmouth							Residence					
	Name of Monitoring Firm Hir	red by Building	Owner	(8)	ASCM	No.	Name of Abateme	A CONTRACTOR OF THE CONTRACTOR					
	N/A						Guardian Co	ntracting, Inc.					
	Street Address						Street Address 1889 Route 9	. Unit 61			- 3-30,		
1	City, State, Zip Code						City, State, Zip Co			-	-	-	
								New Jersey 08	755				
1	Project Manager for Monitor	ing Firm		Tele	phone I	No.	Telephone No.		License No.				
							732-349-9932		00624				
1	Start Date (10)	Sche	duled C	omple	tion Dat	te (11)	Name of OSHA M	lonitor					
	08 /20 /	18	08_ /	_ 22	_ / _	18	E.M.S.L. Ana	lytical					
	Occupancy Status During At						Street Address						
	☐ Facility Closed/Vacated [1012 4. +800	1056 Stelton						
	Abatement Performed Ou Time of Abatement:		al Facilit PM/	y Hour PM-		cribe AM	City, State, Zip Co	ode					
			1411				Piscataway, I	New Jersey 08	854				
	Scope of Work (Check all the ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ат арріу)		enovati emolitio			☐ Mini-Enc ☐ Glovebag	g Procedure	gative Pressure	9			
1			Is	Locat	ion			, (, , . , . ,		1	ateme	ent T	/pe
	Location of			Normal ed Sole			Description o			-			
	Asbestos-Containing Mai			intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
	IN Facility		Cus	todial S	Staff?	(1.0	surfacing, VAT,	, or	SF or LF)	oval	=	Encapsulate	Enclosure
	(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	(D
-	exterior			×		ashoete	os siding		1900 sf				
-				_	-	a3065((, a siuilly		1500 ST] [
-													
- 1						1							

ASB-41 JAN 13

City, State

Name of Registered Waste Hauler

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

Guardian Contracting, Inc.

Cubic Yards of

Disposal Date

08/22/18

Signature

Waste

3

Name of Registered Landfill

Tullytown, Pennsylvania

Date

T.R.R.F.

City, State

Title

Project Manager

NJDEP Waste

Hauler ID No.

20223

Date of Notification (1))		Ĭ.	Ursuan Name	NOF ASE to NUAC	BESTOS 8 60 an	ABATE d 12 12	0)				C		7 []	<u> </u>	T T T
August 8, 2018	T N				ck Prope	erties						AUG	1	3 20	118	
Agencies Notified	Type Notification				Address	044										
EPA	× Initial				mmerce						ASB	EST	OS C	ONT	ROL	8.
DEP X DOL	Amended Amendment	#			ate, Zip C		70			-	tieta et metuvita ju	LIC	DEN	SING		thater-m
	Emergency		3		erville, N		р									
DOH DCA	justification) Cancellation			Tony						Tel	ephone	e Nun	nber			
					ILITY INF	ORMAT	ION						_			
Name of Facility Where A			(3)	1710		ORMAT	IOIV	Туре	of Facility (4)					-	
Abandoned Reside	ntial House for	Demo							School (K-1	(1//						
Street Address									Subchapter	8 (Oth	er than	K-12)			
311 Jersey Street								×	Other (i.e. petc.)	rivate a	& comn	nercia	al buil	dings	, hom	es,
City (5)								Squa	re Feet	# 0	f Floors	;	TE	Bldg.	Age	
Harrison, NJ 08876								4,0	00 SF	2			4	50+		
County (6)					Code (7)	0			ent Use (Prid							
Hudson					USE ONLY	' —			andoned F			Dem	0			
Name of Monitoring Firm n/a	Hired by Building (Owner (8)		M No.		0.000		tement Con		(9)					
Street Address				n/a					Contracti	ng						58.0
n/a							Street									A-9/3
City, State, Zip Code							100000000000000000000000000000000000000		ade Ave.							
n/a									ip Code							
Project Manager for Moni	toring Firm			Telepho	ne No		Teleph	59	NJ 07026		1.1		V.			
n/a				n/a	ile ivo.			460-6			Licen:).			
Start Date (10)		Schedu	ed Cor		Date (11)			10.13/60/61/20	HA Monitor		0120			-		
8/17/2018		9/1/20							Contracti	na						
Occupancy Status During	Abatement (Check	Only O	ne)				Street			.9						_
Facility Closed/Vaca	ted During Entire P	eriod of	Abaten	nent			360	Palis	ade Ave							
Abatement Performe	d Outside of Norm	al Facilit	y Hours				City, S	tate, Z	ip Code							
							Garf	ield, l	NJ 07026							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Ful Mir Glo No	I Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
		Is	Locati	on											ement	
Location			Normal ed Sole	,			scription							Ту	ре	
Asbestos-Containing N TO BE ABA			intenar			tos Conta thermal					nount		_		Щ	ш
In Facility		Cus	todial S (12)	taff?	(1.6.	surfac	ing, VA	T, or	itiOi1,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other m	iscellan	eous)			V		ova	oair	sula	Sur
		Yes	No	N/A									_		te	(D
Baseme	nt			х	Viny	l Floor	Tile ar	nd Ma	astic	95	0 SF		Х			
Baseme	nt		Х	Ask	pestos	Pipe Ir	rsulat	ion	6	LF		Х				
1st Floo	r		Х	L	inoleun	n + Flo	or Til	е	34	0 SF		Χ				
Roof				X		Roofir	ng Mate	erial		70	0 SF		Х			
Name of Registered Waste	e Hauler		555516	JDEP W		Cubic '	Yards		Name of R	10.000		dfill				-
Newark Carting			10000	auler ID 1509	No.	of Was	te		ISEI Lar	ndfill						
City, State						Dispos	al Date		City, State							
Newark, NJ						TBD			Bethleh	em, P	Α					
Completed by		Title				Si	gnature					Date)			
E. Cirovic		Secr	etary				7.7	Tt	T			8/8	/201	8		

CKH) 78 Date of Notification (1)	2		NOT	(Pursua	State of New Jer ON OF ASBESTO Int to NJAC 8:60 a of Building Owne	S ABATI	20)		Dr.	E C			V [
August 8, 2018					ock Properties		/ (2)			AU(3 1	3 2	018
Agencies Notified	Type Notification	ì			Address				tend trans	NUC	1.	0 6	J10
☐ EPA	× Initial			2 Cc	ommerce Stree	et		-			Mathematical	Menderson:	SOME PERSONS
DEP XI DOL	Amended	1.10			State, Zip Code				A	SBEST	OS	SING	ROL
N DOL	Amendmen Emergency	t#	ng	Som	erville, NJ 088	376		lonom	CONTRACTOR DESIGNATION	Providence County of		OHYO	stransportation to
DOH	justification)	19	1,110,000,000,000	of Contact			Tel	ephone	Numbe	r		
DCA	Cancellation	n		Tony	V.,								
Name of Facility Where	Abatement is Takir	na Place	/3)	FA	CILITY INFORMA	TION	1 =						
Abandoned Reside	ential House for	Demo	(5)				Type of Facility	(4)					
Street Address							School (K-	12)					
313 Jersey Street							Subchapte Other (i.e.	private 8	er than & comm	K-12) ercial bi	ıildin	is hoi	mes
City (5)							etc.)					370	
Harrison, NJ 08876	3						Square Feet 3,000 SF	# of	Floors			. Age	
County (6)				County	Code (7)		Current Use (Pr				50+		
Hudson				(STATE	USE ONLY)		Abandoned						
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.	Name	of Abatement Co			emo			_
n/a				n/a			mony Contract		(3)				
Street Address							Address	9					
n/a						360	Palisade Ave.						
City, State, Zip Code						City, S	state, Zip Code						
n/a						Garf	ield, NJ 07026	3					
Project Manager for Moni	toring Firm			Telepho	one No.	1	one No.		License	e No.			
Start Date (10)				n/a			460-6026		0125	5			
8/17/2018		9/10/2		mpletion	Date (11)	1	of OSHA Monitor						
Occupancy Status During	Abatement (Chee						nony Contract	ng					
						1	Address						
Facility Closed/Vacar Abatement Performe	d Outside of Norm	eriod of	Abater V Hour	nent			Palisade Ave						
Other - Describe: V	acant Abandoned		.,			1 8	tate, Zip Code						
Scope of Work (Check All	That Apply)					Garii	ield, NJ 07026						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoli			× × ×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				re	
			s Locati									emen	t
Location of Asbestos-Containing N			Normal ed Sole	-	200.000	scription	30.00				T	уре	
TO BE ABAT	<u>red</u>	Ma	aintena	nce/	Asbestos Con (i.e. thermal	taining Ma	aterial (ACM)		ount	_		Щ	m
In Facility (13)	′	Cus	todial 9 (12)	staff?	surfa	cing, VAT	, or		ecify or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		-		T	other r	niscellane	eous)			ova	air	sula	Sun
		Yes	No	N/A								te	LO.
Exterior				Х	Trans	ite Shin	gles	2,60	0 SF	X			
1st Floor Kit	1st Floor Kitchen					Plaster		350	SF	Х			
1st Floor Kite	chen			X	VAT	no mas	stic)	- Control of	SF	X			
					S. 2000. 1		,	- 100	01	1^			
Name of Registered Waste	Hauler		N.	JDEP W	aste Cubic	Yards	Name of F	egistere	dland	fill			
Newark Carting				auler ID 4509	No. of Was		ISEI Lai		a candi				
City, State			102	1008	TBD	al Date							
Newark, NJ					TBD	ai Date	City, State Bethleh	am DA	esc.				
Completed by		Title				gnature	Dettilett	, FA	-	lato			
E. Cirovic		Secr	etary		120	The state of the s				Date 8/8/20	18		
			- 18							-, -, -0			

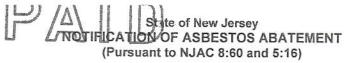
					5) /	1	Lancon Control	Samuel Services							_{ii} Pr	int F
346919			NOTIF	CATIO	tate of N N OF AS t to NJA	BESTOS	ABATE	MEN (0)	т			C			<u>M</u>	
Date of Notification (1) 8/8/18	· · · · · · · · · · · · · · · · · · ·			Name of Ellen	of Building	g Owner/ Private	Operator Home	r (2)	kā.		and the second	AUG	+	3 6	018	100
Agencies Notified	Type Notification			Street /	Address					-	ASI	BESTO	S	CON	TRO	L &
EPA DEP	Initial Amended			City, St	ate, Zip C	Code						LIC	E)	ISIN	<u>G</u>	da de la monte de la
⊠ DOL	Amendment Emergency		_		Beach		0809	1								
DOH DCA	justification) Cancellation		'	Name of	of Contac	t				Ta	onhana	Mumho	r			
					ILITY IN	ORMAT	ION									
Name of Facility Where Ellen Pierce Private	Abatement is Takin	g Place (3)	25,1800,000				Тур	e of Facility (4)					1000	
Street Address	e i ioille								School (K-1			16.40)				
								X	Subchapter Other (i.e. p	orivate	er than & comm	K-12) ercial b	uild	ings,	home	es,
City (5)								Squ	etc.) are Feet	# o	f Floors		BI	dg. A	ge	
Long Beach Twp N	IJ 08091	-							00+	1.5	27		3	5+		
County (6) Ocean				County (STATE	Code (7) USE ONL	n			rent Use (Pri	or if bei	ng dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8))	ASC	M No.		1		atement Cor	tractor	(9)				-	_
N/A Street Address							Perr									
ou out Address							Street									
City, State, Zip Code								A CONTRACTOR OF THE PARTY OF TH	Zip Code							
Drainet Manage for BA									rlin NJ 080	191	28 Th Francisco					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 856-		No. 9800		Licens					
Start Date (10) 8/21/18		Schedul 8/28/1		npletion	Date (11)		Name	of OS	HA Monitor		0072	-				
Occupancy Status Durin	g Abatement (Chec					0	Sam		200							
▼ Facility Closed/Vac		- 83	35	nent			Outcot	Addie	355							
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	/ Hours	3			City, S	tate, 2	Zip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	•	Designation of the last of the	Renova Demolit				×	Mi	ull Containme ini-Enclosure ovebag Proc	edure						
		le	Locati	on				1 1/10	on-Exempted	(°) and	Non-F	riable P		Abate		-
Location		1	Vormal	ly		De	scription	of						Тур		
Asbestos-Containing TO BE ABA	Material (ACM) ATED	Ma	d Sole intenar	nce/		tos Cont			al (ACM)		mount pecify	١,			<u>_</u>	ш
In Facil (13)		Cus	todial S (12)	Staff?	(1.0	surfa	cing, VA	T, or			or LF)	Kelliova		Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		othern	niscellan	eous)				Val		ai-	ulate	sure
Exterior S	iding	100	-110	×		Exte	rior Sid	ling		12	00SF	×	+	+		
										100000			1			
										C			1			\neg
Name of Posisters 4 W	to Uoul			IDEE		T = 11										
Name of Registered Was United Roll Off	te nauler		Н	JDEP W auler ID		Cubic of Was			Name of F		red Land	dfill				
City, State			12	2459		3 Dispos	al Date		City, State							_
Elm NJ						8/28/			Morrisvi		1906	7				
Completed by		Title				S	ignature	,7				Date :	,			
Anthony T Perna		Pres	ident				11	11	1		3	8/8	11	4		

				Printege Con	1	П	-								Print I
'hoolet			NOT	IFICATI (Puisua	State of I ON OF AS nt to NJA	New Jerse SBESTOS 10 8:60 ar	ABATE	MEN ()	т [EC	E		V) [
Date of Notification (1) 8/7/2018 check #006	an					ng Owner/		r (2)			AUG	1:	3 20	118	
	Type Notification	n			Address	o group	IIC			d bud			* 2222		Dynam
× EPA	Initial					dy Boul	evard				ASBEST	05.0	ONT	ROL	&
DEP DOL	Amended				State, Zip					Ces residen	reservation of the con-	CEM	CIMO	n.,4981	
]	Amendmer Emergency					nj 070, n	47								
DOH DCA	justification Cancellation				of Contact	73					ephone N 1-895 5				
						FORMAT	ION			1 20	1-090 0	150			
Name of Facility Where Al	batement is Taki	ng Place	(3)					Тур	e of Facility (4))					
Street Address									School (K-12)						
								X	Subchapter 8 Other (i.e. pri	vate a	er than K-	12) cial bu	ildings	s, hon	nes,
City (5)	700 - 100 -								etc.) are Feet	# 0	f Floors		Bldg.	Δπο	
maywood								7.	0x100	2			50÷	rige	
County (6) Dergen				County (STATE	Code (7))		Cun	rent Use (Prior	if bei	ng demolis	shed)			
Name of Monitoring Firm H	lired by Building	Owner (8)	ASC	M No.				atement Control						
treet Address			71-2-6-3				Street			ing ii	10				
							24 ch								
City, State, Zip Code									Zip Code park NJ 07	407					
roject Manager for Monito	oring Firm			Teleph	one No.		Teleph 201 8	one N	lo.		License I	No.			
tart Date (10) 08/09/2018		Schedu 08/11/			Date (11)			HA Monitor						
ccupancy Status During A	Abatement (Chec	ACMINISTRATION AND					Street		ns contracti	ng ir	1C				
Facility Closed/Vacate Abatement Performed	ed During Entire	Period of	Abate	ment rs			24 ch	urch			-				
Other - Describe: hou		move floo	r tile			-			park NJ 074	407					
cope of Work (Check All T	That Apply)	لنسا													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov				- X	Mi Glo	II Containment ni-Enclosure ovebag Proced	lure					
			Local	lan.	Ι			No	n-Exempted (*) and	Non-Friat	ole Pro	- 100000	re emen	
Location of		1	Vorma	lly		Des	cription (of						/pe	1
Asbestos-Containing Ma TO BE ABATE		Ma	d Sole intena	nce/		stos Conta	aining Ma	ateria			nount			Ш	
In Facility (13)	The business	Cus	todial: (12)	Staff?	(1.6		ing, VAT	, or	ation,		ecify or LF)	Removal	Repair	Encapsulate	Enclosure
(.5)		Yes	No	NI/A		otner m	iscellane	eous)				oval	air	sulat	sure
basement	t	168	140	N/A	-	e -	or tile				10-5		-	(0)	
kitchen	-	+		X							80sf	x	_		
dumpster out	side	+	-	X			oleum	-			Osf	x			
out				1			ebriss			N	/A	x			
me of Registered Waste	Hauler		IN	JDEP W	/aste	Cubic Y	'ards		Name of Reg	rietor	ad Landell	1	<u> </u>		
antic carting			1 1000	lauler ID		of Wast			grand cen		ou Lantilli				
8350				<u> </u>		Disposa	al Date		City, State						_
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n argyl PA		Title				1 2:	-//		. //						
ty, State en argyl PA ompleted by s arcila		Title presid	dent			Sig	nature		//		, Da	te /07/2	012		



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	ki	tst	15	50	3		

14 1152		U	NOTIFIC	State of New ATION OF ASBE		ENT.	L AUG 13	3 20	18	
				uant to NJAC 8:			1			-
Date of Notification (1)		Nar		ng Owner/Operator (CASIDSTON	DATE	101	8
8/6/18				Regional Med		277	LIGENS	SING		
Agencies Notified Type Notification		Stre	et Address	riogional Mice	ical center			Age on a part of the	APPLICATION AND ADDRESS OF THE	PRODUCTS 141
⊠ EPA □ Initial		70	3 Main	Street						
☐ DEP ☒ Amended		100	, State, Zip							
☑ DOL Amendment #_:	1	Pa	terson,	NJ 07503						
☐ Emergency (incl	uding		ne of Conta	27		Telephone Nu	mber			
□ DCA □ cancellation		Jua	n Cobos			860-200-				
_ Cancellation				ACULTY INCOM		(335450) 200350				
Name of Facility Where Abatement is Taking Place (3)			ACILITY INFORI		16.741				
St. Joseph's Regional Medical Center	- Dialysis A	rea, 2nd	Floor		Type of Faci	500000000000000000000000000000000000000				1900
Street Address					The second secon	ool (K-12)				
703 Main Street						chapter 8 (Other tha				
City (5)					⊠ Oth	er (i.e. private & Com	nmercial buildings, h	omes,	etc.	.)
Paterson					Square Feet	# of Floors	Bldg. Age			
			_		30,000+	3+	50+			
County (6) Passaic				Code (7)	Current Use (Prior if being demolished)	100		-	
F 45541C Name of Monitoring Firm Hired by Building Owner (8			STATE	USE ONLY)	Hospital					
Name of Monitoring Firm Aired by Building Owner (8)			ASCM No.	Name of Aba	tement Contractor (9)				
						ontracting Corp.				
Street Address					Street Addres					-
					32 Willow	Way				
City, State, Zip Code					City, State, Zip					-
						Park, NJ 07424				
Project Manager for Monitoring Firm			Telepho	ne No.	Telephone No		License No.			
					973-333-9	176	01331			
tart Date (10)		Schedu	led Compl	etion Date (11)	Name of OSHA	Monitor	101001		-	
3/23/18 Iccupancy Status During Abatement (Check Only One		8/30,	/18		Envirovisio	n Consultants, Inc.				
					Street Address					
The state of the s	Period of A	bateme	nt		20-21 Wag	araw Rd., Bldg. 35-	E			
a determent i cirorinea outside of Mo	rmal Facility	/ Hours			City, State, Zip					
Other - Describe: 7 -4 cope of Work (Check All That Apply)					Fair Lawn,	NJ 07410				
- Louis Target - Annual Care -										
		X	Renova	tion	☐ Full C	ontainment with Neg	ative Pressure			
⊇ ≥160 sf or ≥260 If			Demolit	tion		Enclosure	0			
						bag Procedure				
						xempted (*) and Non	-Friable Procedure			
Location of		Is Location						TA	Abater	ment
Asbestos-Containing Material (ACM)		ised Solely			Description of			<u></u>	Тур	pe
TO BE ABATED	N	Aaintenan	ce/	Asbe (i.e	stos Containing Mat thermal systems in	erial (ACM)	Amount			
In Facility	Ci	ustodial St.	aff?	7,500	surfacing, VAT,		(Specity SF or LF)			g
(13)		(12)			other miscellaned	ous)	3r 01 Lr)	Rem	Z.	Encid
Mechanical Equipment Room	Yes	No	N/A					Removal	Repair	Encapsulate
Mechanical Equipment Room	X			Ai	r Cell Pipe Insu		75 LF	X	1	1,0
Mechanical Equipment Room	X				Fitting Insulat	Printed the second seco	15 ea	X	+	+
2nd Fl Drop ceiling	X				Black wall Ma		50 SF	X	1	
ne of Registered Waste Hauler	X	Lunza			Fitting Insulat		100 ea	X		
icorn Contracting Corp.		Marian and the same	aste Hauler	ID No.	Cubic Yards of W	aste	Name of Regustered L	andfill		
, State		003584	+4		2+		Fairless Hills Lan			
oodland Park, New Jersey					Disposal Date	/1/	City, State			
npleted by	T				TBD	11/ V	Morrisville, PA			
A POST CONTROL OF THE POST	Title				Cinnedia	/				
no Golcev		al Mana			Signature	1 . 11	1	Date		



CR# 3416

				Name	of Buildin	g Owner/Operator (2)	IL) E	(1)	TC	
6/	1 / 1	8				of New Jersey	76	D)_E	C	<u>L</u>	
⊠ EPA	Type Notification ☐ Initial ☐ Amended)		200		ngton Rd.			AUG	1 3	20
⊠ DHSS	Amendment :	# 7-8/7 /	18		State, Zip (
	☐ Emergency (ncludin	9		ing, NJ 0			ASI	BEST	28.00	TIAC
(NJAC 5:23-8)	justification)				of Contac			Telephone Nun	nben_I(DENS	ING
	☐ Cancellation				anda Ra			609-771-28	81		- Name (Con-
Name of Capility Where Al			(0)	FA	CILITY IN	NFORMATION					
Name of Facility Where At TCNJ-Green Hall	patement is Takir	ig Place	(3)				Type of Facility School (K-12	2)			
Street Address 2000 Pennington Rd	l.							8 (Other than K-1) rivate and comme		uilding	ļS,
City (5)							Square Feet	# of Floors	В	ldg. A	ge
Ewing				17			66,000	2		88	
County (6) MERCER				Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)		
Name of Monitoring Firm H	lired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
AET, Inc		14.17.12.12.12.12.12.12.12.12.12.12.12.12.12.		0002	21	BRISTOL EN	VIRONMENTA	L, INC.			
Street Address						Street Address					
28 Pennell Rd						1123 BEAVE	R STREET				
City, State, Zip Code						City, State, Zip Co					
Media, PA 19063					- 8	BRISTOL, PA	19007				
Project Manager for Monito	oring Firm		0.100000000	phone		Telephone No.		License No.			
Roy Mosicant				10-891		215-788-6040	<u> </u>	00509			
Start Date (10)		duled C			0.00	Name of OSHA M					
7 / 5 /		8 /		_ ′ -	18		VIRONMENTAI	L, INC.			
Occupancy Status During						Street Address		#1			
☐ Facility Closed/Vacated ☐ Abatement Performed (cribe	1123 BEAVE					
Time of Abatement: 8/3+8/10 - 2:30 PM Scope of Work (Check all t	AM- F	11/7-00	DAA 7	MAAAA		City, State, Zip Co					
□ >3 sf or >3 lf	~PP'J)		novati				ainment with Neg	gative Pressure			
≥ 160 sf or ≥260 lf		☐ De	molitic)(I			Procedure mpted (*) and No	n-Friable Procedu	ıre		
⊠ ≥160 sf or ≥260 lf		Is	Locat	ion		☐ Non-Exe	mpted (*) and No	n-Friable Procedu	-	pateme	ent T
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM) ED	Is N Use Ma		ion Ily ely by nce/		Description o stos Containing Mar., thermal systems i surfacing, VAT, other miscellane	f terial (ACM) nsulation, or	Amount (Specify SF or LF)	-	pateme Repair	
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM) ED	Is N Use Ma Cust	Locat Normal of Sole intena todial S (12)	ion Ily ely by nce/ Staff?	(i.e.	Description o stos Containing Mai ., thermal systems i surfacing, VAT, other miscellane	f terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	nt Encapsulate
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Attic	aterial (ACM) ED	Is N Use Ma Cust	Locat Normal d Sole intena todial S (12) No	ion Illy elly by nce/ Staff? N/A	(i.e.	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaneous sulation	f terial (ACM) nsulation, or	Amount (Specify	At	Repair	
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Attic	aterial (ACM) ED	Is N Use Ma Cust	Locat Normal of Sole intena todial S (12)	ion Illy ely by nce/ Staff?	(i.e.	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaneous sulation	f terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM) ED	Is N Use Ma Cust	Locat Normal d Sole intena todial S (12) No	ion Illy lely by nce/ Staff?	(i.e.	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaneous sulation	f terial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	Repair	
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Attic Suite 218	aterial (ACM) ED	Is N Use Ma Cust	Locat Normal d Sole intena todial \$ (12) No	ion lly ely by nce/ Staff?	Pipe Ins	Description of stos Containing Mar., thermal systems is surfacing, VAT, other miscellaneous sulation Ceiling	mpted (*) and Nor f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 1,500 LF 320 SF	A Removal	Repair	
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Attic Suite 218	aterial (ACM) ED Hauler	Is N Use Ma Cust	Locat Normal d Sole intena todial S (12) No	ion Illy illy by nce/ Staff? N/A	Pipe Ins Plaster Vaste No.	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaneous sulation	f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 1,500 LF 320 SF	A Removal	Repair	
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Attic Suite 218	aterial (ACM) ED Hauler	Is N Use Ma Cust	Locat Normal d Sole intena todial S (12) No	ion lly ely by nce/ Staff?	Pipe Ins Plaster Vaste No.	Description o stos Containing Mai ., thermal systems i surfacing, VAT, other miscellaneous ulation Ceiling Cubic Yards of	npted (*) and North Insulation, or ous) Name of Regis FAIRLESS City, State	Amount (Specify SF or LF) 1,500 LF 320 SF	Removal 🛛 🖺	Repair	
Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Attic Suite 218 Name of Registered Waste BRISTOL ENVIRONM City, State	aterial (ACM) ED Hauler IENTAL, INC.	Is N Use Ma Cusi	Locat Normal d Sole intena todial S (12) No	ion Illy illy by nce/ Staff? N/A	Pipe Ins Plaster Vaste No.	Description o stos Containing Ma., thermal systems i surfacing, VAT, other miscellaneous culation Ceiling Cubic Yards of Waste	npted (*) and North Insulation, or ous) Name of Regis FAIRLESS City, State	Amount (Specify SF or LF) 1,500 LF 320 SF tered Landfill LANDFILL LLE, PA 19067	Removal 🛛 🖺	Repair	

F=				(Pu	irsuant to	NJ.	AC 8:60 and	5:16)	1	1		Ц	U	-
Date of Notification (1)					Name of B	Buildi	ng Owner/Opera	tor (2)	1					
6/1	_ / _	18	_		The Co	lleg	e of New Jers	ev (-/		LI AU	G 1	3 :	201R	
Agencies Notified Typ	pe Notifica	ation			Street Add							300	-010	
	Initial						ngton Rd.		-	ASSECT	COO.	0011	within and c	17-16
	Amended		• • • • •	. 1	City, State,					ASBEST	IOEN	SUN	THO!	-
=	Amendme Emergene	nt #6-	8/3/18	3	Ewing,				Lancon	-		V	A	
(NJAC 5:23-8)	justification	n)	uaing	-	Name of Co									
	Cancellati	on			Amanda				T	elephone N	lumbe	er		-
										609-771-2	2881			
Name of Facility Where Abate	ment is Ta	akina F	lace (3	3)	FACILII	YIN	FORMATION							
I CNJ-Green Hall		3 .		٠,				Type of Fac						
Street Address				-				School (K-12)	204 00				
2000 Pennington Rd.								Subchar	E., Drivat	ther than K	-12)			
City (5)						1			0.0.)	ic and comi	nercia	al buil	ldings	i,
Ewing								Square Fee	t #	of Floors		Bldd	g. Age	0
County (6)					Country			66,000		2		8		
MERCER					County Coo	ue (7)	(STATE USE ONL)	Current Use	(Prior if	being demo	olishe	d)		
Name of Monitoring Firm Hired	by Buildin	a Own	er (8)	100	CM NI			1		a 201				
AET, Inc	<i>y</i> = 0.1011	S OWII	Ci (0)	1	SCM No.		Name of Abater	ment Contractor	(9)					_
Street Address				1	00021		BRISTOL E	NVIRONMEN	TAL, IN	IC.				
28 Pennell Rd							Street Address							_
City, State, Zip Code							1123 BEAV							
Media, PA 19063							City, State, Zip (-			_
Project Manager for Monitoring I	Firm		1=				BRISTOL, P	A 19007						
Roy Mosicant	0111				one No.	1	Telephone No.		Lie	cense No.				_
Start Date (10)	Soh	00111-		610-8	891-0114		215-788-604		1	00509				
7/_5_/_18	Scii	g R	Comp	etion	Date (11)	1	Name of OSHA I							
Occupancy Status During Abater	- 1 -		′ —	17	/ _18		BRISTOL EN	VIRONMENT	AL. INC	C.				
☐ Facility Closed/Vacated Durin	a Entire F	ck only	one)			5	Street Address							
Za Abatement Periormed Outside	e of Norm	ellog (Ity Ha	emen	t		1123 BEAVE	R STREET						
Time of Abatement: AM	ViI	M/7:0	0PM-7	7:00A	Jescribe \M	C	City, State, Zip C	ode						
83 49/10 - 3:30PM - 12 Scope of Work (Check all that ap		140	8/11-	10 A	M-8:301	PM	BRISTOL, PA	19007						
, , , , , , , , , , , , , , , , , , , ,	piy) .							. Yo						
≥3 sf or ≥3 If ≥160 sf or ≥260 If			enovat				☐ Full Cont	tainment with Ne	egative F	^o ressure				
			emoliti	ion			⊠ Glovebac	Procedure						
		1	s Locat	tion			☐ Non-Exe	mpted (*) and N	on-Friab	le Procedu	re			
Location of			Norma	ally								nator	nent T	
Asbestos-Containing Material (TO BE ABATED	(ACM)	Us	ed Sole aintena	ely by	ASD	estos	Description of Containing Mat	erial (ACM)				-	T	-
IN Facility		Cus	todial	Staff?	(i.e	e., th	iermal systems i	nsulation		mount Specify	\em	Repair	Enc	1
(13)		-	(12)				surfacing, VAT, ther miscellaned	or	SF	or LF)	Remova	air	aps	
46:-		Yes	No	N/A	A	J	or miscellane(ous)		100	_		Encapsulate	1
ttic			\boxtimes		Pipe In	Isula	ation						æ	
					1.0.11				1,5	500 LF				Γ
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ame of Dogisters 1141			N.	JDEP	Waste	Cut	bic Yards of	Nom (7						Г
	****		Ha	auler I	D No.	Wa		Name of Regis	tered La	ndfill				
	., INC.			1870	6			FAIRLESS	LANDE	ILL				
BRISTOL ENVIRONMENTAL ty, State	-, INC.			1070		D.	15							_
BRISTOL ENVIRONMENTAL ty, State	., INC.			1670		Disp	posal Date	City, State						
ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL ty, State BRISTOL, PA 19007 empleted By (Print or Type)				1070		Disp	posal Date		LE, PA	19067				
BRISTOL ENVIRONMENTAL ty, State	Title	AMIT		1670		Disp	posal Date Signature	MORRISVII	LE, PA	A 19067				-

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A	SBESTO	OS CO	ONTRO ING	L&	_

Date of Notification (1)				IN	ame of Build	dina Oumanto	(0)						
6/	1 /	18				ding Owner/Operat ge of New Jerse			AU	j 1	3 2	018	
Agencies Notified	Type Notificat	ion			reet Addres					7 (m) (m)			
⊠ EPA						nington Rd.			ASBEST	OS C	CONT	ROL	. &
☑ DOLWD ☑ DHSS			100140	0	ty, State, Zi			ATUR SAMPLE STORES	L.	TOEN.	SHYG	Annene	TERMINE W
⊠ DCA	Amendment Emergence	/ (inclu	30/18	10 40	Ewing, NJ								
(NJAC 5:23-8)	justification	1)	ing	-	me of Cont			Tolo	phone N				
	☐ Cancellation	n		1	Amanda R	ladosti)9-771-2				
				I	ACILITY	INFORMATION			77.1-2	1 00			_
Name of Facility Where A	batement is Ta	king Pla	ace (3)				Type of Facil	ity (4)					
TCNJ-Green Hall							School (K	-12)					
Street Address							Subchapte	er 8 (Othe	er than K-	12)			
2000 Pennington Ro City (5)							Other (i.e. homes, et	, private : c.)	and comn	nercial	build	ings,	
Ewing							Square Feet	# 0	f Floors	T	Bldg.	Age	_
County (6)							66,000	2			88	, igc	
MERCER				Co	ounty Code	(7)(STATE USE ONLY	Current Use (Prior if be	eing demo	lished)		_
Name of Monitoring Firm F	lired by Buildin	a Owne	r (8)	TASC	M No.	I blown - Cat .							
AET, Inc	J	gowne	. (0)		021		ment Contractor (10				
Street Address				_ 00	021	Street Address	NVIRONMENT	AL, INC					
28 Pennell Rd						1123 BEAV	ED STDEET			N.			
City, State, Zip Code						City, State, Zip							
Media, PA 19063						BRISTOL, P					254		
Project Manager for Monito	ring Firm		Tel	ephon	e No.	Telephone No.	7 15007	Llies	nse No.				
Roy Mosicant			6	10-89	1-0114	215-788-604	0	1 223	nse No. 0509				
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA	Monitor	00	3003				_
//	_			0_/	18		VIRONMENTA	AL. INC.					
Occupancy Status During A	batement (Che	ck only	one)			Street Address							
Facility Closed/Vacated	During Entire P	eriod o	Abate	ment		1123 BEAVE	R STREET						
Abatement Performed O Time of Abatement:	AM- I	al Facili PM/7:0	ty Hou	rs - De	scribe	City, State, Zip C	ode						_
cope of Work (Check all th			2, 11, 7	.00/11/		BRISTOL, PA	19007						
	at apply)												_
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re	enovati	ion			tainment with Ne closure	gative Pr	essure				
			emolitio	on		⊠ Gloveba	g Procedure						
			Locat			□ NOII-EXE	mpted (*) and No	on-Friable	Procedu				
Location of Asbestos-Containing Mat	erial (ACRA)		Norma ed Sole			Description of	f				atem	ent T	yı
TO BE ABATE	D	Ma	intena	nce/	Asbes	stos Containing Ma , thermal systems	terial (ACM)		nount	Rer	Repair	Enc	
IN Facility (13)		Cus	todial (12)	Staff?	(surfacing, VAT	or		oecify or LF)	Removal	air	aps	1
(10)		Yes	No	N/A	1	other miscellane	ous)		o, L,)	1 2		Encapsulate	
ttic					Pipe Ins	ulation				-		Ф	
				-	i ipe iiis	uiation .		1,50	00 LF				[
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me of Dogistared Wests 11										П	П	П	Г
me of Registered Waste H BRISTOL ENVIRONME				IDEP V		Cubic Yards of Waste	Name of Regis						L
y, State	TAL, INC.			18706		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	FAIRLESS	LANDF	ILL				
RISTOL, PA 19007						Disposal Date	City, State						
							MORRISVIL	LE, PA	19067				
mpleted By (Print or Type) BRIAN SCAFIRO	Title					Signature	0 1	,	Da	le			_
MINIT SCAFIKU	I E	STIMA	TOR			Duran	Va. 0 .	. 0	1 00	1301	1.		

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

C	E			E	M
AUG	1	3	2018	Mildy Season of Art and Services in	

Date of Notification (1)			(1-6		NJAC 8:60 and	5		AU	G 1	3	วกา
6 / 1 /				Name of Bu	ilding Owner/Oper	ator (2)		ASBESTOS CONTRO			
		5		The Coll	ege of New Jer	sey	Δς	SDCO	TO O	Charles and the	rice-
1.750 1.001	ication			Street Addre	ess		1	DESI	IOS (IOFN	CON	TRO
D			1		nington Rd.		and the state of the	TO ASSESS VICTORIA	er terus, or	- Contract of the	-
☑ DOLWD ☑ Amende ☑ DHSS — Amende		DE\/#	. 1	City, State, Z							
△ DCA ///27/18	Hellt #	KEA W	4-	Ewing, N.							
(NJAC 5:23-8)	ncy (in	cluding	,	Name of Con							
justificat	tion)	3		Amanda I			Telephone				
	**				1000000		609-771	1-2881	ĺ		
Name of Facility Where Abatement is	Taking	Place	(3)	PACILITY	INFORMATION		22.00				
TONG-Green Hall	3	. 1400	(0)			Type of Faci					
Street Address						School (K	(-12)				
2000 Pennington Rd.					762	Other (i.e.	ter 8 (Other than ., private and cor	K-12)			
City (5)							,	nmerci	al bui	ilding	5,
Ewing						Square Feet	# of Floors	3	Bld	g. Ag	0
County (6)				Causti O. I		66,000	2		0		
MERCER			- 1	County Code	(7)(STATE USE ONL	Y) Current Use ((Prior if being der	molishe	ed)	-	
Name of Monitoring Firm Hired by Build	ing Ou	/ner /91	100	CM N		1			-/		
AEI, Inc	9 04	(d)	1	CM No.	Name of Abate	ment Contractor ((9)				
Street Address	-			00021	BRISTOL	NVIRONMENT	AL, INC.				52
28 Pennell Rd					Street Address					_	
City, State, Zip Code						ER STREET					
Media, PA 19063					City, State, Zip						
Project Manager for Monitoring Firm		1-			BRISTOL, P	A 19007	98				
Roy Mosicant		1	elepho		Telephone No.		License No.		_		
tod Deta (40)	hadula	4.00	610-8	91-0114	215-788-604		00509	5			
7 / 5 / 18	7	a Com	pletion	Date (11)	Name of OSHA						
ccupancy Status During Abatement (Ch		_ ′ _	31	/18	BRISTOL EI	VIRONMENTA	L, INC.				
Facility Closed/Vacated During Entire	D				Street Address						
The state of the s		****			1123 BEAVE	R STREET					
Time of Abatement:AM	PM/7:	OOPM-	7:004	escribe	City, State, Zip.C						
cope of Work (Check all that apply)			7100/1	141	BRISTOL, PA						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× I	Renova	ation		☐ Full Con	tainment with Neg	gative Pressure				17.5
		Demoli	tion		⊠ Gloveba	n Procedure					
	T	Is Loca	otion		☐ Non-Exe	mpted (*) and Nor	n-Friable Proced	ure			
Location of		Norm	ally			1	. 10080		h.c.t		
Asbestos-Containing Material (ACM) TO BE ABATED	Us	sed So	lely by	Ashest	Description o tos Containing Ma	f			baten	1	-
IN Facility	CII	lainten stodial	ance/ Staff?	(i.e.,	thermal systems i	nsulation	Amount	Removal	Repair	Enc	Enclosure
(13)		(12)			surfacing, VAT	or	(Specify SF or LF)	VOL	air	aps	clos
	Yes	No	N/A		other miscellaned	ous)	/	<u>B</u>		Encapsulate	ure
С		×	П	Pipe Insu	lation					e e	
		1	+-	. ipe mau	nauvii		1,500 LF		П	П	
	-								1] [7
								1		Ш	П
		N.	JDEP V	Vaste 10	ubic Yards of					П	П
e of Registered Waste Hauler		I H	auler ID	No. W	laste	Name of Registe	red Landfill				
e of Registered Waste Hauler RISTOL ENVIRONMENTAL, INC.					527555554	FAIRLESS L	ANDEUL				
State			18706				MINDLIFF				
RISTOL ENVIRONMENTAL, INC.					sposal Date	City, State					
State ISTOL, PA 19007					sposal Date	City, State					\dashv
State ISTOL, PA 19007 leted By (Print or Type) Title	AMIT				Signature						

ASB-41 BS18041-58
MAY 11 BS18041-58
MAY 11 Do not use this form for asbestos licensure exempted activities.

LAIATO: 7/28 ON SITE 10 am - 8 om

Date of Notification (1)						NJAC 8:60 a		0.50	1153				
6/_1			_		Name of Bi The Col	uilding Owner/Op lege of New J	erato	(2)		AUG	13	20	18
Agencies Notified Type ⊠ EPA	Notifica	tion		5	Street Addr	ess				er to the law size	e, week	ride years	1317 Neses
D =					2000 Pe	nnington Rd.			ASE	ESTO	3.00	Mir	101.8
	nended	nt #R#		C	ity, State,					LIS			· my symptom.
☑ DCA 7/13/	18	111 # <u>FCH</u>	3-			J 08628							
(NJAC 5:23-8)	ergeno	y (inclu	dina	N	ame of Co								
jus	tificatio	n)	ung	1	Amanda				Telephone		r		
	** **						_		609-771	-2881			
Name of Facility Where Abateme	nt is Ta	king P	ace (3)	FACILIT	Y INFORMATION	NO						
TCNJ-Green Hall			(0	,				Type of Facilit					
Street Address								School (K-	12)				
2000 Pennington Rd. City (5)								Other (i.e., homes, etc	r 8 (Other than private and cor	K-12) nmercia	ıl bui	dings	5,
Ewing								Square Feet	# of Floors		DI		
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MERCER				C	ounty Code	e (7)(STATE USE C	NLY)	Current Use (P		- 17 1	8	3	
								· · ·	nor it being der	noilsne	۵)		
Name of Monitoring Firm Hired by AET, Inc	Buildin	g Owne	er (8)	ASC	M No.	Name of Ab	ateme	nt Contractor (9)				
Street Address				00	0021	BRISTO	EN1	/IRONMENTA	I INC				
28 Pennell Rd						Street Addre	ess		L, INC.				
City, State, Zip Code								STREET					
						City, State, Z					102.50		
Media, PA 19063						BRISTOL						Particol R	
Project Manager for Monitoring Fire	n		Te	lephon	e No.	Telephone N			11.				
Roy Mosicant			1	10-89	01-0114	215-788-6			License No.				
Start Date (10)	Sch	eduled	Comp	etion [Date (11)	Name of OSI	ACCOUNT NAME	nitor	00509				
7/5/18		7	/ 3	1 /	18			IRONMENTAL					
Occupancy Status During Abatemen	nt (Che	ck only	onel			Street Addres		MORNENIAL	-, INC.				
☐ Facility Closed/Vacated During F	ntire D			ement									
Abatement Performed Outside of	Norma	I Facili	v Hou	rs - De	scribe	1123 BEA			W.				
SEE BELOUIT		M/7:00)PM-7	:00AN	î	City, State, Zi							
Scope of Work (Check all that apply)						BRISTOL,	PA 1	9007					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	novat molitic	ion on		EZ IVIII II-I	THUIOS	nment with Nega sure Procedure	ative Pressure				
						☐ Non-E	Exemp	ted (*) and Non-	-Friable Proces	A			
Location of			Locat Vorma					T	Thable Floced		- 77		
Asbestos-Containing Material (AC	(M	Use	d Sole	ly by	Anha	Descriptio	n of	1			_	nent T	уре
TO BE ABATED IN Facility		Ma	intena	nce/	(i.e	stos Containing ., thermal systen	Materi	ial (ACM)	Amount	Removal	Repair	En	En
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		Yes	No	N/A	1	other miscella	neous	()	Of Of LF)	<u>n</u>		Encapsulate	ure
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ame of Registered Waste Hauler													
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						Disposal Date		ty, State					
BRISTOL, PA 19007						10		MORRISVILLI	E DA 4000				
ompleted By (Print or Type)	Title					Signature		OITHOVILL					
BRIAN SCAFIRO	ES	TIMAT	OR			Brear	les	lio I d	Da 7	te/13/	18		

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

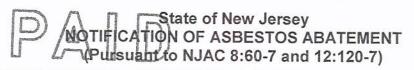
NOTE: 7/13-4PM-2:30 AM; 7/14-1PM-11:30 PM; Mon 1/16 Mormal hours.

Date of Notification (1)					Non-				1	1 1 1 1				
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⊠ DOLWD ⊠	Amended					ennington Ro	1.		Las		1.10	1110		1.15
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	/18					NJ 08628								
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Name of Monitoring Firm Hired b	y Buildin	ig Ow	ner (8)	AS	SCM No.	Name of A	bateme	ent Contracto	or (D)		درد بالبيدي			
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Media, PA 19063						BRISTO								
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Roy Mosicant			1						L	icense No.				
			- 1	610-8	991-0114	215,700	COAO							
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State of New Jersey

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Date of Notification (1)	1				Name of B	uilding Owner/Ope	erato	r (2)		/			7 2 -2
		-	8		The Col	lege of New Je	real	, (2)	1				
Agencies Notified EPA	Type Not	ification	1		Street Addr		1003		111	A	UG 1	132	2018
N DOLLAR										i -			
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Name of Facility Where Aba	atomoré !				FACILITY	INFORMATIO	M		- 01	9-771-	2881		
TCNJ-Green Hall	atement is	laking	Place (3	3)			-	Type of F-				-	
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Project Manager for Monitoring	Liene					BRISTOL, F							
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Name of Facility Where Al					Y INFORMATIO	201		609-7	71-28	81		
Name of Facility Where Abatement TCNJ-Green Hall	is Takin	g Place	e (3)		Ordina i	אכ						
Street Address					**		Type of Facil	lity (4)		-		_
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City, State, Zip Code					1123 BEA		STREET				-	_
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Project Manager for Monitoring Firm			2002		BRISTOL,							
Roy Mosicant		1		ne No.	Telephone No.							
Start Date (10)	-1		610-8	391-0114	215-788-60		3	License N	0.			
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					Street Address	NVIR	RONMENTAL	L, INC.				
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Abatement Performed Outside Entire	Period	of Aba	tement	escribe	Street Address 1123 BEAV	ER S		., INC.				
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Abatement Performed Outside of Non Time of Abatement:AM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) ftic	Period Mal Face Piw/7: Us M Cust Yes	of Aba cility Ho 00PM- Renova Demolit Is Loca Norma sed Sol aintena stodial (12) No No No No No No No No No No	ation ally ely by ance/ Staff?	Asbest (i.e., Pipe Insu aste Ct No. W	Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Con Mini-En Gloveba Description of Containing Mathermal systems surfacing, VAT, other miscellaned lation	Code A 190 Intainmolosurag Procempte of aterial insular, or ous) Name	TREET 007 nent with Negare cedure d (*) and Non- (ACM) tion, e of Registered RESS LA	Amount (Specify SF or LF)	dure A Removal	Repair	Encapsulate	Enclosure
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Abatement Performed Outside of Non- Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) tic	Period Mal Face Piw/7: Us M Cust Yes	of Aba cility Ho 00PM- Renova Demolit Is Loca Norma sed Sol aintena stodial (12) No No No No No No No No No No	ation ally ely by ance/ N/A DEP Wuler ID	Asbest (i.e., Pipe Insu aste Ct No. W	Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Con Mini-En Gloveba Non-Exe Description of Cos Containing Mathemal systems surfacing, VAT, other miscellanes Internal Systems surfacing of Containing Mathemal Systems surfacing of Containing Mathematical Systems of Containing Mathe	ER S Code A 19 Intainmolosurag Pro empte of aterial insula , or ous) Name	TREET OO7 nent with Negare cedure d (*) and Non- (ACM) tion, e of Registered IRLESS LA	Amount (Specify SF or LF) 1,500 LF	dure A Removal	Repair	Encapsulate	Enclosure
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Data of Nati	fination 0/4/40		TA:	-CD "" C	1.0	(0)				
Date of Noti	fication 8/1/18		PMC	of Building O Global Inc.	wner / Operator	r ⁽²⁾ [D F	GE	EINEE	
AgenciesNotified	Type of Notifica	ation		Address			11)1,5	<u> </u>		
X EPA	The second secon	ncy Notificati	on 12243	Branford S	Street		13			
DEP	X Initial N	otification	_	state & Zip Co				ALIC	2010	
X DOL	Amende	ed Notification	35000	/alley, CA 9			ПП	AUG '	13 2018	
X DOH	Cancell	ation	_	of Contact				1	Telephone Number	
DCA			Robe	rt Lackaye		Ī	ASB		908-347-6503	
				CILITY INFO	ORMATION	l _e			NSING	
Name of Facility \	Where Abateme	nt is Taking P			Type of Facili	tv (4)				
T.		al Plastics			School (F					
Street Address					→	ter 8 (Other th	nan K-12)			
	55 L	a France			X Other (i.e., private & commercial buildings, homes,					
					Square Feet	# of FI			Bldg. Age	
City (5)	C	ounty (6)	County Code (7) 10000 2						50+	
Bloomf		ssex	.,, 0	1.7	Current Use (Prior if heing))	301	
							GETTOUSTIE	,u _j		
Name of Monitori	na Firm Hired hu	Building Own	ner (8)	Industrial Production er (8) ASCM No. Name of Abatement Contra						
Environmental	ame of Monitoring Firm Hired by Building Own invironmental Tactics, Inc.									
Street Address	. aotios, iiic.		IMM	Global Abatement Services, LLC						
			Street Address 443 Schoolhouse Road							
	4 Broad Street City, State & Zip Code						1			
Matawan, NJ	Joue				City, State & Z		00024			
Project Manager f	or Monitoring Fi	rm I-	Telephone I	Number	Monroe Tov Telephone Nu			ones M	umbor	
Tom Geiger	o. Monitoning Fi		32-290-2		732-605-906		Lic	ense N		
Scheduled Start D)ate (10) Sch	neduled Comp			Name of OSH			00714		
8/15/1	Till-experience of the control of th	and the second s	8/21/18	(11)	Global Abat		vicos III	C		
Occupancy Status					Street Address		ICCS, LL			
X Facility Clos	ed/Vacated Dur	ing Entire Per	iod of Abat	ement	443 Schoolf		I.			
	Performed Outsi				City, State & Z					
Describe:					Monroe Tow	Avor the control of t	10034			
Other - Desc	cribe:				I TOWN	mannp, NJ (J003 I			
Scope of Work (C	heck all that ann	olv)								
Demolition		(Renovatio	n		E. I	I Containme	ot with NI	notine D	roggura	
Large Project		rionovalio				I Containmen ni-Enclosure	it with neg	Jauve P	ressure	
	3 SF or ≥ 3 LF	ACM			X Glo					
	≥ 160 SF or ≥ 26					ovebag ner: Non-fr	iahle			
	ocation of		Is Location	n l	Description		Amo	unt	Abatement Type	
	tos-Containing		Normally U	964	Asbestos-Conta		(Spe	10000000	(Specify: Remova	
Ma	terial (ACM)		Solely by	y	Material (AC		Square F		Repair,	
	BE ABATED		Maintenanc		(i.e., thermal sy	stems	Linear		Encapsulation or	
	in Facility		Custodial St		sulation, surfaci			188	Enclosure)	
	(13)		(12)	0	r other miscella	neous)				
Bo	iler Room		N/A		TSI Pipe		200	I F	Removal	
Boiler Room					Torripe		200	LF	Reillovai	
						1				
		Name of Registered Waste Hauler NJDE				of Waste	Name of	Registe	ered Landfill	
Name of Registere		N	JDEP Was							
Name of Registere		N		18693		10	Cumber	rland (County	
Name of Registere Freehold Cartag	ge	N			Disposal	Date	City, Stat	te	County	
Name of Registers Freehold Cartag City, State Freehold, N	ge IJ				8.	Date /1/18		te		
Name of Registere Freehold Cartag City, State	ge J nt or Type)	Title President			Signature	Date /1/18	City, Stat	te	Date 7/30/18	



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20 N.J.AC 17:26-2.12)

[E	C	E	\mathbb{W}	F	F
K				 		

Date of No 8/06/2018	otification (1):		of Bu		wner/Operator (2)	6 K	d buil			Al	JG 1	3 2	018
Agencies Notified	Type Notification	Street	t Addre Valnut	ess:						\one	TO 2		
□ EPA	Amended Amendment#:			Zip Code , NJ 072						ASDES	LICEN	ISING	HOL
□ DEP □ DOL □ DOH	Evenergency (including justification)		of Co					Геlephone 908-245-62					
□ DCA	☐ Cancellation				EACH ITY INE	ODM	ATION						
Name of F	acility:				FACILITY INF		e of Facility (4)):					
	Saint George Avenu	10					chool (K-12)						
							ibchapter 8 (Oth				to \		
City/ (5) Linden	Cour	nty (6): n		07036	ty Code (7):		are Feet:	e & comme	rcial buildings, h # of Floo		(C.)		
							g. Age rent Use:						
	Ionitoring Firm Hire				ASCM No.:		ne of Abateme	ent Contra	ctor (9):				
BGI RESC	OURCES INTERNA	TIONA	L COR	Ρ.		Ap	ex Developn	nent, Inc.	¥.				
Street Add							et Address:						
205 Barcl	ay Pavilion West	Rt. 70 I	East			359	8 Broadwa	03V					
City, State.	, Zip Code:						, State, Zip C						
	ill, NJ 08034						wark, NJ 07						
	nager for Monitorir	ng Firm:			Telephone No.:		phone No.:		License No.:				
Akpan Be	essey				856-316-9925	(973	3) 350-0101		01215				
Start Date 8/08/18		Schedul 9/08/18		npletion	Date (11):	0.0000000	ne of OSHA N ro Analytical		ies				
50 50	Status During Abatem		2.577				et Address:	. 6	202				
☐ Abatemen	losed/vacated During t Performed Outside of				it	City	West 36th Str , State, Zip C	ode:					
Describe:						Nev	v York, New	York, 100	18				
Describe:	1 (0) 1 11 1	LV											
	ork (Check all that app ≥ 3 If or ≥ 260 If	ну):		□ Reno				□/Mini-E □ Gloveb	ntainment with nclosure ag Procedure empted (*) and I				
L	ocation of		Locati		De	escript	ion of					temen ype	it
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Normally Used Solely by Maintenance/ Custodial/ Staff? (12)				surfa	ontaining Material (ACM) rmal systems insulation, rfacing, VAT, or ler miscellaneous) Amount (Specify SF or LF)						Enclosure		
1 ST FLOC	OR	Yes	No X	N/A	FLOOR TILES	5			1,200 SF	*			
	egistered Waste Ha YRNE TRUCKING			NJDE 1955	P Waste Hauler ID	No.:	Cubic Yard of Waste: 3		Name of Regi MINERVA				SSOC
City, State: Disposal Date: Bronx, NY 10474				e:	City, State: Waynesburg, OH 44688					70-7-1			
Completed				Title: Vice	President	Signa	ature:	1	Date: 8/06/201	8	-		

nog	80341	960	13	NO'	TIFICA	State of NATION OF AS NIAC 8.50 and	BEST	OSABA	TEMENT 7:26-2.12)		E C	E	7	/ E			
Date of No 8/06/2018	otification (1):			of Bu		wner/Operator (2)	FI	bases I			AU	G 1	3 20	118			
Agencies	Type Notificati	on 5	Street	t Addre	ess:												
Notified	∃ Initial			Valnut						A	SBES	TOS (CONT	ROL &			
□ EPA □ DEP	☐ Amended Amendment#:				Zip Code c, NJ 072					-			SING				
8 DOL		_		of Co	and the second second second	.01			Telephone N	Number:							
□ DOH □ DCA	(including justification) □ Cancellation	J	Jay						908-245-622	24							
						FACILITY IN	FORM	ATION									
Name of F	acility:						Typ	e of Facility (4):								
1100 East	Saint George A	venue						chool (K-12)	04h 4h 1/- 1/-								
City/ (5)		County ((6):		Count	y Code (7):		ther (i.e., priv	Other than K-12 ate & commerce	z) cial buildings, h	omes.	etc.)					
Linden	1.00	Union	(0).		07036	y code (7).											
							Square Feet: # of Floors:										
								lg. Age rent Use:									
Name of M	me of Monitoring Firm Hired by Building Owner: ASC					ASCM No.:			ment Contrac	tor (9):							
	GI RESOURCES INTERNATIONAL CORP.									(7).							
Street Add	ress:						-	et Address:	ment, Inc.		-						
	ay Pavilion W	est Rt.	70 E	ast			Suc	ct Address.									
	•						35	8 Broady	vay								
City, State,	Zip Code:				3111			, State, Zip									
Cherry Hi	ll, NJ 08034						Ne	wark, NJ 0	7104								
Project Ma	nager for Moni	toring F	irm:			Telephone No.:		ephone No.:		License No.:							
Akpan Be	ssey					856-316-9925	(97.	3) 350-0101		01215							
Start Date (8/08/18	10):		edule 8/18	ed Con	pletion I	Date (11):	12300300	Name of OSHA Monitor: Metro Analytical Laboratories									
100 100	Status During Aba			40 E 0 11 THE	10000		VI 1000000000000000000000000000000000000	et Address:									
☐ Facility Cl	osed/vacated Dur Performed Outs	ring Entir ide of No	re Peri	od of A	batement			National State of the State of	Street, Suite 2	203							
Describe:	renomica outs	ide of the	minai i	acmity	riours			, State, Zip	Code: V York, 1001	8							
□ Other																	
Describe:																	
Scope of Wo	rk (Check all tha	t apply):							□ Full Con	tainment with	Nogot	ivo De	2001182				
$\square \ge 3 \text{ sf or } 2$ $\square \ge 160 \text{ sf or } 3$	$\geq 3 \text{ lf}$ or $\geq 260 \text{ lf}$				□ Renov □ Demo				☐ Mini-End ☐ Glovebag	closure g Procedure apted (*) and !							
				Locati							1		emen	t			
	ocation of	., ,		ormal Solel		Asbestos Con	escript	ion of Material (ACM)			Т	ype				
	ontaining Mate (ACM)			ntenar		(i.e., therma	al syste	ems insulat	ion,		7		臣	[1]			
	E ABATED		Cu	istodia				VAT, or laneous)		Amount	lem	Re	ıca	ncl			
IN	Facility			Staff? (12)		other	miscei	naneous)		(Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure			
	(13)	Y		No	N/A					Sr OI Lr)	11		lat	re			
ROOF				X		ROOFING MA	TERI	AL		600 SF	*						
Name of Re JIMMY BY	Name of Registered Waste Hauler: NJDEP Wa JIMMY BYRNE TRUCKING 19551				Waste Hauler ID	No.: Cubic Yards of Waste: 30 Name of Registered landfill: MINERVA ENTERPRISES ASSOLINC.				SSOC,							
City, State: Bronx, NY	10474			Dispo	sal Date:				City, State: Waynesburg, QH 44688								
Completed 1	By:				Title:	30	Signa	ture:	11	Date:							
Chinyelu O	raegbunam				Vice Pr	esident	0	honge	e la	8/06/2013	8						

CH1903911355

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NFAC 8:66 and 12:20/N.I.A.C. 7:26-2.12)

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	AUG	1 3	2018	

	tification (1):		Name of B	uilding (Owner/Operator (2)))	la constant de la con		- 111	111-		10		0010
8/07/2018			South Brun	swick B	oard of Education	· · · · · · · · · · · · · · · · · · ·				Ш	Al	JG '	13	2018
Agencies Notified	Type Notificat	tion	Street Addi							1				
	□ Initial		4 Executive						-	1			WOOD OF THE PERSON	
₽EPA	☐ Amended		City, State,							ASI		3100 1100	HOO!	VTRO
□ DEP	Amendment#:		Monmouth		ı, NJ 08852				lance and	PROPERTY IN	Li-Mose:	LIUC.	ALC II	CTIV
□ DOL	☐ Emergency (including		Name of Co					Telephor	ne Number:					
DOH □ DCA	justification Cancellation		James Ferra	ara				732-297-	-7800 X 316	4				
					FACILITY IN	FORM	IATION						-71-5000	
	acility: Crossr	oad No	rth Middle S	chool			ype of Facility	(4):						
635 George	e Road						School (K-12)	0.1 1 1						
City/ (5)		County	v (6):	Cour	ty Code (7):	-	Subchapter 8 (Other (i.e., priv	Other than k	(-12) norgial buildin			2427		
Monmouth		Middle		08852			Other (i.e., priv	vate & comm	nerciai buildii	igs, nom	ies,	etc.)		
		madic	Joen	00052	•	So	quare Feet:		# of	Floors				
						D	lda Ass							
							ldg. Age urrent Use: So	shool						
Name of M	onitoring Firn	n Hired	by Building	Owner:	ASCM No.:	Ni	ame of Abate	ment Cort	rootor (O):					
Briggs Asso	ociate		,			1			07 00					
Street Addr	ess.	-					pex Develop		ıc.					
3 Crosswic						St	reet Address:							
						24	S Proods	#165#1						
City, State,	Zip Code:						58 Broady ty, State, Zip							
	n, NJ 08505						N 221-							
Project Man	ager for Moni	itoring	Firm:		Tolombono No.		ewark, NJ (1/104						
Michael Ho	odak	normg	1 11111.		Telephone No.: 609-298-5520	16	lephone No.:		License N	0.:				
Start Data (1	10).	To	1 11 10				73) 350-0101		01215					
Start Date (1 08/14/18	10):	Sc 08	cheduled Con 3/30/18	npletion	Date (11):		me of OSHA		•					
Occupancy St	tatus During Ab			ma)		_	etro Analytica	ii Laborato	ries					
	sed/vacated Du						eet Address: 5 West 36th S	trant Suit	202					
☐ Abatement	Performed Outs	ide of N	Jormal Facility	Hours		_			e 203				- 1-15, 345	
Describe:				riouis		No	y, State, Zip w York, New	Code:	010					
□ Other						110	w Tork, New	1 10FK, 10	019					
Describe:														
	k (Check all tha	t apply)	;											
$\square \ge 3 \text{ sf or } \ge$								E Full Co	ontainment	vith Ne	gat	ive Pı	essur	·e
□ ≥ 160 sf or	r > 260 lf			□ Renove □ Demo				☐ Mini-l	inclosure		5		Coour	
				_ Demo	ntion			□ Non-Ex	pag Procedu sempted (*) a	re nd Non	.Fri	able I	Proces	lure
. ▼ 13000			Is Locati						F ()	11011			emer	
	cation of		Normall		Asbestos Cont	escript	tion of	ACM				T	ype	
	ntaining Mate ACM)	rial	Used Solel Maintenan		(i.e., therma	allini al syst	ems insulati	ACIVI)			- 7		T	T
	ABATED		Custodia		surfa	cing,	VAT, or	011,	Amoun	+ 3	Z C	T.	Encapsulat	En
	Facility		Staff?	11/			llaneous)		(Specif		Ĭ.	(ep	cap	clc
	(13)		(12)						SF or LI		200	Repair	lus	Enclosure
		١	Yes No	N/A					01 01 E1	' =	-		at	e,
	M OFFICE		X		CEI	LINC	TILE		300 SF	*				*
GIRLS GY	M OFFICE		X		PIP	EEL	BOWS		6 LF	*				*
VI. 20														1
Name of Regi	istered Waste	Hauler	:		Waste Hauler ID	No.:	Cubic Yard		Name of R	egister	ed l	andfil	1:	
City, State:	NE TRUCKI	NG	15:	19551			of Waste:		MINERVA					IC.
Bronx, NY 10)474		Dispos	sal Date:			City, State					7.11		Well-till
Completed By				Title:		C:	Waynesbu	rg, OH 446						
Sylvester Orac				Preside	nt	Signa	iture:	ů.	Date: 08/07	2010				

Chad	201			(Fur	ATIOI suan	N O	F ASBESTOS AE JAC 8:60-7 and 2:	3ATEMEN 120-7)	T T		CE	CI		E F
Date of Notification (1) 8/8/18			of Buildin than S			Operator (2)			Ш	AUG 1	-		
Agencies Notified [] EPA [] DEP [X] DOL	Type of Notifica [X] Initial Notification [] Amended	n C	treet A	Address ate, Zip	Code		07010		puncte nu	AS	BESTOS C LICENS		ROI	. &
[X] DOH	Notification	N	ame c	of Conta	ct				Telenhon	e Numb	per			
	[] Cancellatio	n J	onat	than S	Sleigh	hto	n		W					
Name of Facility When Residence Street Address	re Abatement is Ta	aking Pla	ce (3)		FACI	ILIT	YINFORMATION		acility (4) School (K-12) Subchapter 8 (0 Other (i.e. priva homes, etc.)	Other thate and	an K-12) commercial	buildi	ngs,	ŭ
City (5)		County	(6)		_	Cou	inty Code (7)	Square F	eet # of	Floors	Blo	g. Ag	е	
Cliffside Park		Berge	1000000				ATE USE ONLY)	The second secon	se (Prior if bei	ng demo				
Name of Monitoring F	irm Hired by Buildi	ng Owne		ASCM N	lo.		Name of Abatem	ent Contrac		al Sai	vices In	<u> </u>		
Street Address	treet Address						Street Address					0.		
City, State, Zip Code							City, State, Zip C	ode	ngebridge F		uite 100	-0.		
Project Manager for M	lonitoring Firm	Telep	hone	Numbe	r		Telephone Numb	Pine Brook, NJ 07058 umber						50
Scheduled Start Date 8/18/18	(10) Sche	d. Comp	letion 3/18		1)		Name of OSHA N	Nonitor	onmental L	abora	atories. L		Jot)2
[] Abatement Pe Desc	d/Vacated During erformed Outside o	Entire Pe of Normal	eriod o	f Abate	ment s –		Street Address 2 City, State, Zip Co	333 Rou	ite 22W				9 1110	
Scope of Work (Check	all that apply)				17. 32			harb.						
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥20					Ren	nova	tion	[] [x] [x]	Full Contains Mini – Enclo Glovebag Po Non – Friable	sure rocedur	e	Press	ure	
Location Asbestos – C Material (, TO BE AB	ontaining ACM) <u>ATED</u>	Non S Maint	Is Location Normally Used Solely by Maintenance/Cus todial Staff (12)				Asbestos - Materia (i.e., therm insulation, su	ription of — Containing Anial (ACM) (S			Amount (Specify SF or LF)	Ab Ty R E M		E E N N C C A L
In Faci (13)		Yes	No	N/A			or other mis	scellaneous)			V A L	I R	P O S S U U
basement			X		TSI					12	20 LF	X		0 0
			DEP V uler ID 4782	Vaste) No.			bic Yards Waste 3		Registered La ce Landfill	ndfill				
City, State Pine Brook, NJ							posal Date 23/18	City, Stat						
Completed By (Print or Type) Title			eral	Mana	ger	012	Signature	Taylor	A		Date 8/8/18			
ASB-41 JUN 95							1		Making wife course of harm					

CK# 4595

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

D) _F	E	C	E		\mathbb{V}	E	M
		AUG	1	3	2018		

Date of Notification (1)	-	Name of Building Owner/Operator (2) PINELANDS CONSTREESTOS CONTROL								L &
Agencies Notified Type No		Stre	et Address		TH CT	Lail Lail	71 1 14	11101		Promise Man
DEPA Minital Amer	ided	City	, State, Zip	300 7°	11, 21.	7			-	=
⊠ DOL Amen	dment # gency (including	City		ISLE	CITY	N.J. 0	82	43)	
Ø DOH justifi	cation)	Nan	ne of Conta	CT RAWIC		Telephone Numb	er			
				FORMATION				_		$=$ \mid
Name of Facility Where Abatement	is Taking Place (2.5	- CILITIN	Ordination	Type of Facilit	y (4)	_	_		\dashv
RESID			%		School (K-	12) r 8 (Other than K-12)			
Street Address						private & commercia		dings		
City (5)	elt (176			Square Feet	# of Floors	1100000	dg. A		
County (6)	SLE C	Cox	County Code (7) (STATE Current Use (Prior if being demolished)							\dashv
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Name of Monitoring Firm Hired by B (8)	uilding Owner	ASCA	i No.	11	EM (O	INC				_
Street Address	1=		Street Address	S. SPI	PLCE ALV	-				
City, State, Zip Code				City, State, Zip Co		EULE AUG				ᅱ
Cry, State, 2p code				MAP		HADE N.J	_ (80	250	2
Project Manager for Monitoring Firm		Γe le phone	No.	Telephone No. 856-77	7-0472	License No.	1	1		
Start Date (10)	Scheduled Con		ate (11)	Name of OSHA M	Ionitor	h				
S-1618 Occupancy Status During Abatement				Street Address		<u>a</u>				
Facility Closed/Vacated During E	ntire Period of Ab	atement		Oh: Chia Zin Co	· ·			_		=
Abatement Performed Outside of Other - Describe:	Normal Facility P			City, State, Zip Co						_
Scope of Work (Check all that apply)					egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Reno	vation lition		☐ Mini-End ☐ Glovebag	Procedure	on-Friable Procedur	е			
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IN Facility (13)	Star (12			surfacing, VAT, other miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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		NUDEP	Waste	Cubic Yards	Name of Red	istered Landfill				\dashv
Name of Registered Waste Hauler	•	Hauter E		of Waste		C.MU.A.				
City, State				Disposal Date-	City, State	- 14	1 7			
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	Dity, State, Zip Code	enter west	City, State, 2 Addised P					prosen							
	Project Manager for Monitoring Firm	T	Telephe	na No.		Teleph	tone No. 282-684	0. Ucenee No.							
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. 7	Office - Describe:	House					tate, Zip (censack	₹ NJ. 07606							
	Scope of Work (Check All That Apply) as af or all if and our or areas if	anova emolii			On the land of the	E	i Glove	be Fin	e watere	Negative f					
	Location of	Locati	4						Amount (Specify SF or LF)		Absinstant Type				
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	Name of Ragislancest Valence Header		1 21	March (a							**************************************				-
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	City, State Newwork, N.J. 07105	City, Grate						Jan 1º	y, Sie	E DVI. DA	08072		-	T-MCSWISS.	
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Adance Netherland Control Cont	38/88/2318 89:42 2812628 HID5	3321			D)	rbey DB ABATI		N.	AUG 1			J12					
American Services Developer Develope	Date of Notification (1)	A						1		D. 40. L. Aut.		8					
DOH DCA		1	***************************************	Streat	Address	176	LO 6477	-				1	Drivers of the last of the las				
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Street Address City, State, Zip Code Midland Park, M. 1/17432 Talaphone No. 201-262-5641 O0156 Stert Date (1p) 8/8/18 Completion Dete (11) 8/8/18 Completion Dete (11) Anne of OSHA Ni, titor Omaga Enviro: imental Services Inc Street Address 280 Huyler Str. let City, State, Zip Code Address 280 Huyler Str. let City, State, Zip Code Address 280 Huyler Str. let City, State, Zip Code Address Consort or Address 280 Huyler Str. let City, State, Zip Code Address City, State, Zip Code Address City, State, Zip Code City, Code City, Code City, C	Name of Monitoring Firm Hired by Building	Owner (6	3)	ASC	M No.	Name	INTERNATION TO	1 Contract	or (9)	*******		-	-				
City, State, Zip Cin a Midland Park, JJ 17432 Project Manager for Monitoring Firm Telephone No. Talaphone No. 2011-522-5841 O0158 Start Date (16) Start Date (17) Abstance of Chick All That Apply) Start Date (16) Start Date (17) Start	Street Address	-			Street	art Address											
Project Manager for Monitoring Firm Telaphone No. 201-252-5641 Sterr Date (19) Schedulad Completion Dete (11) B 7 16 Cocupancy Status During Absterment (Check Only One) Facility Closed/Vacated During Entire Period of Absterment Absterment Period Period of Normal Facility Hours Other Describe: Renoveton Demolition Facility Closed Active Check All That Apply) Scope of Work (Check All That Apply) 23 of or 23 if 2160 of or 2250 if Renoveton Demolition Renoveton Demolition Renoveton Demolition Renoveton Demolition Is Location Normally Used Store All That Apply) Abbestos-Contesting Material (ACNs) TO BE ABATED In Facility In Facility (13) Renoveton Demolition Renoveton Rini-End with Negative Presenter Rin	City, State, Zip Code				City, 8	tate, Zip Ca											
Steri Date (19) 8 7 16	Project Manager for Monkoring Firm	Project Manager for Monkoring Firm						phone No. Lipense No.									
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Scope of Work (Check All That Apply) 23 of or 33 if 2180 of or 3280 i	Facility Closed/Vacated During Entire F Abstement Performed Outside of Norm Other – Describe:	Period of real Fedit	Abatan y Houn	nervt	477	280 City, S	Huyler Str tate, Zip Con	Z _H 3									
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City, State Newark, NJ 07105 Completed by City State Po Argyl, PA 08702	City, State Newerk, NJ 07105				o h	gesi Date	City	Ste m					-				
Completed by Joseph Vocaturo Title Vice President Signature Old Supplement Old Supplemen			Presi	dant	1.4/1	Signatura Parate	V	-	Da		0 .		-				

CH3230	NO	HPICATI (Pursua)	State of New MOF ASSES State NJAC 8:	STOS ABATE	MENT 0)					₩ <u></u>	
Date of Notification (1) 8/6/2018 Check #	3230		of Building Ov		(2)		AU(1	3 21)18	
Agencies Notified Type No		Street 17 M	Address Ionsignor C)wens			ASBEST	OS C	ONT	ROL	g.
DOL Am	endment # ergency (including		ey, NJ 0711								
DOH just	ification)	Ole	of Contact Olson				lephone Nu 73-235-11				
Name of Facility Where Abatemen		FA	CILITY INFOR	RMATION	Type of Facility	(4)					
The Phoenix Center Schoo Street Address 16 Monsignor Owens Place				70	School (K. Subchapte Other (i.e. etc.)	er 8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) Nutley					Square Feet 60,000	# o	f Floors		3ldg. <i>1</i> 50+	Age	
County (6) ESSEX			Code (7) USE ONLY)		Current Use (P School	rior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)	ASC	CM No.		of Abatement Co Services Corp						
Street Address				Street	Address 69th Street						
City, State, Zip Code				City, S	tate, Zip Code enberg, NJ 07	7093					
Project Manager for Monitoring Firm	n	Teleph	one No.	Teleph	none No. 295-1700		License N	lo.			
Start Date (10) 8/07/2018	Scheduled 0	Completion	Date (11)	Name	of OSHA Monito	r	01074				
Occupancy Status During Abateme	nt (Check Only One)				Address						_
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 3 PM	Entire Period of Abar of Normal Facility Ho	ement urs		City, S	tate, Zip Code						
Scope of Work (Check All That App	ly)										
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	727.723.72	ovation olition		×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				۵	
Location of	Is Loc Norm			Description					Abate	ement pe	
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Used Si Mainte Custodia (1:	nance/ al Staff?	(i.e. the	Description Containing Mermal systems surfacing, VA ther miscellan	laterial (ACM) insulation, T, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
Basamant Bay's Pathras	Yes N	1.00	Di					x		te	
Basement-Boy's Bathroo	om x		Pipe II	nsulation-w	rap & cut		8 LF				
Name of Registered Waste Hauler		NJDEP V	Vaste C	Cubic Yards	Name of	Registe	red Landfill				
Tri-State Transfer Assoc		Hauler ID 19551	No. o	f Waste BD		1000	rprises Ir				
City, State Bronx, NY				Disposal Date	City, Sta Wayne		ОН				
Completed by Gina Betances	Title Office M	anager		Mua.	8_	Da	te 3/06/	18			

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Date of Notification (1) 08/06/18	Check # 322	29			of Building hn/Han				(1)			At	JG	13	201	8		
Agencies Notified EPA	Type Notification Initial			260 H	Address larrison					_	A					& JC		
DEP X DOL	Amended Amendmen Emergency			Leonia	ate, Zip C a NJ, 07	DNICHIONI												
DOH DCA	justification) Cancellation			Mr. Ra	of Contact ainhard													
Name of Facility Where A	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Tvn	e of Facility (4)								
Han Al High School		,						×	School (K-1	NP.								
Street Address 260 Harrison St									Subchapter	8 (Oth				dings,	home	es,		
Leonia	Square Fee 20,000+								# o	f Floors	S	11 11 11 11 11		ge				
County (6) Bergen					Code (7) USE ONLY)			rent Use (Prid hool	or if be	ing den	nolish	ed)					
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASC	И No.		Name EA S			tractor (9)								
Street Address N/A							Street 426		ess									
City, State, Zip Code N/A				Zip Code erg, NJ, 07093														
Project Manager for Moni N/A	toring Firm			Telepho N/A	ne No.		Teleph 201-2		No. 1700		The second second).					
Start Date (10) 08/17/18		Schedul 08/18/		npletion	Date (11)				SHA Monitor above									
Occupancy Status During	Abatement (Chec	ck Only O	ne)				Street	Addre	ess					-				
Facility Closed/Vaca Abatement Performe Other – Describe: 88	ed Outside of Norn	Period of an all Facility	Abaten y Hours	nent			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 G	ini-Enclosure lovebag Proc	edure					e			
			Locat			N W. W. W. T. W C.								Abate	ement			
Location Asbestos-Containing N <u>TO BE ABA</u> In Facilit	Material (ACM) TED	Use Ma	Normal ed Sole iintena todial S	ly by nce/		tos Cont thermal		lateria s insu	al (ACM) lation,	apter 8 (Other than K-12) i.e. private & commercial buildings, he i.e. private & comme		Enc						
(13)	,	Yes	(12) No	N/A		other n	niscellan	eous))	Si	OI LF)		noval	pair	Encapsulate	Enclosure		
Boiler Ro	om		X			ACI	M Elbo	ws			3 L	F		X				
								-										
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red La	ndfill						
Tri-State Transfer Ass	sociates		(130)	auler ID 9551	No.	of Was	Minerva Entreprise					0.0000000000000000000000000000000000000						
City, State Bronx, NY						Dispos	sal Date		City, State Waynes		ОН							
Completed by Gina Betances		e Mar	nager		S	ignature	(B	X		MF	8770 58900		8					

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Date of Notification (1) 8/08/2018 Check #3228				f Building Owner		r (2)		Ind bai	AUU	ð t	:U10	lane.				
				Frinity School												
	Agencies Notified Type Notification Street Address 336 First Street										TROL	. &				
EPA Initial Amended				ate, Zip Code			L	The sale depression mode	titue (mornoven	om university (m) (m)	now remove	CONSTRUCTION - TO				
DOL Amendment		1 3		ield, NJ 0709												
DOH Emergency (including justification) Name of Contact Telephone Number Name of Contact Telephone Number Name of Contact Na												\neg				
DCA Cancellation			Keith	Gibbons				908-723	-4343							
Name of Facility Where Abatement is Takin	a Place /3	1	FACI	LITY INFORMA	TION	Tuna	of Facility (4)									
Holy Trinity School	g Flace (5)	,				2383	of Facility (4)									
Street Address			- T				School (K-12 Subchapter 8		K-12)							
336 First Street						ī	Other (i.e. pri			ildings	, hom	es,				
City (5)							etc.) are Feet	# of Floors		Bldg.	n Age					
Waynesburg						10,0		2		50+	J -					
County (6)				Code (7)		100	ent Use (Prior	if being dem	olished)							
UNION		(USE ONLY)		Sch		4045								
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	/ No.			atement Contr									
N/A Street Address						EA Services Corporation										
Street Address					100000000000000000000000000000000000000	reet Address 26 69th Street										
City, State, Zip Code						city, State, Zip Code										
,							enberg, NJ 07093									
Project Manager for Monitoring Firm		T	elepho	ne No.		none N			se No.			-				
			•		201-	295-	1700	0107	' 4							
Start Date (10)	Schedule		pletion	Date (11)	Name	Name of OSHA Monitor										
8/20/2018	8/21/18				Sam	Same as above										
Occupancy Status During Abatement (Chec	k Only One	e)			Street	Addre	ess									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8 AM	Period of A nal Facility	bateme Hours	ent		City, S	State, Z	Zip Code	<u> </u>								
Scope of Work (Check All That Apply)										-						
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(13)		(12)			miscellar		ß.		Removal	Repair	sula	Sure				
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Second Floor	Х		Plas	ter on c	eiling		10 SF		x							
										1						
	1		-						-	+		\vdash				
Name of Registered Waste Hauler		NJ	DEP W	aste Cubi	c Yards		Name of Re	egistered Lar	ndfill			\Box				
Tri-State Transfer Assoc		Ha	uler ID 551		aste			va Enterprises Inc								
City, State				1	osal Date City, State											
Bronx, NY	Title			TBD			Waynesk	urg, OH								
Completed by Gina Betances	Man	ager		Signature	18	Vinal		Date 08/08	/18							

ASB-41 (R-04-08)

Do not my this form for asbestes Heenpure sumpled activities.

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07/27/2018 09:35AM 2013297440 BEST REMOVAL IN PAGE 82/84 IU U SUL OF ASSESTOS ANATEMENT (Pursuent to NJAC 8:60 and 12:120) 2018 AUG Name of Building Owner (Dperson (2) Date of Notification (1) MR. MICHAEL 127/18 CHO. 0.0 ESTOS CONTROL & Agencies Notified Type Notification म्मिस्जा -EPA City, State, Zip Code DEP Amended GILLETTE. NJ. Amendment # Programmy (including justification) Telephona Number Name of Contact DOH KR. CHOIDO D DCA Cancel letton FACILITY INFORMATION Type of | willy (4) Name of Facility Where Abatement is Taking Place (1) CHONDO 5. Oil of a private & commercial buildings, homes, etc.) Street Addres Bids Age Squate: pt City (5) 1995 2900 GILLETTE Current sc (Prior If being dismolished) County Code (7) County (6) Morre < SECIOEN CE Name of Abetern of Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Rey oval Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip (pde Hackens: ck, NJ 07601 Licana No. Project Manages for Monitoring Firm Telephone No. Telephone No. 00388 201-329 7444 Name of OSHA. Senitor Start Date (10) duled Completion Date (11) 7/28/18 7/29/18 Omega Er wironmental Occupancy Status During Absorptiont (Check Culy One) 280 Huyler Street D Facility Chamil/Vacated During Entire Period of Abatement Other - Describe: 8:00 Atm The 5:00 M City, State, Zip ode South H: ckensack, NJ 07606 Scope of Work (Check All The Apply) □ Full | quadrament with Negative Pressure 다_ 21 af or 23 1f 전 2160 af or 2260 ff Renovation

Description Miri Englosses Glov bog Proceduse Nor, hempsed (*) and Non-Frisble Procedure Is Location Type Normally Used Solely by Maintenance Locaring of Asbestos Containing Material († 24) (I.e. chermal systems insulation, 81 koing. Containing Material (ACM)
TO BE ARATED
In Festility Amount (Speatify SF or LF) Encaparine Repeir Custodial Swiff? VAT, OF (12) (13) Yes NIA 42035 X FLOOR MUSUCAL Name of Registered Landful Cubic Yards Name of Registered Waste Hauler NITTEP Wash of wasse . /4 YAM Hauser ID No. Minerva Enterprises, LLC Best Removal Inc Diaposal Dete City, State 7/30/18 OH Hackspeack, N.I 0.7601 Waynesburg 7/27/18 J. Maiorano Estimator

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Date of Notification (1)	U							wner/Operato	The same of the sa					\parallel
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(13110 0.20 0)	☐ Cance					latt Turne				Telephone Nu 215-221-9				
					F	ACILITY I	NFO	RMATION		210-221-0	555			
Name of Facility Where A	batement i	s Takir	ng Plac	ce (3)	13.0			111111111111111111111111111111111111111	Type of Facility	(4)				
JCP&L									School (K-1)					
Street Address									☐ Subchapter	8 (Other than K-	12)			
110 Washington Str	eet								homes, etc.)	rivate and comm	nercial l	buildir	igs,	
City (5)							-		Square Feet	# of Floors	1	Bldg.	Age	
Morristown, NJ										01110013	1	Jiug.	ige	
County (6)					Co	unty Code ((7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Morris						(57)			Substation	ii waniig daniia	nonou)			
Name of Monitoring Firm I			Owner	(8)	ASC	ΛNo.	Na	me of Abatem	nent Contractor (9)					
1 Source Safety & H	ealth, Inc	:.					1	AbateTech,						
Street Address				- 10-11				eet Address						-
140 S. Village Ave. S	uite 130						3	0 Maple Av	e. PO Box 25					
City, State, Zip Code							_	, State, Zip C						
Exton, PA 19341							L	umberton,	NJ 08048					
Project Manager for Monito	ring Firm			Te	ephone	No.	Tel	ephone No.		License No.			-	
Brian Hovendon						4-5525	6	09-265-2107	7	00529				
Start Date (10)						ate (11)	Nar	ne of OSHA N	Monitor					
8/9/					/	18	E	MSL Analyt	tical					
Occupancy Status During A							Stre	et Address						
☐ Facility Closed/Vacated	During Ent	tire Per	riod of	Abate	ement		2	00 Route 13	0 North					
Abatement Performed C Time of Abatement:	Outside of N AM-	Normal PN	Facilit	y Hou	rs - De	scribe	City	, State, Zip Co	ode			-		
						_AIVI	С	innaminsor	ı, NJ 08077					
Scope of Work (Check all the	nat apply)						Ac-	П г.// C/						
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on			Glovebag						
			Is	Loca	tion	T		M Non-Exe	mpted (*) and Nor	I-Friable Procedi				
Location of		1	1	Vorma	lly			Description o	f		Ab	_	ent T	
Asbestos-Containing Ma TO BE ABATE	terial (ACN	Л)		d Sol	ely by			Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility	<u>.D</u>				Staff?	(i.e.		mal systems i urfacing, VAT,		(Specify SF or LF)	Nova	air	aps	losu
(13)				(12)				er miscellane		SF OF LF)	<u>a</u>		ulat	Гe
	F-31-50		Yes	No	N/A								e	
Exterior Pole #10234M						Asbesto	os ris	ers		16 LF				
												П	П	П
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Name of Registered Waste I	Hauler		_		JDEP \	Vaste	Cubi	c Yards of	Name of Registe	ered Landfill				Ш
AbateTech, Inc.				1 A 22	auler II 18750	No.	Wast		Fairless Lar					
City, State					10100			osal Date	City, State					
Lumberton, NJ							8/9	18	Tullytown, F	PA				
Completed By (Print or Type)	Title					T	Signature	NA	9E08	ate .			
Gwen Trumbetti		Ор	erati	ons (Coordi	nator		4	MI.		8 C	1/1	8	

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Date of Notification (1)					Na	me of Buildi	ng Owner/Opera	tor	(2)		AUG	13	201	R
8/	7 /	_1	8		E	ast Bruns	swick BOE / J	ob :	#1805-5312 Ch					
Agencies Notified EPA	Type Notif	ication	1			eet Address				ASE	ESTO	S CC	NTR	OL &
☑ DOLWD	☐ Amend					y, State, Zip	Code			Language and the second second	NAME OF STREET	-1401	ING.	makes let a
☑ DHSS	Amend			-	11 93		wick, NJ 0881	16						
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(1.07.10.0)	☐ Cancell					yan Apple				732-744-7				
						1577 252.75	NFORMATION	,						
Name of Facility Where A	batement is	Takir	ng Plac	e (3)		AOILITTI	IN OKWATION	•	Type of Facility (4)				
Irwin ES			3	(-)					School (K-12)					
Street Address	100-01								Subchapter 8		-12)			
75 Racetrack Road									Other (i.e., pri	vate and comr	nercial	buildi	ngs,	
City (5)									homes, etc.) Square Feet	# of Floors	- 1	Bldg.	٨٥٥	
East Brunswick									Oquare i eet	# 01 1 10015	1,	olug.	Age	
County (6)					Co	unty Code (7)(STATE USE ON	(V)	Current Use (Price	or if being dem	oliched	_		
Middlesex						unity oddo (THOTATE GOE ON	-1)	School	i ii beilig delli	olisileu,	100		
Name of Monitoring Firm	Hired by Bui	ldina	Owner	(8)	ASC	M No.	Name of Abat	omo	ent Contractor (9)		0000-10			
Environmental Desi		iunig	O MITO	(0)	1,00	W 140.	AbateTecl							
Street Address	911, 11101						Street Address	(8)	iic.					
5434 King Avenue									BO Boy 25					1
City, State, Zip Code							City, State, Zip		e. PO Box 25					
Pennsauken, NJ 081	09													
Project Manager for Monit				TTo	lephon	e No	Telephone No		4J U0U40	Linamas Na		10-0		_
Tom Pruno	orang r arm					4-7462	609-265-21			License No.				
Start Date (10)		Scher	fulad (Date (11)				00529				
8 / 9 /						18	Name of OSH							
Occupancy Status During	Abatement (Chec	k only	one)			Street Address							
☐ Facility Closed/Vacated					ement		200 Route		0 North					
☐ Abatement Performed (Outside of N	ormal	Facilit	у Но	urs - De	escribe	City, State, Zip							
Time of Abatement:	AM	PI	VI/	PN	1	_AM			, NJ 08077					
Scope of Work (Check all t	hat apply)								,					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re	enova emolit			☐ Mini-E ☑ Glove	encl bag	ainment with Nega osure procedure ppted (*) and Non-		dure			
			U 198	Loca							A	baten	nent T	vpe
Location of				Norm	ally lely by		Descriptio				R	D	m	m
Asbestos-Containing M TO BE ABAT		1)			ance/		stos Containing ., thermal systen			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(surfacing, V	AT,	or	SF or LF)	oval	=	nsd	Sur
(13)			V	(12		-	other miscella	nec	ous)				late	0
Kitchen/Roof			Yes	No	N/A	Exhaus	t Dust		-	24 SF		+	-	
-			_	10000	-	LAllaus	t Duct			24 SF				
			Ц											Ш
Name of Registered Waste	Hauler			100		Waste	Cubic Yards of		Name of Registe	red Landfill				
AbateTech, Inc.				1	Hauler 1875	50550 H. 구나1	Waste 12		Fairless. Lar	ndfill				
City, State					.010		Disposal Date		City, State					-
Lumberton, NJ							8/9/18		Tullytown, P	Α				
Completed By (Print or Type	e)	Title					Signature		. 1	1	Date_	1	5	
Gwendolyn Trumbett	i	0	oerati	ons	Coord	linator		1	VVT		8	18	18	

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Date of Notification (1)		-							wner/Operator	5 75	total gover?	UG	13		718	TL
	/	1	8			JC	P&L/Firs	tEn	ergy Compa	ny / Job #1807	-5355 Checl	k #10	421			-
Agencies Notified EPA	Type Notifi	ication	1		1		t Address	Plac	e- Building A		ASBE	STOS	SC	ONT	ROL	&
☑ DOLWD	☐ Amend				-	-	State, Zip				THE PERSON NAMED AND POST OF THE PARTY.		This is the	************	ACAMORTO.	mostym
☐ DHSS	Amend			_			rristown									
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	ourioon	adon	CONTRACTOR (1975)								201-002-	1499				_
Name of Equility Where	A b a t a t '-	T-1.1.		- /0	,	FA	CILITY IN	4FO	RMATION							
Name of Facility Where A		lakın	ig Plac	e (3)					Type of Facility (1000					
JCP&L- Manhole #	1019									School (K-12 Subchapter 8		(-12)				
Street Address Corner of South &	Dehart Stre	eet								Other (i.e., pr homes, etc.)	ivate and com	merci	al bu	uildin	gs,	
City (5)										Square Feet	# of Floors		BI	dg. A	ge	
Morristown, NJ														2	970	
County (6)						Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Price	or if being den	nolishe	ed)			
Morris							NO.50		e de secono de de tromo sono de medicale de secono	Substation			*			
Name of Monitoring Firm	Hired by Bui	Iding (Owner	(8)	AS	SCM	No.	Na	ame of Abateme	ent Contractor (9)						
1 Source Safety & H	lealth, Inc.	100		1005					AbateTech, I							
Street Address								-	reet Address				_			_
140 S. Village Ave.	Suite 130								30 Maple Ave	PO Box 25						
City, State, Zip Code								100	ty, State, Zip Co							
Exton, PA 19341									Lumberton, N							
Project Manager for Monit	toring Firm			TT	eleph	one	No		lephone No.	40 00040	License No					
Brian Hovendon	toring r iiiii			333			-5525	1	609-265-2107		00529					
Start Date (10)	T	Sched	fuled C				te (11)		me of OSHA M		00323					
_8 / _8 /	18		8 /	_	8		18		EMSL Analyti							
Occupancy Status During								Str	eet Address							
☐ Facility Closed/Vacated								2	200 Route 13	0 North						
Abatement Performed Time of Abatement:								Cit	y, State, Zip Co	ode						
		—	VI/		IVI		AIVI	(Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)									ainment with Nega	ative Pressure	E				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re						☐ Mini-Encl	Procedure	Erichia Dassa					
			lo-	100	cation	,			☑ MOII-EXE	mpted (*) and Non	-Friable Proce	dure				
Location of	of		1	Vorn	nally				Description of			-			ent Ty	_
Asbestos-Containing N		1)	122		olely				Containing Mat	erial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
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(13)				(1:	2)				her miscellaned		SF or LF)		=		ulat	Гe
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Manhole #1019						X	Asbesto	s ta	ape on electr	ical wiring	9 LF		X			
	2]						1				
Name of Registered Waste	Hauler				NJD	EP V	Vaste	Cub	oic Yards of	Name of Registe	ered Landfill			_		
AbateTech, Inc.						ler ID 3750		Wa:	V.	G.R.O.W.S.						
City, State									posal Date	City, State		177-77				
Lumberton, NJ								8	/8/18	Tullytown, F	PA					
Completed By (Print or Typ	oe)	Title							Signature	. N		Date		ħ	5	
Gwen Trumbetti		0	perati	ons	Co	ordi	nator		(M	10		8	5	8	18	

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Date of Notification (1) 8 / 7 /	18		1		ng Owner/Operator		AU AU	G 1	3	2018	
			IN.	utgers, 11	he State Univers	ity of NJ / Job	#1804-5300 CF	iec#			
Agencies Notified	ication			et Address			ASBEST	ros	CON	TRO	1 &
 ☑ EPA ☑ Initial ☑ Amend 	had				Road 1, Bldg. 408	36 Livingston C	ampus L	ICEN	ISIN	G	
	ment #1			, State, Zip							
☐ DCA ☐ Emerge	ency (includ	ing	P	iscataway	, NJ 08854						
(NJAC 5:23-8) justifica			Nan	ne of Conta	ct		Telephone Num	ber			
☐ Cancel	lation		M	ichael F.	Smith		848-445-255	0			
			F	ACILITY II	NFORMATION						
Name of Facility Where Abatement is						Type of Facility	(4)				
Rutgers- Livingston Campus	- Bldgs. 40	086, 4	087 &	4155		School (K-12					
Street Address 27 Road #1						Other (i.e., pi	3 (Other than K-12 rivate and commer) cial b	uildin	gs,	
City (5)			100			Square Feet	# of Floors	В	ldg. A	Age	
Piscataway, NJ 08854							4		60+	.90	
County (6)		The same of the sa	Cou	anty-Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex						Academic	er ii zeilig deliielie	1,04)			
Name of Monitoring Firm Hired by Bui	ilding Owne	r (8)	ASCN	/ No.	Name of Abateme	The state of the s		-			
Health & Safety Services			117	,	AbateTech, I	65 %					
Street Address		-			Street Address						
PO Box 365					30 Maple Ave	. PO Box 25					
City, State, Zip Code					City, State, Zip Co						-
Berlin, NJ 08009					Lumberton, N						
Project Manager for Monitoring Firm		Te	ephone	No.	Teléphone No.	10 000 10	License No.				
James Proctor				2-1311	609-265-2107		00529				
Start Date (10)	Scheduled (Compl	etion Da	ate (11)	Name of OSHA M		1 00020				-
7 /25 /18	8			18	EMSL Analyti						
Occupancy Status During Abatement	Check only	one)			Street Address			_			
☐ Facility Closed/Vacated During Ent			ement		200 Route 13	0 North					- 1
☐ Abatement Performed Outside of N	ormal Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	PM		_AM	Cinnaminson						
Scope of Work (Check all that apply)						,					
☐ ≥3 sf or ≥3 lf	Ma					ainment with Nega	ative Pressure				ĺ
≥ 160 sf or ≥260 lf		enova emoliti									
					Non-Exer	npted (*) and Non	-Friable Procedure	9			
Location of		s Loca Norma		1				Ab	atem	ent T	уре
Asbestos-Containing Material (ACM	1) Use	ed Sol	ely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	四	四
TO BE ABATED	Ma	aintena	ince/ Staff?	(i.e.	, thermal systems in	nsulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)	Cus	(12)	Stail!		surfacing, VAT, other miscellaned	or or	SF or LF)	/al		sula	ure
()	Yes	No	N/A	1	other miscellanec	lus)				te	
See Attached		\boxtimes		See Atta	ached		See Attached				
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								П			
Name of Registered Waste Hauler			JDEP \	Naste	Cubic Yards of	Name of Registe	ared Landfill		Ш	Ш	Ш
AbateTech, Inc.		1730	auler II 18750) No.	Waste 40	Fairless La					
City, State					Disposal Date	City, State					
Lumberton, NJ					8/29/18	Tullytown, F	PA				
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operati	ons	Coordi	inator	Signature	IX	Date	9/7	//	Çi.	\neg

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

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Agencies Notified EPA	Type Notifi					et Address Legion I		e- Building A	Α		ASI	BEST LI	OS CEI	COI	VTRO IG	0L&
☑ DOLWD ☑ DHSS	Amenda Amenda				City,	State, Zip	Cod	le								
□ DCA				a a	M	orristown	ı, N.	J 07960								
(NJAC 5:23-8)	justifica	tion)		3	0.000	e of Conta				Tele	phone N	lumbe				
	☐ Cancella	ation			Ma	att Turne	r			21	15-221-	9335				
	A- III				FA	CILITY II	NFC	RMATION								
Name of Facility Where A	batement is	Taking	Plac	e (3)					Type of Facility (4)						
JCP&L-Keyport								9	School (K-12)	4114	(10)				
Street Address									Subchapter 8 Other (i.e., pr	ivate	er than k and com	(-12) imercia	ıl bu	ildin	gs,	
140 Maple Place									homes, etc.)						500	
City (5) Keyport, NJ									Square Feet	# 0	f Floors		BI	dg. A	ge	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Price	or if be	eing dem	nolishe	d)	-836-0		
Monmouth									Substation							
Name of Monitoring Firm			wner	(8)	ASCM	No.			ent Contractor (9)							
1 Source Safety & H Street Address	ealth, Inc.	9						AbateTech, I	nc.							
140 S. Village Ave. S							(305)0	reet Address								
City, State, Zip Code	buite 130						-	30 Maple Ave								
Exton, PA 19341								ty, State, Zip Co								
Project Manager for Monit	oring Firm			Tal	phone	No	-	Lumberton, No.	NJ 08048	Itia	ense No.					
Brian Hovendon	og					-5525		609-265 -21 07	18		0529					
Start Date (10)	15	Schedu	ıled C			ite (11)		me of OSHA M		"	0023				11000	
8 /10 / _	F1000 700					18	35555	EMSL Analyt								
Occupancy Status During	Abatement (Check	only o	one)				reet Address						-11		-
☐ Facility Closed/Vacated	During Enti	re Peri	od of	Abate	ment			200 Route 13	0 North							
Abatement Performed	Outside of No	ormal F	acility	/ Hou	s - Des	cribe	Cit	y, State, Zip Co	ode							
Time of Abatement:	AM	PM/	/	_PM	-	AM		Cinnaminson								
Scope of Work (Check all t	hat apply)								¥.							
≥3 sf or ≥3 If ≥160 sf or ≥260 If			⊠ Re □ De					☐ Mini-Encl								
				Locat									Aba	teme	ent T	уре
Location of Asbestos-Containing M		D		lorma d Sole		Ache	etae	Description of Containing Mat		^	mount	1	U	Re	Щ	m m
TO BE ABAT	ED	'	Mai	ntena odial	nce/		., the	ermal systems i	nsulation,		Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cusi	(12)	olan :			surfacing, VAT, her miscellaned		SI	or LF)	1			sula	ure
(1-7			Yes	No	N/A	1	Ü	itel miscellane	ous)						te	
Exterior Pole #JC437K	Р]				Asbesto	os r	isers		,	16 LF	0	XI			
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Name of Registered Waste	Hauler	- 1			JDEP V	Vaste	Cul	oic Yards of	Name of Registe	ered I	andfill		-1	_	ш	
AbateTech, Inc.				150.000	auler IE	No.	Wa	ste	Fairless Lan							
City, State					18750		Dis	posal Date	City, State							$\overline{}$
Lumberton, NJ							- compro	/10/18	Tullytown, P	PA						
Completed By (Print or Type	e)	Title					-	Signature	Α			Date		105	_	
Gwen Trumbetti		Оре	eratio	ons (oordi	nator			20 K			8		6	18	9

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Date of Notification (1) 8 /	6 /		18		N				r/Operator ools/ Job	(2) #1807-5352		AUG	13	201	8
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Noti	ded				treet Add	ambi	ridge S	treet		ASB	ESTOS LICE			OL &
☑ DHSS ☑ DCA	Amend Emerg			ina			E	J 08105	5						
(NJAC 5:23-8)	justific	ation)		9	Na	ame of C	Contac	t			Telephone N	umber			
	☐ Cance	llation				Scott k	(risar	nda			856-966-2	2000			
						FACILI	TY IN	IFORM	ATION	No.		***********			
Name of Facility Where A Harry C. Sharp ES	batement is	s Taki	ng Pla	ce (3))					Type of Facility School (K-1	2)				
Street Address 928 North 32 nd Street	et									Subchapter Other (i.e., phomes, etc.)	8 (Other than K private and com	-12) mercial	buildi	ngs,	
City (5)										Square Feet	# of Floors	- 1	Bldg.	Age	
Camden										80,000	2		50+		
County (6) Camden					С	ounty C	ode (7))(STATE	USE ONLY)	50.00 NO. 100 NO.	rior if being dem	olished)			
Name of Monitoring Firm H	lired by Bu	ildina	Owner	r (8)	IASC	M No.		Nome	of Abotem	School ent Contractor (9					
Health & Safety Serv			O IIII IOI	(0)	322230	17			teTech, I	200)				
Street Address									Address	116.					
PO Box 365								Stranger Commence	1202 450 550 750	e. PO Box 25					
City, State, Zip Code									ate, Zip Co						
Berlin, NJ 08009								A SHARE PLAN		NJ 08048					
Project Manager for Monito	oring Firm			Te	elephor	ne No.			one No.		License No.				
James Proctor					856-4	52-131	1	I modern	265-2107	e e	00529				
Start Date (10)8 /7 /						Date (11			of OSHA N	DE LOCATE DE LA COMPANSION DE LA COMPANS					
Occupancy Status During A	Abatement	(Chec	k only	one)			_		Address						
☐ Facility Closed/Vacated ☐ Abatement Performed C Time of Abatement:	outside of N	lorma	Facili	ty Ho	urs - D	escribe	-		Route 13 ate, Zip Co						
				—F1	vi	_AIVI		Cinn	aminson	, NJ 08077					
Scope of Work (Check all the second of Work) Check all the second of Scope of Work (Check all the second of Scope of Work (Check all the second of Work (Ch	nat apply)		⊠ Re	anova	ation			×	Full Cont	ainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf				emoli						osure procedure npted (*) and No	n-Friable Proced	lure			
			1000	Loca Norm								Al	atem	ent T	уре
Location of Asbestos-Containing Ma		A)			lely by	1	Achaet	Des	scription of	erial (ACM)	Amount	Re	Re	Щ	Щ
TO BE ABATE		*			ance/ Staff?	. 1	(i.e.,	thermal	systems in	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Ous	(12					cing, VAT, niscellaneo		SF or LF)	<u>a</u>	'	sula	sure
			Yes	No	N/A	A		outer ti	nscenariec	ous)				te	
Rooms 8-Closet 11, 12,	22					Floo	or tile				2,600 SF				
			П												
Name of Registered Waste I	Hauler		П			Waste	10	Cubic Ya	ards of	Name of Regist	tered Landfill		Ш		
AbateTech, Inc.	Control 100 control			1.3		ID No.	100	Waste 40		Fairless La					
City, State								Disposal	Date	City, State					
Lumberton, NJ								8/20/1	8	Tullytown,	PA				
Completed By (Print or Type)	Title						Sign	nature /]	ate,	10	_	
Gwendolyn Trumbetti		0	perati	ons	Coord	dinator				Au I		8/6	113	?	

Ch 104	13		NOT	IFIC (P	ATIO	tate of AS	BE	STOS ABA 8 60 and 5:1	TEMENT 6)		E C		3	\mathbb{V}	E
Date of Notification (1)					Nam	e of Buildir	ng O	wner/Operator	(2)					-11	
8/	10 /	18	<u> </u>		PS	E&G /J	ob #	1804-5305	Check #104	23 📙 🖳	AU	3 1	3	2018	}
Agencies Notified	Type Notific	cation			Stree	t Address						01/25			
⊠ EPA	☐ Initial				40	00 Hadle	y Ro	oad		A	SBES'	ros	CO	VTR(SL&
☑ DOLWD ☑ DHSS	☐ Amende Amendm				City,	State, Zip	Code	9			1	ICE	NSI	IG	oranie a
□ DCA	☐ Emerger				So	uth Plair	ifield	d, NJ							
(NJAC 5:23-8)	justificat	ion)	icidali	9	Name	of Contac	ct			Telephone	Numbe	er			
100,000,000,000,000	☐ Cancella				An	drew Pu	k			201-48					
					FA	CILITY II	NFO	RMATION							
Name of Facility Where A	batement is	Taking	g Place	(3)					Type of Facility ((4)					
PSE&G- Hope Cree				8305.54					☐ School (K-12						
Street Address									☐ Subchapter 8	(Other than	K-12)				
299 Alloway Creek I	Neck Rd.								Other (i.e., pr homes, etc.)	ivate and co	mmerci	al bu	ilding	js,	
City (5)									Square Feet	# of Floor	s	BI	dg. A	ge	
Salem, NJ															
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if being de	molish	ed)			
Salem									District Office	e					
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Health & Safety							1	AbateTech, I	nc.						
Street Address							Str	reet Address							
PO Box 365							1	30 Maple Ave	e. PO Box 25						
City, State, Zip Code							Cit	y, State, Zip Co	ode			_		-	
Berlin, NJ 08009							ı	_umberton, N	NJ 08048						
Project Manager for Monit	oring Firm			Tele	phone	No.	Te	lephone No.		License N	lo.				
James Proctor							6	609-265-2107		00529					
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Na	me of OSHA M	Ionitor						
8 /20 /	18	8	3/	21	_ / .	18	E	EMSL Analyti	ical						
Occupancy Status During	Abatement (Check	only	ne)			Str	eet Address							-
☐ Facility Closed/Vacated					ment		2	200 Route 13	0 North						
☐ Abatement Performed	Outside of No	ormal	Facility	/ Hour	s - Des	cribe		y, State, Zip Co							
Time of Abatement:	AM	PN	//	_PM-		AM		Cinnaminson							
Scope of Work (Check all	that apply)								, 110 00011						
☐ ≥3 sf or >3 lf			⊠ n-						ainment with Nega	ative Pressu	re				
≥ 160 sf or ≥260 lf			⊠ Re □ De					☐ Mini-Enci							
								Non-Exer Non-Exer	mpted (*) and Non	-Friable Pro	cedure				
				Locat								Ab	atem	ent T	/ре
Location o	7.0			lorma d Sole			w o	Description of				200.0			
Asbestos-Containing M TO BE ABAT		1)		intena				Containing Mar ermal systems i		Amount		em	Repair	nca	nclo
IN Facility			Cust	odial	Staff?	(1.0		surfacing, VAT,		(Specify SF or LF		Remova	₹.	Encapsulate	Enclosure
(13)				(12)	T	1		her miscellane			´			late	6
Exterior			Yes	No	N/A	Transit	o Di			45.15				_	
						Transit	e Pi	pe		15 LF					ᆜ
		_										Ц	Ш	Ш	Ш
Name of Registered Waste				1939	JDEP V	10.01.7 · ·	2005-056	oic Yards of	Name of Regist	ered Landfill					
Environmental Trans	port Grou	р		Н	NJD0	006920	Wa 4	ste 0	G.R.O.W.S.	Landfill					
City, State								posal Date	City, State		-				
Flanders, NJ							8	/21/18	Morrisville,	PA					
Completed By (Print or Typ	e)	Title						Signature	C4 .	NOTE OF LIFERENCE	Date				
Gwendolyn Trumbet	ti	0	oerati	ons (Coordi	nator		6	mt		8	1	0 -	18	

2h0154	35	1	NOTIF (P	CATTO	to NJAO	ESTOS	ABATE	ME 0)	ENT						7
Date of Notification (1) 08-09-18				Name o	of Building	Owner/0	Operator	r (2))	TU L	AUG	113	20	18	
Agencies Notified	Type Notification		_	Street A							ASBEST	OS C	ONT	ROL	8
EPA	× Initial		-		Hadley I							CENS			
DEP X DOL	Amended Amendment	#			ate, Zip C Plainfie										
▼ DOH	Emergency (including			f Contact					Те	lephone Nu	mber		-	-
DCA	Cancellation			Dave	Hunter					2.46	3-650-43				
Name of Facility Where	Abotomont in Tokin	n Diana /	,	FAC	ILITY INF	ORMAT	ION	T =		(1)					
PSEG Newark	Abatement is Takin	g Place (3	5)					1	ype of Facility	100					
Street Address								F	School (K-1 Subchapter		er than K-1	2)			
Doremus Ave & Fir	mench Way							×					dings	, home	es,
City (5) Newark			*					1	quare Feet	# o	f Floors A	1000	Bldg. A	Age	
County (6)	2		T	County	Code (7)				urrent Use (Pri						
Essex				(STATE	USE ONĹY)			witching yar		0				
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCN N/A	M No.		Market Committee of the		Abatement Cor invironmenta		7.00).			
Street Address N/A							Street 17 O		dress Dock Road						
City, State, Zip Code N/A							City, S	State	e, Zip Code nk, NY 1198	n					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				License N	No.			
N/A				N/A					4-8111		01136				
Start Date (10) 08-20-18		Schedule 09-20-		npletion	Date (11)	ii A	The Company of the Co		OSHA Monitor nvironmenta	al Ser	vices, Inc).			
Occupancy Status During			575				Street 17 O		dress Dock Road				(TE-7/10)		
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Abatem Hours	nent S			City, S	state	e, Zip Code						-
Scope of Work (Check A							Yapr	nar	nk, NY 1198	0					
× ≥3 sf or ≥3 lf	ii That / ipply)	× R	enova	tion			Г	7	Full Containme	ont with	. Nonetice I				
≥160 sf or ≥260 lf			emolit				E		Mini-Enclosure Glovebag Prod	e cedure	Ü				
		T			l		×	<u> </u>	Non-Exempted	d (*) an	d Non-Friat	ole Pro			_
Location	of		Locati Iormal											ement pe	
Asbestos-Containing	Material (ACM)	1000000	d Sole			tos Cont		late	erial (ACM)		mount			Ш	
TO BE ABA In Facili		0.7500	odial S	U.S. 500	(i.e.	thermal surfa	systems cing, VA	s in:	sulation,		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	_			niscellan					loval	bair	sula	osure
		Yes	No	N/A										te	
Switching	Yard	1		×		Mast	tic Coa	tin	g		150	x			
												-			
											XXXXX				
Name of Registered Was	te Hauler		I NI	JDEP W	laste	Cubic	Yarde		Name of	Regista	red Landfill				
Waste Management			Н	auler ID 7273	200	of Was			Fairless						
City, State Elizabeth, NJ 07201						Dispos	sal Date		City, State		19067				
Completed by		Title					ignature	:				ate			
Raymond Tutiven		Supe	rvisor				V com	0 00 1	1 1	til		3-09-	18		

Check # 25663

Dota of Notice Vive (4)										In		= [[Л	12	11	V
Date of Notification (1) 8/10/2018			Name o	of Building	Owner/0		r (2) nnis			14	厂		******			
Agencies Notified Type Notification	1		Street A	Address			111110		-	H		A 1	10	1.5	3 20	liΩ
										U I	7	AU	JŪ	1) [110
DEP Amended DOL Amendmen	t #		City, St	ate, Zip Co		Sowell	NET	08080			L		-		ONT	001
☐ Emergency	(including	_	Name o	of Contact		beweii,	INJ	00000	TTA	lonho		SBE	110)S C	SINC	ROL
DOH justification Cancellation			ramo e		Benni	S			1 6	lepui	THE I	dunns	-	and the same		www.colonor
Name of Equility Where Abstract is Table	DI		FAC	ILITY INFO	ORMAT	ION										
Name of Facility Where Abatement is Takin Office/ Warehouse	ng Place (3)					Тур	e of Facility (4)								
Street Address							H	School (K-12) Subchapter 8		ner th	an K	-12)				
235 Delsea Drive							×	Other (i.e. prietc.)					uild	ings,	hom	es,
City (5)							Squ	are Feet	# 0	f Flo	ors			dg. A		
Sewell, NJ 08080 County (6)								20000		1				55+	/-	
Gloucester				Code (7) USE ONLY)			Cur	rent Use (Prior	if be	ing d	emo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.				atement Contr								
MECS		0.000000						Environmen	tal S	Serv	rices	s, Inc	i.			
Street Address PO Box 341						Street PO E										
City, State, Zip Code					MIN.			Zip Code								
Chesterfield, NJ 08515						100000000000000000000000000000000000000		n, NJ 08501								
Project Manager for Monitoring Firm Bill Weisgarber			Telepho		2	Teleph				1	ense					
Start Date (10)	Schedu	led Cor		298-407(Date (11)	J	609 2		SHA Monitor		004	493					
8/22/2018	Concad		2018	Date (11)		MEC		STIA WOULD								
Occupancy Status During Abatement (Chec	k Only O	ne)	127-1-127-1			Street		707077								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of	Abaten	nent			PO E		199								
Other – Describe:	ilai i aciiit	y i loui:	5		_	23		Zip Code eld, NJ 085	15							
Scope of Work (Check All That Apply)													-	-		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova				F	F	ull Containmen	t with	n Neg	gative	e Pres	sure	Э		
≥160 sf or ≥260 lf		Demoli	tion			E	JG	ini-Enclosure lovebag Proced	dure							
					-	<u> </u> ×	I N	on-Exempted (*) an	d No	n-Fri	able F		V 12 10 10 10 10 10 10 10 10 10 10 10 10 10	7,0	
1		Locat Normal											1	Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbest	os Cont	scription aining N	/ateria	al (ACM)	А	mou	nt		T		ш	
TO BE ABATED In Facility		todial S		(i.e.		systems		lation,		Speci or L		9	Ren	Re	nca	Encl
(13)		(12)				niscellar)	0.	0, 2	. ,	0	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A												ite	Ф
Office Area		X				VAT			42	200	sf		Х			
Warehouse		X				VAT				30 st	f		Х			
												_	4			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Re	aiste	ered I	and	fill				
Stevens Environmental Services		110000	lauler ID 18292	No.	of Was			Fairless L			_0,10					
City, State Allentown, NJ 08501						al Date 7/18	1 -	City, State Morrisville	e, P	A						
Completed by	Title					ignature	-	7		N.	1	Date				
Mahlon E. Stevens		Projec	ct Mana	ager	10	M		1 /				8/	10/	18		

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

Ch # 3417

Date of Notification	A Marie Control of the Control of			Name	e of Bu	uilding	Owner / Operat	tor (2)		INE	GE	T	\//	E
Agencies Notified	8/9/18 Type Notific	ration				nville					<u> </u>	. U	U	
EPA	Type Notific	Jation			t Addr	ress ove S t	traat							- 11
☐ DEP		al	1.0			& Zip C					AUG 1	3 1	2018	$-\parallel$
□ DOL		ended				0800				part port				Į.
□ DOH	☐ Eme	ergency				ontact	-	25.312			Teleph	0001	cherest	-
☐ DCA		cellation	- 16		Logs					,,01	-1-CICU(I	OUE	AMILIT	Jer_
				FA	CILIT	Y INF	ORMATION			en introduction of the supplication of the sup			CHICANOS CO.	notes museum
Name of Facility Wi	nere Abatem	ent is Taking I	Place (3	3)			Type of Fac	ility (4)						
Johns Manville							School							
Street Address							☐ Subcha	pter 8 (Other than h	(-12)				
437 N Grove Stre	et						Other (i	i.e. priva	ate & comme	ercial build	ings, hor	nes,	etc.)	
011 (5)						V	Square Feet		# of Floors		Bldg. Ag			
City (5)		County (6)	Co	unty (Code ((7)	10000	00	Vari	ous		85		
Berlin		Camden					Current Use	(Prior i	f being dem	olished)	1			
Name of Marris	F:						Manufactu		\$20 1					
Name of Monitoring Finog Environme	Firm Hired b	by Building Ow	ner (8)		ASC	CM No.		atemen	t Contractor	(9)				
Street Address	intai, inc					_	BRISTOL		ONMENTA	L INC				
617 Stokes Road							Street Addre		DEET					
City, State & Zip Co	de						City, State &							-
Medford NJ 0805							BRISTOL,							
Project Manager for	Monitoring F	irm	Telep	hone	Numb	per	Telephone N			License	Number			-
Mark Rubnitz					1676		215-788-60				0050	09		
Scheduled Start Dat 8/20/18	e (10)	Scheduled Co			te (11))	Name of OS							
Occupancy Status D	Juring Abates	ment (Check o	8/25	118			BRISTOL E		ONMENTA	LINC				
Facility Clos	ed/Vacated I	During Entire F	Period o	of Aba	ateme	nt	Street Addre		DEET					
Abatement F	Performed O	utside of Norm	al Hou	ırs – 7	7am to	3pm	City, State &							
Describe:	7:00am - 4	:00pm					BRISTOL,							
Facility Occu	pied During	Abatement					1		,01					
Scope of Work (Che	ck all that ap	ply)					-							
≥3 sf or ≥3 If									Full Contain		Negative	Pres	sure)
2160 sf ≥260			×		ovatio				Mini-Enclose	100 m				
	, 11		Ш	Dell	nolition	1			Glove Bag F			_		
Lo	cation of		le I	ocatio	on		Dogorintia		Non-Exemp		-			
Asbesto	s-Containing	g	Norm				Description Asbestos-Con	nainina		Amount (Specify	Aba	atem	ent T	уре
Mate	erial (ACM)		So	lely b	y		Material (A	CM)		SF or LF)			m	
	E ABATED		Maint				(i.e., thermal s	ystems		,	Rer	Z.	nca	nc
"1	Facility (13)		Custo	diai S (12)	taff?	ır	nsulation, surface	cing, VA	AT		Remova	Repair	Encapsulate	Enclsoure
	()			_	N/A	3.5	or other miscell	aneous	5)		<u>a</u>	_	ate	Ire
Hazardous Room				\sqcap	\Box		Transit	e		50 SF	$\exists \sqcap$			
Office				n	TI		VAT			4 SF		H	H	H
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Name of Registered	Waste Haule	er					Cubic Yards	Name	of Registere	ed Landfill			رب	
SERVICE TRANSF	ORT GRO	LIP INC		209	ıler ID		of Waste 1	MAINIE	DVA LANE					
City, State	3.11 3110	01,1110.		209	750		Disposal Date		RVA LAND	IFILL				
NEW CASTLE, DE	19720						Isposal Date	City, S	state NESBURG	OH 446	88			
Completed By (Print				Title)	-	Signature			, 0.1 110	Date			
PATRICK T. DeCA	RO			Est	imato			1	101	10.	8/9/1	8		
							Patrick	1.1	Il Cello	5/4/K	-	20		

B & G proj. #:

2018-157

Notification of Aspestos Apatement (Pursuant of NJAO 8:60-7 and 12:120-7)

Check # 9157 Date of Notification (1) Name of Building Owner/Operator (2) 10 |8 | / | 1 | 0 | / | 1 | 8 | Marie Rocco Agencies Notified Type Notification Street Address ☐ EPA X Initial ALIG 1 3 2018 ☐ DEP City, State, Zip Code Amendment X DOL Hillsdale, NJ 07642 Telephone Number ENSING X DOH Name of Contact Cancellation ☐ DCA Marie Rocco **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Marie Rocco Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bidgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Hillsdale, NJ 07642 Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm License Number Telephone Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 08/27/2018 08/29/2018 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition ▼ Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure $\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$ ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely E Location of E е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) 0 a 2 abated in facility (13) LF) Yes No N/A basement VAT / mastic X 600 sf Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 08/30/2018 Pen Argyle PA Completed by (Print or Type) Signature Title Curdana Luna Gordana Luna Secretary/Treasurer 08/10/2018

B&G proj. #: 2018-156

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

Check # 9156 Date of Notification (1) Name of Building Owner/Operator (2) 10 18 1/1 10 1/11 18 1 Elta Latkin Agencies Notified Type Notification Street Address ☐ EPA AUG 3 2018 X Initial DEP City, State, Zip Code X DOL Amendment Fair Lawn, NJ 07410 ASBESTOS CONTROL & DOH Name of Contact Telephone Number Cancellation □ DCA Elta Latkin **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Elta Latkin Subchapter 8 (Other than K-12) Street Address M Other (Private/Commercial Bldgs./Homes, etc. Square Feet | # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Fair Lawn, NJ 07410 Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 08/22/2018 08/24/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure $\square > \underline{3} \text{ sf or } > \underline{3} \text{ if}$ ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е asbestos-containing е Description of asbestos-containing п Amount staff(12) n m material to be p C (Specify SF or material (ACM) abated in facility (13) 0 a C Yes LF No N/A p lower level area family room VAT / mastic 775 sf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 08/25/2018 Pen Argyle PA Completed by (Print or Type) Signature Gerdana Luna Gordana Luna Secretary/Treasurer 08/10/2018

noch			NOTIF		ASBESTOS ABATEMENT N.J.A.C. 7:26-2.12) Name of Building Owner/Operator (2)												
Date of Notification (1) 08/09/2018								AIIG	1 1 2	2018							
Agencies Notified		Notification	Type		Novartis Phar Street Addres		ls LL	AUU	10	LUIU		4					
(X) EPA		(X) Initial No			1 Health Plaz												
() DEP		() Amende	d Certificat	tion	City, State, Zip Code ASBESTOS CONTROL &												
(X) DOL		() Cancelle	ed		700 000	LICENSING											
(X) DOH () DCA						nover, New Jersey 07936											
() BOA					Name of Cont Glenn Milarcz	tact		Tel. Nu 484-23									
				FACILITY IN	IFORMATION	.ук		484-23	9-1902	i.							
Name of Facility Where Al	batement is T	aking Place (3)	TAOLETT	Type of Facility (4)												
200 - 200 -	Charles March William	~~	() School (K-12)														
Novartis Pharmaceuticals	() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.																
Street Address 1 Health Plaza					(X) Other (i.e.	private & d	commercial bld	gs., home	es, etc.								
City (5)							Sq. Feet 5,000 # of Floors1_										
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East Hanover	Morris		-	,	Bldg. Age25												
Nome of Manitorina Firm	lies d by Dide	0(0)	400041		Current Use (prior if bein	g demolished)										
Name of Monitoring Firm I	nired by Blag	Owner (8)	ASCM N	<u>0.</u>			Name of Co	ntractor (9)								
						Brandenburg Industrial Service Company											
Street Address					Street Address	s	_ Drandonous	madotii	ui ooii	100 0011	pany						
011 01 1 1					2217 Spillman Dr												
City, State, Zip Code			City State, Zip Code														
			Bethlehem Pe	ennevlvani	2 18015												
Project Manager for Monit	oring Firm	Telephone N	Number		Telephone Nu		a 10015	License Number									
					610-691-1800			00721	1101110	<u>.</u>							
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH	A Monitor											
08/23/2018		09/21/2018			Drondonburg	المشتخصينا ٢	`i C										
Occupancy Status During	Abatement (C		e)		Street Address		Service Compar	ıy									
(x) Facility Closed/Vacated	d During Entir	e Period of Al	patement		<u>Otreet / taures</u>	2											
() Abatement Performed	Outside of No	rmal Facility I	Hours -		2217 Spillman	Drive											
Standard Work Week: Mor					City, State, Zip	Code											
Describe_ Demolition - R Equipment	emoval of S	tacks, Bagno	use and iv	ilsc.								-					
(x) Scheduled Demo Start	08/23/18				Bethlehem, PA	Δ 18015											
Scheduled Demo Com		/18			Both official, 17	110010											
Source of Work (Check all																	
(x) Demolition () Rend	ovation	M) (V) QM Dec	i />25/16	0.05.05.10.206	OLE ACMA	\ Minor D	-: /-OF OF	40154	ONA)								
() Large Proj. (>160 SF or () Full Containment with	Negative Pre	ssure () [Mini-Enclos	sure (x) Glo	vebag Procedur	e – Intact	Removal of Di	ict section	ons wit	h naski	et wran	in					
plastic and into dumpste	r			(, -,						9	,ap						
Location of Asbestos-		tion Normally		Description of		Amount	(Specify SF or	LF) Abatement Type									
Containing Material (ACM) Facility (13)	Staff?	by Maint./Cus	todial	thermal system surfacing, VAT													
1 domey (10)	YES	NO NO	NA	miscell.)	, or other				Rem.	Rep.	Encap E	Enclose					
Building 710 1st Floor	-		X	Gaskets on Inc	inerator Stack	125 SF			X								
Loading Dock				Ductwork													
								-									
				-													
	-					-											
Name of Reg. Waste Haule		NJDEP Was	te Hauler I	D#	Cubic Yards of	f Waste		Name o	f Reg.	Landfill							
Veolia ES Technical Soluti	ons	20071			30 cy			Wayne I									
City, State 1 Eden Lane, Flanders, NJ	07962						Disp. Date	10010		ity, Stat							
Completed by (Print or Type		Title			Signature /		08/27/18-09/20	/2018 Date	I B	elleville	IVII						
Stephen Carne		Environment	al Manage	r	Julianue	///		08/09/18	8								
	21	(de	ar, Millerton manage														

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Ch020560		NOTI (Pursuan	DF Si	8:60 ah	d 12:12	91	Т			C			\mathbb{V}				
Date of Notification (1) 8/9/2018				of Building					141		AUG	1	3 2	018	中			
Agencies Notified Type Notification Type Notification Type No	1			Address Kings G		ASBESTOS CONTROL &												
X EPA ☐ Initial DEP X Amended X DOL Amendmer	nt #02			ate, Zip C							LI	LICENSING						
Emergency justification DCA Cancellatio)	3	Name o	of Contact Daniels	·	Telephone Number 732-306-4959												
				ILITY INF	ORMATI	ON		1 32-300-4333										
Name of Facility Where Abatement is Taki LANXESS Solutions US Inc.	ng Place ((3)					Тур	e of Facility (4										
Street Address 1020 King George Post Road							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)						es,					
City (5) Fords							Squ	are Feet # of Floors Bldg. Age					Age					
County (6) Middlesex			County (STATE	Code (7) USE ONL)	n		Current Use (Prior if being demolished) Storage tanks - isolated tank farm											
Name of Monitoring Firm Hired by Building Emilcott Associates, Inc.	Owner (8)	ASCN	M No.			Name of Abatement Contractor (9) Stryker Demolition & Environmental Services, LLC								LC			
Street Address 190 Park Avenue		·				Street	Addr											
City, State, Zip Code Morristown, NJ 07960				P. H. T. W. S.		City, S	tate,	Zip Code PA 19087	-55991-00V/T		COLUMN TO							
Project Manager for Monitoring Firm Jason Busacco			Telepho 973-53	ne No. 38-1110		Teleph	one l	Vo.		Licens		i.						
Start Date (10) 7/16/2018	Schedul 10/31/	led Co 2018	mpletion	Date (11)				SHA Monitor Pemolition 8				1 50	nice					
Occupancy Status During Abatement (Che				7. a. m		Street			~ LIIVI	TOTILIT			1 1100	,5, LI				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Isolated Tank Farm	Period of	Abate	ment 's			992 (City, S	Old E	Eagle Scho Zip Code	ol Roa	ad, S	TE 9	10						
Scope of Work (Check All That Apply)						vvayı	ie, r	PA 19087				SW 31183						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e						
Location of		Loca Norma	lly		Dec	cription			u () and Non-Friab			Abaternent Type						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole sintena todial (12)	nce/ Staff?		tos Conta thermal s	aining M systems ing, VA	ateria insu T, or	lation,	(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure			
Cham Ding Ing Lat	Yes	No	N/A						2000-00	est coulds				ate	- G			
Steam Pipe Insulation	-	X	-		Pipe Ins				-	0 LF		X						
Oil/Ester Tanks Insulation		X		F	Pipe Ins			SI)	60) LF		X						
Oil Tank Surfacing Insulation		X			Su	rfacing	3		116	1 SF	7	X						
Oil Tank Insulation		X				tion (7	TSI)			O SF		X						
Name of Registered Waste Hauler Horwith Trucks, Inc.	100/400 in 2010	1	JDEP W Hauler ID W-1998	No.	Oubic Y of Wasi			Name of R Cumberl				ndfil	I					
City. State Northampton, PA					Disposa 8/24/2			City, State Shippens	sburg,	, PA				32-112				
Completed by Mark Klotzbach	Title Vice	Signature						Date 8/9/2018										

145109	NC		(Pur	sua	nt to NJ	Vew Jerse BESTOS ABA AC 8:60 and 3	16)	DEC	G 13	su.	/ E					
Date of Notification (1)	40		1			ng Owner/Operator	1	U L AU))	CU	10	Lyment				
	18			An	tonio J.	Santos	/ Job	1808-2333	District Constitution of the last	#510						
Agencies Notified Type Notificat	ion		5	Stree	t Address	ASDESTOS CONTROL										
☐ EPA ☐ Initial ☐ Amended						LICENSING LICENSING										
☑ DOLWD ☑ Amended ☑ DHSS Amendme	nt #		(City,	ty, State, Zip Code											
□ DCA □ Emergenc		ling		De	Delanco, NJ 08075											
(NJAC 5:23-8) justification		iiig	1	Vame	e of Conta	ct		Telephone I	Number							
☐ Cancellation				To	ny Santo	os		relephone	vuilibei							
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Name of Facility Where Abatement is Ta	king Pla	ace (3	3)		OILIT I	WI OKWIATION	Type of Facility	, (4)								
Residential			,				School (K-1									
Street Address							Subchapter	8 (Other than I	K-12)							
							Other (i.e.,	private and con	nmercial	build	ings,					
City (5)							homes, etc	.)			.025					
Moorestown							Square Feet	# of Floors		Bldg.	ldg. Age					
County (6)				_			1836	1		50						
5 10 10 10 10 10 10 10 10 10 10 10 10 10				Cour	nty Code (7)(STATE USE ONLY)	and the second s	rior if being der	nolished	i)	2 3					
Burlington							Vacant									
Name of Monitoring Firm Hired by Buildin	ig Owne	er (8)	AS	SCM	No.	The state of the s	ent Contractor (9) I Mold Services, Corp.									
Criterion Laboratories																
Street Address					Street Address											
400 Street Road						3859 Sylon I	Boulevard									
City, State, Zip Code						City, State, Zip C	ode									
Bensalem, PA 19020						Hainesport,	NJ 08036									
Project Manager for Monitoring Firm		T	eleph	one	No.	Telephone No.		License No	1							
Mike Panepresso			215-	-244	-1300	609-702-040	0	00862	,.							
Start Date (10) Sc	neduled	Com	pletio	n Da	te (11)	Name of OSHA		00002								
8 / _22 / 18					18	EMSL Analy										
Occupancy Status During Abatement (Ch		1 11					doar, mo.					-				
Facility Closed/Vacated During Entire				nt		Street Address										
Abatement Performed Outside of Norr	nal Faci	lity H	ours -	Des	crihe		ite 130 North									
Time of Abatement:AM	PM/_	P	M		AM	City, State, Zip C										
Scope of Work (Check all that apply)						Cinnaminsor	n, NJ 08077									
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 		Renov Demol				☐ Mini-End ☐ Gloveba	tainment with Ne closure g Procedure empted (*) and No									
			cation	1					I	Abatemer		Гуре				
Location of Asbestos-Containing Material (ACM)	Us		nally olely l	by	Λ a.b	Description of	of		-			1				
TO BE ABATED	l N	lainte	nance	e/	Asbe (i.e	stos Containing Ma ., thermal systems	iterial (ACM)	Amount (Specify	No.	Repair	Encapsulate	Enclosure				
IN Facility	Cu	istodia (1.	al Sta	ff?		surfacing, VAT	, or	SF or LF)	8	=	nsd	Sur				
(13)	Yes			N/A		other miscellane	ous)				late	O.				
Basement			-	¥/A	Mastic			900 SF	D	7 -						
Exterior				3	Window	/ & Door Caulk		250505011000	-		-	부				
			-		TTITICOV	A DOOL CAUK		1000 LF	D		1	Ш				
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Name of Registered Waste Hauler					Vaste	Cubic Yards of	Name of Regis	stered Landfill				-				
Champion			Haule 32	er 10		Waste 5	Grand Cen	itral								
City, State			-	. 01		Disposal Date	City, State									
						8/28/18	Penn Argy	le. PA								
Hainesport, NJ																
Hainesport, NJ	tle					Signatura	1		D							
Hainesport, NJ	tle Office	Coo	rdina	ator		Signature			Date 8-9	-18	3					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 71118 / 18 State of New Jersey / Job #1808-2332 Chk. #NA Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial LICENSING 1035 Parkway Avenue **⊠** DOLWD M Amended City, State, Zip Code Amendment #1 DHSS. Trenton, NJ 08625 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Shery M. Quatermas 609-530-4156 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT West Trenton Maintenance Yard Bldg. 7024 & 1402 School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 780 Bear Tavern Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing 10,000/500 1/1 50/50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Maintenance Yard Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. Asbestos and Mold Services, Corp. Street Address Street Address 120 North Warren Street 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Trenton, NJ 08625 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Roland Jones 609-392-4200 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 16 / 18 8 / 24 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \boxtimes \geq 3 sf or \geq 3 lf \subseteq \geq 160 sf or \geq 260 lf ☑ Renovation☑ Demolition ☐ Mini-Enclosure ☐ Glovebag Proc Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Removal Repair Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Office & Breakroom П \boxtimes Floor Tile & Mastic 650 SF X Mechanical Rom П \boxtimes Transite Pipe 4 LF \boxtimes Building 1402 П X Suspended Ceiling Grid 150 SF M Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 8/24/2018 Penn Argyle, PA Completed By (Print or Type) Title Signature Kimberly A. Trumbetti Office Coordinator

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

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

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Date of Notification (1)					Name	e of Buildin	g Owner/Operator	H H AU) 1 (21	118	-111			
6/	27 /	18	544		Ru	tgers Uni	iversity		Chk.		10	L			
Agencies Notified	Type Notific	ation		_	Stree	t Address			1.00		Ormanica de la companica de la	emproperation			
⊠ EPA	☐ Initial				Coldinates and		ridge Road	ASBEST	OS C CENS	ONT	ROL	&			
□ DOLWD		-				State, Zip (Name of the Party	OFING	11110	-				
☑ DHSS	Amendm	_					NJ 08854								
DCA (NJAC 5:23-8)	☐ Emerger justificati		ding			of Contac			Talauhaua Ni.	-1					
	☐ Cancella	0.000.000			35 00	an Stanto			Telephone Nun						
					72.55				848-445-24	19					
Name of Facility When A				(4)	FA	CILITY IN	IFORMATION								
Name of Facility Where Ab				(3)				Type of Facility	V. 60						
Building #3716 & 37	17 (ONE B	UILDIN	G)					School (K-12) 3 (Other than K-1)	2)					
Street Address								Other (i.e., pr	ivate and comme	ercial b	uildin	as,			
581 Taylor Road								homes, etc.)				J - ,			
City (5)								Square Feet	# of Floors	В	ldg. A	ge			
Piscataway								1875 1 50							
County (6)					Cour	nty Code (7)(STATE USE ONLY)								
Middlesex								Vacant							
Name of Monitoring Firm F		ding Owr	ner (8)	ASCM	No.	the second of the second	ment Contractor (9)							
Criterion Laboratorie	es						Asbestos and	nd Mold Services, Corp.							
Street Address							-3/49/7/10								
400 Street Road															
City, State, Zip Code															
Bensalem, PA 19020							Hainesport, N	NJ 08036							
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.						
Mike Panepresso				21	5-244	-1300	609-702-0400		00862						
Start Date (10)		Schedule				1.5	Name of OSHA M	lonitor							
7/_13_/_	18	8	_ / .	17	_ / _	18_	EMSL Analyti	ical, Inc.							
Occupancy Status During A	Abatement (Check or	nly on	e)			Street Address								
□ Facility Closed/Vacated							200 U.S. Rou	te 130 North							
Abatement Performed C	Outside of No	ormal Fa	cility I	Hour	s - Des	cribe	City, State, Zip Co	ode					_		
Time of Abatement:	AIVI	PM/_		PM-		AM	Cinnaminson	, NJ 08077							
Scope of Work (Check all the	hat apply)														
☐ >3 sf or >3 lf		M	Rend	ovoti	nn.		Full Cont	ainment with Neg	ative Pressure						
≥160 sf or ≥260 lf			Dem				☐ Mini-Enc								
							Non-Exer Non-Exer	mpted (*) and Nor	n-Friable Procedu	ire					
				ocati						Ab	atem	ent T	уре		
Location of Asbestos-Containing Ma		n t	Jsed	rmal Sole	ly by	Ashor	Description o			R	R	Щ	Щ		
TO BE ABATI	ED (7 tolvi	,	Main	tenar	nce/	(i.e.	stos Containing Ma , thermal systems i	insulation,	Amount (Specify	Removal	Repair	ıcap	clo		
IN Facility				dial 8 (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure		
(13)		V	es	No	N/A	1	other miscellane	ous)				ate			
Exterior 3716					100	T	0.1.		o gogete dan server		_				
		L	1 1			Transite	Siding		1875 SF						
Exterior 3717] [\boxtimes	Transite	Siding		1875 SF						
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Name of Registered Waste	Hauler		. .		JDEP V	Vaste	Cubic Yards of	Name of Regist	ered I andfill		ПП	Ш	П		
Champion				Ha	auler II	No.	Waste	Grand Cent							
City, State					32707		5 Disposal Date								
Hainesport, NJ							8/17/18	City, State	- DA						
	٥)	T:0-						Penn Argyl							
Completed By (Print or Type Kimberly Trumbetti	e)	Title	- 0				Signature	^	10-30	ate	157	n			
Annuelly Hullipetti		Offic	e Co	ord	inator		IXXI		6	3-9	-1	0			

Orill on 11	1 (1)					C4-4 6 B	I I								
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Date of Notification (1)		Occupanies O			Nan	ne of Buildin	ng Owner/Operator	(2)	HII AUG	1.3	2018		11		
	26 /	18	3		73.00	r. Robert		1.1	#1806-2311	3. S.	#NA	alae in the same of the same o			
Agencies Notified	Type Notific	cation			Stre	et Address			ASRESTO	2000	ITOO	1 0			
⊠ EPA ⊠ DOLWD	☐ Initial					ASBESTOS CONT LICENSING									
☑ DOLWD	Amenda Amenda		3		City	State, Zip	Code	Leny	Contract of the second of the	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	And in contrast of	-	- Mariantin		
□ DCA	☐ Emerge		_		H	amilton, N	IJ 08690								
(NJAC 5:23-8)	justificat	tion)	icidalii	9	Nan	ne of Conta			Talanha N						
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Name of Facility Where A	batement is	Takin	g Plac	e (3)	Г/	ACILITY	NFORMATION	Type of Facility	. (4)						
Residential			3	- (-,				School (K-1							
Street Address								☐ Subchapter	8 (Other than K private and com	-12)	e!! att				
011 /5								homes, etc	onvale and come.)	nerciai	bullain	gs,			
City (5) Hamilton								Square Feet	# of Floors	s Bldg. A					
County (6)					10			1500	1		78				
Mercer					Col	inty Code (7)(STATE USE ONLY)	1	rior if being dem	olished)					
Name of Monitoring Firm	Hired by Buil	lding (Junor	/0\	ASCN	4 No	This section is	Residentia							
Finog Environmenta		iding (Jwner	(0)	ASCI	I NO.	Name of Abateme	e ii							
Street Address	21														
617 Stokes Rd., Sui	to 1 210						Street Address								
City, State, Zip Code	16 4-3 10						3859 Sylon B	The second secon							
Medford, NJ 08055							City, State, Zip Co								
Project Manager for Monit	oring Firm			To	lanhana	Ma	Hainesport, N	NJ 08036	L						
Rebecca Rubinitz	oring i iiiii				ephone	15-2211	Telephone No. 609-702-0400		License No.						
Start Date (10)	1	Sched	uled C			ate (11)	Name of OSHA M		00862						
8/_6_/				50		18	EMSL Analyti								
Occupancy Status During	Abatement (Check	only	one)			Street Address								
☐ Facility Closed/Vacated	d During Enti	re Pe	riod of	Abate	ement		200 U.S. Rout	te 130 North							
Abatement Performed	Outside of N	ormal	Facilit				City, State, Zip Co	ode							
Time of Abatement:	0	P	///	_PN		_AM	Cinnaminson								
Scope of Work (Check all	that apply)						M 5								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re		50000000		☐ Mini-Encl			dure					
		Į.	200	Loca						A	batem	ent T	ype		
Location of Asbestos-Containing M		4)		Norma	ally ely by		Description of				T		1		
TO BE ABAT		1)	Ma	inten	ance/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	nca	nclo		
IN Facility	,		Cus	todial (12	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure		
(13)			Yes	No	N/A	-	other miscellaned	ous)				late	е		
Basement							le & Mastic		375 SF		П				
			П								12				
					+-								屵		
Name of Registered Waste	Hauler		ш_		NJDEP	Waste	Cubic Yards of	Name of Regis	torod Landfill		Ш	Ш	Ц		
Waste Management				1 1 1	lauler I	D No.	Waste	Grand Cer							
City, State			50-00-0		1727	3	5 Disposal Date	City, State							
Lafayette, NJ							8/17/2018	Penn Argy	le. PA						
Completed By (Print or Typ	ne)	Title					Signature	,		Data					
Kimberly A. Trumbet		15,03907		coor	dinato	r			,	Date Ø -9	-10				
SB 41			0035555	-0000451111	100000000000000000000000000000000000000	1)	LAX I			8-9	10				

ASB-41 MAY 11

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

			Transport of the Party of the P		п	-	la.	ſ	[B]	EC	E	П	√//	Pin	T	
noch		NOTIF	CATIO	tate of ASI N OF ASI t to NJAC	BESTOS	ABATE	MEN	Т		<u>15 (</u>		3	2018			
Date of Notification (1)	40			of Building		Operator	r (2)		44	AU	U	J	CUIO	1		
6/20/2018 Revised 8/10/ Agencies Notified Type Notification	18			Projects	3		- Appel				minus area control	ATTENNESS OF			-	
			Street Address ASBESTOS CON 1261 Broadway LICENSIN										NTROI IG	_ G		
EPA Initial Amended				ate, Zip C	-		-	- 1	CHANCOLINGE	Many works are come.	PE-Park transport	******	- Part All Part Andrews	PROGRAM	stowers	
DOL Amendment				York, N		0001										
DOH Emergency justification)	including	g		of Contact					Telephone Number							
DCA Cancellation				The state of the s			Bennington 215-533-1200									
Name of Facility Where Abatement is Takin	n Place	(3)	FAC	ILITY INF	ORMAT	ION	Tun	o of Fooility	(4)							
Former Henry Bonsall Elemen	tary S	choc	ol.				-	e of Facility	48800							
Street Address					-		School (K- Subchapte		er than	K-12)						
1575 Mt. Ephraim Ave							Other (i.e. etc.)	private	& comm	ercial b	uild	ings, ho	mes,			
City (5)							Squ	are Feet	# 0	f Floors		Bldg. Age				
Camden, NJ								0,000		3			75+			
County (6) Camden				Code (7) USE ONLY	1		Cur	rent Use (Pr	ior if bei	ng dem	olished)				П	
Name of Monitoring Firm Hired by Building (hunor /0		Assessed Constitution		/			iool								
Whitman	wilei (o	')	001	И No. 1 О		Name of Abatement Contractor (9)										
Street Address			1001	10		Associated Specialty Contracting Street Address										
7 Pleasant Hill Rd.					The second		ie Ave, 🤄	Suite	110							
City, State, Zip Code							Zip Code							\dashv		
Cranbury, NJ 08512								ls, PA 1	9342							
Project Manager for Monitoring Firm Kevin T. Lovely			Telepho		.0	Teleph				Licens					٦	
Start Date (10)	Schodu			90-585 Date (11)	8			-9622		0.	1103					
7/02/2018		30/20		Date (11)		1		HA Monitor Labs								
Occupancy Status During Abatement (Chec	Only O	ne)				Street		Paramoto T							\dashv	
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent			1		gress D	rive							
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours						Zip Code								
Scope of Work (Check All That Apply)						Bens	Bensalem, PA 19020									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	tion ion			V	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
	Τ.					✓	_ No	on-Exempte	d (*) and	Non-F	riable P		edure Abateme		\dashv	
Location of	100	s Locati Normal			Do							-	Туре	1111		
Asbestos-Containing Material (ACM)		ed Sole		Asbes	tos Cont	scription aining M	ateria	al (ACM)	Aı	mount		1	п			
TO BE ABATED In Facility	10000	todial S		(i.e.	thermal	systems cing, VA	insu Lor	lation,		pecify or LF)	Z E		Repair	Enclosure		
(13)		(12)				niscellan)	01	OI LI)	Kelllova		Repair	osur		
	Yes	No	N/A								-	-	ate	. 6		
Front section - All Floors			х	F	loor til	e and	mas	tic	38,	200 Sf	3				1	
Bathroom Pipe Chases (6 Each)			x		Pipe	Insula	tion		50	00 Lf	7			1	٦	
Classrooms - All Floors		x	Glue de			DECEMBER 1985	kboards		00 Sf	3	+	\dashv		1		
											+	+	_	+	1	
Name of Registered Waste Hauler	-	1007	JDEP W		Cubic			Name of	Registe	red Land	dfill				\dashv	
Mercer Group Interna	tiona	al H	auler ID	No.	of Was	ste		Tulleyto				COV	erv La	andfi	11	
City, State						al Date		City, Stat	Danille Co. City				,		-	
1519 Rev S. Howard Woodson Jr.	Way, 1	rento	n, NJ	08637		equire	d	Tulleyt		PA						
Completed by	Title	HI -0.000				ignatyré)	- '		Date	_			\dashv	
Jack Tomasura	Sr. E	stima	ator		(/AN	1//	h. A. A.	INA	h _	8/10/	20	18			