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

Date of Notification	1 (1)			Na	me of	Buildin	g Owner / Oper	ator (2)		1 (7) 1 (8-4)				
	08/06/201	T				Robe		(2)			AUG	13	201	q
Agencies Notified  EPA	Type Notific	cation			eet Ad						HUU	1 0	2.01.	
DEP	☐ Initia	əl		Cit	Ctot	0 7:-	0-1			- waren lan on		- 1		1
□ DOL		ended					Code NJ 08505			ASI			10	, I., Ó.
⊠ DOH		ergency				Contac				enadore simos imago	Telepi	44.14	i. with the	t arm.
☐ DCA	☐ Can	cellation				Robei					relepi	ione	Num	iber
				F	ACIL	ITY IN	FORMATION							
Name of Facility W Residence	here Abatem	ent is Taking	Place	(3)			Type of Fa	cility (4)						
Street Address								l (K-12)						
							Subch	apter 8 (	Other than K	(-12)				
							Square Fee	(i.e. priva	# of Floors	rcial buildi			etc.)	
City (5)		County (6)	C	ounty	Code	(7)	1,50		# 01 110018		Bldg. A			
Bordento	own	Burlingto		~		15			f being demo	olished)		60	+	
Name of Monitoring	Eirm Lline al la	D. I.I.	16	20	2	20				Č.				
Name of Monitoring	riiii niiea b	by Building Ow	mer (8	3)	AS	SCM No		atemen	Contractor	(9)	-			-
Street Address							Alpha Env Street Addr	/ironme	ental, LLC		-			
City Ctata 9 71 0							PO Box 82	27 (ST) (TS)						
City, State & Zip Co	de						City, State 8	& Zip Co	de			-		
Project Manager for	Monitoring F	irm	Tele	nhon	e Num	her	Trenton, N	J 0865	0	1				
3025			10.0	priori	C INUIT	ibei	Telephone I 609-847-29			License I				
Scheduled Start Dat		Scheduled Co	mplet	on D	ate (11	1)	Name of OS		itor		012	44_		
08/15/201		08/16/2019	,				EMSL Ana	lytical						
Facility Clos	ed/Vacated [	During Entire F	only or Period	ie) of Al	patemo	ent	Street Addre							429
	Performed Ou	itside of Norm	al Ho	ors -	7am	to 3pm	200 Route City, State 8							
Describe:							Cinnamins							
Facility Occu	pied During	Abatement						,	00077					
Scope of Work (Che	ck all that ap	ply)				14			- " 0					
≥3 sf or ≥3 lf			$\boxtimes$	Re	novati	on			Full Containn ⁄lini-Enclosu	nent with N	legative	Pre	ssure	· .
≥160 sf ≥260	If				molitio			-	Glove Bag Pr					
	200								Von-Exempte		Eriable	Dro		
	cation of			Loca		T	Descriptio	n of		Amount			ent T	
Mate	s-Containing rial (ACM)			nally olely	Used		Asbestos-Cor	ntaining		(Specify	1.12		T	ypo
TO BE	EABATED		Main	tenar	ice or		Material (A (i.e., thermal s	vstems	8	SF or LF)	Z.	71	Enc	E E
ın	Facility (13)		Cust		Staff?	i	nsulation, surfa-	cing, VA	Т		Remova	Repair	aps	Enclsoure
	(10)		Yes	(12) No	N/A	1	or other miscell	laneous)			val	Ŧ	Encapsulate	ure
itchen				$\boxtimes$			Oven Insula	etion	12 SF		F7			
									12 35			П	Ш	
ame of Registered Wa	ste Hauler				DEP Wuler ID	2235	Cubic Yards of	Name o	f Registered L	andfill				
LPHA ENVIRON	MENTAL				0333	3000000	Waste 60	0	l tem					
ity, State				00	0000		Disposal Date	City, St	Landfill					
renton, NJ							5555							
ompleted By (Print of	or Type)			7:11			various	Morris	ville, PA					
od Richardson	, (Abe)			Titl	e oject		Signature				Date			
					nage	r	Red Rid Selver		n İ		08/0	6/20	)19	
				1	-50		ik.	01 10	H					J
						1	M#1	120	10					

RECEIVED 08/08/2019 03:55PM 9736381778

Aug 08 2019 04:00PM NJ Asbestos Control 609.633.0664

08/08/2019 08:50AM 9736381778

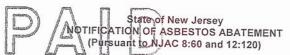


AUG PAGE 2008/904

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		MÓ	T(E)	/^ A Τ1/	State of	New Jersey	- Comment					
Check#3409		140	1	Pursu	ant to N.	SBESTOS ABA	TEMENT	100				111
Date of Notification (1)	-						5 m		10	DA	7	
	1	9		1		ing Owner/Operator	(2)		10	UN		-
	lotification	_		San	dy Eckste	ein				-		
☐ EPA   ☑ Initi		•		Stre	et Addres	5	1		1 1	AU	10/	13
Ø DOLWO ☐ Am									1	#10	1	13
	endment i		_		, stola, Zip				1	-		
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	etgenay (i ification)	ncludi	nġ	Pass	aic, NJ 0	7055		IVA:				
	cellation			10000000			1	Telephone Nu	mber	3	1	
					iy Eckste							***
ame of Facility Where Abalemen	nt is Takin	o Diar	121 av	٦	ACILITY	INFORMATION						
ivate house		A LIMC	e (3)				Type of Facili					
ireet Address							School (K.	12)				
			•				Other (I.e.	r 8 (Other than K-1 , private and comm	2)	hi aldin	-	
rty (6)							nomes, et	u. j	- SI SIBI (	ounur/1	wa,	
139Bic, NJ 07055							Square Feet	# of Floors	1	Bidg. A	ge	
ounty (6)				I Cou	niv Codo /7	) (STATE USE ONLY)	0					
ssaic · 1				1	() 4044 ()	( STATE USE ONLY)	Current use (	Prior if being demo	lished)			
ame of Manitoring Firm Hired by	Bullding (	Iwner	(8)	ASON	1 No	Name of Abateme	M Continu			-11-11-11	121	
						Gr Tech LLC	na Contractor (	9)				
rest Address		- American	N. C. CHICAGO			Street Address	~~~~					
						576 Valley Rd#	282					
ty, State, Zip Code	(See Mingle					City, State, Zlp Co	de					
-1 1 1 1	4					Wayne, NJ 0747		28				
oject Manager for Monitoring Fire	m		Tel	ephone	No.	Takephone No.		Liosnag No.				
	Bl					973-638-1777						
art Date (10)	School	uled C	omple	stion De	ate (11)	Name of OSHA M	onitor	01127				
08 / 09 / 19	0	8	_1	0_/	_19	Envirovision Con						
Cupancy Status During Abateme	int (Check	only	one)			Strani Address	"Parter HER'THE					
Facility Closed/Vacated During Abatement Performed Outside of	tamas be	Ma altie		_	!!	20-21 Wagaraw	Road, Bldo s	3SE				
Time of AbatementAM-	P	Al	PIR	rs - Dés	acriba AM	City, State, 2ip Co	da				-	
ope of Work (Check all that apply					Augment and sections of	Fair Lawn, NJ 07	410					
	7)					Clean up	and decontem	netion with negative	881Q BA	sure		-
>3 sf or >3 if 2 160 sf or 260 if		X R	MOVEL	íon		Mini-Engli	Bura	egative Pressure				
			moliti	on		S Glovebag	Procedure F	Tent with Negativ	e Press	sure		
	1	16	Loca	tion	1	L Non-exer	ubtea (,) suq N	on-Friable Procedu	-	- Sendanna		
Location of Asbestos-Containing Material (A	1010		Norma	illy		Description of			Ab	atems	nt T	Children on the last
IO BE ABATED	10N()	Ma	d Soli	ence/	Ashs	stos Containing Mais	ariot (ACM)	Amount	20	D	En	Ha
IN Facility		Cus		Slaff?	(1.6	aufacing, VAT,	or	(Specify	Removal	Repair	100	Enclosure
(13)			(12)	1		other miscellaneo	Ua)	SIF or LF)	8		Encapsulate	The Land
		Aes	No	N/A							ह	
ement				×	Pipe inst	ulation		IOO LF	M	m		T
									-		البا	
										H		
			1		-							
ne of Registered Wasta Hauler			U						П	m	FI	
		695	NUC	SEP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill	local	bed	4	
Fech LLC v. State			0	03378	5		T.R.R.F. Inc					
	2000	All State (A)		-		Disposal Date	City, State	~~~			San mark	-
vne, NJ 07470						TBD	Tullytown, P	4				
nploted By (Print or Type)	Title					Signature /	A SILY LOWIN, P		nie .			_
rvtic	Own	er			24		Le Wenas	1				
11	Α.					1/300	- WENRA	08.	/08/19			

Do not use this form for aspessos licensure exempted activities.





Date of Notification (1)			0.40	Name	of Buildin	a Owner	(Onerato	r (2)						
8/8/2019				ELIZ	ABETH	PUBLI	C SCH	OOLS		Α	UG 1	3 2	019	- 1
Agencies Notified Ty	pe Notification	1		100000000000000000000000000000000000000	Address					- A	00 1	U L	010	-
× EPA ×	Initial				NORTH		D STR	EET	ş		12 1 1 1 V			- In-
DEP × DOL	Amended Amendmen	nt #			State, Zip		200			ASSE			11-4-	ાંડ
	Emergency	(includin	g		ABETH		208		In	• who we define a lift of				
DOH DCA	justification Cancellatio		700		of Contac					Telephone		er		
	Caricellatio				CILITY IN		1011			908-436	5-5180			
Name of Facility Where Abat	ement is Taki	ng Place	(3)	FAC	SILIT IN	FORMA	ION	Type of Fa	cility (4)					
CHRISTOPHER COLU	JMBUS SC	HOOL #	<sup>‡</sup> 15					_	ol (K-12)					
Street Address								Subch	napter 8	Other than	K-12)			
511 3RD AVENUE								Other etc.)	(i.e. priv	ate & comn	nercial b	uilding	s, hor	nes,
City (5)								Square Fee	et	# of Floors	3	Bldg	Age	
ELIZABETH														
County (6) UNION					Code (7)			Current Us	e (Prior ii	being dem	nolished			
Name of Monitoring Firm Hire	ed by Building	Owner (8	)		M No.	25/	Nama	of Abatemer	101	1(0)				
BRINKERHOFF ENVIR	RONMENTA	AL SER	VICE	E 001			TWC	BROTHE	RS CC	ONTRAC	TING	INC		
Street Address	v: xxxxxx						-	Address			,			
1805 ATLANTIC AVEN	UE						11 V	REELAND	<b>AVEN</b>	UE				
City, State, Zip Code MANASOLIAN, N.I.087	36							tate, Zip Coo						
	IANASQUAN, NJ 08736 oject Manager for Monitoring Firm							DWA, NJ	07512					
GARY W. FLEMING	3			Telepho 732-2	23-2225	5	100	one No. 956-8700		0049	se No.			
Start Date (10)				mpletion	Date (11)	)		of OSHA Mo	nitor	0040	, ,			_
8/19/2019		8/23/2					SAM	E AS (9) A	ABOVE					
Occupancy Status During Aba							Street	Address					- 100	
X Facility Closed/Vacated I Abatement Performed O	During Entire F	Period of	Abater	ment										
Other - Describe:	atolice of Horri	iai i aoilit	rioui				City, Si	ate, Zip Cod	е					
Scope of Work (Check All Tha	it Apply)						- 1							
≥3 sf or ≥3 lf		X	Renova	ation			Г	Full Contr	ninmont :	vith Negativ				
2160 sf or ≥260 lf			Demoli	tion				Mini-Encl	osure		ve Press	ure		
								Glovebag		re and Non-F	riable D	oood.		
		Is	Locat	ion				THOIT EXCI	Inpied ( )	and Non-r	nable Pi	7/4/2005	emen	t
Location of		1	Vormal	lly		Des	cription	of					уре	
Asbestos-Containing Mate TO BE ABATED	rial (ACM)		d Sole		Asbes	stos Conta	aining Ma	aterial (ACM	)	Amount			m	
In Facility		10000	todial S		(i.e.		systems ing, VAT	insulation,		(Specify SF or LF)	Rer	R	nca	Enc
(13)			(12)				iscellane			Si Oi Li-)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							1 20		ate	F
BASEMENT, 1ST FL,	2ND FL		X			PL	ASTEF	2		25 SF	Х			
						(TENT	REMO	VAL)				1		
												1		
		,										+		
Name of Registered Waste Ha	uler		0.000	JDEP W		Cubic		Name	of Regi	stered Land	dfill	_		
TWO BROTHERS CON	TRACTING			auler ID 8743	No.	of Was	te	WA	STE M	ANAGEN	/ENT	3.R.0	D.W.	S.
City, State						Disposa	al Date	City,						
TOTOWA, NJ						8/23/2				LLE, PA				
Completed by VIVECA RAMOS		Title					gnature	5	$\mathcal{I}$		Date			
VIVEOA RAIVIOS		PRO	JECT	COOF	RDINAT	OR	18-76	een/	-ê-v 1	<u></u>	8/8/20	19		

CK NO.

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

Chr.#2: 3623

Date of Notification (1)					1					0,0,- 0,				
7 /	22 /	10						wner/Operator	*C 0*C		i le	-	p /	11-1
	22 /	19			Pi	rinceton L	Univ	ersity-Office	of Design and	Construction				1)
Agencies Notified	Type Notifi	ication			Stre	et Address				-				
⊠ EPA ⊠ DOLWD					20	00 Elm Dr.				All	r 1	2	2010	
⊠ DHSS		C.S.	0/0/	40	City,	State, Zip	Code	9		AU	1	Ú.	2019	2
⊠ DCA	☐ Emerge				Pr	inceton, I	NJ 0	8544						
(NJAC 5:23-8)	justifica		Judin	g	Nam	e of Contac	ct			Telephone Num		1 11	1111	TI OF
	☐ Cancell	ation			Name of the last	bert Orte				609-258-184				
							_	DMATION		009-230-184	+1		14-2	
Name of Facility Where Al	natement is	Taking	Place	(2)	r,	ACILITY	NFOI	RMATION	1-					
Princeton University	LTunnal f	rom 2	1 IAC	s (S)	~4~ F	24.0			Type of Facility (					
Street Address	- runner r	10111 20	vva	SIIIII	gion r	to Gree	en H	all	☐ School (K-12) ☐ Subchapter 8	(Other than K 13				
Washington Rd									Other (i.e., pri	vate and comme	rcial b	uildir	ias.	
City (5)									homes, etc.)				.50,	
Princeton									Square Feet	# of Floors	E	ldg.	Age	
												70		
County (6)					Cou	inty Code (7	7)(STA	ATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
MERCER									Office/Class					
Name of Monitoring Firm F		Iding O	wner	(8)	ASCN	1 No.	Na	me of Abateme	ent Contractor (9)					
TTI Environmental In	ıc				000	03	1 1		VIRONMENTAL	. INC.				
Street Address							-	eet Address		,				
1253 North Church R	Rd						1	123 BEAVE	R STREET					
City, State, Zip Code					X		_	y, State, Zip Co				_	-	
Moorestown, NJ 080	57							BRISTOL, PA						
Project Manager for Monito	ring Firm			Tel	ephone	No		ephone No.	13007	I tieren Ni				
Michael Keehn				15 50		5-8800	1 10100	15-788-6040		License No.				
Start Date (10)		Schedu	led C	10		Commence of the commence of th		me of OSHA M		00509				
8 /12 /	19	9	/		/	50 TO 1	1			INIO				
Occupancy Status During A							-		/IRONMENTAL	, INC.				
☐ Facility Closed/Vacated							10000	eet Address						
☐ Abatement Performed C	Jutside of N	ormal F	acility	Abate	ment	ariba		123 BEAVER						
Time of Abatement: 7:0	0AM-3:30	PM/	PN	7 юи Л-	AM	scribe	1000	, State, Zip Co						
							В	RISTOL, PA	19007					
Scope of Work (Check all the	nat apply)							N7 5 11 0 11						
≥3 sf or ≥3 If		D	Rer	novat	ion				ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf		Ē	Der	noliti	on			☐ Glovebag	Procedure					
								☐ Non-Exen	npted (*) and Non-	Friable Procedur	е			
1				Loca: orma							Ab	atem	ent T	уре
Location of Asbestos-Containing Ma		n			ely by	Ashaa		Description of			N	Z	m	m
TO BE ABATE	ED	''	Mai	ntena	nce/	(i.e.	ther	Containing Matemal systems in	erial (ACM)	Amount (Specify	emo	Repair	nca	nclo
IN Facility			Custo	odial (12)	Staff?		SI	urfacing, VAT,	or	SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		Ε,	Vac	No.	NIZA	1	oth	er miscellaneo	us)	*			late	(b)
Tunnel			Yes		N/A									
						Pipe Ins	ulati	ion		460 LF				
Tunnel		0	X			Pipe Fitt	tings	5		40 LF				
Tunnel						Contami	inate	ed Fiberglas	s	550 LF				
											П	П	П	П
Name of Registered Waste				N	JDEP V	Vaste	Cubi	ic Yards of	Name of Registe	red Landfill	1-			
BRISTOL ENVIRONME	ENTAL, IN	IC.		Н	auler ID	(2.0.0000)	Was	te	FAIRLESS L					
City, State					18706		Dien	osal Date						
BRISTOL, PA 19007							DISP	osai Date	City, State					
Completed By (Print or Type	1	Tiu							FAIRLESS H	ILLS, PA	- N			
Brian Scafiro	)	Title						Signature	Da . 8 -	Date		٠,	,,,,	
SP.41		Esti	mato	)r				BUCON	Scafera	· Mac d	, 20	1-1	9	

ASB-41 BS 19067

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

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 5:45)

BULLINGE K	مد					JAC 8:60 and 5:	10)	447.2		. 13	- 17	
Date of Notification (1)	¥			Na	me of Build	ing Owner/Operator	(2)		ij k	1	- 1	1
/	22 / _	19		F	Princeton	University-Office	of Design and	Construction	220			
Agencies Notified	Type Notificat	ion		Str	eet Address			Constructio		G 1	2	30
⊠ EPA					200 Elm Di			= 30	AU	0 1	()	CU
☑ DOLWD ☑ DHSS					y, State, Zip			- 1				
	Amendmer	nt # <u>1-8/</u>	2/19			NJ 08544		A.	351.5	(1)	150	-17
(NJAC 5:23-8)	<ul> <li>Emergency justification</li> </ul>	(includ	ing		me of Conta						6 29	
The second contraction is	☐ Cancellatio	*						Telephone N	umber			
					Robert Ort			609-258-1	841			
Name of Facility Where Ab	otomost is T	. 5		F	ACILITY	NFORMATION				-		
Princeton University	T	king Pla	ce (3)				Type of Facility	(4)				
Princeton University Street Address	- I unnel fron	n 20 W	ashir	igton	Rd to Gre	en Hall	School (K-12	)				
Washington Rd							Subchapter 8	Other than K.	·12) nercial	build	ings,	
City (5)							nomes, etc.)					
Princeton County (6)		A					Square Feet	# of Floors		Bldg. 70	Age	
MERCER				Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished	)		-
Name of Monitoring Firm Hi	and his D. H.H.	_	- 2				Office/Class	rooms				
TTI Environmental In	rea by Building	g Owne	r (8)	ASC		Name of Abateme		•				
Street Address	C			000	003		VIRONMENTAL	. INC				
						Street Address		,	-			
1253 North Church R	d					1123 BEAVER	RSTREET					
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 0805						BRISTOL, PA						
Project Manager for Monitor	ing Firm		Tel	ephone	No.	Telephone No.	10007	Tri				
Michael Keehn					6-8800	215-788-6040		License No.				
Start Date (10)	Sche	eduled (			ate (11)	Name of OSHA Mo	mita-	00509				
_ON HOL	0					100					H. Carlos	
Occupancy Status During At	patement (Che	ck only	one)				IRONMENTAL,	INC.				
Facility Closed/Vacated D	Ouring Entire P	erind of	Abata	mont	5 E	Street Address			279200			
→ Abatement Performed Output  Description  Abatement Performed Output  Description  Descrip	tside of Norma	al Facili	v Hou	re Do	scriba	1123 BEAVER						
Time of Abatement: 7:00	AM-3:30PM/	F	M	AM	3CITOE	City, State, Zip Coo						
Scope of Work (Check all that			N.Sect.			BRISTOL, PA	19007					
	it apply)					M Eull Conta				-		
] ≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Mini-Enclo	inment with Negat	tive Pressure				
		☐ De	molitic	n		☐ Glovebag	Procedure	*)				
		T .				☐ Non-Exem	pted (*) and Non-	Friable Procedu	ıre			
Location of		200	Locat Vorma	0.77.70					At	atem	ent 7	vne
			d Sole	ly by	Achoo	Description of				_	T -	_
Asbestos-Containing Mate	erial (ACM)								1 00	Repair	nca	nc
Asbestos-Containing Mate	erial (ACM)	Ma	intena	nce/	(i.e.,	tos Containing Mate	rial (ACM) sulation	Amount	ä		sdi	Enclosure
TO BE ABATED IN Facility	erial (ACM) O	Ma	todial S	nce/ Staff?	(i.e.,	thermal systems in surfacing, VAT, or	sulation,	(Specify	mova	5		ē
TO BE ABATEI	erial (ACM) O	Ma Cus	todial (12)	Staff?	(i.e.,	thermal systems in:	sulation,	40000000000000000000000000000000000000	Removal	-	ulate	1
TO BE ABATED IN Facility	erial (ACM) 2	Ma	todial S	Staff?	(i.e.,	thermal systems insurfacing, VAT, of other miscellaneou	sulation,	(Specify SF or LF)		İr	Encapsulate [	-
TO BE ABATEI IN Facility (13)	erial (ACM) <u>0</u>	Ma Cus Yes	todial (12)	Staff?	Pipe Inst	thermal systems in surfacing, VAT, o other miscellaneou	sulation,	(Specify SF or LF) 460 LF			ulate	
TO BE ABATEI IN Facility (13)	erial (ACM) 2	Ma Cus Yes	(12) No	N/A	Pipe Insi	thermal systems in surfacing, VAT, o other miscellaneou ulation ings	sulation, or is)	(Specify SF or LF) 460 LF 40 LF			ulate	
TO BE ABATEI IN Facility (13)  unnel  unnel	0	Yes  X	(12) No	N/A	Pipe Insi	thermal systems in surfacing, VAT, o other miscellaneou	sulation, or is)	(Specify SF or LF) 460 LF			ulate	
TO BE ABATEI IN Facility (13)  unnel  unnel	0	Yes	No	N/A	Pipe Insi Pipe Fitt Contami	thermal systems in surfacing, VAT, o other miscellaneou ulation ings nated Fiberglass	sulation, or is)	(Specify SF or LF) 460 LF 40 LF 550 LF			ulate	
TO BE ABATEI IN Facility (13)  unnel  unnel  ame of Registered Waste Ha	Q auler	Yes  X	No	N/A	Pipe Insi Pipe Fitt Contami	thermal systems in surfacing, VAT, o other miscellaneou ulation ings nated Fiberglass	sulation, ir is)	(Specify SF or LF) 460 LF 40 LF 550 LF			ulate	
TO BE ABATEI IN Facility (13)  unnel  unnel  ame of Registered Waste Harmonian Street Harmonian Street Harmonian Street Harmonian Street Harmonian Street Harmonian Street Harmonian Street Harmonian Street Harmonian Street	Q auler	Yes  X	No No No No No No No No No No No No No N	N/A N/A	Pipe Insi Pipe Fitt Contami	thermal systems in surfacing, VAT, of other miscellaneous ulation ings nated Fiberglass Cubic Yards of Waste	sulation, or is)	(Specify SF or LF) 460 LF 40 LF 550 LF			ulate	
TO BE ABATEI IN Facility (13)  unnel  unnel  ame of Registered Waste Haber BRISTOL ENVIRONMEI  ty, State	Q auler	Yes  X	No No No No No No No No No No No No No N	N/A  N/A  D  D  D  D  D  D  D  D  D  D  D  D  D	Pipe Insi Pipe Fitt Contami	thermal systems in surfacing, VAT, or other miscellaneous ulation ings nated Fiberglass Cubic Yards of Waste	sulation, ir is)	(Specify SF or LF) 460 LF 40 LF 550 LF			ulate	
unnel unnel unnel ame of Registered Waste Hame of Registered Waste Hamely, State BRISTOL ENVIRONMENTAL STATE OF THE PROPERTY O	auler NTAL, INC.	Yes	No No No No No No No No No No No No No N	N/A  N/A  D  D  D  D  D  D  D  D  D  D  D  D  D	Pipe Insi Pipe Fitt Contami	thermal systems in surfacing, VAT, or other miscellaneous ulation ings nated Fiberglass Cubic Yards of Waste	Name of Register	(Specify SF or LF)  460 LF  40 LF  550 LF			ulate	
TO BE ABATEI IN Facility (13)  unnel  unnel  ame of Registered Waste Haber BRISTOL ENVIRONMEI  ty, State	Q auler	Yes	No No No No No No No No No No No No No N	N/A  N/A  D  D  D  D  D  D  D  D  D  D  D  D  D	Pipe Insi Pipe Fitt Contami	thermal systems in surfacing, VAT, or other miscellaneous ulation ings nated Fiberglass Cubic Yards of Waste Disposal Date Signature	Name of Register FAIRLESS LA	(Specify SF or LF)  460 LF  40 LF  550 LF  ed Landfill ANDFILL  LLS, PA			ulate	

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

and # 3610

				*		JAC 8:60 and 5:	10)	O		(	<i>)</i> +	-
Date of Notification (1)	22 /	19	_			ling Owner/Operator University-Office		Construction	(Fig.	17	1 1	7
Agencies Notified	Type Notifica	tion			reet Addres		- C. Doorgii and	Constructio	n			
Ø EPA 5876	⊠ Initial								AUG	13	20	110
Ø DOLWD589€	☐ Amended				200 Elm D				UUF	! 0	CL	113
□ DHSS 5893	Amendme	nt #		11	y, State, Zir				-	-		_
DCA 5869	☐ Emergenc	y (inclu	ding			NJ 08544		ASS.			13.11	SIL
(NJAC 5:23-8)	justification			1	me of Conta			Telephone N			-	
	☐ Cancellation	n		F	Robert Ort	ego		609-258-1				
				· F	ACILITY	NFORMATION		000-200-1	041		_	-
Name of Facility Where A	batement is Ta	king Pla	ace (3)	22.00			Type of Facility					
Street Address			-	igion	Nu to Gre	en nan	School (K-12	() ()	202000			
Washington Rd							Subchapter 8 Other (i.e., proposed) homes, etc.)	ivate and comp	·12) nercial	build	ings,	
				i)			Square Feet	# of Floors		DIA		
Princeton							-   -	# 01 Floors	Ì		Age	
County (6)				Co	unty Code (	7)(STATE USE ONLY)	Current Line (D.:	1.51		70		
MERCER						, and one one	,	or it being demo	olished	1)		
Name of Monitoring Firm I	Hired by Buildin	g Owne	r (8)	ASCI	M No.	Name of Abel	Office/Class	rooms		7		
TTI Environmental II	10		(~)	1 033	003	Name of Abateme						
Street Address				001	000		VIRONMENTAL	., INC.				
1253 North Church F	2d					Street Address	(1)					
City, State, Zip Code	···					1123 BEAVER						
Moorestown, NJ 080						City, State, Zip Co				-		_
						BRISTOL, PA	19007					
Project Manager for Monito	ring Firm		1	ephone		Telephone No.		License No.				_
Michael Keehn					6-8800	215-788-6040		00509				
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA Me	onitor	00000				
_8 / _5 / _	19	88	/ 2	5 /	_ 19	Section 19 Section 20	IRONMENTAL	INC				
occupancy Status During A	Abatement (Che			*			INCHIVILIVIAL,	INC.				
Facility Closed/Vacated	During Entire P	eriod o	f Ahata	ment		Street Address				CAY S		
J Abatement Performed C	utside of Norma	al Facili	ty Hou	re Do	scribe	1123 BEAVER						
Time of Abatement: 7:0	0AM-3:30PM/	F	PM-	AM	SCIIDE	City, State, Zip Coo						-
cope of Work (Check all th						BRISTOL, PA	19007					
sope of work (Check all th	iat apply)					_						
] ≥3 sf or ≥3 lf		⊠ R	enovat	ion			inment with Negat	tive Pressure				
≥160 sf or ≥260 lf			emolitic	7.7		Glovebag	sure Procedure	8				
- 4						☐ Non-Exem	pted (*) and Non-	Friable Procedu	ire			
			Local						_	noton		-
1			Norma			Description of				_	ent 7	-
Location of Asbestos-Containing Ma	terial (ACM)	USt		nce/	Asbes	tos Containing Mate	rial (ACM)	Amount	Rer	Repair	E	
Location of Asbestos-Containing Ma TO BE ABATE	terial (ACM)	Ma	imiena			thormal auntanna !-	20.00			pair	ap	
Asbestos-Containing Ma TO BE ABATE IN Facility	terial (ACM) D	Ma	todial	Staff?	(i.e.,	thermal systems in	sulation,	(Specify	VOL		1 22	
Asbestos-Containing Ma TO BE ABATE	terial (ACM) <u>D</u>	Cus	todial (12)	Staff?	(I.e.,	thermal systems ins surfacing, VAT, o other miscellaneou	r	(Specify SF or LF)	Removal		100	1
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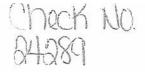
Sheck No.

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

Date of Notification (1)	lat \		Nam	o of Ruildi	ina O	wner/Operator	(0)	1 1 1 1 2 1 1				
08 / 08 /	19		98.20	aren Owe		wner/Operator	(2)					
									AUG 1	3 :	2019	
Agencies Notified Type Notific   ⊠ EPA □ Initial	cation		Stree	et Address	5				-halfasTerment			
Ø DOLWD ☐ Amende	ed									W. II. 5		
⊠ DOH Amenda				State, Zip				ASS			1797.7	. 12
☐ DCA ☐ Emerge		ng				J 08052		N				
(NJAC 5:23-8) justificat				e of Conta				Telephone	Number	30		
Cancella	ation		Ka	ren Owe	ens							
				CILITY	NFO	RMATION				-		
Name of Facility Where Abatement is	Taking Plac	ce (3)					Type of Facility (	(4)				
Owens Residence							School (K-12					
Street Address							Subchapter 8	(Other than ivate and con	K-12) nmercial	huildi	าตร	
							homes, etc.)		minoroidi	Janan	,90,	
City (5)							Square Feet	# of Floors		3ldg.	Age	
Maple Shade					Name of the last		1,068	2		66		
County (6)			Cou	nty Code	(7)(ST	ATE USE ONLY	Current Use (Prid	or if being der	molished			-
Burlington				UN	2	0	Residence					
Name of Monitoring Firm Hired by Buil			ASCN	No.			ent Contractor (9)					
Management & Enviro. Consu	Iting Serv	ices				Shade Enviro	onmental, LLC					
Street Address					1000000	reet Address				-		
PO Box 341					(	623 Cutler A	venue					
City, State, Zip Code					1	y, State, Zip C						
Chesterfield, NJ 08515					ľ	Maple Shade	, NJ 08052					
Project Manager for Monitoring Firm		- 1	lephone		Te	lephone No.	-	License No	).			
Bill Weisgarber			609-298			356-755-0099		00842				4.0000000000000000000000000000000000000
	Scheduled			A STATE OF THE PARTY OF THE PAR	100000	me of OSHA N	S. P. C.					
			21 /	19	E	MSL Analyt	ical, Inc.					
Occupancy Status During Abatement (			-		Str	eet Address				Marakit s	C (C) (C) (C)	
☐ Facility Closed/Vacated During Enti	re Period o	Abat	ement	1000 Page 1100 Page 1	2	200 Route 13	0 North	a proposal service de la como de				
Abatement Performed Outside of No.  Time of Abatement:AM	ormal Facili PM/	ty Ho	urs - Des n-	Scribe AM	City	y, State, Zip Co	ode				-	
				73101	C	innaminson	, NJ 08077					
Scope of Work (Check all that apply)						M						
≥3 sf or ≥3 If	⊠R	enova	ition			☐ Mini-Enc	ainment with Nega losure	ative Pressure	9			
☐ ≥160 sf or ≥260 lf		emolit	tion			Glovebag	g Procedure					
		s Loca	ation	Т		☐ Non-Exe	mpted (*) and Non	-Friable Proc				
Location of		Norm				Description o	f		A	7	ent T	ype
Asbestos-Containing Material (ACM			lely by ance/	Asbe	estos	Containing Ma	terial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABATED  IN Facility	Cus	stodia	Staff?	(i.e		rmal systems i surfacing, VAT,		(Specify	Remova	air	aps	Enclosure
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	Yes	No	N/A								æ	
Attic				Pipe In	sulat	tion		75 LF		ĪП	П	П
		무		<del> </del>					⊔	14		14
	$  $ $\square$ $ $											
- SAINCYOLOGICAL												
Name of Registered Waste Hauler		192	NJDEP I		Cub	oic Yards of	Name of Registe	red Landfill		1	J	1
Freehold Cartage		I	Hauler II		Was	ste	Fairless Lan					
City, State			15939		Disp	osal Date	City, State					
Freehold, NJ					The second	8/21/2019	Morrisville,	PA				
Completed By (Print or Type)	Title				l	Signature			Data			
Christina Lynch		esid	ent of (	Operation	ns	Ala Pul	10		Date 818	100		
				Polatio		CAMOR	アンヘン		016	1 1		

ASB-41, JAN 13 C # DIOLA

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





Date of Notification (1) 8/8/2019					of Buildin						AUG	1.	3 2	019	
	ype Notification	1	10.00		Address	LOBIL	U SUF	IOOLS							
					NORTH	BROAL	ח פדם	EET			AGBEOT			Par d	
EPA E	Initial Amended						DOIN	CEI			4		W.		*72000
X DOL	Amendmen	t #			state, Zip ( ABETH,		208					STATE OF THE PARTY			
IXI DOH	Emergency	(includin	g		of Contac		200								
DOH   DCA   F	justification Cancellation				COUT						elephone Nu				
	_ Garicenation									9	08-436-51	180			
Name of Facility Where Aba	tement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Tuna	£ 5	743					
MADISON MONROE	SCHOOL #	16	(0)						of Facility		90				
Street Address								I S	chool (K	-12)					
1091 NORTH AVENU	E								oubcnapte Other (i e	er 8 (Ot private	her than K-1 & commerc	2)	ildina	e hor	200
City (5)								е	tc.)	pirruto	a commerc	iai bu	iiuing.	3, 1101	nes,
ELIZABETH								Square	e Feet	# 0	of Floors		Bldg.	Age	
County (6)				01	0 1 (7)										
UNION				(STATE	Code (7)	Y)		Curren	t Use (P	rior if be	ing demolis	hed)			
Name of Monitoring Firm Hir	and by Building	0 (0				.,									
BRINKERHOFF ENVI		Owner (8	) \//CE	ASC	M No.		Name	of Abate	ement Co	ontracto	r (9)				
Street Address	TO MINICINITA	IL OEK	VICE	0010	UU		IWC	RKO.	HERS	CON	TRACTIN	G, II	VC.		
1805 ATLANTIC AVEN	JI IE							Address					271237		
	NUE						11 V	REELA	AND AV	/ENU	Ξ				
City, State, Zip Code MANASQUAN, NJ 087	726							State, Zip							
							TOT	OWA,	NJ 075	12					
Project Manager for Monitori GARY W. FLEMING	ng Firm			Telepho			Teleph	none No.			License N	0.		0.00	
	200-223				23-2225		973-	-956-87	700		00494				
Start Date (10) 8/12/2019				npletion	Date (11)		Name	of OSHA	Monitor	1					
		8/31/2					SAM	IE AS (	(9) ABC	OVE					
Occupancy Status During Ab	atement (Chec	k Only O	ne)				Street	Address							
X Facility Closed/Vacated	During Entire F	eriod of	Abatem	nent											
Abatement Performed C	outside of Norm	al Facility	y Hours	5			City, S	tate, Zip	Code						
						_									
Scope of Work (Check All Th	at Apply)														
≥3 sf or ≥3 lf		×	Renova	tion			×	] =	Containe		N				
≥160 sf or ≥260 lf		-	Demoliti	30.000				Mini-	Enclosur	ent with e	Negative P	ressu	re		
							-	Glove	ebag Pro	cedure					
		1	w e					I Non-l	xempte	d (*) an	d Non-Friabl				
		Fig. 6000	Location	(T) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F										emen	t
Location of Asbestos-Containing Mate	orial (ACM)		d Solel			Des	cription	of				-	1)	/pe	_
TO BE ABATED	onai (ACM)	Ma	intenar	ice/	Asbes	tos Conta thermal s	aining M	laterial (A	(CM)		mount			Ш	-
In Facility	-	Cust	todial S	taff?	(1.6.	surfac	ing, VAT	T. or	on,		pecify or LF)	Remova	Re	Encapsulate	Enclosure
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TWO BROTHERS CON	TRACTING		0.000000	3743		9	.0		WASTE	E MAN	IAGEMEN	IT G	.R.C	.W.S	S.
City, State			1.75			Disposa	al Date		City, State			- 69			-26
ΓΟΤΟWA, NJ						8/31/2		- 1	MORRI		E DA				
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1000	- 1001	WT!	A			*	Do not	use this	form for	asbesto	s licensure	exem	pted	activit	ies.
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		יסא	TIFICAT	Elete of New Ji TION OF ASSETT Sant to NJAC 8:80	PR AMAS	EMENT				La Contraction	
Date of Notification (1) 8/8/2018			Non	ne of Building Own ZABETH PUB	er/Opens	or (2)		DOL-	10 D	44	
Agencies Novined	Type Notificat	OK	Bire	NORTH BRO						:/	
EPA DEP DOL	E Initial Amended Amended Emergany		City.	State, Zip Goda ZABETH, NJ 0				1	1	_	$\dashv$
DCA DCA	justification Cancellaid	n)	LUI	o of Contact 3 COUTO			M	·laiephone	(phyber 1		
Name of Facility When A	balament la Tal	ling Place (3)	- 17	CICITY INFORM	TION	Tuns of a	aolity (4)				
Street Address 1091 NORTH AVEN		776				E Bub	ool (K-12) chapter 8 (	Other than K-	·12) clai buildin	Iga, hen	nos,
ELIZABETH	_					Square F		# of Floors	Bid	g. Aga	-
Dounly (6) UNION			Cours	Y Code (7)		Current U	sa (Pilor II	being demoli	shed)		
Name of Monitoring Firm H BRINKERHOFF ENV	Ired by Building	Owner (8) AL SERVICES	ASC 9001	OM No.	Name	of Abelema	ini Conirec	Lor (8) NTRACTIN	IC INO		$\dashv$
Street Address 1806 ATLANTIC AVE	NUE				Streat	Address	-		VC4, 114C.		-
City, State, Zip Code MANASQUAN, NJ 08	736				City, 8	REELANI Late, Zip Co DWA, NJ	the	JE			$\dashv$
roject Menagar for Monitor SARY W. FLEMING	ing Firm		Totaphi	one No.	Teleph	one No.		License N	lo.		-
teri Data (10)		Schaduled Com		23-2225 Date (11)	973-9	056-8700		00494			
3/12/2019 coupancy Status During Al	Mamunt (Cha	6/31/2019			SAM	E AS (8)	ABOVE				
Fedility Closed/Vacator Abatement Performed to Other – Describe:	During Entire !	Sarind of Alice	ent		City, St	ddress	4				
cope of Work (Check All The BS af or BS if B180 of or B290 if	et Apply)	Renovati Demoliis			<u> </u>	Glovepan Glovepan	Procedure	h Nagativa P od Non-Friabl		71	
Location of Asbestos Contelling Mate	eriel (ACM) 2	is Location Normally Used Solely Maintenance Orabelies Se	by	Dag Azbesics Conlu (i.e. therma)	capton of	ndal (ACM)	1,	moun!	Abat	ement /pe	

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Date of Notification (1)	659	tion i	Beell	Tard!	me of Build			C.1-0-0-4				
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Agencies Notified	Type Notification	on			&Mrs. St		ranus		A	UG 13	J 21	113
	Initial											
☑ DHSS	Amended Amendment	. 44		City	, State, Zi	p Code					1, (1)	ns.
□ DCA	☐ Emergency	(includi	na .	Mor	ntclair, N.	J 07042						
(NJAC 5:23-8)	justification)		9	Nan	ne of Cont	act			Telephone	Number		
	Cancellation			Gary	y Toriello	)			1.0.001.0110	varibei.		
				F	ACILITY	INFORM	MATION		-			-
Name of Facility Where Aba	atement is Tak	ing Plac	ce (3)					Type of Facili	tv (4)			
Private house								School (K	-12)			
Street Address	1429222879							── Subchapte	er 8 (Other than K	(-1 2)		
City (5)								homes, et	, private and com	imercial b	uildin	gs,
City (5)								Square Feet		E	Bldg. A	Ane
Montclair, NJ 07042 County (6)											-5.	.5~
				Cou	inty Code (7	) (STATE	USE ONLY	Current Use (	Prior if being der	nolished)		-73
Essex Name of Monitoring Firm Hir	red by Buildie	0	. (0)							50.000353		
		Owner	(8)	ASCN	1 No.	Name	of Abaten	ment Contractor (	9)			
ABS Environmental Serv Street Address	ices LLC					-	ch LLC					
O Box 483							t Address					
City, State, Zip Code						576 V	alley Rd	#283				
Glenwood, NJ 07418						-	State, Zip (				202 - 111	
Project Manager for Monitori	ng Firm		Tele	phone	- No		e, NJ 074 hone No.	70				
Scott Higgins			- Careston	-434-6					License No.			
Start Date (10)	Sche	duled (	Comple	tion D	ate (11)		38-1777 of OSHA I	Monitor	01127			
08/21/	19		/ _21									
Occupancy Status During Ab	atement (Chec	ck only	one)	-			Address	onsultants,Inc	HARA - TANAN TANAN TANAN			
	uring Entire P	eriod of	Ahater	ment				Pood Dida	250			
Abatement Performed Ou Time of Abatement:	tside of Norma	I Facili	ty Hour	s - Des	scribe	City, S	wagaraw State, Zip C	Road, Bldg .#	- JJE			
		101/			_AM		awn, NJ 0					
									nation with nega	tive press	sure	
	t apply)									- P.000		
	t apply)	⊠ R€	enovatio	on		×	Full Con	ntainment with Ne	gative Pressure			
	t apply)		enovatio emolitio			$\boxtimes$	Full Con Mini-End Gloveba	ntainment with Ne closure og Procedure	egative Pressure Tent with Negat	tive Press	ure	
	t apply)	□ D <sub>6</sub>	emolitio	n	1		Full Con Mini-End Gloveba	ntainment with Ne	egative Pressure Tent with Negat	tive Press	ure	
>3 sf or >3 If ≥ 160 sf or ≥260 If  Location of		De		n on			Full Con Mini-End Gloveba Non-Exe	ntainment with Ne closure og Procedure empted (*) and N	egative Pressure Tent with Negat	tive Press dure	sure , ateme	nt T
>3 sf or >3 If  > 160 sf or >260 If  Location of Asbestos-Containing Mate	erial (ACM)	De Use	E Location Normall and Solel	on ly ly by	Asbe	stos Con	Full Con Mini-End Gloveba Non-Exe escription of staining Ma	ntainment with Neclosure  ig Procedure  empted (*) and N	Pgative Pressure Tent with Negation-Friable Proce	tive Press dure	ateme	
>3 sf or >3 If ≥ 160 sf or ≥260 If Location of	erial (ACM)	Use Ma	emolition s Location Normall	on ly ly by	Asbe (i.e	estos Con e., therma	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems	ntainment with Neclosure  g Procedure empted (*) and N  of sterial (ACM) insulation.	Tent with Negation-Friable Proce  Amount (Specify	tive Press dure	ateme	
>3 sf or >3 If  > 160 sf or >260 If  Location of Asbestos-Containing Mate	erial (ACM)	Use Ma	s Location Normali ed Solel intenar	on ly ly by	Asbe (i.e	stos Con e., therma surfa	Full Con Mini-End Gloveba Non-Exe escription of staining Ma	ntainment with Neclosure  ig Procedure  empted (*) and N  of  aterial (ACM) insulation, , or	Tent with Negation-Friable Proce	tive Press dure	ateme	
>3 sf or >3 If  > 160 sf or >260 If  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	erial (ACM)	Use Ma	s Location Normalled Solel intenar todial S	on ly ly by	Asbe (i.e	stos Con e., therma surfa	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT,	ntainment with Neclosure  ig Procedure  empted (*) and N  of  aterial (ACM) insulation, , or	Tent with Negation-Friable Proce  Amount (Specify	tive Press dure	ateme	t Encapsulate
>3 sf or >3 lf  > 160 sf or >260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	erial (ACM)	Use Ma Cus	S Location Normalled Solel intenar todial S	on ly ly by nce/ staff?	(i.e	estos Con e., therma surfa other	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT, miscellane	ntainment with Neclosure  ig Procedure  empted (*) and N  of  aterial (ACM) insulation, , or	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)	dure Abi	ateme	
>3 sf or >3 If  > 160 sf or >260 If  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  asement	erial (ACM)	Use Ma Cus	S Location Normalled Solel intenar todial S	on ly ly by nce/Staff?	(i.e	estos Con e., therma surfa other	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT, miscellane	ntainment with Neclosure  ig Procedure  empted (*) and N  of  aterial (ACM) insulation, , or	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)	tive Press dure  Abi	ateme Repair	
>3 sf or >3 lf  > 160 sf or >260 lf  Location of Asbestos-Containing Mate  TO BE ABATED IN Facility (13)  asement  rst floor	erial (ACM)	Use Ma Cus	S Location Normalled Solel intenar todial S	on ly by hoce/Staff?	Walls&c	estos Con e., therma surfa other ceiling p	Full Con Mini-End Gloveba Non-Exe escription of Italining Ma attaining Ma attaining Ma acing, VAT, miscellane	ntainment with Neclosure  ig Procedure  empted (*) and N  of  aterial (ACM) insulation, , or	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)  700 SF	Ab:	ateme	
>3 sf or >3 If  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  asement rst floor	erial (ACM)	Use Ma Cus	S Location Normalled Solel intenar todial S	on ly ly by nce/Staff?	Walls&c Walls&c	estos Con e., therma surfa other r ceiling p ceiling p	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT, miscellane	ntainment with Neclosure  ig Procedure  empted (*) and N  of  aterial (ACM) insulation, , or	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)	tive Press dure  Abi	ateme Repair	
Same of Same	erial (ACM)	Use Ma Cus	s Location S Location Normallied Solel intenar todial S (12)	on by by hoce/ Staff?	Walls&c Walls&c Walls&c	estos Con e., therma surfa other r ceiling p ceiling p	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT, miscellane	ntainment with Neclosure or Procedure empted (*) and N  of sterial (ACM) insulation, , or eous)	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)  700 SF  1500 SF  3900 SF	Ab:	ateme Repair	
Same of Same of Same of Registered Waste Hall	erial (ACM)	Use Ma Cus	s Location S Location Normallied Solel intenar todial S (12)	on by by hoce/ Staff?	Walls&c Walls&c Walls&c	estos Con e., therma surfa other r ceiling p ceiling p	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT, miscellane	trainment with Neclosure or Procedure empted (*) and No of sterial (ACM) insulation, or ous)	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)  700 SF  1500 SF  3900 SF	Abi	ateme Repair	
Same of Same of Same of Registered Waste Harmonic Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Waste National Same of Registered Was	erial (ACM)	Use Ma Cus	s Locati Normall ed Solel intenar todial S (12) No	on by by hoce/ Staff?	Walls&c Walls&c Walls&c Walls&c Walls&c	ceiling p ceiling p ceiling p ceiling p Ceiling p Ceiling p Cubic Ya	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT, miscellane elaster laster laster	ntainment with Neclosure or Procedure empted (*) and N  of sterial (ACM) insulation, , or eous)	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)  700 SF  1500 SF  3900 SF	Abi	ateme Repair	
Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Registered Waste Harry State	erial (ACM)	Use Ma Cus	s Locati Normall ed Solel intenar todial S (12) No	on by by hoce/Staff?	Walls&c Walls&c Walls&c Walls&c Walls&c	ceiling p ceiling p ceiling p ceiling p ceiling p	Full Con Mini-End Gloveba Non-Exe escription of taining Ma al systems is acing, VAT, miscellane elaster laster laster	trainment with Neclosure or Procedure empted (*) and N  of sterial (ACM) insulation, or or ous)	Tent with Negation-Friable Proce  Amount (Specify SIF or LF)  700 SF  1500 SF  3900 SF	Abi	ateme Repair	
Asbestos-Containing Mate  TO BE ABATED IN Facility (13)  assement  assement  assement  assement  assement loor   erial (ACM)	Use Ma Cus Yes	s Locati Normall ed Solel intenar todial S (12) No	on by by hoce/Staff?	Walls&c Walls&c Walls&c Walls&c Walls&c	ceiling p ceiling p ceiling p ceiling p Ceiling p Ceiling p Cubic Ya	Full Con Mini-End Gloveba Non-Exe escription of Italianing Ma all systems is acing, VAT, miscellane Plaster Ilaster Ilaster Ilaster Ilaster Ilaster	trainment with Neclosure grocedure grocedure empted (*) and N  of etterial (ACM) insulation, or eous)  Particular (ACM)  insulation, or insulation, in	Amount (Specify SIF or LF)  700 SF  1500 SF  3900 SF  stered Landfill	Abi	ateme Repair		
Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Same of Registered Waste Harry State	erial (ACM)	Use Ma Cus Yes	s Locati Normall ed Solel intenar todial S (12) No	on by by hoce/Staff?	Walls&c Walls&c Walls&c Walls&c Walls&c	ceiling p ceiling p ceiling p Ceiling p Ceiling p Ceiling p Cubic Ya Disposa	Full Con Mini-End Gloveba Non-Exe escription of Italianing Ma all systems is acing, VAT, miscellane Plaster Ilaster Ilaster Ilaster Ilaster Ilaster	e Name of Regis  T.R.R.F. Inc  City, State	Amount (Specify SIF or LF)  700 SF 1500 SF 3900 SF 3900 SF stered Landfill	Abi	ateme Repair	

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

ChK#1131

Date of Notification (1) 08/08/2019	L.I find	F. 6.4	8	Name	of Building Conway	Owne	r/Operato	r (2)	Crt		a property and the second	(0)	e' r	V. 17	r i
Agencies Notified	Type Notification	1	-		Address	1							£ 1	17	[E]
□ EPA	× Initial										N.				1
DEP × DOL	Amended		Ī		ate, Zip C							AUG	13	2019	)
	Amendmen Emergency	(including	-		s Plains,	NJ 0	7065								- 1
DOH DCA	justification Cancellation		- 1		of Contact Conway					Te	lephone	Mumha		NTAC	NL 8.
					ILITY INF		TION				ووالواجه المناسبانية	nes Alexenie	P100 FC +1	4	or medical a
Name of Facility Where A Residential Property	Abatement is Takir	ng Place (3)						Туре	of Facility (	(4)	-0.7200.1212-				
Street Address	у								School (K-1						
3430171441656								×	Subchapter Other (i.e. p	orivate	er than i & comm	K-12) ercial b	uilding	s, hom	nes,
City (5)			-						etc.) ire Feet		f Floors			Age	
Morris Plains								1,73		2	1 10013		195		
County (6) Morris		-			Code (7) USE ONLY	)		Curre	ent Use (Pri	or if be	ing demo	olished)	8 - 100		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				tement Cor						
Street Address									ontracting	LLC.					
Street Address							33.72.53	Addre South	ss 5th St.			U-1 - 1 U TO 1 1			
City, State, Zip Code							AR CONTRACTOR		ip Code NJ 0720	6					
Project Manager for Moni	toring Firm		T	Telepho	ne No.		Teleph		0.		License 01355				
Start Date (10)		Scheduled	Con	npletion	Date (11)		0.7000000000000000000000000000000000000		HA Monitor		01355				
08/17/2019	i i	08/23/20	)19	11.20			100000000000000000000000000000000000000		nmental L	abora	atories,	, Inc.			l
Occupancy Status During	Abatement (Ched	k Only One	)				Street	2 12 22 12 12 12 12 12	Particular and a second						
Facility Closed/Vaca Abatement Performe	ited During Entire	Period of Ab	atem	ent					te 22 Wes	st					
Other – Describe:	ed Outside of Norr	nai Facility i	Hours	i:					ip Code 07083						
Scope of Work (Check Al	That Apply)						011101	., 110	0.000						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova molit				×	Ful Min	l Containme ni-Enclosure	nt with	Negativ	e Press	ure		
							×		vebag Proc n-Exempted		d Non-Fr	iable P	nced	ire	
		ls L	ocati	on						// 41.	4 1101111	labio i	Aba	temen	t
Location		100	mal	y			escription						_	уре	$\overline{}$
Asbestos-Containing I TO BE ABA	Material (ACM) TED	Main	tenar	ice/	Asbest (i.e.	therma	ntaining M al systems	laterial s insula	(ACM)		mount Specify	7	1_	En	ш
In Facilit	ty	Custo	diai 8 (12)	itatt?	,	surf	acing, VA	T, or			or LF)	Kemova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer	mscenan	leous)				val	=	ulate	ure
Baseme	ent	+		X		Tran	nsite Par	nels		4	0 SF	X	+	1	H
Baseme		+		X			Floor	THE STATE OF THE S			80 SF	X	+	-	$\vdash$
						VIIIy	1110011	11103			00 01	A	+	-	H
Name of Registered Wast	a Hauler		I NI	JDEP W	lasto	Cubic	Yards		Name of F	Dagista	rad Lane	4611			
Danvic Contracting L			Н	auler ID 574		of Wa			Fairless			41111			
City, State			1-				sal Date		City, State	1					
Elizabeth, New Jerse	У					TBD			Morrisvi	lle, P					
Completed by Jeymy Donneys		Title Owner					Signature		ア)	0		Date 08/08	/201	۵	
- Donneys		Owner	of area			Щ,	Yeyill	y f	Мини	11		00/08	201	J	

M#-13590

Check No.



		I L	7 11		N.J.A.C. 7:26-2.12)		1	1 1			
Date of Notification (1) 8/8	8/2019		Name o	of Buildir	ng Owner/Operator (2)	Seamus Ke	elly			and and to	May 100 and 10
	Notification Type  ) Initial Notifica		Street A	Address:	00 mm 1 mm 1 mm 2 mm 1 mm 2 mm 2 mm 2 mm				AU	G 13	2019
() DEP (;	x ) Amended C ) Cancelled	7707(700)	City, Sta	ate, Zip	Code: Rutherford New	Jersey 070	70		+ + + + - 1		
(x ) DOH () DCA	▼ community codes a processor to the code of		Name of	f Contac	ct Seamus Kelly	Tel. Num			436ki 		Linui S.
			FA	ACILITY	INFORMATION	1			***************************************		
Name of Facility Where At	patement is Tal	king Place (3)	)		Type of Facility (4)	- Martin April - H. Land C. Market					
Street Address					() School (K-12) () Subchapter 8 (oth	ner than K-1	2)		00000118		
City (5) Rutherford Cou	nty (6) gen	County C (State Us	code (7) se Only)		( ) Other (i.e. private Sq. Feet# of Current Use (prior if	Floors	Blda.Age		s, etc. —		
Name of Monitoring Firm F Owner (8) Stateside Enviro Group	lired by Bldg. onmental	ASCM No	O.			Name of Co	ontractor	(9)			1100
Street Address 537 North	State Road #20	2			*** **** **** **** **** **** **** ***** ****	Str	eet Addr	ess			
City, State, Zip Code Briand	cliff Manor, NY	10510				Cit	y State, 2	ZipCode	2		
Project Manager for Monitor Panos Pantazis	oring Firm	Telepho	one Number	203-51	7-5882		lephone mber	Licer	nse Nur	mber .	
Scheduled Start Date (10)	8/2/2019	Schedu	led Complet	tion Date	e (11) 2/2/2020	<u>Na</u>	me of OS	SHA Mo	nitor	HIOT 1887111 N. 184741 10	DE SERTITION SALE POR
Occupancy Status During A (x ) Facility Closed/Vacated ( ) Abatement Performed O Describe Other - Describe	During Entire	Period of Aba	atement			Str	eet Addre	ess			
Source of Work (Check all ( ) Demolition (x ) Renovation (X ) Large Proj. (>160 SF o	on	I) ( ) SM Proi	/>25/160 S	SE or >1	10 <260 LE ACM		y, State, 2	ZID COO	<u>e</u>		
() Minor Proj. (<25 SF or < () Full Containment with Ne	10 LF ACM)										
Location of Asbestos- Containing Material (ACM) Facility (13)		tion Normally by Maint./Cus 12)		therr	cription of ACM (i.e. mal systems insulation acing, VAT, or other ell.)		t (Specify	r SF	Abate	ment Type	
	YES	NO	NA				Rem		Rep.	Encap	Enclose
Basement		x	1	Pipe	insulation		85lf				
Kitchen		x		9X9	9X9 Floor tile			f			
Name of Reg. Waste Haule	r ATC Waste	NJDEP	Waste Haule	er ID#		Cubic Y Waste	ards of	1	e of Reg	. Landfill N	<u>linerva</u>
City, State Shirley NY				(**************************************		Disp. Da			City, S Wayn	State sburg Ohio	2
Completed by (Print or Type itzpatrick	e) claudia	Title Pre	sident			Signatu	re 11/	<u>Date</u>	Ach	a.	
The second secon	1,	/注 /	2511	0		W	111	<u></u>	18/1	`\	Control on the Belleville P.

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 7	7/18/2019		Name of Buil	Iding Owner/Operator (2)	or (2) Seamus Kelly AUG -1 3 2019						
Agencies Notified ( ) EPA	Notification Typ		Street Addre	SS:	2004 St. 100-11 - 110-1 - 110-1 - 110-1		AUG-1	3 2019			
() DEP () DOL	() Amended Ce () Cancelled	ertification	City, State, Z	ip Code: Rutherford New	Jersey 0707	<u>'0</u>	qSDESIV R	h-170			
() DOH () DCA			Name of Con	tact Seamus Kelly	Tel. Nui	i	The second secon				
		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	FACILI	TY INFORMATION		e entre en entre en en en			***************************************		
Name of Facility Where	Abatement is Ta	king Place (3)		Type of Facility (4)	THE STATE OF THE STATE OF	The bear an order to the second			ration ( to the particular and )		
Street Address				( ) School (K-12) ( ) Subchapter 8 (oth ( ) Other (i.e. private	& commercia	l bldas I	homes etc				
	ounty (6) ergen	County Co (State Use		Sq. Feet # of Current Use (prior if t	Floors BI	da.Aae					
Name of Monitoring Firm Owner (8) Stateside Envi Group	Hired by Bldg. ronmental	ASCM No			Name of Con	itractor (9	<u>9)</u>	() (A)			
Street Address 537 North	State Road #20	02		**************************************	Stre	et Addres	<u>ss</u>				
City, State, Zip Code Bria	rcliff Manor, NY	10510			City	State, Zij	pCode				
Project Manager for Moni Panos Pantazis	toring Firm	Telepho	ne Number 203-	517-5882	Tele Num	phone ber	License Nu	mber	Probable and the second		
Scheduled Start Date (10	) 8/2/2019	Schedule	ed Completion D	ate (11) 2/2/2020	Nam	e of OSH	IA Monitor		The same is the same in the same		
Occupancy Status During (x) Facility Closed/Vacate () Abatement Performed Describe	ed Durina Entire	Period of Ahat	tement ers -	*	Stree	et Addres	<u>ss</u>	THE PERSON NAMED IN COLUMN TWO			
Other - Describe				<del></del>	City,	State, Zip	p Code	and her an extra extra extra			
Source of Work (Check all () Demolition (x) Renoval (X) Large Proj. (>160 SF () Minor Proj. (<25 SF or () Full Containment with N	tion or >260 LF ACM <10 LF ACM)						1991a		en best sie sokoli de la		
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca ) in Solely t Staff? (	tion Normally I by Maint./Custo 12)	odial the	escription of ACM (i.e. ermal systems insulation, rfacing, VAT, or other scell.)	Amount (	Specify S	SF Abate	ment Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose		
Basement		x	Pip	pe insulation		85lf					
N		1						<u> </u>			
Name of Reg. Waste Haule	er ATC Waste	NJDEP W	/aste Hauler ID #	<b>£</b> 13	Cubic Yar Waste	ds of	Name of Reg Enterprises	. Landfill IV	linerva		
City, State Shirley NY			201100000000000000000000000000000000000		Disp. Date	2019.	City, S Wayn	State sburg Ohio	2		
Completed by (Print or Typ fitzpatrick	e) claudia	Title Presi	dent		Signature	Δ . [	<u>Date</u>				
		V 1995-00 100 100 100 100 100 100 100 100 100	THE RESERVE CONTRACTOR OF THE PERSON AND PARTY.		WW	VIK	7/18/19				



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

Date of Notification (1)	1000							725	i III	1517	00 :
06 / 21 /	19			1	ne of Buildi a <b>mie</b>	ing Owner/Operator	(2)				15.1
				2000							
Agencies Notified	cation			Stre	et Address			Al Al	IG 13	2019	
☑ DOLWD ☐ Amende	ed					*		The late of	,0 ,0		
☑ DHSS Amendr					State, Zip			8)			14-14-14
□ DCA ⊠ Emerge	ency (inc	cludir	ng	_	ewell, NJ			) ASSES	TOB GU	THO	L.St
(NJAC 5:23-8) justifica				100000000000000000000000000000000000000	e of Conta	ict		Telephone Nu	mber		and the second
☐ Cancella	ation			Ja	mie				70		
N. C. W.				FA	CILITY	NFORMATION					
Name of Facility Where Abatement is	Taking	Plac	e (3)				Type of Facility	(4)			
Resident Street Address							☐ School (K-1) ☐ Subchapter ☑ Other (i.e., phomes, etc.	8 (Other than K- private and comm	12) ercial build	lings,	
City (5)			- 101				Square Feet	# of Floors	Dida	Λσο.	-
Sewell NJ							2,000	3		. Age	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)		rior if being demo		35	
Gloucester County				16	DANS	(1)	Resident	ioi ii beilig demo	iisnea)		
Name of Monitoring Firm Hired by Buil	Iding Ov	wner	(8)	ASCM	I No.	Name of Abateme					
<b>→</b>			(-)						_		
Street Address						Street Address	Livironmeni	al Service, LL	C.		
						958 Jackson	D4				
City, State, Zip Code					-						
						City, State, Zip Co					
Project Manager for Monitoring Firm			Tre	elephone	No	Mays Landing Telephone No.	g, NJ 08330	1			
, , , , , , , , , , , , , , , , , , ,			1.0	repriorie	NO.	609-561-1901		License No.			
Start Date (10)	Schedu	led C	comp	letion Da	te (11)	Name of OSHA M	anita.	01158			
06 /23 /19				29 /				al Services, LI	C		
Occupancy Status During Abatement (	Check	only (	one)			Street Address		oo. v.oco, El			
□ Facility Closed/Vacated During Entitle	ire Perio	od of	Abat	tement		958 Jackson	Rd				
☐ Abatement Performed Outside of N	ormal F	acilit	v Ho	urs - Des	scribe	City, State, Zip Co					
Time of Abatement: 7AM-11:30PM	N/	_PM-		AM		Mays Landing					
Scope of Work (Check all that apply)						mayo Landing	9, 140 00000				
⊠≥3 sf or ≥3 If □≥160 sf or ≥260 If		☑ Re				☐ Mini-Encl	Procedure	ative Pressure	IFO.		
				ation			prod ( ) drid 140	11 Habie 1 Toceut	T		-
Location of	_		Morm	ally lely by		Description of				ment T	
Asbestos-Containing Material (ACM TO BE ABATED		Ma	inten	ance/	Asbe	stos Containing Mat ., thermal systems in	erial (ACM)	Amount	Removal	Encapsulate	Enclosure
IN Facility		Cust		I Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	lova	aps	losu
(13)	-	Yes	(12 No	1	1	other miscellaneo		0. 0. 1.	=	ulat	ire
Exterior House	-	_	_	-						Ф	
Exterior House	L		Ц		Asbesto	os Shingles		2000SqFt			
										1	
	Г	7								-	+=+
			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )								
Name of Pogister-1184	L										
Name of Registered Waste Hauler			100	NJDEP V Hauler ID	27727	Cubic Yards of	Name of Regist	ered Landfill			
Graham-Tech Environmental S	ervice			00345		Waste 30	Pioneern C	rossing			
City, State						Disposal Date	City, State				
Completed By (Print or Type)	Title	5711000				/		<u> </u>			
Vernice Graham	Title	-1-				Signature	M.	Da	ate	11	
SB-41	Pres	side	nt			Moule	CALL	N 11	0-71-	14	
IAVII	* Do	not	use t	his form	for asbesto	os licensure exempte	W.		- / .		



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

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1	BY	:0	()	1	40
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-14		1	1.00	11	12 77

Date of Notification (1)					Nar	ne of Buildir	ng Owner/Operator	(2)		1		1 1		
07 /	24 /	19				r. Mike M		(2)		300		******		
Agencies Notified	Type Notific								141 }1	110	1-3		10	
⊠ EPA	I Initial	auon			Stre	et Address			Li Li A	UU	13	20	19	
☑ DOLWD	☐ Amende	d			City	Ctata 7ia	Code							
☑ DHSS	Amendm			10	33	State, Zip			ASDE	SE	is de	in FF	OL &	
DCA	⊠ Emerger		cluding	g			, NJ 08002			1.1/		M3		
(NJAC 5:23-8)	justificat  Cancella				3	ne of Contac			Telephone Num					
	- Caricens	111011				r. Mike Mo			856-xxx-xxx	X				
None of Early 140					F.	ACILITY II	NFORMATION							
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility (	. 1					
Street Address								School (K-12)	) (Other than K-12	1				
Olicet Address								Other (i.e., pri	ivate and comme	rcial t	ouildin	gs,		
City (5)								homes, etc.)				42 CZ		
Cherry Hill, NJ 080	02							Square Feet	# of Floors	E	Bldg. A			
County (6)		-			10-		7)/07/17/1/05 01/1/1	1600	2		193	5		
Camden County					0	unty Code (	7)(STATE USE ONLY)		or if being demolis	shed)				
Name of Monitoring Firm	Hirad by Duil	dina C	).unar	(0)	1400	4 NI=	Tal .	Resident						
Traine of Monitoring ( IIII	Tilled by Bull	ung c	where	(0)	ASCI	II NO.	Name of Abateme							
Street Address		-14-71-75-07						n Environmenta	il Service, LLC	•				
							Street Address 958 Jackson	D4						
City, State, Zip Code				-										
Tity state, Elp code							City, State, Zip Co							
Project Manager for Monit	toring Firm	-		To	lephone	a No	Mays Landing	g, NJ 08330	Tree N					
i rejectinanager for morni	tomig i min			100	ichiioiii	FINO.	609-561-1901		License No.					
Start Date (10)	13	Sched	uled C	omp	letion D	ate (11)	Name of OSHA M		01158					
07/26/						19		ı Environmenta	I Sanciona I I (	•			-	
Occupancy Status During							Street Address	Livilonnicha	i del vices, LLC			1		
☐ Facility Closed/Vacate					ement		958 Jackson							
☐ Abatement Performed	Outside of No	ormal	Facility	/ Ho	urs - De	scribe	City, State, Zip Co							
Time of Abatement: 7/	AM-11:30PM	V	_PM-	Western Co.	AM		Mays Landing							
Scope of Work (Check all	that apply)		- 1/2-2-17			-	Mays Landing	g, NJ 00330						
	triat apply)		1000				☐ Full Cont	ainment with Nega	tive Pressure					
$\boxtimes \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If			Re     De     De     De     Re     De     Re     De     Re     De     Re     Re				☐ Mini-Encl	osure						
			□ ре	nom	1011		☐ Glovebag	Procedure mpted (*) and Non-	-Friable Procedur	Δ.				
Military 11 may					ation	7				1	patem	ent T	vne	
Location of		.		lorm	ally lely by		Description of	f		-				
Asbestos-Containing N TO BE ABA		1)			ance/		stos Containing Mat ., thermal systems i		Amount (Specify	em	Repair	nce	ncl	
IN Facility			Cust	odia (12	Staff?	(	surfacing, VAT,	or	SF or LF)	Remova	=	Encapsulate	Enclosure	
(13)		t	Yes	No			other miscellaned	ous)	55 69			late	(i)	
Padamant/Cravel Case										_	-			
Badement/Crawl Space	;e	_	Ш			Asbest	os Duct Insulato	on	125SqFt					
											П	П		
										+=	1			
Name of Registered Waste	N (5											Ш		
170 I DESCRIPTION IN THE PROPERTY OF THE PROPE						D No.	Cubic Yards of Waste	Name of Registe						
Cianam-recit Environmental Service					0034	500	30	Pioneern Cr	ossing					
City, State							Disposal Date	City, State						
								Service of the servic						
Completed By (Print or Ty	pe)	Title					Signature	. 1	Dat	е	A .	اۋ دى	$\Lambda$	
Vernice Graham President							IVALAN	in ON	AA I	1 .	-)0	- 1	7	

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

Date of Notification (				- In-				1170		Check #	2127			
	August 9, 20	019		Nam	ne of Build er XI Par	ding Own	er / Operato	r (2)	rtnership, L.P	The same of the black the same	en 1 - 2-			
Agencies Notified	Type Notific			Stre	et Addres	ss	, L.F., & Hel	iei Ali Pai	mersnip, L.P	11 17 11 11 11 11 11 11 11 11 11 11 11 1		- 11	- 1	
ПЕРА												3.		
DEP				205	Mill Road	d								
DOL	Init	ial		07						AHG	1.3	20	19	
		ended			State & 2									5.5
⊠рон		endment #	ŧ	Edis	on, NJ 0	08837				aa too ii			1	
DCA	2000	ncellation		Nam	e of Cont	act				1. 199 s. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telepho	no N	umb	or.
				Deni	nis Frick				later.		732-245			er
					A CILITY	VINEO	RMATION				132-243	-210		
Name of Facility Whe	re Abatement	is Taking	Place (3)		CILII	INFO								
Warehouse Space		· · · · · · · · · · · · · · · · · · ·	. 1455 (0)				Type of Fac	l (K-12)						
Street Address									ther than K-1	2)				
285 Ridge Road										-) ercial buildin	as hor	no c	atc )	
0" (5)							Square Fee	t t	# of Floors		Ildg. Age		:(0.)	
City (5) Dayton							5,0	00	1		270 1070	5 5 ye	ars	
Dayton							Current Use	(Prior if b	eing demolish	ned)				
County (6)			County Cod	de (7)	~ ~ ~	6	Commerci	al						
Middlesex		14	ISE ONLY		IXXI									
Name of Monitoring Fi	rm Hired by E	Building Ov	vner (8)		ASCN	No.	Name of Ab	atement C	Contractor (9)					
Street Address				- 127,000	1		Synatech, I	nc.	A1-A					
And the second and the second and second the second							Street Addre							
City, State & Zip Code	2	3-32-33					City, State 8		1					
Project Manager for M	onitorina Eiro		1=				Little Egg H	larbor, NJ						
. roject wanager for w	officining Fift	1	110	elephone	Number		Telephone N 609-296-691			License Nu		_		
Scheduled Start Date		Schedule	d Complet	tion Date	(11)		Name of OS		or		0081	7		
August 19, 2		. (0)	Septer	nber 19, 2	2019		Synatech, I	nc.						
Occupancy Status Dur Facility Close	d/Vacated Du	nt (Check our uring Entire	only one) Period of	Abateme	nt		Street Addre 829 Radio R							
Abatement Pe							City, State &	7(-3-1), 74	<u> </u>					
Other - Descr							Little Egg H							
Facility Occup	ied During Al	batement						ur 501, 110	00007					
Scope of Work (Check	all that apply	)												
								1 Full Con	tainment with	Negative Pres	curo			
$\ge 3 \text{ sf or } \ge 3 \text{ lf}$				Renovati	on		×	Mini-Enc		ivegative Fies	Suie			
≥160 sf or ≥260	lf			Demolitic	n		Ē		g Procedure					
							$\overline{\boxtimes}$			Non-Friable F	rocedu	·e		
Loca Asbestos-Contain	tion of	4.000	Is Locat	ion Norma	ally Used		Descript	tion of				atem	ent 7	Гуре
TO BE	ABATED	ACIVI)	Custo	y Mainter odial Staff	nance or		Asbestos-C		Amo	unt (Specify S	F			
IN F	acility			l Clair	(12)		Material (i.e., therma		1	or LF)	-			_
(1	3)		1				sulation, sur	facing, VA			77		En	m
						(	or other misc	ellaneous	)		čem	Rej	cap	nclo
			Yes	No	N/A						Remova	Repair	Encapsulate	Enclosure
											=		ate	e,
Rear Rooms					Х		Mast	tic		140 SF	X			
											¬^\			
								al district			7			1 1
lame of Registered Wa	ste Hauler		NJDEP V	2011	Cubic Y	ards of \	Naste	Name of	f Registered L	andfill				_
ynatech, Inc.			Hauler IC		2									
City, State				429	2 Disposa	Fairless Hills al Date City, State								
ittle Eas Had as a														
Little Egg Harbor, NJ September 20, Completed By Title Signature														
14 (1400)(1445)		Title			Signatu	ire	Te Date							
iane Aloia		Executiv	e Adminis	strator	I AU	Mari	6/11/17	·	Α	uet 0 2010				

charicain 1			KAT	FICATIO	NOF ASBEST	OS ABAT	EME	NT						
IWKIW.	468	U a		Pursuar	nt to NJAC 8:60	and 12:1	20)		7	TE	(P)		11/1	[F-3
Date of Notification (1) 8/8/19					of Building Owr						<b>U</b>		1.7	
Agencies Notified	Type Notification	1			cal Manufact	uring Fa	Cility							
× EPA					rket Street					III A	lUG	13	201	9
DEP				City, S	tate, Zip Code					1	4			
× DOL	Amendmen Emergency			Elmv	vood, New J	ersey 07	407		1	ASBE	ESTOS	3 00	NTR	3. JC
⊠ DOH	justification	)	y		of Contact				Tele	phone Nu	11/01	10000	10	
DCA	Cancellatio	n	_		napick				973	3 222-8	340			
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	ILITY INFORM	IATION	Tv	pe of Facility	(4)					
Marcal Manufactur	ing Facility							School (K-						
Street Address								Subchapte	er 8 (Other	than K-1	2)			
1 Market Street							×	Other (i.e. etc.)	private &	commerc	ial bui	ldings	, hom	ies,
City (5) Elmwood					07/10	-1	100000	uare Feet	# of F	loors	E	Bldg.	Age	
County (6)				01	UM	, ,	N/		N/A			N/A		
Bergen					Code (7) USE ONLY)			rrent Use (Pr						
Name of Monitoring Firm	Hired by Buildina	Owner (8	3)		M No.	Name		tructure de			TIFE			
Partner Engineerin			6	7.00	W 140.			evelopmer						
Street Address							t Add	1000		Toup,mc.				
362 Fifth Avenue S	Suite 501				189	Tow	nsend Str	eet						
City, State, Zip Code New York, New Yo	d. 10001						Zip Code							
Project Manager for Mon				T-I				ınswick, N	J 08901					
Lisa R. Sauer	itomig Film			Telepho	one No. 29-7943	Telep 732		No. -3655	-	License N 01284	lo.	,	>	-5
Start Date (10)		Schedu	led Cor		Date (11)			SHA Monitor		11204		1 ] _	5	d
8/26/19		6/30/2	20		` '	EMO		or a contonicor						
Occupancy Status During	g Abatement (Chec	k Only O	ne)			Street								
Facility Closed/Vaca	ated During Entire I	Period of	Abater	nent				dith PI.	9.			31		
Abatement Perform  Other – Describe:	Co-migled RACM di	nai Facilit isposal	y Hour	S		17.000		Zip Code	054					
Scope of Work (Check Al	Il That Apply)			and the state of		Pisc	alaw	vay, NJ 08	854					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	***		Renova Demoli				F	ull Containm lini-Enclosure llovebag Pro	е	egative F	ressu	re		
							J N	lon-Exempte	d (*) and N	Non-Friab	le Pro	cedur	е	
1		1	Locat									Abate	ement	
Location Asbestos-Containing			Normal ed Sole		NY 897 197 2527	Description					-	Ту	ре	_
TO BE ABA	TED		intena todial S		Asbestos Co (i.e. therm	ontaining N nal system:	Materia s insu	al (ACM)	Amo (Spe		R	_	Enc	щ
In Facilii (13)	ty	Cus	(12)	olaii f	sui	facing, VA	T, or		SF o		Removal	Repair	aps	Enclosure
		Yes	No	N/A	Otric	i iiiscellai	icous	'			val	air.	Encapsulate	ure
ground fl	ground floor					1-1-046					_			
ground ii	001			X	Co-ming			500 March 1922	15000	) ton	K			
			with a	ttached	Rep	ort								
		-												
Name of Registered Wast	a Haulor		1.50	IDEE				1						
Earthwatch Waste St			11 1450	JDEP W auler ID		ic Yards /aste		1000	Registered					
	W-292					Central	Sanitar	y Lan	dfill,	Inc.				
City, State Buffalo, New York 14		1 2	osal Date		City, State		10070		77					
Completed by		Title			Aug	g-Dec 20		Pen Ar	Argyl, PA 18072					
Todd Grant		Presi	ident			Signature	has	u Maa	A A					
					å	BARAA	MANN	M5 8/8/19						

08 2019 03:58PM NJ Asbestos	Control	609,6	33,066	4		page 1	f				-	-
			Sta	ita of Naw	Jersey	i de de de de de de de de de de de de de		EC	图		7	E
	H		CATION		STOS!	ABATEMENT.	Carre	Trining of	1			
Dete of Notification (1) 08/08/2019			Name of	Bullding O	When'C	perator (2) hool District		check No. I	DDĀ	Y201	9	
Agencies Notified Type Notification			Street Ad 701Ridg	ldress jawood R	oad <sub>.</sub>		dispersion .	ASSEST	OS CC	HTF	ÖL	8,
9 DEP				ip of Was		n, New Jersey	07676	1	J		menas	2/50-21
B DOM D Smargency (III B DOM D Cancellation)	eciootiid		Nama of Mario D				20	1-884-8880 :	er 42010	11.	)	
lame of Fecility Where Abatement is Yakin	o Place (3)		FACIL	ITY INFOR	IT AMS	Type of Facilit	2/ 14)					
Vestwood Middle School	B LINGS (2)						•					
trast Address 3 Third Street							er 8 (Other then privets & comm		s, home	:s, etc	)	
Ny (5) Nastwood, Naw Jersey 07676						Square Feet 30,000	3	of Floors	Sidg 60+	. Age		
Seingen			County C (STATE U	lade (7) ISE ONLY)			Pnor if baing de Middle Ech	00				_
Jame of Monitoring Firm Hired by Building AHERA Consultants, Inc.	Owner (8)		ASCM 00057			Lilich Corpor		e (B)				
grant Address P.O. Box 385						Street Address 246 Union Br	ouleword					
Ziy, State, Zip Code Oceanville, New Jersey 08231							/ Jersey 07512					
Project Manager for Monkering Firm Pric D, Clarkson			Telephor 608-65	2-1833		Telephone No 973-225-840	0	Licenso No. 01104				_
Start Date (10) 08/12/2019	Schedule 08/19/20	019	npletion [	Date (11)			nental Laborati	ories, LLC				
Occupancy Status During Absternant (Che		100	ent			Street Address 2333 Route	s 22 West					
Abelement Feriarmed Outside of Norm Other - Describe:	nai Facility !	Hours				City, State, Zi Union, NJ 0	9 Cade 7083					
Scope of Work (Check All That Apply)												
그 25 mf or 23 lf 23 2180 mf or 2280 lf		lanove lamolil				□ Min □ G.o	Containment w I-Endosure ve Bag Procedu Exempted (*) su	te / Limited Co	ntainm	ent & T	ent	
	la	L008	flon				-Comment / C	Amount (Specify		baban Type		
Location of Asbestos-Containing Material (ACM)  10 88 ABATED In Facility (13)	Use Ms	intens	ely by ance/ Staff?	Asbes then	mai sys	Description of maining Materia stores insulation, VAT, or the miscollange	surfecing.	3F of LF)	Remova	T	Encapandate	F-BCKC-GALE
	Yes	No	N/A								20	
itchen & Storage artic area		×	-	Pipe & Fitti				280 LF		1		-
urse's Suite & Restroom	-	×	+	Pipe & Fitti	ing insu	-sagn		130 LF	×	H	-	-
			-							H		
Name of Registered Weste Hauler			NJDEP V Heuter IC 16724	No.		c Yarda este	Name of Regi	stered Landfill		<u> </u>		1
City, State Totowa, New Jersey		1	10124		Cisp	osal Date 19/2019	City, State Merrisville, I					
Completed by Addison Olejarova	Title	reside	ent	÷		Signature Dela Ado	(Od	Ds	te 15/08/2	019		_
						MERCHAN	7 110					_

ASB41 (R-08-08)

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

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

CM# 3611

Date of Notification (1)				Na	me of Buildi	ng Owner/Operator	(2)	FAF	= 11	0.7	F-3 #3
7 / 22	/	9			Princeton I	University-Office	of Design and	Construction	3	$\mathbb{W}$	
Agencies Notified Type N	otificatio	n		St	reet Address						
□ EPA ULZ♥ □ Initia				1 :	200 Elm Dr		Mirategraphy	AUG	1 -	2019	The second
DOLWD 4138 ☐ Ame				Cit	y, State, Zip	Code	80,45	I AUU		4119	1 1 4
1.001	ndment	-	_		Princeton,		of money.	<b>\$</b>			NATE OF THE PARTY
	rgency (fication)	includi	ng		me of Conta			Telephone Num	CON	TAO	L. Ĉi
	cellation			F	Robert Orte	ego	Ĺ	Telephone Num 609-258-184	NSIN	g	ETHING BUT! -T. or
				F	ACILITY II	NFORMATION	angere de la companya	300 200 10	* 1		
Name of Facility Where Abatemen			e (3)				Type of Facility				
Princeton University- University	ersity S	tore					School (K-1	2)			
Street Address							Other (i.e.,	8 (Other than K-12 private and comme	2) rcial h	uildin	10
36 University Place							homes, etc.	)	i Clai D	uliuli	<b>3</b> 5,
City (5)							Square Feet	# of Floors	В	ldg. A	ge
Princeton							±15				
County (6)				C	ounty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)		
MERCER											
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASC	M No.	Name of Abateme	ent Contractor (9	)			
TTI Environmental Inc						The second secon	VIRONMENTA				
Street Address						Street Address					
1253 N Church Rd						1123 BEAVE	R STREET				
City, State, Zip Code						City, State, Zip Co					
Moorestown, NJ 08057						BRISTOL, PA					
Project Manager for Monitoring Fire	n		Tel	ephor	ne No.	Telephone No.		License No.			
Michael Keehn			4	with a second	86-8800	215-788-6040	The state of the s				
Start Date (10)	Sche	duled (	Comple	etion I	Date (11)	Name of OSHA M	onitor	00000			
8 / 1 / 19					19		VIRONMENTA	L, INC.			
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address					
Facility Closed/Vacated During I	Entire Pe	eriod of	Abate	ement		1123 BEAVE	RSTREET				
Abatement Performed Outside of	f Norma	l Facilit	y Hou	rs - D		City, State, Zip Co	de			-	_
Time of Abatement: 7:00AM-4:	30PM/_	P	M	A	M	BRISTOL, PA					
Scope of Work (Check all that apply	<i>'</i> )										
≥3 sf or ≥3 lf		N P	enovat	ion		☐ Full Cont ☑ Mini-Enc	ainment with Neg	gative Pressure			
☐ ≥160 sf or ≥260 lf			moliti				Procedure				
<b>V</b>						Non-Exer     Non-Exer	mpted (*) and No	n-Friable Procedur	re		
		0.00	Loca						Ab	atem	ent Type
Location of Asbestos-Containing Material (A	CM		Norma		A-1	Description of			D	D	m m
TO BE ABATED	Civi)	Ma	intena	ance/	(i.e.	stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	ncic
IN Facility		Cus	todial (12)		)	surfacing, VAT,	or	SF or LF)	oval	7	Enclosure Encapsulate
(13)		Yes	No	N/A		other miscellaned	ous)				elate
Basement			×			ting Insulation		29 LF		-	
				十一	-	e and mastic					
Basement			KZ	+=	1 1001 til	e and mastic		220 SF		Ш	
Basement							1		П		
3asement				1	-				1-		
lame of Registered Waste Hauler	INIC				Waste	Cubic Yards of Waste	Name of Regis				
lame of Registered Waste Hauler BRISTOL ENVIRONMENTAL	, INC.				ID No.	Cubic Yards of Waste	Name of Regis				
lame of Registered Waste Hauler BRISTOL ENVIRONMENTAL	, INC.			lauler	ID No.		FAIRLESS City, State	LANDFILL			
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL City, State BRISTOL, PA 19007				lauler	ID No.	Waste Disposal Date	FAIRLESS	LANDFILL			
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL City, State	Title			lauler	ID No.	Waste	FAIRLESS City, State	LANDFILL	te		





12/2/15	Print Form
11/# 100 1X	

Date of Notification (1) 08/07/2019				Name	of Buildin	g Owne	r/Operato	or (2)				(				
Agencies Notified	Type Notification			Street	Address						AU	G 1	3 2	019		
X EPA	× Initial									1						
X EPA X DEP X DOL	Amended			City, S	tate, Zip (	ode				1	ASBEC	700	NAME.	lett il	No	
X DOL	Amendment				na NJ 0						ADDE	LiCia	urun 2 Helifik	. 10%	C.,	
X DOH	Emergency justification)	(including	3	Name	of Contac					To	lephone I	requestables		Contain 16	e el 200 en 11 2 2	
DCA	Cancellation			John	Davisor	1				300	icpriorie i	varribei				
				FAC	CILITY IN	ORMA	TION				-					
Name of Facility Where A	batement is Takin	g Place (	3)			or ann		Тур	e of Facility	(4)						
Residence									School (K-							
Street Address								H	Subchapte	12) r 8 (Oth	er than K	-12)				
								×	Other (i.e.	private	& comme	rcial bu	ildings	s, hom	nes,	
City (5)								Sau	etc.) are Feet	1#0	f Floors		Dida	Λ		
Verona								300		2	1 110015		Bldg. 89	Age		
County (6)				County	Code (7)				ent Use (Pr		na dome					
Essex					USE ONL	0		Our	CIII 03C (I I	oi ii be	ing demo	isrieu)				
Name of Monitoring Firm I	Hired by Building (	Owner (8)		ASC	M No.		Name	of Ab	atement Co	ntrooto	(0)					
A. Seine Lighthouse	Solutions	(-)		7.00	140.		Brink	ks Ta	nk Servic	AC COL	(9)					
Street Address								Addre								
PO Box 354									rty Avenu	10						
City, State, Zip Code																
South Orange, NJ 07	7079							ip Code U 07205								
Project Manager for Monito			Telepho	no No			and the same									
Sarah Calandra	og ,			49-2666		Teleph 844-				License 01316	No.					
Start Date (10)		Schedule	ed Co		Date (11)				HA Monitor		01316					
08/19/2019		08/26/2		mpietion	Date (11)				ighthous	o Soli	tions					
Occupancy Status During	Abatement (Check									9010	ILIONS					
PROPERTY		(2)	100				Street		70.774	9						
Facility Closed/Vacate Abatement Performed	ed During Entire P d Outside of Norm	eriod of A	Abater	ement PO Box 354  City, State, Zip Code												
Other – Describe:	- Catolac of Holli	ai i adiiity	i ioui.						ip Code inge, NJ (	22220						
Scope of Work (Check All	That Apply)		Harris I				South	II Ola	inge, NJ	3 07079						
		ы <u>-</u>					_	7		3. 12.						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	Fui	I Containme	ment with Negative Pressure						
			CITIOII	lion			×	1 IVIII	ni-Enclosure ovebag Prod							
								No	n-Exempted	(*) and	Non-Fria	able Pro	cedur	e		
		Is	Locat	ion									Abate	ement		
Location o			lormal d Sole			De	scription	of				_	Ty	ре		
Asbestos-Containing M TO BE ABAT	laterial (ACM)		ntena			tos Con	taining M	laterial		Ar	nount			т	_	
In Facility		Cust	odial S	Staff?	(I.e.	tnerma	systems cing, VA	insula Tor	ition,		pecify or LF)	Rer	70	nca	Enc	
(13)			(12)			other	niscellan	eous)	1	Oi	Of LI')	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A					1			<u>ai</u>	7	late	Ге	
Basemer	nt .	-	X	1												
Dascinci	IL .		^			T	oor tile			49	90 S	X				
								12-12-20							$\neg$	
												+				
Name of Registered Waste	Hauler		I NI	JDEP W	acto	Cubi-	Varda	_	Non							
Newark Carting			9265	auler ID		of Wa	Yards ste		Name of F							
	4509	::::::::::::::::::::::::::::::::::::::				Waste N	/lanag	ement L	andfi	I						
City, State			Dispos	sal Date		City, State										
East Orange, NJ							ıA.		Penn Ar		PA					
Completed by		Title	Signature A A A A Date						-							
Alison Lamers		Office	Mar	ager			41/	W/V		3	10 532	8/07/2	2019			
	son Lamers Office Ma						1 13001.001						2500000			





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

IN#13647

Date of Notification (1)				Name	of Building	Owner.	/Operato	or (2)	16:0		#6029	1/204	30		
08-09-19					zon Com	munica	ation				Ĺ				
Agencies Notified	Type Notification	1			Address Hidden F	Ridne F	Soad								
EPA DEP	☐ Initial ☐ Amended				state, Zip C	The state of the s	····			AL	G 1	3 21	)19		
× DOL	Amendmen Emergency		_		g, TX 750					, no					
⊠ DOH	justification	)		) E	of Contact					Telephone			7. 4.		
DCA	Cancellatio	n		The second second	les Mess	•				(917) 99	2-1356	3	11.1	Ψ	
Name of Facility Where Al Verizon Plainfield Fa	batement is Taki	ng Place (	3)	FAC	CILITY INF	ORMAT	ION	Type of Facilit	y (4)	- 67 - 5 - 12 - chr - 1	4				
Street Address	- Contry							School (K		o					
95 William Street								X Other (i.e	e. priva	Other than ate & comm	K-12) ercial bi	uilding	s, hon	nes,	
City (5)								etc.) Square Feet		# of Floors	Т	Bldg.	Age		
Newark County (6)															
Essex				County (STATE	Code (7) USE ONLY	)		Current Use (F Commercia		being dem	olished)				
Name of Monitoring Firm F TTI Environmental, Ir	lired by Building nc.	Owner (8)		ASC	M No.			of Abatement C acle Environr							
Street Address 1253 North Church S	treet						Street	Address Broad Street							
City, State, Zip Code								tate, Zip Code							
Moorestown, NJ 080								stadt, NJ 070	72						
Project Manager for Monito Kris Smith		Telepho (609)	one No. 313-821	8		one No. 939-6565		Licens							
Start Date (10) 08-12-19(1)08-14-19	ed Cor	mpletion	Date (11)			of OSHA Monito	ır								
Occupancy Status During A	Abatement (Chec	k Only On	e)				400000000000000000000000000000000000000	Address	-						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I	Period of A	bater	nent				Jackson Av	enue	1					
Abatement Performed Other – Describe:	Outside of Norn	nal Facility	Hour	S		_		tate, Zip Code Island City, I	NY 1	1101					
Scope of Work (Check All 1	That Apply)	///										-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolii	tion Mini-Enclos											
		le.	Locati	ion				I Non-Exempte	ed (*) a	and Non-Fr	iable Pr		re emen		
Location of		N	ormal	ly		Des	scription	of					уре	`	
Asbestos-Containing Ma TO BE ABAT	aterial (ACM) ED		d Sole		Asbest	os Conta	aining M	aterial (ACM) insulation,		Amount	_		Ш	_	
In Facility (13)		Custo	odial 9 (12)	Staff?	(1.6.	surfac	ing, VAT	Γ, or		(Specify SF or LF)	Remova	Repair	cap	Enclosure	
(13)		Yes	No	N/A		other m	iscellan	eous)			oval	air	Encapsulate	sure	
11th Floor: Co	rridor	103	140	X		Pine	Fitting	Te		20LF		-			
				1 ipc	, i itui i	<b>J</b> 5		ZULF	x	-					
Name of Registered Waste	Hauler		l N	JDEP W	lasta	Cubic \	/orde	None	D	4					
Newark Carting, Inc.	an a कार्या कर हैं ())		Н	auler ID 1509		of Was		4		tered Land North La					
City, State Newark, NJ 07105			Disposi	al Date	City, Stat		PA 1906	7							
Completed by		Title	-				gnature	Wie insv			Date				
oseph Patrick	ect Manager 08-09-19														

1, 500	20 (	, ,	_	<del>_</del>								I	É	rint F
I Emeri	Jene		/	State of Ne	w Jei	sey			1	nu.	士!	ا ص	2 10 10	rnac r
CK7501	<i>/</i>	NOTII	FICATIO Pursuan	N OF ASE	8:60	OS ABATE	EMEI	NT .		A IA	71	20		S) 104-0
Date of Notification (1)		)—		of Building			8		M	E75	DE			
8/7/19				k Restor			(2)		KI					
Agencies Notified Type Notification	on			Address		<u> </u>			3000	AU	G 13	20	19	111
EPA Initial Amended				East Clei tate, Zip C		s Bridge	Rd		الما الما	- 1.17			10	lacres.
DOL Amendme				iate, zip C iemede l		3078			L	ASBES	TOSO	ONT	301	ρ,
DOH Emergence justification Cancellati	y (including n)	3	Name	of Contact						ephone	I LOTELIE	CHAIR		
DCA Cancellati	on		Vince							9-941				
Name of Facility Where Abatement is Tal	ing Place (	(3)	FAC	ILITY INF	ORMA	ATION	Tv	pe of Facility	(4)					
Inspira Medical Center Woodbur	У							School (K-	50000					
Street Address 509 North Broad Street					Nerson to			Subchapte	r 8 (Oth	er than I	K-12)			
City (5)							X	Other (i.e. etc.)				78		nes,
Woodbury NJ 08096								uare Feet 000 +	# of	Floors		Bldg.	Age	
County (6)				Code (7)			1000	rrent Use (Pr		ng demo	olished)		-	
Gloucester				USE ONLY	_						•			
Name of Monitoring Firm Hired by Buildin TTI Environmental	g Owner (8	)	ASCI	M No.				batement Co	ntractor	(9)				
Street Address						Street		Inc.				-		
1253 N Church Street						PO					83			
City, State, Zip Code Moorestown NJ 08057		57						Zip Code	versoner.					
Project Manager for Monitoring Firm			Telepho	ne No		VVes Teleph	100	erlin NJ 08	091					
, , , , , , , , , , , , , , , , , , , ,			гогорис	ale No.				-9800		License 0072				
Start Date (10)			npletion	Date (11)		Name	of O	SHA Monitor				4.00000		
8/9/19 Occupancy Status During Abatement (Che	8/15/1	-				Sam								
Tables						Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Night Shift and Weeken	mal Facility	Abaten / Hours	nent S			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														_
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	The state of the s	Renova Demolit				×	M G	ull Containm lini-Enclosure llovebag Prod	e cedure					
	Is	Locati	on				1 14	on-Exempted	J ( ) and	NON-F	lable Pro	Visital Scools	emen	t
Location of	1	Normal ed Sole	ly	88 80 7 8	D	escription	of					Ty	/ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar	nce/			ntaining M al systems				ount ecify	72		9	m
In Facility (13)	Cusi	todial S (12)	stan?	,	surf	acing, VAT	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		outer	mocenan	eous	'			val	#	ulate	sure
Respiratory Office basement			х		Floor	r Tile Ma	stic		700	) SF	X			
Stairwell Basement			x		Floor	r Tile ma	stic			) SF	×			
											1			
											-			
Name of Registered Waste Hauler		1000	JDEP W	STATISTICS .		Yards		Name of F	Registere	ed Land	fill	L		-
United Roll Off		10000	auler ID 2459	No.	of Wa	70° 20° 20° 20° 20° 20° 20° 20° 20° 20° 2		G.R.O.	W.S.					
City, State Elm NJ					Dispo	osal Date /19		City, State		19067	,			
Completed by Anthony T Perna	Title	lala = 4				Signature	7			1	Date	-	V-13 (116.55)	
araiony i i cina	Presi	uent								1	8/7/19			

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAIAC 8:80 and 12:120)  Notification (1)  Name of Building OwnerOperator (2)  Vineland Housing Authority  Page 1	100	0													Ρi	int For
Agencies Notified    Page   Pa	IN# 135	M4 (11)		CATIO	N OF ASB	ESTOS A	ABATE		novement and an and an an an an an an an an an an an an an	D,E	C	E		$\mathbb{V}$	- CAC	M
Agendes Notified   Type Notification   Streat Address   191 West Chestmut Street   ASBESTOS CONTROL & Initial Amended Amendment #   City, State, 2p Code   Licetism'S   City,		Cha Line							the section of the se		AUG	13	2	019		
Initial Amended   Initial Am	Agencies Notified Type Notification			Street /	Address			,	Oliver Control of the		2010	(10.0)	38.17			
Emergency (including   Including   Inclu	EPA   Initial   Amended   Amendment	#		City, St	ate, Zip Co	ode	racci			A					La	-
Name of Facility Where Abatement is Taking Place (3)   Vaccant House   Vacca	☐ Emergency ( justification)	-		Name o		10300				Tele	ephone	Numbe	r			_
Name of Facility (Where Astatement is Taking Place (3)	DCA Cancellation				II ITV INIEC	DRANTIC	180			60	9-781-	-0620				
Street Address City (5) City (5) City (6) County (6) County (9) County (9) County (9) County (9) County (9) County (9) County (10) County	[1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	g Place (	3)	PAG	ILIT INFO	DRIVIATIO	JN.	Туре		rational rational			1000			$\dashv$
City (5) Vineland NJ 08360  County (6) County (6) County (7) Current Use (Prior if being demolished) House  Name of Monitoring Firm Hired by Building Owner (8) Ascard No. Asbestos-Containing Material (ActM) In Sealing In								K	Subchapte	r 8 (Othe			uildi	ings,	hom	es,
County (6) Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address PO Box 329 City, State, Zip Code Vest Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Street Address PO Box 329 City, State, Zip Code Vest Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. S56-753-9800 00727  Start Date (10) Street Address Same Occupancy Status During Abatement (Check Only One) Street Address Same City, State, Zip Code Vest Berlin NJ 08091  Street Address Same Occupancy Status During Abatement (Check Only One) Street Address City, State, Zip Code  City, State	City (5)		0.0.2					Squa	are Feet	10000000	Floors			(22/)	ge	
Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Street Address  PO Box 329  City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. 356-753-9800  00727  Start Date (10)  8/17/19  Scheduled Completion Date (11)  8/26/19  Scheduled Completion Date (11)  8/26/19  Street Address  Telephone No. 356-753-9800  00727  Name of OSHA Monitor  Same  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. 356-753-9800  00727  Name of OSHA Monitor  Same  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Street Address  Tull Containment with Negative Pressure Mini-Enclosure (1)  Mini-Enclosure  Giovebag Procedure  Abatement Type  Abatement T	County (6)					·		Curre	ent Use (Pr	_	ng demo	olished)		)+ —		
Street Address    Street Address   PO Box 329	Name of Monitoring Firm Hired by Building (	Owner (8	)	ASCI	M No.			of Aba	atement Co	ntractor	(9)					
City, State, Zip Code    City, State, Zip Code   West Berlin NJ 08091				_			Street	Addre	ess			•				
Telephone No.   Safe-753-9800   Corporation	City, State, Zip Code						City, S	tate, Z	Zip Code	001						
Start Date (10) 8/17/19 8/17/1	Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one N	lo.	091						-
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check All That Apply)  ≥ 3 of or ≥3 if ≥ 160 of or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Exterior Siding    Abatement Type   Procedure	10 00 000000			npletion	Date (11)	_	Name	of OS			0072					$\dashv$
Abatement Performed Outside of Normal Facility Hours Other – Describes:    City, State, Zip Code			T	101-7-7-2					ess		-	-				-
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Renovation   Demolition   Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*	Abatement Performed Outside of Norm	eriod of a lacility	Abaten / Hours	nent s		_	City, S	tate, Z	Zip Code	=	-					-
≥160 sf or ≥260 lf	Scope of Work (Check All That Apply)														-	-
Location of Asbestos-Containing Material (ACM)   Seed Solely by Maintenance   Custodial Staff? (12)   Yes   No   N/A     N/A	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf							Mir Glo	ni-Enclosure ovebag Pro	e cedure	· · · · · · · · · · · · · · · · · · ·					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Exterior Siding  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior Siding  X Exterior Siding  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior Siding  X Exterior Siding  Number of Registered Waste Hauler  United Roll Off  United Roll Off  Title  Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Amount (Specify SF or LF)  Registering  Amount (Specify SF or LF)  Registering  Amount (Specify SF or LF)  Registering  Registering  Registering  Registered Landfill G.R.O.W.S.  City, State  Elm NJ  Completed by  Title  Signature  Date		lo	Locat	ion				I No	on-Exempte	d (*) and	Non-Fr	table P				-
Exterior Siding    X   Exterior Siding   2200 SF   x	Asbestos-Containing Material (ACM)  TO BE ABATED	Use Ma	Normal ed Sole iintena	ly ly by nce/		os Conta thermal s	ining M ystems	ateria insula		(Sp	pecify	7	T	ĺ		E
Exterior Siding			(12)	1						SF	or LF)	moval		epair	psulate	dosure
United Roll Off         Hauler ID No. 22459         of Waste 5         G.R.O.W.S.           City, State         Disposal Date 8/26/19         City, State Morrisville PA 19067           Completed by         Title         Signature Date	Exterior Siding	res	NO			Exterio	or Sid	ing		220	00 SF	X				
United Roll Off    Hauler ID No. 22459   of Waste 5   G.R.O.W.S.						29) - 5										
United Roll Off    Hauler ID No. 22459   of Waste 5   G.R.O.W.S.													1			
United Roll Off         Hauler ID No. 22459         of Waste 5         G.R.O.W.S.           City, State         Disposal Date 8/26/19         City, State Morrisville PA 19067           Completed by         Title         Signature Date	Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Y	ards		Name of	Register	ed Land	Ifili				
Elm NJ Completed by Title Signature Date	United Roll Off		H	lauler ID	The second secon	of Waste 5	е		G.R.O.	W.S.						
Completed by Title Signature Date	City, State Elm NJ								A CONTRACTOR OF THE CONTRACTOR		19067	7	*******			
I UIUI II	Completed by	2000000	ident		1			0			1	Date	9	- 54.62		

Inv# 13527 P	A NOT	IF)	GAT rant	ION	OF AS	New Jersey SBESTOS ABA . 8:60 and 12:1	TEMENT	CHECK	# [ []	5!	39	errort.
Date of Notification (1)			NI	6 1	2 11 11	0 10			1 1/1	[5	Protection of the second	
8/8/19			Cur	ne of t	Sullain land (	g Owner / Opera County Improv	tor (2)	i la VV. la	A STATE OF THE PARTY.		-11	
Agencies Notified Type Notific	ation		Stre	et Ado	dress	odinty improv	ement Autho	All	Central Balance		-11	1/4
⊠ EPA					anon	THE RESIDENCE OF THE PARTY OF T		AUG 1	3 20	19		74
□ DEP x Initia □ DOL Ame	ıl ınded		2000			Code	c.t.					i
	rgency				NJ 08		·		C 1 V 1.1	ol.		
	cellation				Contac acson		-	LICI	Teleph			ber
						FORMATION	Sec	The time and residence in the first of the second second	856-82	25-3	700	
Name of Facility Where Abatem	ent is Taking Pla	ce (	3)	10121		Type of Fac	ility (4)					
2 story commercial propert	у					School						
Street Address							pter 8 (Other t					
32 N Pearl Street								ommercial buildin	gs, hor	nes,	etc.)	
City (5)	County (6)	10-		0-1-	(7)	Square Feet	t # of F		Bldg. A	ge		
Bridgeton	Cumberland	NA NA		Code	(7)	NA Current Hea	/D-i if h - i		NA			
Diagoton	Cumberianu	INA	`			Vacant/No	(Prior if being	demolished)				
Name of Monitoring Firm Hired b	v Building Owne	r (8)		AS	CM No		atement Contra	actor (Q)		-2200		
Atlas Environmental	, , , , , , , , , , , , , , , , , , , ,	(-)			0			solutions Conf	ractin	a.I	I C	
Street Address						Street Addre	SS			9, -		-
PO Box 11645 City, State & Zip Code						874 Piney I	Hollow Road	, PO Box 70				
Philadelphia, PA						City, State &						
Project Manager for Monitoring F	irm T	elep	hone	Num	ber	Winslow, N Telephone N		License N	umhar			
Jason Dua	1000			4693		609-567-06		Licerise	012	33		
Scheduled Start Date (10)	Scheduled Comp	letio	n Da	ite (11	1)	Name of OSI						
8/19/2019		/30		A		EMSL Anal						
Occupancy Status During Abaten  X Facility Closed/Vacated E	nent (Check only	one	) f 1 h	atama	nnt	Street Addres	C.C.					
Abatement Performed Ou						200 Route City, State &				-		
Describe:	itolaa oi itoliilai	1100	13	/ GIII I	o opin		on NJ 08077					
Facility Occupied During						O I I I I I I I I I I I I I I I I I I I	011 140 00077					
Scope of Work (Check all that ap	ply)											
≥3 sf or ≥3 lf	_	_	D	49				ntainment with No	egative	Pre	ssure	9
x ≥160 sf ≥260 If	L	×		novatio nolitio				closure				
X	,	A.	Dei	iioiitio	1.1	33.3		Bag Procedures empted and Non-	Friable	Dro	codi	ıro
Location of			ocati			Description		Amount				уре
Asbestos-Containing	1 1		ally to			Asbestos-Con		(Specify	-			1
Material (ACM) TO BE ABATED	N			ce or	Ì	Material (A( (i.e., thermal sy		SF or LF)	Re	ת	Encapsulate	Ē
in Facility	C		dial S (12)	staff?		insulation, surfac	ing, VAT		Removal	Repair	apsı	Enclsoure
(13)	Ye		No	N/A		or other miscella	aneous)		val	=	ulate	ure
Basement		7	П	Х	Pinc	fitting insulati	on	24215	V		,,,	
Basement		┽		X		debris	Oli	213 LF 25 sf	X	井	H	H
1 <sup>st</sup> floor		Ħ	П	X		k mastic		365 sf	X	ㅐ	片	H
3 <sup>rd</sup> floor				Х		er walls & ceil	ings	1900 sf	X	H	H	H
Exterior windows				Х	Glazi			200 If	x	Ħ	Ħ	Ħ
Name of Projectory 1144												
Name of Registered Waste Haule	r					Cubic Yards of Waste	Name of Regi	stered Landfill				
Bull Waste & Recycling, Inc.				435	INU.	30 cy	Cumherland	d County Land	Fill			
City, State						Disposal Date	City, State	. Journey Lariu				
Berlin, NJ						8/30/19	Millville, Ne	w Jersev				
Completed By (Print or Type)		100	Title	9		Signature	7	· · ociocy	Date	en e		
Theodore S. Budzynski			Charles we	eside			- in the same of t		8/8/19	9		
						The season of th						

Allended 8191

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

Mr Chack					<u>C.</u> 8:60 and		120)	on the second second second	Experience of the second	on an eventual and	
Date of Notification (1)									1 3 3	1 1/	
08-09-2019		Ride	ne or er Un	iversity	g Owner / Opera	tor (2)			o Tilly	in the second	- 17 3
Agencies Notified Type Notification EPA				ddress				. 1 1	1110 4	2 20	40
☐ DEP ☐ Initial				wrencev te & Zip	rille Road	_			AUG I	3 20	19
DOL Amended (Wknd	Hours)	Lawr	ence	ville, NJ	08648						
☐ DOH ☐ Emergency ☐ Cancellation		Nam	ne of	Contac	t			A53	Teleph	one Nu	mber
		Wr. \	Walte	er Eddy				i 		6-5000	
Name of Facility Whore Abstament is Tabi	DI	(0)	FACI	LITY IN	FORMATION						
Name of Facility Where Abatement is Takir Rider University – BLC	ig Place	(3)			Type of Fac	cility (4)					
Street Address					□ School	(r\-12) apter 8	Other than I	(-12)			
2083 Lawrenceville Road						i.e. priv	ate & comme	ercial building	ngs, hon	nes, etc	:.)
City (5) County (6)		ounty	Cod	lo (7)	Square Fee	t	# of Floors		Bldg. Ag	ge	
Lawrenceville, NJ Mercer	, Ic	ourity	Cou	le (7)	25,00 Current Use		if boing dom	oliah ad\		57	
N Grand					Campus Bu	ilding –	Dance	-			
Name of Monitoring Firm Hired by Building (	Owner (8	3)	Α	SCM No	D. Name of Ab	atemen	t Contractor	(9)			
Street Address					Resource M Street Addre	anager	nent Group,	LLC			
515 Grove Street, Suite 1B					2115 Hamilt		Suite 202				
City, State & Zip Code					City, State 8	Zip Co	de				
Haddon Heights, NJ 08035 Project Manager for Monitoring Firm	IT-1				Trenton, NJ						
Brian Clark	856-	phone 547-0	e Nu )505	mber	Telephone N 609-977-615			License I			
Scheduled Start Date (10) Scheduled				11)	Name of OS		nitor		0118	15	
08-9-2019	8-12-	-2019			J&S Environ	mental		s, Inc.			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entir	k only on e Period	ne)	aton	nont	Street Addre						
Abatement Performed During 1st Sh	ift				2333 Route : City, State &						
Describe: 10:00am to 12:00am(Fri	day) 8:0	0am-	8pm	(Sat &	Union, NJ 07	7083	40				
Sun)  Facility Occupied During Abatement											
Scope of Work (Check all that apply)											
≥3 sf or ≥3 lf		_				$\boxtimes$	Full Contain	ment with N	Vegative	Pressu	ıre
\(\sigma \geq \frac{25 \text{ for 25 ft}}{25 \text{ for 25 ft}}\)			nova molit				Mini-Enclose	ure			
	Ш	Dei	HOIL	1011			Glove Bag F Non-Exempt	rocedures/	Cut & W	/rap	dura
Location of		Locat			Description	n of		Amount		atement	
Asbestos-Containing Material (ACM)		nally olely		1	Asbestos-Con			(Specify			
TO BE ABATED		itenan		r	Material (A (i.e., thermal s			SF or LF)	R	70 2	밀밀
in Facility	Custo	odial	Staff	?	insulation, surface	cing, VA	AT		Removal	Repair	clsc
(13)	Yes	(12) No	N/A	_	or other miscell	aneous	5)		val	Repair	Enclsoure
1 <sup>st</sup> Floor Closet		×		1	Plaster			20.05	57		+
			T		Flaster			20 SF		H는	井井
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Name of Registered Waste Hauler					Cubic Yards	Name	of Registere	ed Landfill			
Resource Management Group, LLC			uler 3521	ID No.	of Waste TBD	C					
City, State		100.	0021	0			Landfill	9			
Trenton, NJ					Disposal Date TBD	City, S Morris	state ville, PA				
Completed By (Print or Type)		Titl	е		Signature		/	-	Date		
Mr. Brian J. Haney		1 (1)	eside	nt	K		_//	/	08-09-	2019	
					/)/		/W	1/1			
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Initial

Aug 06 19 12:36p Resource Management Group

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NOTIFICATION OF ASSESTOS ABATEMENT

Date of Notification (1		dr. 0025	o Maii	il io	May A	<u>.C.</u> 3:60 a	nd 12:1	120) DO	1-10	DAY		
POUR OF TACAMCENDIA CA	) 3-08-2018		Na	me di	Bederting	Owner! Ope	umama (m)		PARTY COMPANY	-	ĺ	
AGENCIES Notified IT	ype Notification		20.400	POA SUF	11001535165	y Stiller i Ope	neice (S)	1			1	-
⊠ EFA	the menuficial		1511	991 A	darese		1	-	- Property			
☐ DEP	2 Initial		C101	E Colo	anenceu Lo & Zip	Be Road		i		1	1 1	
⊠ DOL	☐ Amended		ilsv	/Temce	wille blir	DOCATE TO SERVICE	1		10		-	1
B DCA	Initial Amended Emergency		Ne	TO OF	Content	2070	-	-		1.00	n I	
	☐ Cencellation		Mr.	Wall	er Eddy		1	WAN	1. 14 File	Telepho	to Number	37
Name of Continues	The state of the s	- Contraction		FACI	I TOV IN	ORMATION	<u> </u>			609-898	-5000	
Name of Facility When Rider University - BLC	e Abatement la Teking	Place	(3)	100	F11 A 1143		2077 /41	-	- Colombia	Alli	13 20	19
Street Address	)					Type of F	of 12-457	•	and the second			
2093 Lawrenceville Re	ed					i M Subr	honte- o	Other than	d am			
						F 60 103	H.W. DINY	ilà à comm	encial hydia	Honora Domon	LUGS	i.
Clay (5)	(County (6)	10	Per mer	Cod	m /73			P of Figers	1	(Bldg. Age	34, 6(5.)	_
Lawrenceville, NJ	Mercer	1	, comment	, 600	a (1)	25.0	MIG			1	67	
Name of Monitoring Fla	The state of the s	.1					sa (Prior r	being dem	olished)		-	
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Street Address	and provided the second		******			1 COMPLETE	Of the second second	ieni Group,	(D)			
615 Grove Street, Suite	10					SUCCE ADD	ress					
City, Sinte & Zip Code		-	-	**************************************	The state of the s	City, State	Ren Ave.	Suite 202				
Haddon Heighte, NJ DE	035					Trenton, N	a ZID CO	29			* Despite Comment	-24-
Project Marager for Mc Brian Clark		Tels	phon	e Nu	nder	Telephone	Blumbe-		The same of the sa	-		
Scheduled Start Data C	III) ISChadulad O	1856	847-4	1505			59		License	Number		
022-9-2010		empiet R.12	ion (): -2019	ele (1	1)	Name of O	SHA Mon	lor		01185		_
Occupancy Status Duri	ng Abatement (Check	-	Assembly Company	water the same		JAS Enviro	गानाकवारिका ।	.sboratories	, Inc.			
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The state of the second section	of Province Anna					Union, NJ (	708a	6				
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Locali	on of	I fo	Logge	les.	7		7 1 19	ion-Exempt	ed and No	n-Friades D	DESSERVES	1
Asbastos C Motorial	Containing	Non	nally	Used	Ì	Description Asbeston-Co		₽	Amount	Absta	man! Type	=
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In Fac	Slity	Comb	tener	ide or Steif?		(Le., thornes	SVESSITE		or or Lif)	Z .	B B C	n
. (13	)	- Such	(12)	JUNY!		Bulation, euris or other misae	icing, VAT	Γ		Removal	incapeul.	20
Floor Closet		Yes		NA	1	a ranga misas	Hanesus)			夏 5	Encapsula	2
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errian, NJ						Ispasal Date	City, Ste	iles			National Property of the Parket	
impleted By (Print or T	789)	-	-	dresies.	and the second second	BD / ) ,	Morrievi	Ba. PA				
. Brian J. Haney	(**)		Title	adeni adeni	15	的學學以		17		Date	-	-
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Ma Checic		NO	TIFIC	Pursu	ON OF A	SBESTOS AB JAC 8:60 and 5	ATEMENT :16)			15		119
Date of Notification (1)  7 / 19	_ / _ 1	19				ing Owner/Operato	or (2)	1 1	4110			
Agencies Notified Type	Notification	n		Stre	et Address				AUU	1	3 2	201
⊠ EPA ⊠ Ini	tial			1000		ontgomery St		7				
	nended			_	, State, Zip				1			
□ DOH Am	nendment	# <u>1-8/8</u>	/19	1551		, PA 15212			1.			
DCA En (NJAC 5:23-8)	nergency ( stification)	includi	ng		ne of Conta							
	ncellation			1	nthony Po			Telephone Nu				
								412-633-4	021			
Name of Facility Where Abateme			(5)	F	ACILITY	NFORMATION						
Verizon Summit Central C	ent is rakir	ng Plac	e (3)				Type of Facility					
Street Address	лпсе						School (K-1	2)				
							Subchapter	8 (Other than K- private and comm	12)	mildie		
544 Springfield Ave							homes, etc.	.)	lerciai i	Juliali	igs,	
City (5)							Square Feet	# of Floors	TE	Bldg. /	Age	
Summit, NJ 07901							33,625	3	- 1	+- 5		
County (6)				Cou	unty Code (	7)(STATE USE ONLY		rior if being demo	lished)			
Union						15104)		mmunications				
Name of Monitoring Firm Hired b			(8)	ASCN	I No.	Name of Abater	nent Contractor (9		5			
USA Environmental Mana			STEP ST		and the state of the		NVIRONMENTA					
Street Address						Street Address	THO MINENTA	L, INC.		-		
8436 Enterprise Ave						1123 BEAVI	ED STREET					
City, State, Zip Code	-									2000000		
Philadelphia, PA 19153						City, State, Zip (						
Project Manager for Monitoring Fi	rm		Tal	nha	Ma	BRISTOL, P	A 19007					
Mark Jenkins			A Proposition	ephone		Telephone No.		License No.				
Start Date (10)	10-5	d. 1. 1. 5			5-5810	215-788-604		00509				
					ate (11)	Name of OSHA				902-000-		1100
_8 / _5 / _19				_ /	19	BRISTOL EI	NVIRONMENTA	L, INC				
Occupancy Status During Abatem	ent (Chec	k only	one)			Street Address						
Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside Time of Abatement:AN	of Norma	Facilit	y Hou	s - Des	scribe	City, State, Zip C	ode					
		W// <u>5.00</u>	PIVI-1	UUAIVI		BRISTOL, P.						
Scope of Work (Check all that app	oly)										0.000	20000
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novati molitic			☐ Mini-En	ntainment with Neg closure ng Procedure empted (*) and No		ıre			
		Is	Locat	ion			( ) dild 140					
Location of			Vorma			Description	of			_	ent T	1
Asbestos-Containing Material ( TO BE ABATED	ACM)		d Sole intena		Asbes	stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Liiciosuie
IN Facility			todial		(i.e.	., thermal systems surfacing, VAT	insulation,	(Specify	Von	air	aps	icu
(13)			(12)			other miscellane		SF or LF)	20		ula	0
		Yes	No	N/A							fe e	
Basement Boiler Room					VAT/Ma	stic		450 SF				
asement Stairwell "A" Lanc	ling				VAT/Ma	stic		144 SF				
								(1794)				Е
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ame of Registered Waste Hauler SERVICE TRANSPORT GRO			0 10 0000	JDEP V	0.000.000	Cubic Yards of Waste	Name of Regist		1-			
ity, State	, INC			20990			MINERVA L	ANDFILL				
YARDLEY PA						Disposal Date	City, State		7-11-1-11			
						TBD	WAYNESB	URG, OH				
ompleted By (Print or Type)	Title					Signature	0 43	/o Da	ite	-		
Dillan DeCaro	_	stimat				1			2-8			

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

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 7 19 / Verizon Communications Agencies Notified Type Notification Street Address DOLWD 4176 AHG 13 2019 15 East Montgomery St ☐ Amended. City, State, Zip Code Ø DOH4 152 Amendment # Pittsburgh, PA 15212 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Summit Central Office School (K-12)
Subchapter 9 Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 544 Springfield Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Summit, NJ 07901 33,625 3 +- 50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_8\_ / 5 / 19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/5:00PM-1:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply)  $\boxtimes \ge 3$  sf or > 3 If ☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (\*) and Non-Friable Procedure □ Renovation ≥160 sf or ≥260 If □ Demolition Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate 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 Basement Boiler Room X VAT/Mastic 450 SF X Basement Stairwell "A" Landing П M VAT/Mastic 144 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Date Dillan DeCaro Estimator

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

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

11000	5.01		NO				ESTOS AI								
NUUNC	X.			(Purs	suant to	NJAC	8:60 and	12:12	20)		Check # N	/A			
Date of Notification (1)		0		Na	me of Buil	ding Owr	ner / Operator	(2)		4.5	**************************************	11 T	+=	E.5	* Prant 1
Agencies Notified	Type Notifica				eet Addres		eteran Affair	s – Ne	w Jersey H	ealthca	re System			15	1
⊠EPA □DEP	COLLRI	ES 4	Col	7 151	1 Knollcro	ft Road					AUG	1 3	2019	9	
DOL DOH		nded ndment #_			y, State & . ons, NJ 0	5.5					ASBLOTO				1
DCA	Cano	ellation			me of Con Stiles -		struction					elephor 32-558-		900	er
				F	ACILIT	Y INFO	RMATION	I	,						
Name of Facility Where VA Medical Center	Abatement is	s Taking P	lace (3)				Type of Fac								
Street Address								20	8 (Other tha	n K-12)					
Building 135, VA Lyon	ns Campus,	51 Knollo	roft Rd								rcial building	s. hon	ne. e	tc.)	
City (5)							Square Fee	et	# of Flo			lg. Age		/	
City (5) Lyons							Current Use Residence	e (Prio	r if being der	5 molishe	d)	4	0 yea	ars	
County (6) Somerset			ounty Co				Residence				***************************************				
Name of Monitoring Fin	m Hired by Bu				ASCI	M No.	Name of Ab		ent Contracto	or (9)					
Street Address							Street Addr	ess							
City, State & Zip Code							City, State 8	& Zip (	Code r, NJ 08087						
Project Manager for Mo				Telephon	e Number		Telephone I 609-296-69	Numbe			License Num	ber 0081	7		
Scheduled Start Date ( August 19, 20		Scheduled		etion Date			Name of OS Synatech, I		lonitor		-		-		
Occupancy Status Duri Facility Closed	ng Abatement	(Check or	nly one)			11.50	Street Address	ess							
Abatement Pe	rformed Outsi						City, State 8	& Zip (							
Facility Occup	ied During Ab						Little Egg F	larbo	r, NJ 08087						
Scope of Work (Check	all that apply)	6													
≥3 sf or ≥ 3 lf				Renova	ation		F			nt with N	legative Press	ure			
≥160 sf or ≥260	lf			Demoli			F	=	i-Enclosure vebag Proce	dure					
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IN Fa	ABATED acility		Cus	todial Sta	aff? (12)		Material (i.e., therm				or LF)				
(1	3)						insulation, su or other mis					Re	<sub>ZD</sub>	Enca	En
			Yes	No	N/A		or other mis	Cellall	eous)			Removal	Repair	Encapsulate	Enclosure
Exterior – 24 windows			103	1	X	-	Window	Caulki	ina		720   5			te	0
2. Mildows					^		**************************************	Jauik	iiig	+	720 LF	X			
Name of Registered Wa	aste Hauler		NJDEP	Waste	Cubic	Yards o	f Waste	Na	me of Regist	tered La	andfill				
Synatech, Inc.			Hauler	ID No. 27429	4										
City, State				1723		sal Date			irless Hills y, State						
Little Egg Harbor, NJ					Sente	mber 13	3. 2019		rrisville, PA	V.					
Completed By		Title	15000		Signa		. /	INIC		Date					
Diane Aloia		Executive	e Admir	nistrator	. /	Sur	e ller	The Control of the Control of		August	5, 2019				

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	1.	State o	f New Je	ersey	
NO	TIFICAT	ION OF	ASBEST	OS ABATEMENT	Γ
	Pursu	ant to N.	JAC 8:60	and 12:120)	

Date of Notification (1) 08/08/2019							Operator	(2)				A	JG	13	20	19
Agencies Notified	Type Notification	1		Business and	Ciccaro	ne					1 14			01 920		
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X DEP	Amended				ate, Zip C		2000			Į.	~	allow and	in:		10	75-Pa-24
	Amendmen Emergency		-		ewood, N	Market Mellinose	40					20000000				
DOH DCA	justification Cancellation	)			of Contact Ciccaro					Te	lephon	e Num	ber_	-		
				1	ILITY INF		ION	110								
Name of Facility Where	Abatement is Takir	ng Place (3	3)					Type of	Facility (4	-)						
House Street Address									hool (K-12							
Street Address									bchapter ( her (i.e. pr					dings	, hom	es.
City (5)								Square	:.)		f Floors			Ildg. A		**
Maplewood								N/A	i cci	N//		•	1000	I/A	nge	
County (6) Essex					Code (7) USE ONLY	)		Current	Use (Prio	r if bei	ng den	nolishe	ed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASC	M No.				nent Cont		(9)					
Street Address								Address	TOTAL, IIIC			-	_	120		
							11 R	osengre	en Aven	ue						
City, State, Zip Code								tate, Zip ( va, NJ (		50-120 V-100	(P.20 ) 10 kma 1.3					
Project Manager for Mor	nitoring Firm			Telepho	ne No.			one No. 458685			Licen 0131	se No				
Start Date (10) 08/14/2019		Schedule 08/15/2		npletion	Date (11)			of OSHA Abatem	Monitor nent, Inc							
Occupancy Status Durin	g Abatement (Ched	ck Only On	e)				1.5	Address							-	
Facility Closed/Vac	ated During Entire	Period of A	baten	nent			11 R	sengre	n Avenu	ıe						
Abatement Perform  Other – Describe:	Occupied	nal Facility	Hours			_	The second second	ate, Zip ( va, NJ (								
Scope of Work (Check A	Il That Apply)	-														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Comments	enova emolit				×	Mini-E Glovel	ontainmer inclosure bag Proce	dure	. O to the Petrone					
		le le	Locati	ion				Non-E	xempted	(*) and	Non-F	-riable		Will the	e ement	
Location	ı of	N	ormal	ly		Dec	scription	of							pe	
Asbestos-Containing TO BE ABA		1000 (000000)	d Sole ntena		Asbes	tos Cont	aining Ma	aterial (A	CM)		mount				ш	_
In Facil		Cust	odial 8 (12)	Staff?	(i.e.	surfac	cing, VAT	insulation , or	n,		pecify or LF)		Remova	Repair	ıcap	Enclosure
(13)		-		1		other n	niscellane	eous)					oval	air	Encapsulate	sure
Danam		Yes	No	N/A											Ф	
Baseme	ent		X			Pipe	Insulat	ion		41	0 LF		X			
Name of Registered Was	te Hauler		1 81	IDED	laatc	0.11	Vert	17								
Atlantic Carting	ite indulet		Н	JDEP W auler ID		Cubic of Was			ame of Re Grand Ce			ndfill				
City, State			26	3085		TBD	ol D-t-			Sillia						
Wayne, NJ		7				TBD	al Date		ity, State en Argy	l. PA						
Completed by		Title <sub>1</sub>	×			100000	ignature/	1 . 1	- 37			Date				-
Oliver Hegedis		Proje	Ma	nager	-		17	4/		185		08/0		019		

# State of New Jersey OFFICATION OF ASBESTOS ABATEMENT (Persuant to NJAC 8:60 and 12:120) CHECK# 1779

Date of Notification (1) 08/08/2019	3 4 1		Name MICI	of Building	Owner/	Operato	r (2)		17 /12		-   \/j	[2]	1.5
Agencies Notified Type Notification				Address	····				<u> </u>		J		
DEP Amended Amendmen			LAW		TOWN	ISHIP	NJ 08648		AUG			19	
DOH justification Cancellation	_		MICH	of Contact HAEL SA	ONIVA			Tale	inhana M.	rahar	1	7. L. (	<u> </u>
Name of Facility Where Abatement is Takin RESIDENTIAL	ng Place (3)		<u> FAG</u>	ILITY INF	ORMAT	ION	Type of Facility						
Street Address							School (K Subchapte Other (i.e.	er 8 (Othe	r than K-1 commerc	2) ial bui	ldings	, hom	ies,
City (5) MOORESTOWN		1/200					Square Feet 1400	# of 2	Floors	Ī	Bldg. /	Age	Printed States States
County (6) BURLINGTON				Code (7) USE ONLY	7		Current Use (P RESIDENT	rior if bein	g dernolis	hed)			
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8)		ASCI	M No.		Name ASS	of Abatement Co URED ENVIR	ontractor ( RONME	9) NTAL S	ERVI	CEŞ	INC	 ).
Street Address 1012 INDUSTRIAL DRIVE							Address CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091						City, S MUL	tate, Zip Code LICA HILL N.	J 08062					
Project Manager for Monitoring Firm MATT DEPALMA				ne No. 09-1202	2		one No. 304-4676		License N 01145	lo.			
Start Date (10) 08/09/2019	Scheduled 08/10/2	Comp 019	eletion	Date (11)		Name EMS	of OSHA Monitor		,				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I		8 8					Address RT. 130 NOR	TH					-
Abatement Performed Outside of Norm Other – Describe: RESIDENTIAL- VA	ial Facility I CANT DUR	Hours ING A	BATEM	HENT			tate, Zip Code NAMINSON N	iJ 0807	7				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	(ACCES)	novatio					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	PETER SERVICE SERVICES
Location of	No	ocation			Dae	cription	of.					ement pe	į
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Main Custo	Solely tenand dial Sta (12)	e/	Asbesi (i.e.	tos Conta thermal:	zining M systems ing, VA	aterial (ACM) insulation, Γ, er	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A X		DUC	TPAP	ER		SF			ate _	0
		+					ing t 1			X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SEF	VICES	Hau	DEP W uler ID 34895	No.	Cubic Y of Wast 3		4	Registere	d Landfill IDFILL	1	<u>L</u>		
City, State MULLICA HILL NJ	THE RESERVE TO THE PERSON NAMED IN				Disposa 08/12/		City, Stat	e ESBUR	 G, ОН				
Completed by RON SWANSON	Title GENE	RALI	MANA	AGER	Sig	gnature	Kurelbu	XXXX	7 Dat 08		2019		

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ASSURED SERVICES

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Date of New Peatien (1)	nperentiativess	يندين وحندي	Manu	Teregaling Euro Hael Savinc	eltnagol	7(2)	A Start		- AT ()	UA	Menoraj
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COUNT (E) EURLINGTON	-			Does (7)	-tt-shirt on - ref - contrates	REGIDENT	Her if Sallie demon	izlige)	ومردستاه	(benjamin	بدره وسنحطيهم
Pane of Marsing Firm Rive by 2019in ADER ASSOC	g Cundi (	\$}	7430	KE Rig.	Name Age	WANTED ENVIR	HONNENTAL S	SERV SERV	IOE	ING	-
STREET ASSESSEE 1012 INDUSTRIAL DRIVE	•			وجامرته أسدها والمصطارة والمصطارية والموادي بالمصور		Address CLEMS RUN		<del></del> -			ac moderatelo
ON SEE 26 GGG WEST SERLIN NJ CSC91	A STATE OF THE PARTY OF THE PAR	~~~~	and Characte		MUL	LICA HILL N.	1 05095	-		landa Study of	~~~
Project increases for the controlling Firm MATT DEPALMA	***************************************		Teleph 858-6	609-1802	Teleph	304-4676	LESSE Dites	NG.	<del>-11i</del>		- Johnson
02/02/2019	08/10	v2015	msistian	Destill	Neme EMS	of CRHA RAMIGO			(APP) ARGUN	professioner.	*****
Company State During Abstiment (ON			Zuliperaia	California reprinter a la companie de la companie d	Street.	Address RT. 130 NOR	26.77) <del></del>				
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TO BE ARRIVED IN FREDRICK (ALICA)	M	einbana tudial a (12)	049/	Asbestos Com (i.e. the need surfa	siráng M Systema Ikig, VAT Iscolom	Sauleica,	Amaum (Geach) Se or Lej	Mayarat	- February	STANDARDARDARDARDARDARDARDARDARDARDARDARDARD	Carly and
e a para la	Yes	ido	NA				٠		\$\frac{1}{2}	restree.	
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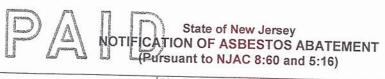


# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	er's family by	a new	Comarin	Nar	ne of Buildi	ing Owner/Operator	(2)					
08/	09 /	19				nstruction	(2)		^			
Agencies Notified	Type Notificati	on		Stre	et Address			3-	115	) <u>)</u>	17	Ţ.
⊠ EPA						e 35 N., Suite D					, T	11.
☑ DOLWD	Amended				, State, Zip							
□ DCA	Amendmen  Emergency		_			ch, NJ 08751		A	UG .	13	2010	9
(NJAC 5:23-8)	justification	(includi )	ng	-	ne of Conta				00	1 0	LU14	
	☐ Cancellation	n			eanine			732-793-64				
				F	ACILITY	NFORMATION		132-193-64	104		111	1.3
Name of Facility Where A	batement is Tal	ing Plac	ce (3)		TOILITT	IN ORWATION	Type of Facility	(4)	300		-	1 5 1
Residence							School (K-12	76.50				
Street Address							Subchapter 8 Other (i.e., prinomes, etc.)	Other than K-1	2) ercial b	uildin	gs,	
City (5)		2000 ( 2004)	588				Square Feet	# -£	16	M-1- /		
Lavallette		08	73	$\overline{}$			600 sf	# of Floors	E	8ldg. <i>A</i>	\ge	
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri		lished\			
Ocean						*	Residence	or in boing doine	iionicu)			
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
N/A							ntracting, Inc.					
Street Address						Street Address	3,					
						1889 Route 9	). Unit 61					
City, State, Zip Code						City, State, Zip C						
							New Jersey 087	55				
Project Manager for Monito	oring Firm		Te	lephone	No.	Telephone No.	,	License No.				
						732-349-9932		00624				
Start Date (10)	Sch	eduled (	Comp	letion Da	ate (11)	Name of OSHA M	lonitor	3302.				
08 /20 / _				21_ /	19	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated	During Entire F	eriod of	Abat	ement		1056 Stelton						
Abatement Performed (	Outside of Norm	al Facili	ty Ho	urs - Des	scribe	City, State, Zip Co	ode	· ·			_	-
Time of Abatement:		-IVI/	PN	1	_AM	Piscataway, I	New Jersey 088	54				
Scope of Work (Check all t	hat apply)					New York						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		□ Re				☐ Mini-Encl	ainment with Nega losure g Procedure mpted (*) and Non-		iro.			
		Is	Loca	ation		0.00	The Community of the Co	Thable Trocean	-	ot	T	
Location of	f		Norm			Description of	f		-	atem		Ι
Asbestos-Containing Ma TO BE ABAT	aterial (ACM) FD	Ma	inten	lely by ance/	Asbe	stos Containing Mai	terial (ACM)	Amount	Rem	Repair	Enc	Enc
IN Facility			todial	Staff?	(i.e	., thermal systems i surfacing, VAT,	nsulation,	(Specify SF or LF)	Removal	ai-	aps	Enclosure
(13)		V	(12	The state of		other miscellaned		31 01 L1)	=		Encapsulate	ē
exterior		Yes	No	3884.5								
exterior					asbesto	s siding		150 sf				
									П	П	П	П
Name of Registered Waste				NJDEP N		Cubic Yards of	Name of Registe	red Landfill		_	_	
Guardian Contracting	j, Inc.		ŀ	dauler II 20223	STANDONE STANDON	Waste 3	T.R.R.F.					
City, State Toms River, New Jers	SOV					Disposal Date	City, State					
						08/21/19	Tullytown, P	ennsylvania				
Completed By (Print or Type Nicholas Fernicola						Signature	/1	Da	ite /	j j		
SB-41	F	Project	Man	ager		1	and management	CONTRACTOR OF THE PARTY OF THE	3/9	1/1	9	

**JAN 13** 

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



Date of Notification (1)			Nar	me of Build	ing Owner/Operator	(2)					
08/09/	19			WV Cons		(2)	g general	1	, ,.	744	
Agencies Notified Type Noti	fication		Stre	et Address					1 :	ستقي	
⊠ EPA ⊠ Initial			1	5 Tunney			1 1	(F)	;	1	
			-	, State, Zip					(4114) #-	192 1 1	
	lment # ency (includ	11			ch, NJ 08751				0.000		_
(NJAC 5:23-8) justific		ing		ne of Conta				LUG	13	201	9
☐ Cance				onny			Telephone No	umber			
None of Cally No.			F	ACILITY I	NFORMATION		Popular			100	. l. x:
Name of Facility Where Abatement is Residence	s Taking Pla	ice (3)	)			Type of Facility	(4)				
Street Address						School (K-12	) 3 (Other than K-	.12)			
						Other (i.e., proposed homes, etc.)	rivate and comn	nercial	buildii	ngs,	
City (5)						Square Feet	# of Floors		014-	^	
Seaside Park	programme to the control of the cont		(	787	51	750 sf	1	1	Bldg <b>65</b>	Age	
County (6)			Cou		7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Ocean						Residence	•				
Name of Monitoring Firm Hired by Bu	ilding Owne	r (8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
N/A						ntracting, Inc.					
Street Address					Street Address	<b>J</b> ,		- 1/4			
					1889 Route 9	), Unit 61					
City, State, Zip Code					City, State, Zip Co						
						New Jersey 087	755				
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.	-			
					732-349-9932		00624				
Start Date (10)	Scheduled				Name of OSHA M	Ionitor	00021	12			
			21 /	19	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement	(Check only	one)			Street Address			-		- 125	
☐ Abatement Performed Outside of A	tire Period o	f Aba	tement	-	1056 Stelton						
Abatement Performed Outside of N Time of Abatement:AM	Normal Facil	ity Ho	urs - Des	scribe	City, State, Zip Co	ode		5-1-20-1			
Scope of Work (Check all that apply)					Piscataway, N	New Jersey 088	54				
2000 to 100					☐ Full Cont	ainment with Nega	ative Deserve	(5			
<ul><li> ≥3 sf or ≥3 lf</li><li> ≥160 sf or ≥260 lf</li></ul>		enova emoli	ation tion		☐ Mini-Encl	osure Procedure					
		s Loc	ation	T	⊠ Non-Exer	mpted (*) and Non-	-Friable Proced	ure			
Location of		Norm			Danadati			Al	atem	ent T	ype
Asbestos-Containing Material (ACM	Л) Us		lely by	Asbes	Description of stos Containing Mat	erial (ACM)	Amount	Re	Re	m	m
TO BE ABATED IN Facility			ance/ I Staff?	(i.e	, thermal systems in	nsulation.	(Specify	Removal	Repair	cap	Clos
(13)		(12			surfacing, VAT, other miscellaned	or or	SF or LF)	val	,	Encapsulate	Enclosure
	Yes	No	N/A		outor middellance	,,,,,				ate	
exterior		$\boxtimes$		asbesto	s siding		750 sf				
								П	П	П	П
					25 F2 F2 F2 F2 F2 F2 F2 F2 F2 F2 F2 F2 F2						
Name of Registered Waste Hauler			NJDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill				Щ
Guardian Contracting, Inc.			Hauler IC 20223	CONTRACTOR OF THE PROPERTY OF	Waste 3	T.R.R.F.	, od Edildilli				
City, State					Disposal Date	City, State					
Toms River, New Jersey					08/21/19	Tullytown, P	ennsylvania				
Completed By (Print or Type)	Title				Signature			ate /			
Nicholas Fernicola	Project	Mar	nager					- 1	g /	159	
SB-41			382					9/	111	18	

ASB-41 JAN 13

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

m# - 19194

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

Date of Notification (1) 08/09/2019	LI L	7 54 1		Name Mont	of Buildir clair Stat	ng Own	er/Oper ersity	rator (2)		Check	# 1631	i.	ļ.	T.	
Agencies Notified  □ EPA	Type Notification	n		Street	Address mal Ave							N-70-146	NAVO-EN		
☑ DEP ☑ DOL	☐ Initial ☐ Amended ☐ Amendmer		_		State, Zip clair, NJ							AUG	13	201	19
☑ DOH ☑ DCA	☐ Emergency justification) ☐ Cancellatio				of Contac Ferdinan				***************************************	Te	elephone Nu 73-655-5546	ımber			1.2
Name of Facility Where A	Abatement is Taki	ng Place (3	)	FA	CILITY IN	FORM	ATION	Туре о	f Facility (4)						
Street Address 1 Normal Ave								□ Su	nool (K-12) bchapter 8 ( ner (i.e. priva	Other to	han K-12) mmercial bl	dgs.,	home	s, etc.	)
City (5) Montclair								Square 20,00	Feet		of Floors 2	T	Bldg. +55		
County (6) Essex					Code (7)			Current	Use (Prior i Educati	f being ional	demolished	)			
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8)		ASC	M No.		Name Lilich	of Abat Corpor	ement Contration	ractor (§	9)	-			
Street Address 560 Sylvan Avenue								t Addres Jnion B	s oulevard						
City, State, Zip Code Englewood Cliffs, NJ 0							City, S Toto	State, Zij wa, Nev	o Code v Jersey 07	7512					
Project Manager for Monit Anthony Valentine	toring Firm			Telepho 201-56	one No 69-6708			hone No 225-840			License N 01104	lo.	-3100.00		
Start Date (10) 08/14/2019		Schedule 08/16/20	119	mpletion	Date (11	)			A Monitor nental Labo	ratorie	es, LLC				
Occupancy Status During  Facility Closed/Vaca				ment				Address Route 2	s 22 West					- 2.000	
☐ Abatement Performe ☐ Other – Describe:	Occupied	mal Facility	Hour	's				State, Zip n, NJ 07				- 120,00			
Scope of Work (Check All  ≥3 sf or ≥3 lf	That Apply)														
<ul><li>≥160 sf or ≥260 lf</li></ul>			enova emolit	- T					III Containme ini-Enclosure Blove bag Pron-Exempted	e ocedure	e / Limited C	Contai	inmen	t &Tei	nt
Location	- 6		.ocat							- ( )	a real rad	10110	Abat	ement pe	t
Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM)	Used Main Custo	Sole itena	ely by nce/	Asbes (i.e	stos Co therm surf	al syste facing, \	Materia ms insul VAT, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other	miscell	laneous)				oval	air	sulate	sure
Room 411			Χ		VAT an	d Mas	stic				200 SF	X			
Name of Registered Waste Lilich Corporation	Hauler		Н	JDEP W auler ID 18724		of W	c Yards aste .5		Name of F	1777	red Landfill				
City, State Totowa, New Jersey		***************************************					osal Dat 5/2019	te	City, State Morrisvil						
Completed by Adriana Olejarova		Title Presi	deni	t			Signatu	ire 7	Ql		Date		.019		
	COVER DE	101	1					1	1		-				

ASB-41 (R-06-08) WH 1300

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:420)

Date of Notification (1)	)			MISUE	THE LO MUP	0.00	and 12:12	20)			All	G 1	3 7	1019	
08/05/2019	<i>I</i>			Mont	of Buildir tclair Stat	ng Owne e Unive	er/Operato ersitv	or (2)		Check					
Agencies Notified	Type Notification	F. 100.00			t Address					Officer	# 1017		ر و کوالی		
□ EPA	□ Initial			1 No	rmal Ave										
⊠ DEP	☑ Amended			City, S	State, Zip	Code						iii a			
⊠ DOL	Amendment				clair, NJ								0.0	^	
⊠ DOH	☐ Emergency (in justification)	cluding	3		of Contac					Tol	ephone M		50.	9	
□ DCA	☐ Cancellation			9500	Ferdinan					973	3-655- <b>55</b>	imber	T	<b>A</b>	
Name of Facility Where	e Abatement is Taking	Place	/3)	FA	CILITY IN	FORMA						B.			
MSU, Bohn Hall	- · · · · · · · · · · · · · · · · · · ·	i lace	(3)				13	ype of	Facility (4	)	(	A.	À .		
Street Address							0	Sch	ool (K-12)		FA.	4	Y		
1 Normal Ave								Sub	chapter 8	Comerth	an K (12)				
City (5)									WG	1 ,	nmercial b	dos.,	nome	s, etc.	.)
Montclair	19							quare 1 20,000		# of	Ploors 2		Bldg. +55	Age	
County (6) Essex					Code (7)		Cu	ırrefit	Use (Prior	if being?	molished	1			
				(STATE	USE ONL	Y)		- P	Educa	tional		,		-	
Name of Monitoring Fir Detail Associates, In	m Hired by Building O C	wner (8	3)	ASC	M No.		Name of Liffich Co	Abate	ment Con	tractor (9)					
Street Address							AN A		62	•					
300 Grand Ave						4	Street Ac 246 Uni	dress	ulevard		30.00				
City, State, Zip Code					1		City Stat	ALC: STORY							
Englewood, NJ 0763							Totowa,	New	Jersey 0	7512					
Project Manager for Mo Anthony Valentine	nitoring Firm			Teleph	one No		elephon	e No.			License N	ln.		110	
				201-56	9-6708		973-225	-8400	)		01104	ΙΟ.			
Start Date (10) 08/05/2019	3	Schedu	led Cor 2019	apletion	Date (11)		Name of	OSHA	Monitor						-
	X		- 60	- M					ental Lab	oratories	, LLC				
Occupancy Status Durin		6	7				Street Ad 2333 Ro	dress	2 10/						
	acated During Entire P med Outside of Norma	eriod	Abate	ment	1										
□ Other – Describe:		Гасн	Hour	s 🔈			City, State Union, N	e, Zip	Code						
Scope of Work (Check A	All That Apply)	6	V				Officit, 14	070	703						
□ ≥3 sf or ≥3 If	4		Renovat	tion			X	Ful	l Containn	nent with I	Negative P				
≥160 sf or ≥260 lf			Demoliti	on				Mir	i-Enclosu	re					
fa .		P	A STATE OF THE PARTY OF THE PAR					GI	ove bag P	rocedure	/ Limited ( Non-Friab	Contail	nmen	&Tel	nt
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	0 <u>8-06-2018</u> Type Notification	IRIUET UNIVERSIN	Commission operation in	·# \	1-38 604	_
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DEP DOL DOL DCA	M Initial Amended Emergency Cancellation	Lawrenceville, M.I.	DREAR		1111176	14110
□ DÇA	Gencelletion	Name of Conter Mr. Walter Eddy	38 7	MAINE	HI I FTE	Solidho Humber 9-898-5000
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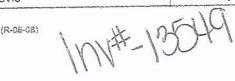




## State of New Jersey NOT FCATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:50 and 12:120)

Q # 2707

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Date of Notification (1) 8/9/19			N E	ame of Bi Dave ar	uilding Owner ad Nick Per	otti LLC	(2)			by E	<u>.</u>	1/	Ц
Agencies Notified	Type Notification		S	treet Add	ress				٨	uig 1	3 2	019	
EPA DEP DOL	Initial Amended Amendment #		- (	Orantor								17.54	
DOH DCA	Emergency (ir justification) Cancellation	naturang	N	arne of C		2:01			Telephone N	Imper		1,001,0	- 15
		DI (0)		FACILI	TY INFORMA	HUN	Type of	Facility (4)	)				
Name of Facility Where Residential Apartn Street Address		F1808 (3)		entered and making allows to	والمراجعة المتحدث والمتحدث والمتحدث والمتحدث والمتحدد وال		SI SI	hool (K-12 bchepter 8 her (i.e. pri		12) cial bulld	ings, l	nomes	i,
							Square	g.) Peet	# of Floors	BI	ig. A	36	W. Samon I.
City (5)							3000		2	5	0+	*************	
Cranford County (6)		manana ka ki e ma <del>man</del>	(	County Co STATE US	ode (7) SE QNLY)				rifbeing demol		t .		
Union Name of Monitoring Fin	as Wined by Suilding C	June (3)		ASCM	No.	Name		ment Cont			,		
n/a	m Hired by bolloning c	Wilei (o)		n/a				Contractir					
Street Address							Address						
n/a						1000	State, Zip						
City, State, Zip Code n/a								J 07026					
Project Manager for Mo	acitoring Firm			Telephon	e No.	Talep	hone No		License		**********		
n/a	Zimoring			n/a			460.60		01258	3			
Start Date (10) 8/3/19		Schedule 8/31/19		pletion D	ais (11).	Hai	mony (	A Monitor Contracti	ng Inc				
Occupancy Status Dur	ing Abatement (Chec	k Only One	9)		the manufacture of the second		t Address						
Facility Closed/Va	acated During Entire I med Outside of Norm	Period of A	batem	iont		City,	State, Zi		and the second second second second second second second second second second second second second second seco				
Other - Describe:			-			Ga	rfield, N	iJ 07026					
Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova emolit				Min Glo	i-Enclosure	cedure				
							<u>li Nor</u>	1-Exempted	(*) and Non-F	risble Pro		emen	
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10 0.000 0.000	ng Material (ACM)	Use Ma Cust	lormal d Sole intena todial t (12)	ely by nca/ Staff?	5	Description Containing Imal syste urfacing, \ ner miscell	Material ms insula /AT, or	(ACM) tion.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Englodelina
	4	28Y	No	N/A		Ceiling F	laster		3,000 SF		1		
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Base	ment	<del> </del>		1		1,00 11100							I
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Name of Registered V				NJDEP V Hauler ID 033085	No. 0	ubic Yard f Waste 'BD	Š		Registered Lar VS Landfill	idini			
City, State Garrield, NJ					0	isposal Di BD	ate	City, Sta Morris	ite ville, PA				
Completed by E. Circvic		Title Sec	retar	y		Signal C. ()	ure urchie			Data 8/9/1	9		
On Ovio						- adameted your	the water to be put manually	-					



	PA			DATION	ite of New OF ASBE to NJAC 8	STOS	ABATE		(	Ok	#2	101	2		
Date of Notification (1) 8/9/19					Building ( a Wilson		perator	(2)	1				W	E	
Agencies Notified	Type Notification			Street Ad								- 11			11
EPA	Initial Amended		1	0'1 0'	71 0					<u>. 11</u>	- AUG-	1-3	201	9	H
DEP DOL	Amended Amendmen	t #		100 to 10	te, Zip Coo n, NJ 07					100	,100			~	
	Emergency justification)		_	Name of						Tel	ephone Nun	ber	1173	1 0	<del></del>
DOH DCA	Cancellation								1	1	1111				
Name of Facility Where /	Abata-sat is Talia	- Di (0)		FACIL	ITY INFO	RMATI	ON	<del>-</del>	e	4					
Residential House	Abatement is Takir	ig Place (3)	)					Principal I	of Facility (						
Street Address									School (K-1 Subchapter		er than K-12	2)			
									Other (i.e. p	rivate i	& commercia	il build	dings,	home	as,
City (5)				يد. ومسم ويد				Squa	re Feet	# 0	f Floors	B	ldg. A	ge	
Newton	10.591	(	)	1760				200	Ē.,	2			+0		
County (6) Sussex				County C (STATE U	ode (7) ISE ONLY)				ent Use (Prio sidential H		ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		1000		stement Cor						
n/a Street Address				n/a				7110000 T	Contracti	ng Ind	3		or Coppedie		
n/a							Street		ss ade Ave						
City, State, Zip Code									ip Code						
n/a							2500		NJ 07026						
Project Manager for Mon	itoring Firm		Т	Telephon	ie No.		Teleph				License No	0.			
n/a				n/a				60.6			01255				
Start Date (10) 8/18/19		Schedule 8/31/19		mpletion C	Date (11)				HA Monitor						
Occupancy Status During	Ahstement (Che						Street		Contracti	ng ind	; 				
Facility Closed/Vaca				mont					ade Ave						
Abatement Perform	ed Outside of Norr	nal Facility	Hour	s			City, S	tate, Z	ip Code						
Other - Describe:							Garf	ield,	NJ 07026						
Scope of Work (Check A	II That Apply)						700								
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enovi emoli				X 5	Mi	ni-Enclosure ovebag Prod	e cedure	Negative P				
		Т.		. 1	-	-	E2	1 NO	n-Exemple	) (*) an	d Non-Friabl	1		meni	
Location	of	4 C 100000	Locai	11 (CO.1111)		0	scription	-6						pe	
Asbestos-Containing	Material (ACM)		d Sole	ely by		os Cont	aining N	lateria	I (ACM)		mount			Œ	
TO BE ABA			odial	Staff?	(i.e. )		systems		ation,		Specify For LF)	Ren	Repair	тсар	inclo
(13)			(12)				niscellar				- 1	Removal	pair	Encapsulate	Enclosure
		Yes	No	N/A								-		te	Ф
2nd Flo	oor			х		Wa	II Plas	ter		1,5	500 SF	<			
				1								1			
				+								-			-
Name of Registered Was	ste Hauler		1	NJDEP W	aste	Cubic	Yards		Name of	Registe	ered Landfill	L			L
Harmony Contractin			100	Hauler ID	No.	of Was			GROW	and the same of th					

Do not use this form for asbestos licensure exempted activities.

Signature Latter Legech

Disposal Date

TBD

Title

Secretary

City, State

Morrisville, PA

Date

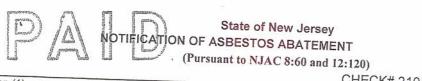
8/9/19

Stevan Lazarevich

City, State

Garfield, NJ

Completed by



Date of Notification (1)					1		CHÉ	CK# 2194				
8/9/2019					Name of	Building	g Owner/Operato	r (2)	A 1	JG 1	3 .	2019
	pe Notific				HOUGH	I PETR	ROLEUM		A	ו טנ	J ,	CUIJ
	X Initial		п		Street Ad				-			
					340 4TH			· · · · · · · · · · · · · · · · · · ·			1.5	157.1
	Amend	aea ,	Amend	ment #	City, Stat	e, Zip C	ode			-		
□ DOH	☐ Emerg	jenc <sub>i</sub>	y (ınclu	ding	EWING	NJ 086	38					
V 50.	justifica				Name of	Contact			1	Talaah		
	Cancel	llatio	n		GREG H	OUGH	[		- 1	i elepn	one N	lumber
Name of Facility Whore Abata					FACILITY	INFOR	RMATION			-		
Name of Facility Where Abate HOUGH PETROLEUM	ment is T	akin	g Place	9 (3)				Type of Facility (4)				
Street Address								School (K-12)				
					promise the second second				4700T			
323 4TH STREET								Subchapter 8 (0	Other	than K	(-12)	
City (5)				52-				Other (i.e., priva	te &	comm	ercial	buildin
EWING, NJ 08638								Square Feet	#	of Flo	ors B	dg. Ag
County					County Co	de (7) /	STATE HOE ON					
MERCER						de (1) (	STATE USE ON	LY) AIRPORT				
Name of Monitoring Firm Hired	by Buildin	ng O	wner (	3)	ASCM No.	INI						
MECS				-7	A CONTRACTOR OF THE PARTY OF TH	Ivam	e of Abatement	Contractor (9)				
Street Address					01059	CRE	EAM RIDGE EI	NVIRONMENTAL INC.				
P.O. BOX 341						Stree	et Address					
						15 B	LACK FORES	T ROAD				
CROSSWICKS, NJ							State, Zip Code					
Project Manager for Monitoring	Firm	Tolo	nhone	NI-		HAM	IILTON, NJ 08	3691				
BILL WEISGARBER			phone			Telep	hone No.		Lic	ense l	No	
Start Date (10)			-298-4				390-7110			676	١٠.	
8/22/2019	- 1	OCH!	eaulea	Compl	etion Date (11)	Name	of OSHA Monito	or	100	0/0		
Occupancy Status During Abate	mant (Ch	9/5/2	2019			MEC	S					
Facility Closed/Vacated Du	ment (Ch	eck	only on	e) -		Street	Address					
Facility Closed/Vacated Du	ring Entire	e Pe	riod of	Abaten	nent	P.O. 1	BOX 341					
Abatement performed outside OTHER: ESSENTIAL PERS	ie of work	king i	hours 5	PM-2 /	MA		State, Zip Code					
cope of Work (Check all that ap	ONNEL						SSWICKS, N.J.	08515				
$\geq$ 3 sf or $\geq$ 3 if	oply)											
≥ 160 sf or ≥ 260 lf					X Renov	ation		☐ Full Containment v	With N	egativ	e Pre	ssure
					☐ Demolit	ion		☐ Glovebag Procedu				
								Mon Example 4 (#)	re			
			s Local					Non-Exempted (*)				
Location of Asbestos-Contain	ing		rmally Solely		Description	of Asb	estos Containing		Abai	emen	t Type	2
Material (ACM) TO BE ABATE	D In N	/laint	enance	oy NCueto	Material (A)	CM) (i.e.	thermal systems	Amount (Specify SF or	R		E	m
Facility (13)		dia	Staff?	(12)	1	surfacin	g, VAT, or other	LF)	Remova	Repair	Encapsulate	Enclosure
Thomas and the same and the sam	Y	res	No	N/A	1 "	niscellar	neous)		ova	air	sula	unsc
HROUGHOUT			X		NFVAT				_		ate	6
								6700 S.F.	X			
				200								
me of Registered Waste Hauler					NJDEP Waste		Cubic Yards of					
INCH & SONS					Hauler ID No.		Waste	Name of Registered Lan	dfill			
The second secon							20 YDS	Grows Landfill				
/, State								The state of the s				
ENTON, NJ 08638							Disposal Date	CITY, STATE				
mpleted By	Tit	le			16	Signatur	9/6/2019	Morrisville, PA				
VID D'ANDREA	PR	RESI	DENT	•	1	Jignatur	181411	1/1	Date			
3-41			2011	_		14	acto 1	Midiation 8	3/9/20	10		

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

DA	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT
[ /A\	(Pursuant to NJAC 8:60 and 12:120)

	#_100	Lit	ividite				116		U/V	<u> </u>	08	3/07/2	019		
son Lamers		Title Office	Mana	ager		Sig	nature	IN	VAAC		Da				
ast Orange, NJ						00000	A ,		Penn Arg	gyle, F	PA				
ty, State			04	509		Disposa	I Date		Waste M	lanag	ement L	andfil			
ewark Carting	iaulei		Ha	IDEP Wa		Cubic Y of Waste			Name of R						
ame of Registered Waste H	laulor											1			
			10									-			
						i ihe i	isuld	uON		50	0 LF	X			_
Storage Roo	om		X			Pipe i	neule	tion			0.15			Ø.	L
TO BE ABATE In Facility (13)	<u>:U</u>	Cust	odial S (12)	Staff?	(i.e	. thermal s	systems ing, VA	s insu	ulation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Location of Asbestos-Containing Ma	iterial (ACM)	Use	lormal d Sole intenar	ly by	Asbe	Des stos Conta	cription	of Nater	ial (ACM)			-		/ре	T
			Locati				E	<u> </u>	Non-Exempted	d (*) and	d Non-Fria	ble Pro		re emen	nt
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	nat Apply)	_	Renova Demolit	20117-7120			> ×	F N	Full Containme Mini-Enclosure Glovebag Proc	ent with	Negative				
Other – Describe:			, , , , ,				Sour	th O	, Zip Code Irange, NJ	07079	)				
Facility Closed/Vacate Abatement Performed	d During Entire Pe	riod of	Abatar	ment			POI	Box	354	9					
08/26/2019 Occupancy Status During	(	09/03/	2019					eine	E Lighthous		utions				
Start Date (10)		Schedu	led Co	mpletion	149-266 Date (11				2-7465 OSHA Monitor		01316				
Project Manager for Monitor Sarah Calandra					one No.		Telep	hone		), 	License	No.			
City, State, Zip Code South Orange, NJ 07	079						City,	State	e, Zip Code			-			
Street Address PO Box 354							Stree	et Ad	dress berty Aven						
A. Seine Lighthouse	Solutions	wner (8	3)	ASC	CM No.		Nam Brir	e of	Abatement Co Tank Service	ontracto	or (9)				
Hudson Name of Monitoring Firm	liand by D. 1111 - D			(STATE	y Code (7 E USE ON	() ()		C	urrent Use (P	rior if b	eing demo	lished)			
Jersey County (6)				T 0				4	quare Feet ,200	3	of Floors		102	. Age	
City (5)									Other (i.e. etc.)	. private	e & comm	ercial b			
Street Address									School (K Subchapt	(-12) er 8 (O	ther than l	<-12\			
Name of Facility Where A Residence	batement is Taking	g Place	(3)		CILITT	NFORMA	HON	7	Type of Facility	y (4)					
_	Cancellation					Baldassa NFORMA									
DOH DCA	Emergency (justification)		ng	Name	e of Cont	act				17	elephone	Numb	er .		
X DOL	Amended Amendment	#		City, Jers	State, Zij	Code NJ 073	05			1.	NO STATE OF THE STATE OF	Contract to the	F (** ***		
X EPA X DEP	X Initial									1	file.	SES		15 d)	(RC
Agencies Notified	Type Notification				200000000000000000000000000000000000000										
× EPA				Res	sidence et Addres		r/Opera				E C	AUU	f		0

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

CM # 3611

			Na	me of Buildi	ing Owner/Operator	(2)	tone E O			
/	19						d Construction		$\mathbb{V}$	E
	n	***************************************	Stre	eet Address	1	The state of the s			(Peters April 14)	-
						1	IIII AUG	10	2010	- Aller
	#		1	The state of the s		1	4 11 770		4915	11
		ina	P	rinceton,	NJ 08544	i i i i i i	-	2200000		Š
ication)			Nan	ne of Conta	ct	of the	Telephone Nur	mber	गातर	L. Či
ellation			R	obert Orte	ego	L	609-258-18	:NSIN	ig	CONTRACTOR OF THE
	-		F.	ACILITY II	NFORMATION					
		ce (3)			*	Charles and the second			1.00	
oronty C	tore					School (K-	12) 5.8 (Other than 16.4	61		
						Other (i.e.,	private and comme	2) ercial t	ouildin	as
						nomes, etc	i.)	210101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90,
						Square Feet	# of Floors	E	3ldg. A	\ge
			Cou	unty Code (7	7)(STATE USE ONLY)	Current Use (F	rior if being demol	ished)		
Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9	9)			
					BRISTOL EN	VIRONMENTA	AL, INC.			
					Street Address					
					1123 BEAVER	RSTREET				
			77-173		City, State, Zip Co	de			-	
					BRISTOL, PA	19007				
1		Tele	phone	No.	Telephone No.		License No.			
		6	09-386	6-8800	215-788-6040		200000000000000000000000000000000000000			
Sched	duled (	Comple	tion Da	ate (11)	Name of OSHA M	onitor	00303			
			/	19			L. INC.			
t (Chec	k only	one)			Street Address					
ntire Pe	riod of	Abate	ment		1123 BEAVER	STREET				
Normal	Facilit	y Hour	s - Des	scribe	City, State, Zip Coo	de				
	P	IVI	AM							
	⊠ Re	novati	On		☐ Full Conta	inment with Neg	gative Pressure			
					M Non Even					
			- 7		M Non-Exem	pted (*) and No	n-Friable Procedur	e		
	1 2	Locat			⊠ Non-Exem	npted (*) and No	n-Friable Procedur	_	ateme	nt Type
CM)	î	Locat Vormal d Sole	ly	Ashan	Description of	ipted (*) and No	n-Friable Procedur	Ab	1	ent Type
CM)	Use Ma	Normal d Sole intena	ly ly by nce/	Asbes (i.e.,	Description of tos Containing Mate	opted (*) and No	Amount	Ab	1	
CM)	Use Ma	Normal d Sole intena todial S	ly ly by nce/	Asbes (i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, o	erial (ACM) sulation,		Ab	1	
CM)	Use Ma Cusi	Normal d Sole intena todial S (12)	ly ly by nce/ Staff?	Asbes (i.e.,	Description of tos Containing Mate thermal systems in	erial (ACM) sulation,	Amount (Specify	_	1	Type Enclosure Encapsulate
CM)	Use Ma	Normal d Sole intena todial S (12)	ly by nce/ Staff?	(i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneon	erial (ACM) sulation,	Amount (Specify SF or LF)	Removal	1	
CM)	Use Ma Cusi Yes	Normal d Sole intena todial S (12) No	ly ly by nce/ Staff?	(i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous ing Insulation	erial (ACM) sulation,	Amount (Specify SF or LF)	Ab Removal	1	
CM)	Use Ma Cusi Yes	Normal d Sole intena todial S (12)	ly ly by nce/Staff?	(i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneon	erial (ACM) sulation,	Amount (Specify SF or LF)	Removal	1	
CM)	Use Ma Cusi Yes	Normal d Sole intena todial S (12) No	ly by nce/ Staff?	(i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous ing Insulation	erial (ACM) sulation,	Amount (Specify SF or LF)	Ab Removal	1	
CM)	Use Ma Cusi Yes	Normal d Sole intenant todial S (12)  No	ly ly by nce/Staff?	Pipe Fitt	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous ing Insulation	erial (ACM) sulation, or us)	Amount (Specify SF or LF) 29 LF 220 SF	Ab Removal	1	
	Use Ma Cusi Yes	Normal de Sole intenaitodial S (12)  No   No   No   No   No   No   No   No	ly ly by nce/Staff?	Pipe Fitt Floor tile	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneous ing Insulation and mastic	erial (ACM) sulation, or us)	Amount (Specify SF or LF)  29 LF  220 SF	Ab Removal	1	
EM)	Use Ma Cusi Yes	Normal de Sole intenaitodial S (12)  No S No S No Ha	ly ly by nce/Staff?	Pipe Fitt Floor tile	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous ing Insulation	erial (ACM) sulation, or us)	Amount (Specify SF or LF)  29 LF  220 SF	Ab Removal	1	
	Use Ma Cusi Yes	Normal de Sole intenaitodial S (12)  No S No S No Ha	ly ly by nce/Staff?	Pipe Fitt Floor tile	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneous ing Insulation and mastic	erial (ACM) sulation, or us)	Amount (Specify SF or LF)  29 LF  220 SF	Ab Removal	1	
	Use Ma Cusi Yes	Normal de Sole intenaitodial S (12)  No S No S No Ha	ly ly by nce/Staff?	Pipe Fitt Floor tile	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneous ing Insulation and mastic  Cubic Yards of Waste	erial (ACM) sulation, or us)  Name of Regist FAIRLESS	Amount (Specify SF or LF)  29 LF  220 SF  tered Landfill LANDFILL	Ab Removal	1	
	Use Ma Cusi Yes	Normal de Sole intenaitodial S (12)  No S No S No Ha	ly ly by nce/Staff?	Pipe Fitt Floor tile	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneous ing Insulation and mastic  Cubic Yards of Waste	Pried (*) and No erial (ACM) sulation, or us)  Name of Regist FAIRLESS  City, State FAIRLESS	Amount (Specify SF or LF)  29 LF  220 SF  tered Landfill LANDFILL	Ab Removal	1	
	otificational ended endment ergency (fication) cellation t is Takin ersity S	otification al ended ended indment #_ ergency (includification) cellation  It is Taking Place ersity Store  Building Owner  Scheduled C  8  It (Check only intire Period of Normal Facilit BOPM/P	otification al ended ended endent # greency (including fication) cellation  It is Taking Place (3) ersity Store  Building Owner (8)  Scheduled Comple 8 / 6  It (Check only one) entire Period of Abates f Normal Facility Hour BOPM/PM Renovation	Cottification al stream al sended sen	Street Address 200 Elm Dr. City, State, Zip Princeton, Name of Conta Robert Orto FACILITY II t is Taking Place (3) ersity Store    County Code (1)	Street Address al	Street Address 200 Elm Dr City, State, Zip Code Princeton, NJ 08544  Name of Contact Robert Ortego  FACILITY INFORMATION  It is Taking Place (3) Princeton, NJ 08544  Name of Contact Robert Ortego  FACILITY INFORMATION  It is Taking Place (3) Princeton, NJ 08544  Name of Contact Robert Ortego  FACILITY INFORMATION  It is Taking Place (3) Princeton, NJ 08544  Name of Contact Robert Ortego  FACILITY INFORMATION  Type of Facilit Subchapte Other (i.e., homes, etc.) Square Feet  County Code (7)(STATE USE ONLY)  Current Use (F BRISTOL ENVIRONMENTA  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Telephone No. 609-386-8800  Scheduled Completion Date (11) 8 / 6 / 19 BRISTOL ENVIRONMENTA  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTA  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Telephone No. Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007	otification  al	otification all street Address 200 EIm Dr  City, State, Zip Code Princeton, NJ 08544  Name of Contact Robert Ortego Facility (4)  carsity Store FACILITY INFORMATION  It is Taking Place (3)  carsity Store Type of Facility (4)  carsity Store Type of Facility (4)  carsity Store School (K-12)  County Code (7)(STATE USE ONLY)  Courrent Use (Prior if being demolished)  Building Owner (8) ASCM No. Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Telephone No.  609-386-8800  Scheduled Completion Date (11)  8 / 6 / 19  BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Describe Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007	Street Address 200 EIm Dr City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego FACILITY INFORMATION  t is Taking Place (3) Persity Store    County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)