Ch WD		99		FICATIO	tate of N N OF AS t to NJA	BESTOS	ABATE			E	CE		y [		
Date of Notification (1) 8/7/17					of Building		Operato	r (2)		A	UG 1	4 21	)17		
Agencies Notified	Type Notification			Street	Address				i ind le	4				17048	
X EPA	✓ Initial						17			ASRE	0700	001	-001	_	
DEP	Amended				tate, Zip C					ASBE	~ , ~ ~	NSINC		Ž.	-
⊠ DOL	Amendmen Emergency		1	Atlan	tic City	NJ 084	01		1		L10(L)	1401134			
☑ DOH	justification				of Contac	t				Tele	eb.		5		
DCA	Cancellation	ו		Joe						4			1.		
Name of Facility Where	Abstament is Tabi	Diana //	27	FAC	ILITY INF	ORMAT	ION	-					-		
Former Dairy Que		ig Place (	5)					Туре	of Facility (	4)					
Street Address									School (K-1		- 41 1	( 40)			
3901 Ventnor Aver	NIA							\forall	Subchapter Other (i.e. p	orivate &	comme	(-12) ercial bu	ildinas	hom	ies.
City (5)								- (	etc.)						
Atlantic City NJ 084	101								re Feet	3000	Floors		Bldg.	Age	
County (6)	+01		- 1	Countr	Code (7)			1000		1			35+		
Atlantic			1		USE ONL	y)			nt Use (Prid		ig demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Nama		tement Cor		(0)				
N/A	rinod by Banding	Owner (o)		AGGI	VI INO.			naco li		illactor	(9)				
Street Address								Addres							
							11.100000000000000000000000000000000000	Box 32							
City, State, Zip Code									p Code						
							and the second second		in NJ 080	91					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none No	).		License	e No.			
							856-	753-9	800		0072	7			
Start Date (10) 8/21/17		Schedule 8/25/1		mpletion	Date (11)		Name Sam		IA Monitor						
Occupancy Status During	Abatement (Chec	k Only On	ie)				Street	Addres	S						
▼ Facility Closed/Vaca	ated During Entire I	Period of A	bater	nent						4.					
Abatement Performe	ed Outside of Norn	nal Facility	Hour	S			City, S	tate, Zi	p Code			-	-		
Other – Describe: _															
Scope of Work (Check Al	l That Apply)										-				
≥3 sf or ≥3 If			enova	ation				Full	Containme	ent with	Negativ	e Press	ure		
≥160 sf or ≥260 lf		X D	emoli	tion			-	Mini	i-Enclosure						
							×		vebag Proc -Exempted		Non-Fr	iable Pr	ocedu	re	
		ls	Locat	ion									0.000	emen	t
Location	of	N	lormal	lly		De:	scription	of					T	уре	
Asbestos-Containing		100000000	d Sole		Asbes	stos Cont	aining M	aterial	(ACM)		nount			m	_
TO BE ABA			odial S		(i.e.	thermal	systems cina, VA		tion,		ecify or LF)	Ren	Re	nca	Enc
(13)			(12)				niscellan			01	OI LI )	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								8		ate	Гe
Storage A	Area			x		Tran	sit pan	ole		268	5 SF	-	+		
Otorago /	1100					IIaii	Sit pai	1612	-	300	) SF	X	-		
										3.					
Name of Registered Wast	e Hauler		10.890	JDEP W		Cubic '			Name of R	Registere	ed Land	fill			
Pernaco Inc.			- 1	auler ID 1787	No.	of Was	ste		ACUA						
City, State			-				al Date		City, State	7					
West Berlin NJ						8/25/			Egg Hai		LN av	08234			

Signature

Title

President

Completed by

Anthony T Perna

Egg Harbor Twp NJ 08234

Date

8/7/17

0.1 1.11	1				04.4.65						E	C	E	W	F	Pri	nt Forn
Ch 144	6		NOT	TFICATI (Pursua	State of N ON OF AS ant to NJA	BESTOS	ABATI	EMEI	NT	K	<u> </u>	<u> </u>	<u> </u>	<u> U</u>			
Date of Notification (1) 8/7/17				Name	e of Buildin	g Owner/		10				AUG	1 4	201	7	-	<u></u>
Agencies Notified	Type Notification			Josh	nua Wall	ace										1	de la companya de la
☐ EPA		n		Stree	t Address						ASBI	ESTC	SCC	NTF	ROL	&	
DEP	Amended			City,	State, Zip (	Code						LIC	ENS	NG			
× DOL	Amendme Emergence		na		ilton, NJ					-							
≥ DOH DCA	justification Cancellation	٦)	rig		of Contactual Walla							-			-		
Name of Facility Where	Ahatement is Tak	ing Place	(2)	FA	CILITY IN	FORMAT	ION			_	_			_			
Vacant SFD	Abatement is Tak	ing Place	(3)					Тур	oe of Fac	\$ 70.0							
Street Address								H	School Subch	(K-12	) (Othe	er than	K-12)				
401 W Red Bank A	venue							×	Other (	i.e. pri	vate &	comn	nercial	buildi	ngs, h	omes	5,
City (5) Woodbury								Squ	uare Fee		# of	Floors		Blo	g. Ag	е	
County (6) Gloucester				County	Code (7)	vı		Cur	rent Use	(Prior	if bein	g dem	olished	1)			_
Name of Monitoring Firm	Hired by Building	Owner /	8)		M No.	'/	NI-	Va	cant Si	-D							
Street Address		Owner (		ASC	AVI INO.		Ricco	of At	oatement onstruct	Contra ion C	actor ( orp	9)					
Street Address					***************************************		Street		ess k Road	r							
City, State, Zip Code									Zip Code								
D. J. M.							Belln	nawr	, NJ 08	031							
Project Manager for Monit	toring Firm			Teleph	one No.		Teleph 856.4				331	Licens					
Start Date (10) 8/17/17		Schedu 10/26	iled Co	mpletion	Date (11)				SHA Mon	itor							-
Occupancy Status During	Abatement (Cher						Andre	CONTRACT DES	200000000000000000000000000000000000000								
X Facility Closed/Vacat	ed During Entire	Period of	Ahatar	mont			Street /		ess k Road								
Abatement Performe Other – Describe:	d Outside of Norn	nal Facili	ty Hour	S		t	City, St	tate, 2	Zip Code		-				-		-
Scope of Work (Check All	That Apply)					_	Bellm	nawr	, NJ 08	031							
≥3 sf or ≥3 lf			Renova	ation				Fr	ıll Contai	nment	with N	logativ	o Droo	21150			
× ≥160 sf or ≥260 lf		×	Demoli	tion			×	Mi Gl	ni-Enclos ovebag F	ure roced	ure						
		1	s Locat	ion				No	n-Exemp	oted (*)	and I	Von-Fr	iable F		ure atem	ant	
Location of			Normal	ly		Desc	ription o	of							Туре	21.11	
Asbestos-Containing M TO BE ABAT	ED	Ma	ed Sole aintena	nce/	Asbest	os Contai thermal s	ning Ma	ateria	I (ACM)		Amo				П	, ,	,
In Facility (13)		Cus	todial 8 (12)	Staff?	(1.0.	surfacir	ng, VAT	, or			(Spe		Keriloval	Kepair	Cap	Enclosure	
		Yes	No	N/A		other mis	scellane	eous)					oval	. all	Lincapsulate	sure	
Exterior			,,,,	X		Transi	te Sidi	ina		-	250	20	X	+	-	-	
								J		-	200		Λ	-		-	
										-				-	+	-	-
														+	+	-	-
Name of Registered Waste			111111111111111111111111111111111111111	JDEP W		Cubic Ya			Name	of Reg	istered	d Land	fill	_			
Ricco Construction Co	rp		H	auler ID 28909		of Waste			Salen								
City, State Bellmawr, NJ						Disposal TBD	Date		City, St Allows		ı						
Completed by		Title	-				naturé		7 11000	ay, 19	7	, Tr	Date				-
Andrew Ricco		Owne	er			3.	1h	1	40	1	1	COM 10 50	3/7/17				

# ChRIT

### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

m.	C	E	$\mathbb{V}$	E	M
K!					

11011			(Pu	rsuant	to NJAC	8:60 and 12:120	0)	AUG 1	4 :	2017	7	
Date of Notification (1) 8/4/17				1		ng Owner/Operator rbara Ross	(2)	1				(a. identegrala)
Agencies Notified	Type Notific	ation			et Address			ASBESTOS LICEN	CON	ITRO	DL 8	ž.
EPA DEP	Initial Amende	d		City.	State, Zip	Code		LIVE!	VOILY	<u>u</u>		
⊠ DOL	Amendm Emerger	nent #_ ncy (includia	ng		and the state of t	ı, NJ 08057						
DOH DCA	justifica Cancella	ton)			ne of Cor			Telephone Num	her			
	Cancella	uon			ard Card				-	- 1		_
Name of Facility Where	Λ h at a a - t i a '	Taliia - Dia	- (2)	FA	CILITY IN	FORMATION	Type of Facilit	v (4)				
Name of Facility Where Residence	Apatement is	i aking Piac	e (3)				School (K-	591.777.8				
Street Address								r 8 (Other than K-1)				
							homes, etc	private 8 commerci c.)				
City (s) Moorestown, NJ 080	)57						Square Feet 2500 SF	# of Floors		lldg. 0 yr:	52.77	
County (6)	-			T Cou	inty Code	(7) (STATE		rior if being demoli		0 y1:	5	_
Burlington, NJ					ONLY)		Residence					
Name of Monitoring Firm (8)	Hired by Buil	ding Owner		ASCM	No.	Name of Abatem AEi2, LLC	ent Contractor (	9)				
Street Address						Street Address	m					
City, State, Zip Code						361 E. Flemin City, State, Zip						
City, State, Zip Code						Hammonton, I						
Project Manager for M	onitoring Fir	m	Tel	ephone	No.	Telephone No. 609-481-212	2	License No. 00689				
Start Date (10)	TS	Scheduled (	Comple	etion Da	ate (11)	Name of OSHA N	Monitor			VI - 1.26 J		
8/12/17		3/19/17				AEi2, LLC						
Occupancy Status During		•				Street Address	Dil					
Facility Closed/Vacat Abatement Performed					92	361 E. Flemi						
Other - Describe:						Hammonton,	NJ 08037					
Scope of Work (Check al	I that apply)	March Address	2000					legative Pressure				
≥3 sf or ≥3 If		⊠ R	enovat	ion		Mini-End						
<u>⊠</u> ≥160 sf or ≥260 lf			emoliti	on			g Procedure empted (*) and N	lon-Friable Procedu	ıre			
		0.000	Locati ormall						F	Abate Typ	ment	
Location		Use	d Sole	y by		Description of			-	1 91	E	E
Asbestos-Containing Ma TO BE ABAT		C	ntenar ustodi:	al		tos Containing Mate thermal systems in	sulation,	Amount (Specify	R e	R	n c	n c
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	o w	p a	p	0
									a 1	r	u 1 a	u r e
Basement		Yes	No	N/A	TSI			200 lf	37	-	t	-
Basement		_	_	X	Floor	Til a		400 sf	X			
	-	-	-	Λ	F1001	1116		100 01	$\vdash$			
Name of Registered Was	te Hauler			JDEP V	1900000	Cubic Yards	Name of Reg	stered Landfill				
AEi2, LLC			12	lauler ID 1376	, INO.	of Waste 4	ACUA					
City, State Hammonton, NJ	jy		_			Disposal Date TBD	City, State					
Completed By		Title				Signature	TBD	I Date				
Wm. Minnick		Progran	ı Mg	r.				8/4/17				

Date of Notification (1)				Name o	of Building	Owner/	Operato	r (2)						( (		
8/4/17					1cLellan			151 51		F	C	5	1			7
Agencies Notified	Type Notification	V.		Street A	Address					) <u>-</u> -	0 1	= -				
EPA DEP	X Initial Amended		-	City, St	ate, Zip Co	ode				1			00	149		11
× DOL	Amendmen		_		erville, N					1 1	AUG	1 4	21	117	Gar	arad .
ĭ DOH	Emergency justification			Name o	of Contact			-		Tel	ephone	Num	ber			
☐ DCA	Cancellation	n			yn Strau				100						ķ	
Name of Facility Where	Abatement is Takir	ng Place (3	)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (	11	LIC	ENS	INC	1		
home		.g , 1000 (0	/					П		905						
Street Address									School (K-1 Subchapter	8 (Oth						
									Other (i.e. petc.)	orivate 8	& comm	ercia	l buil	dings	, hom	nes,
City (5)								Squa	re Feet	0.7552000	f Floors	0	1 50	Bldg. /	Age	-
Somerville County (6)					0 1 (7)			220		2				70		
Somerset					Code (7) USE ONLY	)			ent Use (Prid ant single		3 T		ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name		atement Con			C				
					a and the second second		1		ronmenta			LC				
Street Address			300-00	-				Addre	7.7							
City State 7:- Code		-							83, 4 E G	ate Di	rive		-2/12			
City, State, Zip Code									ip Code I, NJ 074	10						
Project Manager for Mon	itoring Firm	T	Telepho	ne No			hone N		10	Licens	o No					
	oject Manager for Monitoring Firm						100	764-2			703	e ivo				
Start Date (10)		Schedule	d Con	npletion	Date (11)		Name	of OSI	HA Monitor							
8/8/17	Ab-11	9/8/17														
Occupancy Status During							Street	Addres	SS							
Facility Closed/Vaca Abatement Performe	ited During Entire ad Outside of Norn	Period of Al nal Facility	baten Hours	ent			City S	state 7	ip Code			-	-		-	
Other - Describe: _							Oity, O	ridio, L	ip oode							
Scope of Work (Check Al	That Apply)						580									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova	20.70.00			×	i rui	l Containme		Negativ	e Pre	essu	re		
× ≥160 sf or ≥260 lf		∐ D€	emolit	ion					ni-Enclosure ovebag Proc							
		T						No	n-Exempted	(*) and	Non-F	riable	Pro	cedur	е	
	8	100	_ocati ormall												emeni pe	t
Location Asbestos-Containing I		Used	Sole	y by	Asbest	Des os Cont	scription		(ACM)	Δn	nount	ŀ				
TO BE ABA In Facilit		Custo	ntenar odial S			thermal	systems	s insula		(S	pecify		Re	Z,	Enca	Enc
(13)	*		(12)				cing, VA niscellan			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									JE.		ate	ō
ground fle	oor			х		ceilir	ng plas	ster		80	0 SF		ζ.			
				х			ll plast			- March	00 SF		ζ			
						.,	, piace	-		1, 1	00 01	-	`			
			-					-0								
Name of Registered Wast	e Hauler		N.	JDEP W	aste	Cubic \	Yards		Name of R	Register	ed Land	dfill				
Freehold Cartage			Ha	auler ID		of Was			Western	10.77						
City, State		<u> </u>		939		TBD	al Date		City, State			arint:			-	
Freehold, NJ						TBD	ui Date		Birdsbor							
Completed by		Title				Si	gnature					Date				
A. Scott Higgins		Presid	ent				,	11				8/4/	17			

Date of Notification (1)			- 1	Name o	of Building	Owne	er/Operator	r (2)		W(		-('	U	10	11	
8/4/17					Kolluru	OWITO	порогани	(2)	To the second	7	FC	E	n	N/I	E	m
Agencies Notified	Type Notification			Street A	Address								U	W		-
☐ EPA	× Initial									7		Service Control				
DEP X DOL	Amended Amendment	++			ate, Zip Co	ode			A District		AUG	3 1	4	201	7	
	Emergency (		-		lyn, NY					1 +0	enhone	Nivon	har			- Political
DOH DCA	justification) Cancellation			Evan	ii Cortact					1 200	14/1/1/1/1/1/		53530			8
				FAC	ILITY INF	ORMA	ATION				L	CEI	VSII	٧Ġ		
Name of Facility Where	Abatement is Takin	g Place (3	)					Туре	of Facility (	4)		al cardinate of the				CCIETACOMORCA
home									School (K-1							
Street Address	1								Subchapter Other (i.e. p					dings	, hom	es,
City (5)									etc.) are Feet	T # 0	f Floors		1	Bldg. /	100	
Wayne								210		2	1110013		1 55	35	ige .	
County (6)	======================================	- 1/4		County	Code (7)			Curre	ent Use (Pric	or if be	ing dem	olishe	ed)			
Passaic				(STATE	USE ONLY	) —		vac	ant single	famil	y hom	е				
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASC	И No.				atement Con		500					
Street Address								Addre	ronmental	Sen	/ices, L	LC				
Street Address							0.0000000000000000000000000000000000000		83, 4 E G	ate D	rive					
City, State, Zip Code									Zip Code							
						Gler	wood	d, NJ 074	18							
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph				Licens	e No					
Start Date (10)		0-1-11	10	1	D . (44)			764-2			703	- 200				
8/16/17		9/16/17		ipietion	Date (11)		Name	of US	HA Monitor							
Occupancy Status During	g Abatement (Chec	c Only On	e)				Street	Addre	ss			375-7				
× Facility Closed/Vaca	ated During Entire F	eriod of A	batem	ent				<u>.</u>								
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	8		au-co	City, S	state, Z	ip Code							
Scope of Work (Check A	II That Apply)														00000	carai
≥3 sf or ≥3 lf	produce dazen eta en le vide le vide con de la vide de	× R	enova	tion				] Fu	II Containme	nt with	Negativ	/e Pr	95511	re		
× ≥160 sf or ≥260 lf		-	emolit				×	Mi	ni-Enclosure		rrogan	.011	5000			
									ovebag Proc n-Exempted		d Non-F	riable	Pro	cedur	е	
		Is	Locati	on										Abate		t
Location			ormall Sole				Description					1	724576	13	ре	
Asbestos-Containing TO BE ABA		Maii	ntenar	ice/			ontaining N al systems				mount Specify		æ	-	Enc	m i
In Facili (13)	ity	Cusio	odial S (12)	тап?		sur	facing, VA r miscellar	T, or			or LF)		Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		Otrie	rinscenar	ieous)					val	=	ulate	ure
basament 0 au	and an are	165	INO												Sis :	
basement & cr	awi space	1		X		pip	e insula	tion		12	20 SF		X			
			_													
Name of Registered Was	te Hauler			JDEP Wauler ID		1000000	ic Yards /aste		Name of R	1931						
Freehold Cartage				5939		TBE			Western	Berl	ks Lan	dfill				
City, State						10 (2)	osal Date	(C-Z-W)	City, State							
Freehold, NJ		Title				TBE			Birdsbor	0		-				
Completed by A. Scott Higgins		President President	dent				Signature	/	1			Date 8/4				
		. 10010	-0111					1		-	-	0/4	1.1			

11	a	11	17/1
10	al.	10	2' 16
-64	M	10	2001

Date of Notification (1) 8/2/17					f Building east Pov			(2)					v. —	
Agencies Notified	Type Notification			Street A			•			EC	E		E	F
EPA DEP X DOL	Initial Amended Amendment			City, Sta	ate, Zip Co ewater, N		807			AUG	1 4	201	7	
DOH DCA	Emergency (injustification) Cancellation	including			f Contact Filipiak					elenhoss N	اد باسار کاد			
N 6 F - 1016 - 1476	AL-1	DI /0	,	FACI	LITY INFO	DRMAT	ION	T (F :		ASBEST			ROL	&
Name of Facility Where home	Abatement is Taking	g Place (3	)					Type of Faci	To be be a second		CENS	ING		
Street Address								Subcha	pter 8 (Ot	her than K		ldings	, hom	es,
City (5) Somerville								Square Feet 2300	# 2	of Floors		Bldg. /	Age	
County (6) Somerset					Code (7) USE ONLY)			Current Use vacant sir		3.74				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	Л No.			of Abatement			700,20			
Street Address							THE STATE OF	Environme	ental Ser	vices, Ll	_C			
Street Address								Address Box 483, 4	E Gate I	Orive				
City, State, Zip Code				XIII			1000	State, Zip Code wood, NJ						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No. 764-2276		License 703	No.		======	
Start Date (10) 8/15/17		Schedule 10/15/1		npletion	Date (11)		Name	of OSHA Mon	itor					
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street	Address						
	ated During Entire P led Outside of Norm						City, S	tate, Zip Code	)					
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Printerson .	enova emoliti				×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure					
		le	Locati	on		100000000000000000000000000000000000000	- Long	1 NOTE ACT	pted ( ) a	ild INOII-I II	abic i it	- Control of the	emen	t
Location	of	N	ormall	У		De	scription	of				T	/pe	
Asbestos-Containing TO BE AB, In Facil (13)	ATED	Mai	d Solel ntenar odial S (12)	nce/		thermal surfa				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
first flo	or			x			ceiling		1	000 SF	×			
				х			walls		8	800 SF	x			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards	None	of Posic	tered Land	fill			
Freehold Cartage	TIMUIUI		H	auler ID 5939		of Wa		100000000000000000000000000000000000000		rks Land				
City, State Freehold, NJ						Dispo: TBD	sal Date		State sboro					
Completed by A. Scott Higgins		Title Presid	dent			S	Signature	M	1		Date 8/2/17	8		

### State of New Jersey

		N		CATION	OF ASBESTO to NJAC 8:60 a	SABAT		NT (	log	1	6	76	3	
Date of Notification (1)					Building Owne		or (2)	)						
8/2/17				Scott (	Gleason - Re	e/Max		Г	toning		7 П	n re	7 [	7
Agencies Notified	Type Notification			Street Ad	ddress				$\Pi$	565	11 /	y E	-	
П -го.	× Initial			137 EI	mer Street				1					
EPA DEP	Initial Amended			City, Sta	te, Zip Code					A 110 1	1 00	147	ii	j)
X DOL	Amendment			Westfi	eld, NJ 070	90		ì	ee en	AUG 1	4 20	111	200	man I
× DOH	Emergency justification)			Name of	Contact				Т	"^ ^-'	7-27725-		1	
DCA	Cancellation			Scott							The opposite the latest designation of the l	Price	-8	
				FACII	LITY INFORMA	ATION				LICEN	ISINC	3		
Name of Facility Where	Abatement is Takir	ng Place (3	)				T	ype of Facili	it <del>y (4)</del>	AND DESCRIPTION OF THE PARTY OF	markly and seconds			Parience
home								School (			a v			
Street Address										ther than K-1: e & commerci		linas	home	20
							>	etc.)	e. piivai	e & commerci	ai built	ings,	HOITIC	
City (5)							S	quare Feet	#	of Floors		ldg. A	ge	
Cranford							2	2100	2	2	8	5		
County (6)			T	County C	Code (7)		C	Current Use	(Prior if b	peing demolisi	hed)			
Union				STATE	JSE ONLY)									
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCN	1 No.	Nam	ne of	Abatement	Contrac	tor (9)				
		**************************************		100000000000000000000000000000000000000		AB	SE	nvironme	ntal Se	ervices, LLC	)			
Street Address						Stre	et Ad	ddress						
Oli Get / Idai Goo						PC	Во	x 483, 4 E	E Gate	Drive				
City, State, Zip Code						City	Sta	te, Zip Code						
Oity, Otato, Zip oodo						50		ood, NJ (						
Project Manager for Mo	onitoring Firm			Telephor	ne No.	Tele	phor	ne No.		License N	lo.			
1 Tojocc Wanager for We	ornioning i arri					630600		64-2276		703				
Start Date (10)		Schedule	ed Con	noletion I	Date (11)	Nam	ne of	OSHA Mon	itor					-
8/14/17		9/14/1				1,502,632,6								
Occupancy Status Duri	ng Abatement (Che	ck Only Or	ne)			Stre	et Ad	ddress						
Facility Closed/Va	cated During Entire med Outside of Nori	Period of A	Abatem Hours	ient		City	. Sta	te, Zip Code						
Other - Describe:				25			l orași î							
Scope of Work (Check	All That Apply)													100000
	741 That Apply)	[V] =					П	E. II Conto		vith Negative	Drossu	50		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit	7.7				Mini-Enclo		viin negative i	riessu	16		
E 100 31 01 = 200 11		Ш.	ZOTTIOIL	.0			×	Glovebag	Procedu	ire				
		-					Ш	Non-Exem	pted (*)	and Non-Frial	ole Pro			
			Locati									Abate Tv	emeni pe	
Location	on of		Normal d Sole			Descripti				Q 9		T		
Asbestos-Containir			intena					terial (ACM) nsulation,		Amount (Specify	70	-	m	Ш
TO BE A		Cus	todial S	Staff?	(i.e. triefi	rfacing, \	VAT.	or		SF or LF)	em	Repair	cap	olo
(13			(12)			er miscel					Removal	air	Encapsulate	Enclosure
		Yes	No	N/A									to	Œ
	No. of the last of			2000000		in a langu	latio			120 LF		1	-	
baser	nent			X	pı	pe insu	ııdlı(	J[]		120 LF	Х	-		-
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		-		+										
	The Control		1.6	IDED 14	/anto 10	bio Vas-		Non	o of Doc	istered Landfi	H			
Name of Registered W	aste Hauler		100	IJDEP W lauler ID		ibic Yard: Waste	5	ivame	o or reg	ISICI CU LAHUH	HES			
					San and All San Andrews	000 A 200 200 A 100								
City, State				-	Dis	sposal Da	ate	City,	State					

Signature

Title

President

Date

8/2/17

A. Scott Higgins

Completed by

				ICATIO	tate of New N OF ASBE t to NJAC 8	ESTO	SABATE		Т	Roo	1	Ì	(n'	7	18	/
Date of Notification (1)	)				of Building (		/Operato	r (2)		100				7.0		rk-n-
8/8/17					ena White						EG			W	E	n
Agencies Notified	Type Notification			Street	Address					UIT						1
EPA	× Initial		-	City St	ate, Zip Co	do				$\Pi$	4.1.1	0 4		004		-11
DEP X DOL	Amended Amendment	#			clair NJ(		2		1		AU(	5 1	4	2017		Line
	Emergency (		9	2.2.2.3.2.3.3.3.3	of Contact	3101				Tel	enhanc	N1	hor			
DOH DCA	justification) Cancellation				ena White					1 800					JL 8	8
				0600	ILITY INFO		TION			-	L	CE	VOII	₹G		
Name of Facility Where	e Abatement is Takin	g Place i	(3)					Тур	e of Facility	(4)	many account to the co	1000	and the same			
home									School (K-							
Street Address								×	Subchapte Other (i.e.	r 8 (Oth private	er than & comm	K-12 ercia	) Il buil	dings,	hom	es.
G:L //5\								_	etc.)							
City (5) Montclair								2,0	are Feet	# 0	f Floors		100	81dg. A 85	ge	
County (6)			T	County	Code (7)				rent Use (Pr		ng dem	olish	- 2			
Essex					USE ONLY)	_		100	gle family		-		100			
Name of Monitoring Fir	m Hired by Building (	Owner (8	3)	ASC	M No.	e Contract			atement Co			10				
Street Address							Street			ar 001 v	1003, 1					
							PO	Вох	483, 4 E (	Gate D	rive					
City, State, Zip Code							City, S	State,	Zip Code							
							Gler	nwoo	d, NJ 07	418						
Project Manager for Mo	onitoring Firm			Telepho	one No.		Teleph				Licens	se No				
Start Date (10)		Calandi	1-10-	-1-4	D-1- (11)				2276		703					
8/18/17		9/18/1		npietion	Date (11)		Name	of US	SHA Monitor							
Occupancy Status Duri	ng Abatement (Check	k Only O	ne)		allier and a second		Street	Addre	ess							
Facility Closed/Va	cated During Entire F	eriod of	Abaten	nent												
Abatement Perform  Other – Describe:	med Outside of Norm	al Facilit	y Hours	5		_	City, S	State, 2	Zip Code							
Scope of Work (Check	All That Apply)						D	d LJr	ap & C	ıt Dr	ocedi	1120				
≥3 sf or ≥3 lf		×	Renova	tion			Ē	Fi	ull Containm	ent with	Negativ	ve Pr	essu	re		
× ≥160 sf or ≥260 lf			Demolit	ion			-		ini-Enclosur lovebag Pro							
		,							on-Exempte		d Non-F	riable	e Pro	cedur	е	
		1:	s Locati	on										Abate		
Locatio			Normal ed Sole		WAS 2000 DE		escription							Тy	pe	_
Asbestos-Containin TO BE AB		Ma	aintenar	nce/			ntaining N al systems				mount Specify		71		m	m
In Fac	ility	Cus	stodial S (12)	Staff?		surf	acing, VA	T, or			or LF)		Remova	Repair	cap	ndlo
(13	)	-	T			other	miscellar	neous	)				oval	ar ar	Encapsulate	Enclosure
		Yes	No	N/A											е	
basement & c	crawl space			Х		pipe	e insula	tion		15	50 LF		×			
								/								
Name of Registered Wa	aste Hauler		100	JDEP Wauler ID	200000	Cubic of Wa	c Yards		Name of	Registe	red Lan	dfill				
Freehold Cartage			1000	5939	-2005/97	TBD			Wester	n Berl	ks Lan	dfill				
City, State Freehold, NJ						Dispo	osal Date		City, Sta						TALL EN	
Completed by		Title	-				Signature	2	Dirusbi	010		Date				
A. Scott Higgins		1000000	ident				- igricitui C	1	1	_			/17			

Date of Notification (1) Name of Building Owner/Operator (2) 8/7/17 Rod Folv Agencies Notified Type Notification Street Address × EPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Westwood, NJ 07675 Emergency (including Name of Contact Talephone Number DOH iustification) OL & Rod DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Westwood 2300 2 70 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) single family home Bergen ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/17/17 9/17/17 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: basement & crawl space Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? SF or LF) In Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A 120 SF basement & crawl space X pipe insulation NJDEP Waste Cubic Yards Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage Western Berks Landfill 15939 TBD City, State Disposal Date City, State TBD Birdsboro Freehold, NJ Completed by Title Signature Date A. Scott Higgins President 8/7/17

DOL, 8/7/17 Via Fax

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

OL # 3248

Data of Natification (1)			/,			AC 8.80 and 5.1		CE!				
Date of Notification (1)	7	_		7		ng Owner/Operator	(2)			7.77	P	pa na
8/	7 / 1			Ve	erizon Co	mmunications		IN E G		$\mathbb{W}$		pte
Agencies Notified	Type Notification			Stree	et Address			ison')				7#
☐ EPA  ☑ DOLWD	☐ Initial			15	East Mo	ntgomery Place,	Lower Level	111	1 1	004	9	
⊠ DOH	Amended Amendment #	£		City,	State, Zip	Code		L AUG	1-4	201	8	now and
□ DCA			a a	Pi	ttsburgh,	PA 15212		-				
(NJAC 5:23-8)	justification)		3	Nam	e of Conta	ct		Telephone Num	henc	NITE	OL	8
	☐ Cancellation			Al	ex Baylo	r				ì		
		,		F/	CILITY	NFORMATION		84				
Name of Facility Where A			e (3)				Type of Facility	r (4)				
Verizon Van Hisevil	le Central Offic	e					School (K-1					
Street Address							Subchapter	8 (Other than K-12 private and comme	rcial b	uildin	70	
140 West Veterans I	Highway						homes, etc.		Clair	unum	<b>J</b> S,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	- 111111
Jackson Township							6,195					
County (6)		11		Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
Ocean							Office					
Name of Monitoring Firm I		Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9	)				
USA Environmental	Management					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
8436 Enterprise Ave			200			1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 191						BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			ephone		Telephone No.		License No.				
Mark Jenkins	T 0 .				5-5810	215-788-6040		00509				
Start Date (10)8 /7 /					ate (11)	Name of OSHA M						
		8/		_ /		BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed (	During Entire Pe	riod of	Abate	ement	aariba	1123 BEAVER						
Time of Abatement:	AMP	M/5:00	)PM-1	:30AM	scribe	City, State, Zip Co						
Scope of Work (Check all t						BRISTOL, PA	19007					
	пат арріу)					☐ Full Cont	ainment with Ne	native Pressure				
≥3 sf or ≥3 lf		⊠ Re	450			Mini-Encl	osure	gative i lessure				
≥160 sf or ≥260 lf		☐ De	moliti	on		☐ Glovebag	Procedure	n-Friable Procedur				
		Is	Loca	tion	T		ripted ( ) and No	ni-Filable Procedur		- 1		
Location o	f	1	Vorma	ally		Description of	F			ateme		
Asbestos-Containing M			d Sol	ely by		stos Containing Mat	erial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABAT IN Facility			todial	Staff?	(i.e	., thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	a-	aps	Enclosure
(13)			(12)		-	other miscellaned		SI OILI)	=		Encapsulate	re
		Yes	No	N/A							CD	
Generator Room					VAT & I	Mastic		50 SF	$\boxtimes$			
Generator Room		$\boxtimes$			Vibratio	on Cloth		8 SF		П	П	П
		П										
				-						Ш	Ш	Ц
Name of Desisters dident		Ш	Ц									
Name of Registered Waste				IJDEP I		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPOR	CI GROUP, INC			20990			MINERVA	LANDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE							WAYNESB	URG, OH				
Completed By (Print or Typ						Signature		Dat	e,	,		
Patrick T. DeCaro	E	stimat	or			Patris	k 91.19	e Carolel 8	171	10	,	
ISB-41 AN 13 PD170421	3 .	Do not	use th	nis form	for ashest	os licensure exempt	ed activities	11	1	. /	-	

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

Check # 9051

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

Date of Notification (1)		- W			Name	of Buildin	g Owner/Operator (	2)					SPANIE A
08/	07 /	17	-				Institute of Tecl		MEC		$\mathbb{V}$		-[n
Agencies Notified	Type Notifica	ation			Street	Address		and the second of the	13				
□ EPA	☐ Initial				323	Dr. Mar	tin Luther King 、	Jr. Blvd.	AUG	1 4	201	9	أسا
☑ DOLWD ☑ DHSS	Amended Amendm				City, S	State, Zip (	Code		T YOU				- Carecons
⊠ DCA	☐ Emergen		uding		Nev	wark, NJ	07102					-	با
(NJAC 5:23-8)	justificati	ion)			Name	of Contac	t		Teleano			L	હ
	☐ Cancellat	tion			Mr.	Joseph	Myers					-3-11000	
FACILITY INFORMAT	ION								=4				
Name of Facility Where A	batement is T	Taking F	Place (	3)				Type of Facility	(4)				
NJIT - Colton Hall								School (K-12		20		0	
Street Address								☐ Subchapter 8	3 (Other than K-1: rivate and comme	2) ercial bu	ıildina	s	
154 Summit Avenue	е							homes, etc.)				-	
City (5)	: Chen 200 (200 (200 (200 )							Square Feet	# of Floors	BI	dg. Ag	је	
Newark								60,000 SF	6	18. 2	50+		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	shed)			
Essex								University					
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Omega Environmen	nta Services	s, Inc.			120		East Coast H	laz Mat Remov	al, Inc.				
Street Address							Street Address						
280 Huyler Stre	et						494 E. 41 Str	eet					
City, State, Zip Code							City, State, Zip Co	ode					
South Hackensack	k, NJ 07606						Paterson, NJ	07504					
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Geiser Fajardo				20	1-489	-8700	973-345-0022		00507				
Start Date (10)	7 agreement 100 miles	Schedul					Name of OSHA M		0A ga				
08 /17 /		09	_ / .	15	_ / -	17	East Coast H	az Mat Remov	al, Inc.				
Occupancy Status During	Abatement (0	Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacate							494 E. 41 Str	eet					
Abatement Performed Time of Abatement: 72							City, State, Zip Co Paterson, NJ						
Scope of Work (Check all	that apply)						□ Full Cont	tainment with Neg	nativa Praecura				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Ren				☐ Mini-Enc ☐ Gloveba	losure g Procedure	n-Friable Procedu	ire			
			ls l	ocat	ion	T	- Iton Exc	Implea ( ) and No	TI TIGDIC PTOCCAC	T	ateme	ant T	vne
Location of			No	rma	ly	Descripti	on of			-	1 1		100
Asbestos-Containing Mate			Used Main				Containing Materia		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA			Custo			(I.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	Ę.	psu	unsc
(13)		,	Yes	(12) No	N/A		other miscellane		outdet — ethicumum turi ₩			late	Ф
Room 121A & B		Г	7 1	7		Pipe In:	sulation		121 LF			П	
			7	7								$\overline{\Box}$	
				200								ᆜ	
					Ш								Ш
Name of Registered Wast	e Hauler		7640	N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
East Coast Haz Mat	Removal, I	nc.		Н	auler IE		Waste 3	GROWS, Ir	nc.				
City, State					13206		Disposal Date	City, State				USES TO Y	
Paterson, NJ 07504							09-1-2017	Morrisyille	, PA 12506				
Completed By (Print or Ty	pe)	Title					Signature	1/1/		ate			
James Unger	e proof.	ATTENDED	Estin	ato	r/Proje	ect Mgr.	lane	6 19	_		7-	11	7
SR-41							Jeven	1 pr		0	/	/	

08 2017 09:31AM NJ 88:08/88/2017 88:				FICA"	TIOI	State of N OF A	Naw Jereey SBESTOS ABA IAC 8:80 and 6:1	TEMENT		AU	G 1	4	201
Date of Notification (1)	/	17	_				ng Owner/Operator		ASI	L	TOS ICEN	00 VSI	NG NG
☑ DOLWO □	pe Noufi Inital Amanda Amanda	ed	odin a		On City,	State, Zip	in Avenue	T L	10	<i>)</i>   /			1
(NJAC 5:23-6)	justillos Carcello	tian)	oing	- b	Name	e of Conta	d		Talephone Nu	mber			يا
							NFORMATION			6			
Name of Facility Where Abate Haddonfield Memorial Street Address 401 Kings Highway Ex- City (5)	High 8	Taking P chool	ace (	(3)				nemes, osc.)	i) 8 (Other than K-1 rivate and comm	(2) ercial		Ğş'	
Haddonfield, NJ 08033								Square Faet 5500	# of Floars		8/dg. / 75	ga	
County (8) Camden					Cour	nly Code (	TYSTATE USE DIVLY)	Current Use (Pr Bchool	or if being demo	lished)		_	
Name of Monitoring Firm Hire Epic Environmental	d by Buil	lding Own	er (8	) As	SCM	No.	Name of Abateme	ont Contractor (9)					
1930 Brown Road							Street Address 823 Culler Av	enus					
City, Siele, Zip Code Newfield, NJ 08344							City, State, Zip Co Maple Shade,		5			_	7.
Project Manager for Monitoring  Jim Eborto	Firm		1	Telephi 868-		No. -1738	Telephona No. 858-756-0099		Licanse No.			77	
Start Date (10)  00 / 08 / 17  Occupancy Status During Abat  Facility Closed/Vacated Dut Abatement Performed Outs Time of Abatement:	ement (C	re Period	y one of Ab	14 s) siomer	ni Desc	17	Name of 08HA M EMBL Analyti Street Address 200 Route 131 City, State, Zip Co Cinnaminson,	cal, Inc. 9 North de					
Scope of Work (Check all that a L'I≥3 of or≥3 th ⊠≥180 of or≥290 if	(oply)			vation offices			Full Conta	inment with Negral		PTB			
1				cation						_	atemo	T Erra	Abo
Lecation of Asbestos-Containing Materi TO BE ABATED IN Facility (13)	ei (ACM)	C <sub>1</sub>	abite abite atodi	Solely b enance (a) Staf (2)	17		Description of los Centaining Mak , thermal systems in surfacing, VAT, ( other miscellange)	erisi (ACM) Sublion, 37	Amount (Specify SF or LF)	Ramoval	Repair	Encapaula	Endosuse
Windows -B Wing		Yes	- L	-	VA	Caulkin	3		188LF	12			
Doors - B Wing			18		1	Caulking	3		BBLF	120			
B Wing			R	-	-+	Glue Do		=/>=/	450 SF	N			
Same of Registered Westo Heul Proshold Castage City, State	#I			NJDEP Waste Cubic Yard» of Name of Registered Land(iii Hauler ID No. Waste GROWS North Land(iii									
Freehold, NJ			elies mi				10/13/17	City, Etala Morriavilla, I	11	)			
Completed By (Pfint or Type)  Olana Lynsh		Tide Gwner					Signature	· KI	Dal	80	8-	. /	7

Date of Notification (1)		Name of	Building Ov	vnez/Operator	(2)	INE			$\mathbb{V}$	
8/8/17		TR		PON	ARACIAN	711-5				
Agencies Notified Type Notification		Street A	idiess	1986	10 10 10	E AUG	; 1	4 2	017	
EPA E Initial	2.5	City, Sta	te, Zip Code							
Amendment#	1 22-		OLD	TAPPA	IN. NJ	07675	087	T M	TRO	1 2
DOH Emergency (in justification)	ciuaing	Name of				Telephone Pulinc	2	J(J) [4	1110	_ u
□ DCA □ Cancellation		He.	BICC	HECLI	.H7	100.00				
Name of Facility Where Abatement is Taking Pla	ace (3)			ELVER I I COL	Type of Facility (4	4)				
MR SIMON	ARAC	MAN			School (K-1:	(Other than K-12)				
Street Address		357-3	». »:		Other (i.e. p	rivate & commercial b	uilding	s, hon	nes, et	c.)
			- 14		Square Feet	# of Floors		dg. Aş		
OLD TAPPAM	J				2500	2 -		9.	40	
County (6)			Code (7)		Current Use (Prior	r if being demolished				
BERGEN		1 220000	USE ONLY)		me of Abatement Contr	0 = N OE				
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASC	M No.	€:	me of Abatement Conta Best Removal I					
					Best Kellioaal i	III				
Street Address			*/	1.	450 South Rive	ar Street				٠
City, State, Zip Code				Cit	y, State, Zip Code					
0.00					lackensack, NJ	07601 License No				
Project Manager for Monitoring Firm		Telepho	ne No.	Tel	ephone No. 201-329-744		388			
2. 2. (20)	Scheduled Co	ampletion D	hate (11)	Na	me of OSHA Monitor					
Start Date (10) 8/18/17		1191	17		Omega Environ	mental				
Occupancy Status During Abatement (Check On	iy One)		- 1		oet Address	aat				
☐ Facility Closed/Vacated During Entire Peri	od of Abatem	ant.	1921	-	280 Huyler Str y, State, Zip Code					
Abatement Performed Outside of Normal F Other - Describe: 7.00 AM TO	S PM				South Hackens	sack, NJ 07606		-		
Scope of Work (Check All That Apply)			<del></del>	-7-1		-				
□ ≥sfor≥if	□ Reno	wation	12		Full Containing	ent with Negative Pre-	STILE			
2 ≥160 sf or ≥260 lf	,E Dem	olition			☐ Mini-Enclosure ☐ Glovebag Proc	Suine				
					□ Non-Exempted	(*) and Non-Friable	Proced			
	ls Lo	cation		ti.					ement pe	
Location of	₹ 0	mally olely by		Descrip	tion of g Material (ACM)	Amount	Γ.		Pris .	
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	enance/	Asbes (i.e. then	mal systems	insulation, surfacing,	(Specify SF or LF)	Removal	Re	Encepsulate	Enclosure
In Facility (13)		iai Staff? (2)	1.	VAT other miso		SFOTLE)	lova	Repair	sula	osur
(13)	Yes 1	Vo N/A	1		2000 Pa				6	
	165 1	102		O CE V M	3.4	80 SF	×			
1 ST FLOOL	+	-				2008F	X			
1st Floor	+	-	PAMI	Ly 'CO	OM VAT	2000:	1	1		
	+-+	+-	+							
Name of Registered Waste Hauler		NUDEP	Waste	Cubic Yard	s Name of	Registered Landfill		<del>'</del>		
		Hauler II	No.	of Waste	34207 1	Minverva Enter	pris	es, L	LC	
Best Removal Inc		17.	109	Disposal D	ate, City, Sta	te				
Hackensack, NJ 07601	2				./17   Way	nesburg, OH 4	468	3		
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J. Maiorano	Esti	mator			1 ( 0.00			<u> </u>	. (	
ASB-41 (R-06-08)				(	Do not use this fo	om for advestos licens	गांट का	mptec	activ	ities

Ch 1533	30186	10°		CATION	te of New J OF ASBES o NJAC 8:6	TOS A	ABATE			D	E		3			Ju u
Date of Notification (1) 08/04/2017		•		Name of Holly K	Building Ow ock	/ner/C	perator	(2)		L.	A	JG 1	4	20	1/	
	Type Notification			Street Ad	Idress						ASBES	STOS	S C	ONT	ROI	- 8
× EPA × DEP × DOL	Initial Amended Amendment	#			e, Zip Code		79					LICE	NIC	UNIC		National Control
▼ DOH DCA	Emergency ( justification)			Name of Holly K	Contact					Tele	enhone N	li innh -	-5			
					ITY INFOR	MATI	ON									
Name of Facility Where Ab House Street Address	patement is Taking	g Place (3)	)						of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	) 3 (Othe	er than K	-12) rcial b	uildi	ngs, l	nome	s,
City (5) Maplewood									etc.) re Feet	# of N/A	Floors		Blo N/	ig. Aq A	ge	
County (6) Essex	X			County C	Code (7)			Curre	nt Use (Prio se	r if bei	ng demol	ished)				
Name of Monitoring Firm H	lired by Building (	Owner (8)		ASCM	No.				tement Cont		(9)					
Street Address								Addres	ss gren Aven	ue						
City, State, Zip Code	-						City, S	State, Zi	ip Code J 07512							
Project Manager for Monito	oring Firm			Telephor	ne No.		Teleph	none No 345-8	0.		License 01311					
Start Date (10) 08/17/2017		Schedule		mpletion [	Date (11)				HA Monitor ement, Inc	).						
Occupancy Status During	Abatement (Chec							Addres	ss gren Aven	110					- 30-1-2-	
Facility Closed/Vacate Abatement Performed Other – Describe: Oct	d Outside of Norn	Period of A nal Facility	Abater Hour	ment s		=	City, S	State, Z	ip Code	<u> </u>						
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				>	Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure					9	
		Is	Locat	tion										Abate	ment pe	
Location of Asbestos-Containing Management To BE ABA In Facility (13)	Material (ACM) TED	Use Ma	intena	ely by ance/ Staff?		s Con nerma surfa	escription staining I d system acing, VA miscella	Material ns insula AT, or		(3	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											(b	
Baseme	nt		X			Pipe	e Insula	ation			55 LF		X			
				NJDEP W						D-11-1	d 1	4511				
The second course of the second	Name of Registered Waste Hauler D&S Abatement, Inc.						yards aste		Name of I				Α			
City, State Totowa, NJ							osal Date	e /	City, State Morrisv		PA					
Completed by Oliver Hegedis		ect M	lanager		and the control	Signatur	e # (	1			Date 08/0	4/2	017	3		

Print Form

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2h6765701115	1		CATION	ate of New Jersey OF ASBESTOS / to NJAC 8:60 and	ABATE			EG	E		V) [	
Date of Notification (1) 08/04/2017				Building Owner/C	perator	(2)	And the second	AUG	1 4	4 20	17	
Agencies Notified  Type Notification  X EPA X Initial Amended Amendment #	‡			ddress ite, Zip Code wood, NJ 0745	0			ASBESTO LIC	OS C	ONT SING	RO	1%
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	ncluding	1 '	Arnau	f Contact d Adrian			Tel	onhone M	166			
Name of Facility Where Abatement is Taking House  Street Address	et Address  (5)  Squ											es,
City (5) Ridgewood											ge	
County (6) Bergen				Code (7) USE ONLY)		Current Use (Pr House			ed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN	1 No.	The second second second	of Abatement Co Abatement, I		(9)				
Street Address						Address osengren Ave	enue					
City, State, Zip Code						state, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	200000000000000000000000000000000000000	none No. 345-8685		License No 01311	).			
	Schedul 08/16/2		pletion	Date (11)		of OSHA Monito Abatement, I						
Occupancy Status During Abatement (Check	Only Or	ne)				Address osengren Ave	nue					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Occupied					City, S	State, Zip Code wa, NJ 07512						
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demoliti			>	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure				9	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Location Normall and Sole sintenar todial Sole (12)	ly ly by nce/	Asbestos Cont (i.e. thermal surfa		n of Material (ACM) is insulation, AT, or	, A	Amount Specify F or LF)	-	Abate Ty Repair	ment	Enclosure

Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	TO BE ABATED In Facility (13)  Maintenance/ Custodial Staff? (12)  Yes No N/A  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)						Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							e	
Crawl Space		Х			Pipe Insulation		15 LF	X			
								-			
Name of Registered Waste Hauler		100	JDEP W		Cubic Yards	Name of	Registered Landfi	I			
D&S Abatement, Inc.		9990000	auler ID 0996	No.	of Waste TBD	Waste	Management of	of PA			
City, State Totowa, NJ		20000			Disposal Date TBD	City, Sta Morris	te ⁄ille, PA				
Completed by Oliver Hegedis	Title Proje	ect Ma	nager		Signature	V		ate 8/04/2	2017		

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CH 2251	N		ATION (	e of New Jers OF ASBESTOS NJAC 8:60 a	SABATE		Company of the Compan	) E C			<u>V</u>		
Date of Notification (1)				Building Owner		(2)		AU(	3 1	4 2	2017		inut )
08/08/17				Pugaczews	ski		ipel	-					
Agencies Notified Type Notification		S	treet Ad	dress				ASBEST	TOS.	CON	ITE	)L &	
☐ EPA 🗵 Initial			. 0	7: 0 1				- ASDES	<del>JOE</del>	4SIN	G		
DEP Amended  Amendment	4	1		e, Zip Code ield, NJ 070	03		1		20 1 00 1 00 00 1 00 01				
Emergency (i			lame of (		03			Telephone	Numh	ner			
DOH justification)				Pugaczew:	ski			relephone	rvarrie	,,,			
DCA Cancellation			Talky Street Street	ITY INFORMA									_
Name of Facility Where Abatement is Taking Private House	Place (3)		TAGE				of Facility (4) School (K-12						
Street Address							Subchapter 8	(Other than	K-12)				
Street Address						×	Other (i.e. pri	vate & comm	ercial	build	ngs, l	nome	5,
City (5)							etc.) re Feet	# of Floors		Blo	dg. Ag	je	
Bloomfield											annii 12		
County (6)			County C			Curre	ent Use (Prior	if being dem	olishe	d)			
Essex		(:	STATE U	SE ONLY)									
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.			tement Cont						
Competent Supervisor					Aca	demy	Construct	on Inc.					
Street Address						t Addre		- 44					
	No. of Contract of						6 West Sui	te 14					
City, State, Zip Code					0.000 P. O.		ip Code						
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Project Manager for Monitoring Firm			elephon	e No.		-832-4		0115					
2 (12)	Schedule	d Com	olotion C	)ata (11)			HA Monitor	0110					
Start Date (10) 08/19/17	08/26/1		piedon L	Jale (11)	0.00000000		above						
Occupancy Status During Abatement (Chec	k Only On	e)			Stree	t Addre	ess				77.00		
Facility Closed/Vacated During Entire R     Abatement Performed Outside of Norm     Other – Describe:	Period of A	batem	ent		City,	State, Z	Zip Code						
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TO BE ABATED	1	intenar todial S		(i.e. then	mai syster urfacing, V	ms insu	lation,	(Specify SF or LF		Remova	Repair	Ericapsulate	Enclosure
In Facility (13)	1	(12)			er miscell		)	01 01 21	,	lova	pair	sula	osur
· ·	Yes	No	N/A							1000		ite	Ф
Basement	- 100		X	Pi	pe Insul	ation		60 LF		X		X	
Dascinon	_	-											
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						A- 324 (CO)	Name	Dogiotorodii	ndell				
Name of Registered Waste Hauler		3.25	JDEP W auler ID		ıbic Yards Waste			Registered La	anuilli				
Academy Construction Inc.		833	34422	3			224. TABLES &	S Landfill					
City, State				1	sposal Da	te	City, Stat			2022657			
Totowa, NJ				TE	3D		Tullyto	vn, PA	1-				
Completed by	Title				Signati	ure	In Da	00	Da	te 3/08/	17		
Filip Geleski	Sup	erviso	Γ		1	7	UN VIN	South	U	1001	1.1		

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Date of Notification (1) 08-08-17				Building (				The second secon	A	UG 1 4	201		-	71
Agencies Notified Type Notification  EPA Initial		1	Street Ad 127 Ma				H		ASBE	STOS C	ONTE	ROL	&	
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Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	ncluding		Name of Nancy	Contact Cook					T = -	-	2 60			
No. of Carlot Advantage of Carlot	DI		FACII	LITY INFO	RMAT	ION	T =							
Name of Facility Where Abatement is Taking Private Home	Place (3	3)						of Facility (4 School (K-12						
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City (5)								etc.) re Feet		Floors		ldg. A		
Madison												.ug. /	30	
County (6) Morris			County C STATE U	Code (7) ISE ONLY)			Curre	ent Use (Prio	r if bei	ng demolisl	ned)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Cont tracting LI		(9)				
Street Address							Addres							
City, State, Zip Code								ip Code / NJ 0708	7					
Project Manager for Monitoring Firm			Telephor	ne No.		10 000000000000000000000000000000000000	none N 216-9			License N 01206	0.			
	Schedule 08-19-		pletion [	Date (11)				HA Monitor tracting LI	_C					
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 7:00 Am - 5:00 Pm						City, S	State, Z	ip Code / NJ 0708	 7					
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	Is	Location	on									Abate	ment	í
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel iintenar todial S (12)	y by nce/		os Cor therma surfa	escription ntaining N il systema acing, VA miscellar	Material s insula T, or		(8	mount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
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Ground Floor/ Garage		Х	Duct Insulation					7	0 SF	X				
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Name of Registered Waste Hauler			JDEP W auler ID		Cubic of Wa	Yards				red Landfil				
Delfa Contracting LLC		П	3524(	339		2			322 93555	source R	ecove	ery F	acili	ty
City, State Union City, NJ			osal Date 22-17		City, State Tullytow		A							
Completed by Jaime Delgado	Title Proj.	Mana	iger.			Signature	e _/	A		1 50	ate 3-08-	17		

MI / 21 M		) (	K									ŀ	Print
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Date of Notification (1)	/				C 8:60 and		1000	Ckee	of	/(	21	3	
8/1/17			Toba	ar Exca	ng Owner. vating	/Operato	r (2)		EC			E	T
Agencies Notified Type Notification				Address				112/1					-
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DOL Amendment					Code J 0764	8		I had he	MU	0 1 4	CUI	4	Steams
	(includir	ng	Name	of Contac	ct			1 1	Manhana	NITTE S			<u> </u>
DCA Cancellation				Locova							1	IOL	č
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILITY IN	FORMAT	ION	Type of F	acility (4)					
Vacant home							7	ool (K-12)					
Street Address							Sub	chapter 8 (Otl	her than	K-12)	11 - 11	0 - 400-00	
City (5)							etc.)						nes,
New Milford							Square F	eet # 0	of Floors		Bldg. 85	Age	
County (6)				Code (7)			Current U	se (Prior if be	ing dem	olished)			
Bergen	· //			USE ONL	·Y)		vacant	home					
Name of Monitoring Firm Hired by Building C	Jwner (8	3)	ASC	M No.		Name	of Abateme	ent Contracto	r (9)				
Street Address		W-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				_	Address	mental Ser	vices, l	LC _			
								4 E Gate D	rive				
City, State, Zip Code						City, S	tate, Zip Co	ode			-	-	
Project Manager for Monitoring Firm			Telepho	no No			wood, N.	J 07418					
			relebrio	110 110.			one No. 764-2276		Licens 703	e No.			
Start Date (10)			mpletion	Date (11	)		of OSHA M		100			-	
8/10/17 Occupancy Status During Abatement (Check	9/10/1												
Facility Closed/Vacated During Entire P						Street	Address						****
Abatement Performed Outside of Norma Other - Describe:	eriod of al Facilit	Abater y Hour	nent s			City, St	ate, Zip Co	de				-	
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf		Renova	ation			×							
× ≥160 sf or ≥260 lf		Demoli					Mini-End		Negativ	re Pressu	re		
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		s Locati									Abate	men	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashas	Des	cription	of aterial (ACI				Ту	pe .	1
TO BE ABATED In Facility		aintenai todial S		(i.e	, thermal	systems	insulation.	(S	mount pecify	R	m	E C	gi
(13)		(12)			other m	ing, VAT iscellane	, or eous)	SF	or LF)	Removal	Repair	Encapsulate	Eaclosure
	Yes	No	N/A							<u>a</u>	-	late	ure
boiler room behind 203 Faller Drive			X		ceilir	ng plast	ter	24	0 SF	×			-
			X		pipe	insulati	on		O LF	×			
			Х			insulat			0 SF	×	-		
								-		-			
Name of Registered Waste Hauler	1		JDEP Wa		Cubic Y		Nan	ne of Register	ed Land	fill			
ABS Environmental Services, LLC			)4248	¥Ú.	of Wast	te	1	nerva Land					
City State Glenwood, NJ					Disposa	al Date	City	State		-			
Completed by	Title				TBD		Wa	ynesburg,	ОН				
A. Scott Higgins	Presi	dent	20		Sig	gnature	1/1	1		Date 8/1/17		-5-7-0-0-0	

				to NJAC				CK	00	1	6	78	3	)
Date of Notification (1) 8/9/17				of Building S HVAC		Operator	r (2)	,		FC	尼	7 1	П	3 [
Agencies Notified Type Notification			Street A	Address					HI )),	5 6	5	1 - 1	<u> </u>	4//
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Name of Facility Where Abatement is Takin	ng Place (	3)	FAC	ILITY INF	ORMATI	ION	Type of	Facility	(4)	LIV.	/ hat 4 h	PET NO	-	
home	.9 (	-/												
Street Address								chool (K-		er than K-1	2)			
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City (5)							Square		T#0	f Floors	E	Bldg. A	\ae	
Scotch Plains							2,100		2			30	3	
County (6)			County	Code (7)			Current	Use (Pri	or if bei	ing demolis	ned)			
Union			(STATE	USE ONLY	)			family						
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	И No.		Name	of Abate	ment Co	ntractor	(9)				
						ABS	Enviro	nmenta	al Serv	vices, LLC	)			
Street Address						Street	Address							
						PO E	Box 483	3, 4 E G	Sate D	rive				
City, State, Zip Code	100-00-00-00-00-00-00-00-00-00-00-00-00-			400000000000000000000000000000000000000		S. 505 S. 605 S.	State, Zip		201000100					
						22.55.20.00	iwood,	NJ 074	118					
Project Manager for Monitoring Firm			Telepho	ine No.			none No.	70		License N	0.			
							764-22			703				
Start Date (10) 8/19/17	9/19/1		npletion	Date (11)		Name	of OSHA	Monitor						
						01 1								
Occupancy Status During Abatement (Che-	13					Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abaten	ent			City	tota Zin	Cada						
Other – Describe:	nai i aciii	y i iouis				City, S	State, Zip	Code						
Scope of Work (Check All That Apply)												-		
≥3 sf or ≥3 If	V ,	2000	tion			×	T			N				
≥3 \$1 01 ≥3 11   × ≥160 \$f or ≥260 If	***************************************	Renova Demolit						zontainm Enclosur		Negative F	ressu	re		
						-		ebag Pro		d Nove Tales	la Das			
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Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ashes		scription	n of Material (A	(MO	Д	mount				
TO BE ABATED	67.5%	intenai todial S			thermal	systems	s insulation		(5	Specify	Re	D	Encapsulate	E E
In Facility (13)	Ous	(12)	Man:			cing, VA niscellar			SF	or LF)	Remova	Repair	apsu	Enclosure
(13)			T	1	Other II	liscella	ieous)				Va.	7	llate	ure
	Yes No N/													
Second floor top of stairs			Х		sk	im coa	at		1,0	80 SF	Х			
													) ()	
Name of Registered Waste Hauler		l NI	JDEP W	/aste	Cubic	Varde		Name of	Registo	red Landfill				
40.00	:													
Freehold Cartage		1	5939		TBD					ks Landfil				
City, State						sal Date	1 1	City, Stat						
Freehold, NJ			2		TBD			Birdsbo	oro					
Completed by	Title				S	ignature	1	/		Da	to			

President

A. Scott Higgins

8/9/17

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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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$(VV) \wedge (J)$		(Purs	suant to	NJAC 8:60	and '	12:120)				AUG '	4 2	2017		Seat.		
Date of Notification (1) 8/8/17		Na A	me of Bu RM Co	uilding Owi nstructio	ner/Op	erator (	2)	Torrell R	L	ESTO	100	JTR	7)1-8			
Agencies Notified Type Notification			reet Addi 11 Park						ASE	LICE	NSIN	iG				
EPA X Initial Amended Amendment #_		Ci	ty. State,	Zip Code	3701	2000 - 12 A										
Emergency (incl	luding		ame of C						Telepho	one Numb	er					
DCA Cancellation			FACILI	TY INFOR	MATIC	ON										
Name of Facility Where Abatement is Taking P	lace (3)						_	Facility (4)								
Lakewood Street Address							F Sul	nool (K-12) ochapter 8 ner (i.e. priv	(Other th	nan K-12) mmercia	buildin	gs, h	omes.			
7							Square	.)	# of Flo			g. Age		-		
City (5) Lakewood																
County (6)		(5	County Co	ode (7) SE ONLY)			Current	Use (Prior	if being	demolishe	ed)					
Ocean  Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM	No.		Name	of Abate	ment Contr	actor (9)	ALS						
Street Address						Street	Address									
City, State, Zip Code						City, S	state, Zip									
Project Manager for Monitoring Firm		1	Telephon	e No.		Telepi	none No. 668-90		L	icense No	No.					
	Scheduled	Com	pletion D	ate (11)		Name	of OSHA	Monitor PROFES					The late			
8/10/17	3/11/17					I	Address		331010	120						
Occupancy Status During Abatement (Check			ont.			6 W	HITE D	OVE CO	URT							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	I Facility I	Hours			_		State, Zip EWOC	Code D, NJ 08	3701							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Command Assemplify control II	Mini	Containme -Enclosure rebag Proc	edure							
-							× Non	-Exempted	(*) and	Non-Friat			ement			
	100	Locati			D	escriptio	in of				-	Ту	ре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	d Sole ntena	ely by nce/ Staff?	Asbest (i.e.	os Cor therma surf	ntaining al syster acing, V	Material ns insula	(ACM) tion,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
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EXTERIOR						Sidin	9		100					-		
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Name of Registered Waste Hauler NEWARK CARTING			Hauler ID 04509		5	/aste		IESI								
City, State NEWARK, NJ						oosal Da 1/17	ite	City, Sta BETHL	EHEN		Date					
Completed by JOSEPH PERLSTEIN	Title	VER.				Signat	ure				vait					

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Date of Notification (1) Agencies Notified	S 8 1 7				of Building	Owner/C	Operato (	(2)			AUG	; 1	1 20	17	
				Street	Address					10					
EPA DEP	Initial Amended		t	City, St	ate, Zip Co	ode (	011	A	15		ASBEST				. &
× DOL	Amendment a		_		SP(11	18 p	eld-	7	17	4	0	CEN	SING	t t novembracus	
DOH DCA	justification) Cancellation				of Contact Plackis	J				Tel	ephone Nu	mber			
	_				ILITY INF	ORMATI	ON							-	
Name of Facility Where A	Abatement is Taking	Place (	(3)					Тур	e of Facility						
Street Address										er 8 (Oth	er than K-1 & commerc		dings	, home	es,
City (5)	nofield							Squ 7	are Feet	# 0	Floors	E	Bldg. A	\ge	
County (6)	TEL CIG			County	Code (7)			Curr	ent Use (Pi	rior if bei	na demolis	hed)	05	>	
(INI)	$\cap$				USE ONLY	)			Mon	٥.	3				
Name of Monitoring Firm	Hired by Building O	wner (8	)	ASCI	M No.				atement Co ustries In		(9)				
Street Address							Street P.O.	Addre							
City, State, Zip Code									Zip Code w Jersey	08723					
Project Manager for Moni	toring Firm			Telepho	one No.		Telepi (732		No. -7499		License N 01196	lo.			
Start Date (10)	117	Schedu	led Con	pletion	Date (11)				SHA Monitor		2 000				
Occupancy Status During	Abatement (Check	Only O	ne)		-		Street	Addre	ess						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire Pe ed Outside of Norma	eriod of al Facilit	Abatem y Hours	ent			City, S	State, 2	Zip Code						
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Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	ed Solel aintenar stodial S (12)	ice/		thermal	system: ing, VA	s insul T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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					0.56	Stos	HE	700	file	500	SF	8			
						CAPAL III									
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Name of Registered Wast	e Hauler		l N	JDEP W	/aste	Cubic \	Yards		Name of	Register	ed Landfill				
Brick Industries Inc.			Ha	auler ID 602		of Was			GROW		00 201101111				
City, State Brick, New Jersey						Dispos	al Date	17	City, Sta	te			1/3N		
Completed by Eric Plackis		Title Pres	ident			Si	gnature	9	1/11		Da	81	81	17	

Charlett 12 818

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 2017 August 7, 2017 Agencies Notified Notification Type Street Address ☐ Initial Notification ENVIRONMENTAL HEALTH & x EPA : ■ Amended Notification #1 — 27 ROAD 1, BLDG 4086.ไLIVIÑัชีร์โด้ x DCA New Start and Completion City, State, Zip Code x DOL -DEP Dates, Additional Work Area, PISCATAWAY, NJ 08854 Telephone Number x DOH Name of Contact Sub8 Occupied Michael Smith ENV HEALTH & ☐ Emergency (including SAFFTY justification) ☐ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Facilities Office- Bldg # 4115 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIV Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 80 years City (5) County Code (7) County (6) (State Use Only) Piscataway MIDDLESEX Current Use (prior if being demolished): Academic Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 11, 2017 August 21, 2017 Envirovision, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -20-21, Bldg E Wagaraw Road Describe City, State, Zip Code ☑Other - Describe: Sub 8 Occupied 5pm - 5am (24 hrs Fairlawn, NJ & Weekends as Needed Source of Work (Check all that apply) X Full Containment with Negative Pressure > 3 sf or > 3 lf X Renovation Mini-Enclosure ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA 117 work area X ! VAT, ACT X 200sf 119 work area K VAT. ACT 360sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below GROWS North Landfill 10 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill August 21, 2017 NJ DEP # 12561 Road, Morrisville, PA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 19067 215-736-1700 Completed by (Print or Type) Signature SENIOR PROJECT Raymond C. Pedalino Raymond C. Pedalino August 07, 2017 MANAGER

State of New Jersey - Notification of Asbestos Abatement

		State of Ne	w Jerse	y - Notitica	non of Aspestos A	D.S. CITACITE		$\mathbb{V}$	BIT	
	CLLIZOF	8	(Pursua)		3:60-7 and 12:120-7) Name of Building Owner/C	)parrior (2)	AUG 1 4	2017		
100	Date of Notification (1)				RUTGERS, THE ST	ATE UNIV			1	
-	July 24, 2017 Agencies Notified	Notification	Type		01 1 1 1 1 1				110	
	Agencies Notified		al Notific	ation	Street Address ENVIRONMENTAL I	HEALTHAS	RAPEDIA O	MAC TO	/L a	
1990	EPA	□ Amende	d Certific	cation	27 ROAD 1, BLDG 4	086, LIVIA	GSTON-UN	MEALS		
P	DCA x DOL	☐ Emerg	ency (inc		City, State, Zip Code					
	DEP	justific			PISCATAWAY, NJ 0	18854	Toler Kr	- I		
	x DOH	☐ Cance	lled	1	Name of Contact Michael Smith ENV HEA	LTH				
100					SAFETY					
-				FACILITY INFO	DRMATION					
-	Name of Facility Where Abatement	is Taking Place (3)			Type of Facility (4)  School (K-12)					
ı	Facilities Office- Bldg # 4	115		ungua sa sua garan aran da	Subchapter 8 (other than	K-12)				
t	Street Address				Other (i.e. private &	commercial bu	ildings, homes,	etc.)		
	LIV				Sq. Feet: Unknown	# of Floor	s: 1 Bldg. Ag	<u>e:</u> 80	years	
ŀ	CILY (O)	nty (6)	County C		Current Use (prior if being	- demolished)	· Academic			
	Piscataway MII	DDLESEX	(State Us	se Only)	Current Use (prior it being	j demonsned)	. Modusiiiis			
		Olde Owner (9)	ASCM N	0	Name of Contractor (9)					
	Name of Monitoring Firm Hired by E	Sigg. Owner (a)	0098	<u>.</u>		manus nows tem 150	OMOLU TAN	ce INC	4	
	ATC ASSOCIATES				GREENWOOD ABAT	EMENIC	JNSULIAN	10, 1140	la.	
Ì	Street Address				Street Address					
	3 TERRI LANE				511 MAIN STREET					
ŀ	City, State, Zip Code				City State, ZipCode					
1	BURLINGTON, NJ 08016	3			Butler, NJ 07405 Telephone Number		License Numb	er		
Ī	Project Manager for Monitoring Firm	n <u>Telephone</u> 609-386			Telephone Number					
	BRIAN KEARNY			Filling.	973-492-0477		00840			
4	Scheduled Start Date (10)	Scheduled	Completion	Date (11)	Name of OSHA Monitor					
	August 7, 2017	August	14, 2017	A STATE OF THE STA	Envirovision, Inc.					
100	Occupancy Status During Abater	ment (Check only	one)		Street Address					
	Facility Closed/Vacated Du	uring Entire Period	of Abatem	ient	20-21, Bldg E Wag	araw Road				
	Abatement Performed Out	tside of Normal Fa	cility Hours	h-	City, State, Zip Code					
	Describe  Describe: 5p	m – 5am (24	hrs & W	eekends as	F-internal N.I.					
	Needed	,			Fairlawn, NJ					
	Source of Work (Check all that app	oly)				xFull Conta	inment with Ne	gative P	ressure	
	≥ 3 sf or ≥ 3 lf			X Renovati	on		closure			
				Demolition		Glovebag	Procedure pted (*) and No	n-Friahl	e Proce	dure
		Is Location Norm	ally Head	Description of As	pestos Containing Material	Amou	nt Abate	ment Tyr	ре	
	Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely by Maint./	Sustodial	(ACM) (i.e. therm	nal systems insulation, surfac	cing, (Spec		re Repair	Encap	Enclose
	_accidental con	Staff? (12) YES NO	NA	VAT, or other mis	cell.)	UI LI	Total Constitution of the			
å	447.440	TES NO	107	VAT, ACT		560	sf 区			
	117,119		1	time comment a contract field		THE REPORT OF	Name of Rec	intered I	andfill	
	Name of Reg. Waste Hauler	200 CO 100 CO 10	aste Hauler	ID#	Cubic Yards of Waste:		GROWS N	orth La	andfill	
	See Hauler Below # 1 & 2	See Beld		D. Alex N. I.		Disposal D	1000	City, St	ate	
	Hauler #1) Greenwood Aba	itement Gonsul	tants, inc	c. – Butter, NJ t	11400	August	14, 2017		w Ford N Morrisvill	
	NJ DEP # 12561 Hauler #2) Newark Carting,	i Inc. – Newark I	J.I 04509.	NJ DEP # 19551		- Constitution	SOLDE SHEET	19067		
	Haulel #2) Newark Carting,	, inc i towns is,	10 0 1007,					215-73		
					Leignature		Date		100	
	Completed by (Print or Type)	Title SENIOR	DBU IEU	27	Signature Raymond C. Ped	lalies	July 24,	2017	ALCO A	
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Date of Notification (1) 08/06/2017	(KIDF	()()	1		f Building ∆ V RF		7.1	550	PADILL	Δ		= n	Π.Π	E	Prop
Agencies Notified	Type Notification		-	Street A		142011	G 74 (1	Oitt	J I NOILL	11)/-		3	$\mathbb{V}$	<u>E</u>	In
EPA DEP	I Initial								Section 1	M				1	
DEP X DOL	Amended Amendment		_ [		ate, Zip Co OKEN N		0				AUG 1	4	2017		
☑ DOH	Emergency justification)		I	Name o	f Contact					Tel	ephone Num	ber			
DCA	Cancellation							TUR(	PADILL	_3	2.1.1			3	
Name of Facility Where	Abatement is Takin	ng Place (3	)	FACI	ILITY INF	ORMATI	ON	Type	e of Facility	(4)	LIVI	YOU	40		
PRIVATE	, waterners take	.9 . 1200 (0	,						School (K-1						
Street Address								X	Subchapter	8 (Oth	er than K-12 & commercia		dings,	home	es,
City (5)								Squ	are Feet	# oi	Floors	В	ldg. A	ge	
HOBOKEN NJ. 070	030							1,0	50		1		105		
County (6)					Code (7) USE ONLY	)		Curr	ent Use (Pri	or if bei N/A	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.	1			atement Co			110			
Street Address		=10.1					Street	Addre							
City, State, Zip Code							City, S	State,	Zip Code					-	
D :	<del></del>			<del></del>					BERGEN	NJ. (					
Project Manager for Mor N/A	nitoring Firm		and the state of t	Telepho	ne No.	Proposition and the second	Teleph 201.		vo. 0642		License No 01300	). 			
Start Date (10) 08/08/2017		Schedule 08/08/2			Date (11)				SHA Monitor PROBE						
Occupancy Status Durin			101.041				Street		ess RTY ST.						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Nor					and the control of th	City, S	State, 2	Zip Code HEN NJ. 0	8840		136.3			
Scope of Work (Check A	All That Apply)						IVIE	UCI	TEN NJ. U	0040					-
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		1	Locat										Abate Tv	ment pe	t
Location Asbestos-Containing	7.47. Subsection of the company of t		lorma d Sole		Achae	Des	scription		-1 (ACM)	Λ	mount		1		Г
TO BE AB	ATED		intena	nce/ Staff?		thermal	systems	s insu		(8	Specify	Re	R	Ence	Enc
în Facii (13)			(12)	Julii I			cing, VA niscellar		)	Sh	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		ate	l e
BASEM	ENT		Х			PIPE IN	NSULA	ATIO	N	1	0. LF	Х			
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Name of Registered Was	ste Hauler	- Marian Caral		IJDEP W lauler ID		Cubic of Was					red Landfill				
TRI STATE DISPOS	SAL ASSOC			9951	.40.	TBD	)				NTERPRI	SE II	VC.		
City, State BRONX NY.						Dispos	al Date	E	City, Stat		YTERPRI	SE			
Completed by CARLOS ESQUIVE	ı	Title	TV!	MANAC	SEB	S	ignature	TOE	ornsh	uff	Dat 0.8		2017		
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Date of Notification (1)  08 /	10 /	17				of Buildin		vner/Operator ( _C	(2)	A COLUMN TO THE PARTY OF THE PA	3UG	14	20	17	les se
Agencies Notified  EPA	Type Notifica	ation				Address 6 Campl	lain	Road		I AS	SBESTO			ROL	. &
□ DOLWD   □	Amended				City, S	State, Zip	Code			-	LIVI	LIVO	ING		
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DCA (NJAC 5:23-8)	☐ Emergene justification		ng	t	25.11.11.0	of Contac				Telepho	one Numbe	er			
	☐ Cancellat				Ant	onio Din	nuzi	0							
					FΔ	CILITY IN	VFO	RMATION	· · · · · · · · · · · · · · · · · · ·						
Name of Facility Where	Abatement is T	aking Plac	ce (3)	`	1 //	JILIT I	11 0	KWATION	Type of Facility	(4)					
Building	ibatomont io i	annig i iai	00 (0	<i>f</i> :					School (K-12						
Street Address									Subchapter	8 (Other t					
53 Bancker Street									Other (i.e., p		d commerc	ial bu	ilding	S,	
City (5)									Square Feet	# of F	loors	Blo	ig. A	ge	-
Englewood									70,000 sf	2		0.000	55	-,	
County (6)					Cour	ity Code (	7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being	g demolish	ed)			
Bergen									Building						
Name of Monitoring Firm	Hired by Build	ding Owne	r (8)	F	SCM	No.	Na	me of Abatem	ent Contractor (9)	)					
Guardian Contract	ing, Inc.						(	Guardian Co	ntracting, Inc.						
Street Address							Str	reet Address							
1889 Rte. 9, Unit 61	ľ						1	1889 Route 9	), Unit 61						
City, State, Zip Code							Cit	y, State, Zip C	ode						
Toms River, New J	ersey 08755						*	Toms River,	New Jersey 08	3755					
Project Manager for Mon	itoring Firm		T	elep	ohone	No.	Те	lephone No.		Licens	se No.	77.7			
Nicholas Fernicola				73	2-349	-9932	7	732-349-9932	2	006	24				
Start Date (10)	S	Scheduled	Com	plet	ion Da	te (11)	Na	me of OSHA N	Monitor						
08 /21 /	17	08	/ _	23	_ / _	17	E	E.M.S.L. Ana	lytical						
Occupancy Status During	g Abatement (0	Check only	one	)			Str	reet Address					-		
□ Facility Closed/Vacate	ed During Entir	re Period o	f Ab	aten	nent		1	1056 Stelton							
Abatement Performed							Cit	y, State, Zip C	ode						
Time of Abatement: _	AM	PM/	—F	·M		AM	F	Piscataway,	New Jersey 08	854					
Scope of Work (Check al	I that apply)		77			- W- W- W									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		-	Renov Demo					<ul><li>☐ Mini-End</li><li>☑ Gloveba</li></ul>	tainment with Nei closure g Procedure empted (*) and No			ı			
			ls Lo									Ab	atem	ent T	уре
Location		, Us	Nor sed S		ly ly by	A - L -		Description of				Re	Re	m	m
Asbestos-Containing TO BE ABA		' N	lainte	enar	nce/			Containing Ma ermal systems		100000000	ount ecify	Removal	Repair	Encapsulate	Enclosure
IN Facili	ity	Cı		ial S 12)	Staff?			surfacing, VAT	, or		or LF)	val		sula	sure
(13)		Yes		No.	N/A	1	01	ther miscellane	eous)					te	
attic above storage 1	0		D	3		asbest	os p	ipe insulation	on	20	0 If				
attic above storage 1	0		D				. 8	ransite pane		10	0 sf				
exterior			D	3		caulk 8	k gla	zing 17 wind	dows	68	3 sf				
			T	7								П	П	П	П
Name of Registered Was	te Hauler			N.	JDEP \	Naste	Cu	bic Yards of	Name of Regis	L stered Lar	ndfill	_			1—
Guardian Contracti				Ha	auler II 20223	O No.	00000000	aste	T.R.R.F.						
City, State				_	20223			sposal Date	City, State				11/2 200		
Toms River, New Je	ersey						1	01/27/17	Tullytown	Pennsy	/Ivania				
Completed By (Print or T		Title					-	Signature	1		Date	9			
Nicholas Fernicola	***	Projec	ct M	ana	iger			-	111		540				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 1 4 2017 Name of Building Owner/Operator (2) Date of Notification (1) Long Branch Partners, LLC 8/7/17 ASBESTOS CONTROL & Type Notification Agencies Notified Street Address LICENSING 350 Main Street Initial × City, State, Zip Code DEP Amended Amendment #2 Montville, New Jersey DOL Emergency (including Name of Contact Tolonhone Number DOH justification) Chuck Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) long Branch Partners, LLC Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, x 156-160 Broadway etc.) Square Feet # of Floors Bldg. Age City (5) 3000 2 55+ Long Branch County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Monmouth Store Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Ace Insulation Co., Inc Street Address Street Address 95 Montrose Rd City, State, Zip Code City, State, Zip Code Colts Neck License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 0029 732 294 1757 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 7/19/17 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: 7am-7pm Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 if Renovation X Demolition Mini-Enclosure ≥160 sf or ≥260 lf × Glovebaq Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff?

pipe elbow insulation 25 elbows X Basement X 50 lf pipe insulation X basement X flooring and mastic 3000sf X 1st and 2nd floor X NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards Hauler ID No. of Waste Fairless Landfill Ace Insulation Co., Inc. 5 12086 Disposal Da City, State City, State 20 Easton, PA Colts Neck, New Jersey Date Completed by Signature 8/7/17 Bree McGuire Secretary

(12)

No

Yes

N/A

surfacing, VAT, or

other miscellaneous)

SF or LF

Print Form

Encapsulate

In Facility

(13)

Check #

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

	E	C	E		$\mathbb{V}$		
	A	UG	1	4	2017		
L	SRE	STO	26	00	NTRO	71 8	

Date of Notification (1)				CONTRACTOR OF		ng Owner/Operator (	2)	11111			_	
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Agencies Notified	Type Notification			Stree	t Address							1
☐ EPA	☐ Initial							ASBEST	OS CC	NTF	01	- L
□ DOLWD	Amended			City,	State, Zip	Code			CENS			
□ DHSS	Amendment #			100000		IJ 07504					and K to have	
□ DCA (NJAC 5:23-8)	Emergency (ir justification)	iciuaini	9		of Contac	The state of the s		Telephone Nu	mher			-
(1107/0/0.20-0)	☐ Cancellation			5460	mania B			_ relephone iva	,			
						NFORMATION					-	
Name of Facility Where A	batement is Takin	a Place	e (3)	17	OILIT I	VIORWATION	Type of Facility	(4)				
N/A (House)							School (K-1					
Street Address							☐ Subchapter	8 (Other than K-				
							Other (i.e., p     homes, etc.)	private and comm	nercial bu	ıilding	S,	
City (5)							Square Feet	# of Floors	I RI	dg. Ag	10	
Paterson							1,800	2		80 yr		
County (6)				Cou	ntv Code (	7)(STATE USE ONLY)	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rior if being demo		00 y.		
Passaic				1200000		,,	House	nor il bonig donie	morroay			
Name of Monitoring Firm	Hired by Building (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
N/A	90T20 90T00		N - 150	N/A		A series of the	az Mat Remov	50				
Street Address						Street Address			1411	11 20 12 20 20		
						494 East 41s	t Street					
City, State, Zip Code						City, State, Zip Co	ode					
						Paterson, NJ						
Project Manager for Monit	toring Firm		Tel	ephone	No.	Telephone No.		License No.			-	
						973-345-0022		00507				
Start Date (10)	Sched	duled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					
08/19/	17 (	08 /	_2	3 /	17_	Same as abo	ve					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address					===7:	
☐ Facility Closed/Vacate												
Abatement Performed Time of Abatement:	Outside of Normal	Facilit	у Ног	irs - Des	scribe	City, State, Zip Co	ode					
DI UNOCCUP; 2	Baseme	W]			_AIVI							
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 lf		⊠ Re	nova	tion		☐ Full Cont	ainment with Ne	gative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De					Procedure					
						☐ Non-Exe	mpted (*) and No	on-Friable Proced	dure			
l and in	. 5	0.999	Loca Norm						Ab	ateme	nt T	уре
Location of Asbestos-Containing N				lely by	Ashe	Description o estos Containing Ma		Amount	Re	Re	En	E E
TO BE ABA	TED			ance/		e., thermal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility	У	Cus	todiai (12	Staff?		surfacing, VAT,		SF or LF)	/al		Encapsulate	sure
(13)		Yes	No		1	other miscellane	ous)				ate	
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Dasement	10-	1		+=	Pipe in	Sulation		20 LF			Ц	
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Name of Registered Waste	e Hauler			NJDEP '	Waste	Cubic Yards of	Name of Regis	L stered Landfill			_	
East Coast Haz Mat	Removal, Inc.		1	Hauler II	D No.	Waste	네 ^^^ 기가 하다 하는 것이 되었다.	S., North W/M	of PA			
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Completed By (Print or Type	oe) Title					Signature	1 1/1		Date .			
James E. Unger	Contract Contract		mate	or/Proi	ect Mgr.	1//	6 118		Date )- a	P	h	
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\* Do not use this form for asbestos thensure exempted activities.

Chisa		NC		CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE		т		EC	E		Pri	nt-F
Date of Notification (1) 8/7/2017				Name of Reside	Building Owner/0	Operator	(2)		-	AUG	1 -	4 2(	)	-
Agencies Notified  EPA	Type Notification	1		Street A	ddress				The second secon	ASBEST	OS (	CON	TRO!	_ &
X DEP DOL	Amended Amendment Emergency				te, Zip Code City, NJ 0730	)6						7-10-1	200000000000000000000000000000000000000	
DOH DCA	justification) Cancellation	76		Name of Len Fr					Tel	enha · · · ·		_		
Name of Facility Where A	Abatement is Takir	g Place (3)		FACII	LITY INFORMAT	ION	Тур	e of Facility (	4)					
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than K-12 & commercia	?) al buil	dings,	home	ıs,
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Name of Monitoring Firm A. Seine Lighthous		Owner (8)		ASCM	l No.			patement Con ank Service		(9)				
Street Address PO Box 354						Street 1256		ress erty Ave				600		
City, State, Zip Code South Orange, NJ (	07079							Zip Code NJ 07205						
Project Manager for Mor Sarah Calandra	nitoring Firm		- 11	Telephor 201-34	ne No. 9-2666	Telepi 844-		No. -7465		License N 01316	0.	2.233.00		
Start Date (10) 8/22/2017		Scheduled 8/28/201		npletion (	Date (11)	100 CONTRACTOR		SHA Monitor Lighthouse	e Solu	utions				
Occupancy Status Durin  Facility Closed/Vac				aont		Street PO E								
Facility Closed/Vac Abatement Perform Other – Describe:								Zip Code range, NJ (	07079	)				
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)		nova			  > 	\ \ \ \ \	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
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Crawl Sp	pace	Yes	No X	N/A	Pi	pe Wra	ар		2	20 LF	х		Ф	

Hauler ID No.

04509

Office Manager

Title

of Waste

Disposal Date

Signature

City, State

Penn Srgyle, PA

Waste Management Landfill

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

Date

Completed by

Alison Lamers

Newark Carting

East Orange, NJ

City, State

HANUA 8/7/2017

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 8/2/17 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address EPA 416 Buck Street DEP Initial City, State & Zip Code ASBESTOS CONTROL &  $\overline{\boxtimes}$ X DOL Amended Millville, NJ 08332 Emergency DOH Name of Contact Telephone Number DCA Cancellation ALEX BAYLOR **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Millville Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 416 Buck Street Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 19700 70 Millville Cumberland Current Use (Prior if being demolished) 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 Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 14, 2017 August 15, 2017 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (5pm-1:30am) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 1ST Floor Toll Desk Area VAT/Mastic 30 SF  $\times$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 Completed By (Print or Type) Title PATRICK T. DeCARO Estimator 8/2/17 atrick T. De Caro

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USA ENVIRONME	ENTAL MA	NAGEMENT, IN	VC.		, 1001011		FNVIR	ONMENTA	(9)				
Street Address						Street Add		OTHERT	LING				
8436 ENTERPRISE						1123 BEA		REET					
City, State & Zip Cod PHILADELPHIA PA						City, State	& Zip Co	de					
Project Manager for N		rm To	lonka	- N	Leave I.	BRISTOL		07					
MARK JENKINS			5-36	5-58	lumber 10	Telephone 215-788-6			License				()
Scheduled Start Date		cheduled Comple				Name of O		itor		008	509		-
August 14, 20	017	Augus	1 15					NMENTAL	INC				
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Name of Monitoring Firm Hired by Building	Owner (8	)	ASCN	И No.				tement Con estruction		(9)					
Street Address						Street 282 (		ss k Road							
City, State, Zip Code								ip Code NJ 0803	1						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 856.4				Licen 0133	se No.				
Start Date (10) 8/20/17	Schedul	led Cor	npletion	Date (11)		Name Andre		HA Monitor							
Occupancy Status During Abatement (Chec	k Only O	ne)			1000	Street		7777							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:					(	City, S	tate, Z	Road ip Code NJ 0803	1		***************************************				- 98
Scope of Work (Check All That Apply)							,								
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City, State, Zip Code							Zip Code , NJ 08031					
Project Manager for Monitoring Firm			Telepho	ne No.		hone N		License N	Vo.			
Start Date (10) 8/20/17	Schedule	ed Con	npletion	Date (11)	Name		HA Monitor	0.000				
Occupancy Status During Abatemen	nt (Check Only Or	ne)			Street	t Addre	ess					_
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of of Normal Facility	Abaten Hours	nent		City, S	State, Z	k Road Zip Code , NJ 08031					
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City, State Bellmawr, NJ		28	3909	Di	TBD sposal Date TBD	)	City, State					
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County (6) Essex					Code (7) USE ONL	y)		Curre	ent Use (Prid	or if bei	ng den	nolishe	ed)			
Name of Monitoring Firm Hire N/A	ed by Building	Owner (8)		ASCN	A No.				atement Cor tement, In		(9)					
Street Address				-			Street 11 R		ss gren Aver	nue						
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Project Manager for Monitoria	ng Firm			Telepho	ne No.		Teleph 973-				Licen 0131	ise No				
Start Date (10) 08/22/2017		Schedule 08/23/2		mpletion	Date (11)	0			HA Monitor ement, In	C.						
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0&S Abatement, Inc.			0.0000	0996		TBD			Waste N		emer	nt of I	PA			
City, State						Disposa	al Date		City, State							

TBD

Project Manager

Signature

Totowa, NJ

Completed by

Ned Joksimovic

Date

08/09/2017

Morrisville, PA

Ch 1441	N		CATION	te of Nev OF ASBI to NJAC	ESTOS	ABATE			B	E	C	E			1 1
Date of Notification (1) 08/09/2017				Building ( Storage		perator	(2)				AUG	1 4	20	17	
Agencies Notified Type Notification    X   EPA   X   Initial		- 1	Street Ac			ASBESTOS CONTROL &									
X DEP Amended Amendment			City, State, Zip Code Westfield, NJ 07090												
Emergency ( justification)  DCA  Cancellation	including		Name of Karl Or						Tel	ephor	ne Nur	pber			
			FACIL	ITY INFO	DRMATI	ON									
Name of Facility Where Abatement is Taking Private Building	g Place (3)							of Facility ( School (K-1	2)		- V 1	2)			
Street Address 196 Piaget Avenue							×	Subchapter Other (i.e. p etc.)	rivate	& com	nmerci	al buil	0.75000		es,
City (5) Clifton							N/A	re Feet	N/A			١	ildg. A I/A	.ge	
County (6) Passaic			County C (STATE U	Code (7) ISE ONLY)			Curre	ent Use (Pri	or if bei	ng de	molish	ned)			
Name of Monitoring Firm Hired by Building ( N/A	Owner (8)		ASCM	No.				tement Cor ement, In	ontractor (9) nc.						
Street Address						Street Address 11 Rosengren Avenue									
City, State, Zip Code								ip Code J 07512							
Project Manager for Monitoring Firm		Telephone No. Telephone No. 973-345-8685						License No. 01311							
Start Date (10) 08/23/2017	Schedule 08/30/2		mpletion Date (11)  Name of OSHA Monito D&S Abatement, I												
Occupancy Status During Abatement (Chec			267				Addre	ss gren Aver	nue						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied						City, S	State, Z	ip Code IJ 07512							
Scope of Work (Check All That Apply)							77-2								
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Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	ered L	.andfill				
D&S Abatement, Inc.		Н	lauler ID i 0996		of Was			Waste	Mana						
City, State Totowa, NJ					Dispos TBD	sal Date	)	City, Stat Morrisv		Α					
Completed by Ned Joksimovic	Title Project	ct Ma	anager		S	Signature	e L	W	10 to		10000	ite 3/09/:	2017		

Print Form

Check No.

4317

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Date of Notification (1)		X5			Nam	e of Build	ing Owner/Operato	r (2)	THE	; E		W	恬	17	
August 07, 2017					Sta	te of Ne	ew Jersey	الالالا		<u>u</u>			7		
Agency Notified	Туре	Notification				et Address			110					- 1	
П гол	E 1	ro.			103	5 Parky	way Avenue, PO Box 600 40 AUG 1 4 2017								
EPA  Not equivadour State Peg. 10-2004	⊠ Init	iai iended				State, Zip								- 100	
<b>⊠</b> DOL	An	nendment #					11.08625-0600							1	
<b>⊠</b> DOH		nergency (includ	ing			e of Conta	A DIT SILISIA							<u>R</u>	
D DCA		tification) ncellation					tact Telephone Number SING								
		- Condition													
Name of English Where	N hatam	antia Talaina Di	//		FAC	CILITY IN	FORMATION								
Name of Facility Where A		ent is Taking Pi	ace (3	3)				Type of Facility	/ (4)						
Knowlton Rest Area								☐ School (K-1							
Street Address									8 (Other than K-1						
Interstate 80 Eastb	ound	, Mile Marke	er 7.2	2				homes, etc.	rivate & commerc	iai bullo	ings,				
City (5)					A-H-			Square Feet	# of Floors	Bldg	g. Ag	е			
Columbia								30,000	4	67-	+				
County (6)					Coun	ty Code (7	7) (STATE USE		rlor if being demo	lished)	700			_	
Warren					ONLY			Visitor/Res		,,,,,,,					
Name of Monitoring Firm	Hired h	y Building Own	er	ASCI	M No		Name of Abatem								
(0)	Monitoring Firm Hired by Building Owner ASCM No.  Donmental Connections, Inc. 00030		THE PROPERTY OF THE PROPERTY O	and the same of th	The second second										
(8)		000	30			toration Co.,	, inc.				V 1				
	<u> </u>						Street Address								
120 North Warren Street							223 Randolp								
City, State, Zip Code							City, State, Zip C								
Trenton, NJ 08608						Clifton, NJ 0									
Project Manager for Monit	toring F	irm	T	elepho	one No.		Telephone No.		License No.						
Steve Mania				ANGUO IO	92-42		973-478-468	1	00120						
Start Date (10)		Scheduled C			100 10		Name of OSHA								
August 24, 2017		Septembe			7	McCabe Environmental Services, L.L.C.									
Occupancy Status During	Abater	nent (Check onl	y one	)			Street Address								
☐ Facility Closed/Vacated	During	Entire Period	of Aba	temen	t		464 Valley B	rook Avenue	•						
☐ Abatement Performed (	Outside	of Normal Facil	ity Ho	ours			City, State, Zip C	ode							
☑ Other - Describe: Oc	cupie	d Building F	roc	edure	es		Lyndhurst, N	NJ 07071							
Scope of Work (Check all	that ap	ply)							20 12 2						
≥ 3 sf or ≥ 3 If					⊠ Rer	novation		Containment with Enclosure	Negative Pressu	re					
$\square$ $\geq$ 160 sf or $\geq$ 260 If					☐ Den	nolition	☐ Glove	bag Procedure							
						1	⊠ Non-I	Exempted (*) and	Non-Friable Pro	cedure					
				s Locat							A	bate Ty		nt	
Location				Norma ed Sole			Description of	ıf				,	-		
Asbestos-Containing		al (ACM)		aintena			stos Containing Ma	terial (ACM)	Amount		_		Щ	m	
TO BE AB. IN Facil				Custod		(i.e.	., thermal systems i surfacing, VAT		(Specify		Ren	Re	cap	ncl	
(13)	ity			Staff' (12)	3		other miscellane		SF or LF)		Removal	Repair	Encapsulate	Enclosure	
		-		1 (12)	_	-					<u>a</u>	7	ate	re	
			Yes	No	N/A										
Break Room				IX		Mastic fo	or 12" X 12" Beige Spec	kled vinyl floor tile	8	0 sq fi	tX				
					1										
Name of Registered Waste	e Haule	r	N.	JDEP V	Naste F	lauler	Cubic Yards of	Name of Regist	tered Landfill	100000				-	
			ID	No.			Waste								
B&N&K. Restoratio	n Cor	npany, Inc.	1	2695			<1	Minerva En	nterprises, Inc.						
City, State							Disposal Date	City, State		Si					
223 Randolph Aven	ue, C	lifton, NJ 07	011				08/25/2017 - 08/28/2017	Waynsebu	rq,						
Completed by		Title					Signature Date								
G. Boger Woodman Project Manager							0/7/2017								

n	E	C	E		$\mathbb{V}$	n
11/	-	-	-	and local local		
3	v	42	11			

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

			•				HI AUG	7-4	-20	17	117	
Date of Notification (1) 8/9/17	,	Name of	Building Ox			GASS					lam of	
Agencies Notified Type Notification		Street A	idress	GI	ASBESTOS CONTROL & LICENSING							
☐ EPA ☐ Initial ☐ Amended	12	City, Sta	te, Zip Code	,		The state of the s						
DOL Amendment #_  Emergency (inc	Indino			325	J NJ. 97510							
DOH justification)	coaim5	the same and the same and	Contact	1.00	i.e.		1 Telephone Nullin	_	-			
□ DCA □ Cancellation			1S, C						-			
Name of Facility Where Abatement is Taking Plac	<del>z</del> (3)	PACI	LATTINFO	PECVER I EC	Ty	pe of Facility (4	•)					
US. GASS			·			School (K-K	2)					
Street Address			*. . *** :		P	Other (i.e. pr	(Other than K-12) ivate & commercial b	uildin	gs, ha	nes, et	E.)	
City (5)			14.		Sq	uare Feet	# of Floors		dg. A			
PATERSON	9	3				2450	2 "	_	9	40	_	
County (6) PASSALC			Code (7)		_ Cu	TOSS!	of NEW					
Name of Monitoring Firm Hired by Building Own	星(8)	ASCI	ví No.	1	Name of A	batement Contra						
,						Removal I	nc				_	
Street Address				1.	Street Addi		~					
1						South Rive	r Street				-	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601										
Project Manager for Monitoring Firm	Telephor	ne No.	1	Telephone	none No. License No.							
	201-329-7444 00388  Westion Date (11) Name of OSHA Monitor									-		
Start Date (10) 8/22/17	Scheduled Con	23	17			a Environ	mental		64.7	14		
Occupancy Status During Abatement (Check Only		Street Address 280 Huyler Street										
☐ Facility Closed/Vacated During Entire Perio	d of Abatemen	ıt _		. L	City, State,				-		$\dashv$	
Abatement Performed Outside of Normal Fa	S:0:	>PH		_ [	Sout	h Hackens	ack, NJ 07606		2		-	
Scope of Work (Check All That Apply)												
_2 ≥3 sfor≥3 lf	E Renow	ation					nt with Negative Pres	SILE				
☐ ≥160 sf or ≥260 lf	☐ Demol	ition				Mini-Enclosure Glovebag Proce					-	
				(1)845	ā	Non-Exempted	(*) and Non-Friable I	roced			$\dashv$	
	Is Loca	ation	٠.,						Aban	ament pe		
Location of	Norm			Desc	ription of							
Asbestos-Containing Material (ACM) TO BE ABATED	Used Sol Mainter		Asbest	tos Contain	ning Materi	al (ACM) n, surfacing,	Amount (Specify	R.	*	Enc	En	
In Facility	Custodiai (12		. (LE ME	V.	AT, or		SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)	-		1	other mi	iscellaneour	s)		8	-	ato	)FO	
	Yes No	) N/A	<u> </u>		- 7.		ISSLF	×	_		$\neg$	
BASEMENT		-	THERMAL	57515	M INSU	LATION	1334	/				
			1						<u> </u>		$\dashv$	
			<u> </u>						_			
						1 Nome of I	Registered Landfill				$\vdash$	
Name of Registered Waste Hauler		NIDEP W Hauder ID		Cubic You of Waste					. т	T C		
Best Removal Inc		171	09		2%20	/ N. City, State	finverva Enter	PEIS	s, L	TC	-	
City, State Hackensack, NJ 07601	*//			Disposal	23/17		nesburg, OH 4	4688	3	-		
Completed by	Title				таше	0	Dai	e		_		
J. Maiorano	Estim	ator			XC	مس عجمه		10/	9/1	_	لِـــ	

Chlep58			CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE			D)-L	E C		W	<u>E</u>	
Date of Notification (1) 8/7/17				of Building				e Home		AUG	1-4	2017		
Agencies Notified Type Notification			Street A		ritzpe	uick r	IIVali	e nome						
			Ollecti	ruui ess		•		The state of the s	AS	BESTO			OL 8	ė.
EPA Initial Amended		1	City, Sta	ate, Zip C	ode					LIU	ENSIN	VG.		
X DOL Amendmen			Ship I	Bottom	NJ 08	800								
DOH Emergency justification	_	1		of Contact					Te	enhone N	umber			
DCA Cancellation	1		Tom	- V					4			, _		
Name of Facility Where Abatement is Takin	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)					
Tom & Karon Fitzpatrick Private I		-,							2000					
Street Address								School (K- Subchapte		er than K-	12)			
								Other (i.e. etc.)	private	& commer	cial bui	ldings	, hom	ies,
City (5)								re Feet	# 0	f Floors	1	3ldg. /	Age	
Ship Bottom NJ 08008							100	0+	1			35+		
County (6)				Code (7) USE ONLY	2			ent Use (Pr	ior if be	ng demoli	shed)			
Ocean	0 (0)				/		Hou							
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCN	√I No.			of Aba naco l	tement Co	ntractor	(9)				
Street Address	-						Addre							
							Box 3							
City, State, Zip Code							202020311010	ip Code						
						1000000		in NJ 08	091					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N	0.		License	No.			
							753-9			00727	9			
Start Date (10) 8/18/17	Schedul 8/25/1		npletion	Date (11)		1		HA Monitor					VO10-5 II-	
Occupancy Status During Abatement (Chec						Sam								
Facility Closed/Vacated During Entire						Succi	Addres	55	£					
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours	ient S		_	City, S	tate, Z	ip Code			2000			
Scope of Work (Check All That Apply)		-								6				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ F	Renova Demolit	ition ion			×	Mir Glo	I Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure	Ti-				
	T <sub>a</sub>						a NO	II-Exemple	u () and	1 NOII-FIIS	IDIE Pro		emen	-
Location of	1	Locati Vormal	ly		Do	scription	of						ре	
Asbestos-Containing Material (ACM)		d Sole			tos Cont	aining M	laterial			mount			Ш	
TO BE ABATED In Facility	(7,6000)	todial S		(i.e.		systems cing, VA		ation,		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)				niscellan			0,	0, 2, ,	lova	pair	sula	osur
	Yes	No	N/A								-		te	O
exterior siding			Х		exte	rior sid	ing		12	00 SF	x			
garage area			Х		Trai	nsite pi	ре		1	2 LF	x			
							-							
											-		-	
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfi	ii			
United Roll Off		Н	auler ID 2459		of Was			G.R.O.		morrison	nds:			
City, State		2	2400			al Date		City, Stat						
Elm NJ					8/25/					19067				
Completed by	Title				_0000 G-000	ignature	7			200000000000000000000000000000000000000	ate			-
Anthony T Perna	Pres	ident					//	-	-	8	3/7/17			

Print Form

# CKGAGO

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

WASBESTOS CONTROL & LICENSING

CHECK # 24493/5953

Date of Notification (1) 08-03-17					of Building Port Auth				The state of the s	71	41	SO	7 1	91	A	
Agencies Notified	Type Notification			Street A		v Inter	national	Airr	oort, Bldg.	125	ூent	Tal Te	ermi	inah	Area	-11
EPA DEP DOL	Initial Amended Amendment		_	City, Sta	ate, Zip Co rk, NJ 07	de				- Steen	<u> </u>	VL. II	5		1,05	1000
DOH       DCA	ignition   Emergency   justification   Cancellation	ii ă			of Contact A. Volpe					Te	lanh-	**				
				FAC	ILITY INFO	DRMATI				N ISE						
Name of Facility Where Newark Liberty Inte			3)						of Facility (4 School (K-1	20 <b>4</b> ()						
Street Address 3 Brewster Road								×	Subchapter Other (i.e. p etc.)	8 (Oth				dings	, hom	es,
City (5) Newark									re Feet	# 0	f Floor	S	289	Bldg. A		
County (6) Essex	·				Code (7) USE ONLY)	·	1.0	Curre	ent Use (Prid	or if bei	ng den	nolishe	ed)			
Name of Monitoring Firm The Port Authority		Owner (8)		ASCN N/A	M No.		0.000		tement Con Environme							
Street Address 241 Erie Street							Street A	ddres								
City, State, Zip Code Jersey City, NJ 073	10						City, Sta	ate, Zi		)						
Project Manager for Mon Ralph Campione				Telepho	ne No. 22-0800		Telepho 201-93	ne No	0.		Licen	ise No.	3			
Start Date (10)					Date (11)		Name of	f OSH	HA Monitor		0070					
08-14-17		10-30-	26						alytical, In	c.						
Occupancy Status During	7/.						Street A		ss 38th Stree	o†						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	3	rea.	_	City, Sta	ite, Zi								
Scope of Work (Check A	II That Apply)						20-27									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		arrest to the same of the same	tenova Jemolit				×	Min Glo	Containme ni-Enclosure vebag Procen-Exempted	edure					<b>.</b>	
	(0-	lo.	Locati					IVOI	I-Exempled	( ) and	I NOIT-	rnable		1970 55	ement	
Location	of	N	lormal	ly		Des	scription o	f				1		Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Mai	d Sole intenar odial S (12)	nce/		os Conta thermal surfac	aining Ma systems i cing, VAT, niscellane	terial insula , or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	, to
Ext: Terminal A1 Fu				Х			overed F			3	02SF		х			
Ext: Terminal A2 Fu				Х			overed F			(	82SF		х			
	ct: Terminal A3 Fuel Connection					Tar Co	overed F	Pipe		10	00SF		х			
	Ext: Main Connection						overed F	Pipe			36SF		x			
Name of Registered Wasi ATC, Inc. / JBT (500)	ne of Registered Waste Hauler C, Inc. / JBT (50071)					of Was			Name of R Minerva	-17/10						
City, State Shirley, NY / Bronx, N	NY	7-17-17-17-17-17-17-17-17-17-17-17-17-17		1310			al Date	7	City, State Waynesl		OH 4	4688				
Completed by Raymond Kinsella		Title Proje	ct Ma	nager			ignature	/	1	31	$\mathcal{F}$	Date 08-0	070 0	7		
							7	1	/ 1	-	-					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 08-10-2017 Rider University Agencies Notified Alig 1 4 2017 Type Notification Street Address  $\boxtimes$ **EPA** 2083 Lawrenceville Road DEP Initial City, State & Zip Code DOL Amended:4th Amendment: X ASBESTOS CONTROL & LICENSING Lawrenceville, NJ 08648 hrs time change DOH Emergency Name of Contact X DCA Telephone Number Cancellation Mr. Walter Eddy FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University-Maurer Physical Education Building-1st floor offices/classrooms School (K-12) Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 25,000 57 Lawrenceville, NJ 08648 Mercer Current Use (Prior if being demolished) Physical Education Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni & Associates 00102 Resource Management Group, LLC Street Address Street Address 515 Grove Street 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Haddon Heights, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number Brian Clark License Number 856-547-0505 609-977-6159 Scheduled Start Date (10) 01185 Scheduled Completion Date (11) Name of OSHA Monitor 8/7/2017 8/28/2017 J&S Environmental Laboratories Inc Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours 1st Shift X Describe: 7:30AM - 5:30PM Monday-Sunday- including weekends City, State & Zip Code Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Asbestos-Containing Amount Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsula Remova (i.e., thermal systems Enclosure Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No Class rooms:127,126,125,124,122-124,110,0109,108  $\boxtimes$ Sheetrock & Joint Compound & Hallway by rooms 111-118 5,470 SF M Class rooms:127, 126, 125, 122-124, 110, 111, 109, Fissure Ceiling Tile X 108 & Hallway by rooms 111-118 6,470 SF X Class rooms:127, 126, 125, 122-124, 110, 111, 109, X Cove base mastic 108 & Hallway by rooms 111-118 534 SF  $\boxtimes$ Class rooms:127, 126, 125, 122-124, 110, 111, 109, Floor tile/mastic(grey streaks) 108 & Hallway by rooms 111-118 4976 SF П Class rooms(#127, 126 & 109) П X Chalkboard Glue Dots 150 SF X П M X Resource Management Group, LLC 0035218 TRD Grows Landfill City, State Disposal Date City, State Hamilton, NJ 08619 TBD Completed By (Print or Type) Brian Haney Morrisville, PA Title: President Signature Date 08-10-2017

			(	Pursuar	nt to NJAC	8:60 and 12:12	20)	nege	ā	₩/		1
Date of Notification (1) 8/4/17		+:			me of Build oann Doh	ing Owner/Operato	or (2)	出	10.7 L	····		-
Agencies Notified	Type Notif	ication		_	eet Addres			AUG 1	4	201	7	
EPA DEP	Initial							14 140				
DOL	Amend Amend				, State, Zip			ASD: NO	7.7	1551	OI.	2
<b>⊠</b> DOH	Emerge	ency (include	ding			wood, NJ 08260	)	LICE	NISH	NG		<u> </u>
DCA	justification Cancell				me of Co	ntact	-	Telephone Nur	pher.	F		
				Joe	Ferzoco			-				
					ACILITY IN	IFORMATION						
Name of Facility Where Residence	Abatement is	Taking Pla	ace (3	)			Type of Faci	, , ,				
Street Address							School (K	(-12) er 8 (Other than K-1	12)			
Street Address								., private 8 commerc		ildina	s	
City (s)							homes, e	tc.)				
North Wildwood, NJ	T 08260						Square Feet 1800 SF	# of Floors	1 1 2	Bldg.		(
County (6)				I Co	unty Code	(7) (STATE		Prior if being demol		10 yr	5	_
Cape May, NJ				US	E ONLY)	(1)(01/1/2	Residence	(Filor ii being delilor	isiicu,	'		
Name of Monitoring Firm	Hired by Bui	Iding Own	er	ASCI	И No.	Name of Abater		(9)				_
(8)						AEi2, LLC		, - ,				
Street Address						Street Address					_	
						361 E. Flemir	ng Pike					
City, State, Zip Code		XIII.				City, State, Zi						1000
						Hammonton,	NJ 08037					
Project Manager for M	onitoring Fi	rm	T	elephone	e No.	Telephone No.		License No.				
Start Date (10)						609-481-212		00689				
8/13/17		Scheduled 8/21/17	Comp	oletion D	ate (11)	Name of OSHA	Monitor					
Occupancy Status During						AEi2, LLC						
Facility Closed/Vacate					+	Street Address						
Abatement Performed	Outside of N	ormal Faci	lity Ho	ours		361 E. Flemi City, State, Zip C						
Other - Describe:						Hammonton,	NJ 08037					
Scope of Work (Check all	that apply)					☐ Full Cor	ntainment with	Negative Pressure				
≥3 sf or ≥3 If			lanav	otion		Mini-End		rrogative i ressure				
≥160 sf or ≥260 lf		Pi	lenov emoli	tion		☑ Gloveba	g Procedure					
						☐ Non-Ex	empted (*) and	Non-Friable Procedu				
			Loca Vorma						1	Abate		ě
Location o		Use	d Sol	ely by		Description of			_	Тур	) E	
Asbestos-Containing Ma TO BE ABATE			intena		Asbest	os Containing Mate thermal systems in	erial (ACM)	Amount	R	R	n	E n
IN Facility			Staff	?	(1.6.,	surfacing, VAT,	or	(Specify SF or LF)	e m	e p	u d D	1 0
(13)			(12)		1	other miscellaneo	us)		v	a	s	s u
		Yes	No	N/A					1	r	1 a	r
Crawl Space		100	1,40	X	TSI			25 lf	37		t	$\vdash$
			+-	1/1				2011	X			$\vdash$
		_	-	+	-				_			$\vdash$
		=	-	+					_			
Name of Registered Waste	e Hauler			NJDEP	Naste I	Cubic Yards	I Name of Poo	istered Landfill				
AEi2, LLC				Hauler I		of Waste		istereu Landiiii				
City, State			يلد	21376		1	ACUA					
Hammonton, NJ						Disposal Date TBD	City, State	17	100			
Completed By		Title					TBD	1/2:				_
Wm. Minnick		Progran	n Mo	ग		Signature	1/1/20	Date 8/4/17				
2		1105141	TATE	D		00///	1:11.	0/4/11				

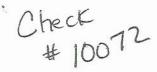
#### State of New Jersey - Notification of Asbestos Abatement

			(Fursi	uant to N.J.A.C	. 8:00-/ and 12:120-/)		IF				W	5	3
Date of Notification (1) August 7, 2017					Name of Building Owner/ R.C. Diocese of Pa			T	-			- Constitution of the Cons	- C. 1. A.
Agencies Notified		Notification	Type		Street Address	aterso			AUG 1	1	2017	11	111
		⊠ Initi		fication	777 Valley Road		1		100	4	2011	-	
X EPA		□Amende	ed Certi	fication	City, State, Zip Code								
x DCA x DOL		☐ Emerg		ncluding	Clifton, NJ 07013		and	ASDL	5 11	00	WINC	L &	
X DEP		justific			Name of Contact			Talan	h	a rakta	MILES AND ADDRESS OF THE PERSON NAMED IN COLUMN 1		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i
x DOH		☐ Cance	lled		Rebeca Ruiz-Ulloa						_		
Name of Facility Where Abate	mont is Tal	ring Place (2)		FACILITY INF	Type of Facility (4)								
Friendship Corner II	entent is rai	(ing Flace (5)			School (K-12)								
L					Subchapter 8 (other than	n K-12)							
Street Address 186 Butler Street					Other (i.e. private &			uildings,	, homes	etc.)			
The special control of					Sq. Feet: Unknown	# of	Floors	: 2 B	ldg. Ag	<u>e:</u> 6	0 yea	ırs	
<u>City (5)</u>	County (6	**		Code (7)	1 11 11 11 11								
Paterson	Passai	С	State	Use Only)	Current Use (prior if being	g demo	olished)	:					
Name of Monitoring Firm Hire	d by Blda (	Owner (8)	ASCM	No	Name of Contractor (9)	-							
EnviroVision Cons			0007										
					GREENWOOD ABA	TEME	NT C	USNC	LTAN	rs, I	NC.		
Street Address 20-21 Wagaraw Road	I Blda#	3/1/			Street Address								
20-21 Wagaraw Noac	i, Diag #	34A			511 MAIN STREET								
City, State, Zip Code		210211			City State, ZipCode								
Fairlawn, NJ 07410	<b>,</b>				Butler, NJ 07405								
Project Manager for Monitorin Fred Larson	g Firm	<u>Telephone N</u> 973-636-	1 To		Telephone Number			Licens	se Numb	er			
1 lea Laisoii		373-000-	3143		973-492-0477			0084	0				
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor								
August 25, 2017		August 3	1, 201	7	EMSL inc.								
Occupancy Status During A	batement (	Check only or	ne)	U	Street Address								
	cated Durin	g Entire Perio	d of Aba		2000-0000 1000 1.000 1.000 1000								
Abatement Performed	d Outside o	f Normal Faci	lity Hour	'S -	1056 Stelton Road City, State, Zip Code								
Describe Other – Describe:					City, State, Zip Code								
Other - Describe.					Piscataway, NJ 08	854							
					W755-95								
Source of Work (Check all that	it apply)								STRAGESTON SOLAN	or where the first			
. 0 . 6 0 . 1									with Ne	gative	Press	ure	
≥ 3 sf or ≥ 3 l				x Renovatio	n		ini-Enc						
□ ≥ 160 sf or ≥ 2	200			Demolition				rocedur	and Nor	n-Fria	ble Pro	cedu	re
Location of Asbestos-Contain		cation Normal			pestos Containing Material		Amoun	t I	Abaten				
Material (ACM) in Facility (13)		ly by Maint./Cu ? (12)	stodial	(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfact		(Specifi or LF)	y SF	Remove	Rep	air Enca	p End	close
	YES		NA	V/11, OF OURCE THIS	ocii.)		01 21 )						
Classroom # 5		X		Plaster Ceili	ng		1,040	sf	X				
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	NJDEP Was See Below		1D#	Cubic Yards of Waste:				of Regis				
See Hauler Below # 1 &	2	See Delow			30 c	u.yds.	.		D.W.S	.anui	ш		
								0.11.0	5.11.0				
Hauler #1) Greenwood	Abateme	nt Consulta	nts. In	c Butler, NJ (	07405	Dispo	sal Da	te	T	City, S	State		
NJ DEP # 12			,			Aug	ust 3	1, 201			2, Box		
Hauler #2) Newark Carti	ng, Inc	Newark, NJ	04509, 1	NJ DEP # 19551							eport, V 42-278		
		P****			T 0:			D					
Completed by (Print or Type) Marin Graure	100	<u>litle</u> SENIOR PI	SU IEC	`T	Signature			Date	just 7,	201.	7		
maini Giaule	1000	MANAGER			Marin Grau	re		Aug	uot 1,	U I I			

Date of Notification (1)			Name	of Build	ling Owner	/Operator	(2)	Free Fel 3	n 64	T <sub>1</sub>	T. // T	72 0
July 31, 2017			1 -	ral Plas		•		In B i	: []		14	
Agencies Notified Type Notification	n		Stree	t Address	S			1-31				
EPA Initial			55 La	France	Ave.			A.	JG 1	A P	2017	
DEP Amended Amended	- 1 11		City, S	State, Zip	Code			AL SAL	וטו	4 6	UIL	1
Emergence	y (includi	ng	100000000000000000000000000000000000000	nfield N				to a series				1000
DOH justification	1)			of Conta				Telephone	Numbe	F Com	1110	L &
Cancellatio	n				H&S Ma						<u>G</u>	nul amendada
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY	NFORMAT	TION	T					
General Plastics facility	3	(0)					Type of Facility					
Street Address							School (K	-12)				
55 LaFrance Ave.							Other (i.e.	er 8 (Other than h private & comme	(-12) ercial bi	uildin	as hor	nes
City (5)							etc.)					1103,
Bloomfield NJ							Square Feet	# of Floors		Bldg	. Age	
County (6)			County	y Code (7	71		0					
Essex				USE ON			Current Use (P	rior if being demo				
Name of Monitoring Firm Hired by Building	Owner (	8)	LASC	M No.		Nama	-	facility				
AET, Inc.	·		7.00	7111 110.			of Abatement Co	2.00				
Street Address							ACK Group,	LLC.				
907 Doolittle Drive						A serve						
City, State, Zip Code						1500 K	ings HWY N	, STE 209				
Bridgewater, NJ 08807							ate, Zip Code					
Project Manager for Monitoring Firm			Telepho	one No.		Telepho	Hill, NJ 0803					
Eric Houseknecht			(908) 2		าล		59 - 5000	License	NO.			
Start Date (10)	Schedu		mpletion				f OSHA Monitor	00781	01000000			
8/14/17			9/1/1			to the second	ACK Group, L					
Occupancy Status During Abatement (Chec	ck Only C	ne)				Street A		-LO.				
Facility Closed/Vacated During Entire	Period of	Abate	ment			1500 K	ings HWY N,	STE 200				
Abatement Performed Outside of Norn Other - Describe:	nal Facili	ty Hour	s				ate, Zip Code	012 209				
		*****					Hill, NJ 0803	4				
Scope of Work (Check All That Apply)							, 110 0000	•				
≥3 sf or ≥3 lf	$\times$	Renova	ation				Full Containm	ent with Negative	Drace	150		
≥160 sf or ≥260 if	Ш	Demoli	tion			X	Mini-Enclosure	9	riessi	ii e		
						P	Glovebag Pro	cedure (*) and Non-Friab	le Dese			
		s Locat	ion				THE EXCHIPTED	( ) and Non-Friab	le Proce		temen	+
Location of		Norma	lly		Dos	scription o	_				ype	L
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbe	stos Conta	aining Ma	terial (ACM)	Amount				
In Facility		todial :		(i.)	e. thermal	systems i	nsulation,	(Specify	R	ת	Enc	E
(13)		(12)			other m	niscellane	ous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Vac	Nie		1					val	#	late	ure
Penthouse over Old Boiler House	Yes	No	N/A									
		$\Diamond$			pipe	insulation	on	150 l/f	X			
_"_		X		b	roken tra	ansite &	debris	120 s/f	X			
_"_		X		Rem	ove & re	bag bag	s of ACM	6	X	1		
_#_		X		100000000000000000000000000000000000000	1000					-		
Name of Registered Waste Hauler		N	J DEP W		Cubic Y		ACM debris	8 Registered Landfi		,		
awark Cartina		4	auler ID	No.	of Wast		raine of r	registereu Landii	ш			
ewark Carting  City, State			222	53		2.8	Cumberla	and Co./ BFI /	GRO	WS	/ TRF	RF
ewark, NJ					Disposa		City, State	:				
Completed by	T:A1-					/1/17	Newburg	/ Imperial / M	orrisv	ille, i	PA	
ichael Cooper	Title				Sig	nature	191		ate			
ionaei ooopei	Presid	ent				- de l'astronome de		71	31/17			

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( VK	ナ	1502
	/	0.000

Date of Notification (1)				Name	of Building	g Owner/Op	perator (2)	## 11 11.	<u> 13 (c</u>		H = W	B	T	T
Augu	ıst 07, 2017			Genera	al Plastic	cs		1:33			MARKET CONTRACTOR		$\Pi$	
Agencies Notified	Type Notification			Street	Address				A 11/	1				#
⊠ EPA	Initial			55 LaF	rance A	\ve.		IN W	AU(	14	2017	1	U	1
DEP	Amended	4		City, S	tate, Zip C	Code		7 1				1		1
DOL DOL	Amendment Emergency			Bloom	field NJ			AS	DLS Y	186 775	1500			
DOH	justification)				of Contact			L	Telé	phoneN	umber	- 4		
L DCA	Cancellation					&S Mana						mag	-	
Name of Facility Where	Ahatement is Takin	a Place	(2)	FAC	ILITY INF	ORMATIO								
General Plastics faci		y Flace	(3)				Typ	e of Facility (4	4)					
Street Address	iity	- 70-2-11-1				-	-H	School (K-1) Subchapter		th a = 1/	40)			
55 LaFrance Ave.							$\times$	Other (i.e. p	rivate &	commer	rz) cial buil	dings	, hom	ies.
City (5)			-					etc.)		- Stuncords.cr			************	
Bloomfield NJ							Squ	iare Feet	# of F	loors	1	3ldg.	Age	
County (6)				County	Code (7)		Cur	ront Uso (Brig	r if boins	. da!	-11			
Essex					USE ONLY	)	_   Cui	rent Use (Pric			snea)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.		Name of Al	patement Con		acility				
AET, Inc.								K Group, LI		)				
Street Address							Street Addr		_0.					
907 Doolittle Drive						1	500 Kina	s HWY N,	STF 20	10				
City, State, Zip Code							City, State,		01L 20					
Bridgewater, NJ 0880	07					Mar.		I, NJ 08034	i					
Project Manager for Moni	toring Firm			Telepho	ne No.	1000	Telephone I			icense	No.			
Eric Houseknecht			(	908) 2	18-1108	3 (9	973) 759	- 5000	00	0781				
Start Date (10)		Schedu	led Cor	npletion	Date (11)		Name of OS	SHA Monitor						
8/21/17			-	9/30/1	7	T	he MAC	Group, LL	.C.					
Occupancy Status During						1	Street Addre	ess						
Facility Closed/Vaca	ited During Entire F	eriod of	Abater	nent				s HWY N, S	STE 20	9				
Abatement Performe Other - Describe:	d Outside of Norm	al Facilit	y Hours	3			City, State,							
Scope of Work (Check All	That Apply)					C	herry Hill	, NJ 08034			-			
≥3 sf or ≥3 lf	mat Apply)													
≥160 sf or ≥260 lf		Promet .	Renova Demolit					ull Containmer ini-Enclosure	nt with N	egative	Pressu	e		
							⊠ G	lovebag Proce	edure					
		T			Y		_ L N	on-Exempted (	*) and No	n-Friabl	e Proce	dure		
	10		s Locati Normal										emen /pe	t
Location Asbestos-Containing I			ed Sole		Achas		ription of ning Materia	-1 (ACAA)			-	· .		
TO BE ABA	TED		intena todial S		233	thermal sy	stems insu		Amo (Spe		R	_	Enc	Щ
In Facilit (13)	У	Out	(12)	nan:			g, VAT, or cellaneous		SF or	· LF)	Remova	Repair	aps	Enclosure
					ĺ	other mis	cenameous,	1			вус	air	Encapsulate	sure
		Yes	No	N/A									(D)	
Penthouse over Old	Boiler House		X			pipe ir	sulation		150	I/f	X			
_"_			X		bro	oken tran	site & de	bris	120	s/f	X			
_it_			X				ag bags		6			-		
_!!_		$\Diamond$								$\langle \rangle$				
Name of Registered Wast	e Hauler		$\bigcap_{N}$	J DEP W	55 gai	drums of Cubic Ya	mixed ACI		8		X			
	www.th.co.co.h.etf.ii			auler ID		of Waste		Name of Re	egistered	Landfil	Į.			
Newark Carting				222	53	2	2.8	Cumberla	nd Co.	BFI/	GRO	NS/	TRI	RF
City, State						Disposal		City, State						
Newark, NJ		T-2					0/17	Newburg /	/ Imper	ial / M	orrisvi	lle, F	PA	
Completed by		Title	10000000			Sign	rature		07	D	ate			
Michael Cooper		Presid	ent							8/7	7/17		5	



Data of Notification (1)				Niero	- 6 D - 2-15	^		101							
Date of Notification (1)	Aug 8 à	10/7	7	Name	of Building	Owner			Str	uction	$\sim$				
Agencies Notified	Type Notification			i i matemata	Address	170	D		70		(3)		n r	// [	ET
□ EPA	Initial			Yet St	TO BE TO A	TU	, pe	3 K	a C		U)	Line .	1	17 [	5
DEP DOL	☐ Amended			City, S	tate, Zip Co	A 1		_	4 7	X	T	- ^	05	フつ	. 11
Se DOL	Amendment a  Emergency (i				1 12	11	ew	E	3401	t 111 1	ATIC	100	200	25	· :
DOH -	justification)			Name	of Contact	01			, [, ]	Lelephor	164Nur	nber	2	88	
□ DCA	☐ Cancellation			11/	The same of the sa		1gen	_	i						-,
Name of Facility Where	Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of	Facility	4) ASDI		7 07 15 15 10 15	CHAF	101	l 
	Rigas	\ \ \ \		000	- Bu	111	·-c		· ·	-	LIC	ENS	ING		
Street Address	RIGUS		1010	uge	- 00	-1 (00	-	□ Şd	nool (K-1	2) 8 (Other tha	n K-12	7		l-contact	
44	8 Rou	te	30	0				□ Oti	er (i.e. p	rivate & com	merci	al buil	dings	, hom	es,
City (5) Middle	2		11	1	07	75	0	Square l		# of Floo	rs	E	Bldg. A		
	90001		(V>	ر	0/1	10	0						62	Dt	
County (6) Mon Me	nuth.		İ		Code (7) USE ONLY			/ /	Use (Prid 1295	or if being de	- 3	1 .	,		
Name of Monitoring Firm	1 1	wner (8)		ASC	M No. a		Name	4		itractor (9)	ula	11	)		
EPC TE	chnole	Sie	\$		N/A			PC	Te	8	lee	ie:	5	Lr	28
Street Address	30x 33	37					Street /	Address	OK	337	6				
City, State, Zip Code	- A	NJ	5	08	53	3	City, St	ate, Zip (	Code	A& A	17	A	94	1.3	2
Project Manager for Mon	it ri g Firm	6 6 m	P	Telepho	one No.	-	Telepho	one No.	TC	Lice	nse No	). <sub>@</sub>	A	a a	4502
Thene 20	then kea	in .		609		3365		758-		5	OK		74		
Start Date (10)	2017	Schedul	ed Con	npletion	Date (11)	7	Name o	f OSHA		_ [_	,	_		6	
Occupancy Status During		Only Or	29	10 6	2011		Street A		IRCI	nnolog	ies		nc		
									2	337					
Facility Closed/Vaca	ited During Entire Pe ed Outside of Norma	enod of / Il Facility	Abaten Hours	ient				ate, Zip C		<u></u>					
☐ Other – Describe: _								w Eg		AIT	- /	100	= 7	7	
Scope of Work (Check Al	I That Apply)						1		4pr	_/\\		10-	ردر	_	
23 sf or ≥3 lf	7.5.27		Renova	tion				Eull Ca	ntainma	nt with None	tive D				
≥160 sf or ≥260 lf		*							nclosure	ent with Nega	live P	essu	re		
`							~_		ag Proc		F				
					T			Non-E	xempted	(*) and Non	-Fnabl			3	
			Locati										Ту	ment pe	
Location			Normali d Sole		Ashasi		scription o		210	*					
Asbestos-Containing TO BE ABA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	intenar				taining Ma systems			Amount (Specify		R	-Fi	Enc	En
In Facilit		Cust	todial S (12)	statt?		surfa	cing, VAT	, or		SF or LF		Remova	Repair	ape	Enclosure
(13)			()		1	other n	niscellane	eous)	1			val	air	Encapsulate	e.ins
		Yes	No	.N/A									10	Ф	
exterion A	"oabk			X	Sid	ing.	Shir	isle.	5"	6003	SP	X			
								J							
Name of Registered Wast	a Haular		LNI	JDEP W	lasta	Cubic	Yards	I N	ame of S	Registered La	andfill				
<b>—</b> •			5000	auler ID	1	of Was									۸. ۸
EPC Tec	nnologies			170	00		3	1	vast	<i>Mana</i>	gen	ient	-01	: Y	H
City, State New Eq	Ο,	UJ				-	al Date	C	ity, State	suille		A			
Completed by	YPT	Title		(2.5)			ignature	. 1	·	1	Date	2	970.44		
Steve Scher	Kea		sid	ent			Ster	40)5	Ches	h		8	-6	-1	7

() ( #D24	4			ICATIO	N OF ASE	ESTOS	ABATE		ΝT		15		30 0	W	E
Date of Notification (1) 8-1-2017					of Building wood De						1	A110	4 1	201	p
Agencies Notified	Type Notification				Address Clinton S	treet			- Ville		Tara and a second	AUG	1.4	201	
DEP X DOL	Initial  Amended  Amendment				tate, Zip Co ken, NJ		).				ASD	ESTO EIG	NS ENS	MATE	OL &
DOH     DCA	Emergency ( justification) Cancellation	ncludin	9		of Contact Winschu	ch			19	LTO	lonbone	M			
				FAC	ILITY INF	ORMAT	ION				•			-	
Name of Facility Where A	Abatement is Takinç	Place	(3)					Тур	oe of Facility (4						
Street Address 720 Clinton Street								×	School (K-12 Subchapter of Other (i.e. pretc.)	8 (Oth	er than I & comm	K-12) ercial b	uilding	ıs, hom	ies,
City (5) Hoboken, NJ 07030	)							12.	uare Feet 000	# 0	f Floors		Bldg 80+	Age	
County (6) Hudson			T	County (STATE	Code (7) USE ONLY	)		Cui	rrent Use (Prio	r if be	ing demo	olished)			
Name of Monitoring Firm	Hired by Building C	wner (8	)	ASCI	M No.				batement Cont			11.0			
Street Address	And the second s						Street	Add	ress		i vices,	LLC			
City, State, Zip Code		-1					City, S	State,	Zip Code						
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	none	ity, NJ 0730 No. -8855	J4 	Licens				
Start Date (10) 8-2-2017		Schedu 8-5-20		npletion	Date (11)		Name	of O	SHA Monitor		01174	+			
Occupancy Status During							100000000000000000000000000000000000000		above						
➤ Facility Closed/Vaca	ted During Entire Po	eriod of	Abaten	nent			Street								
Abatement Performe Other – Describe:		Il Facilit	y Hours			_	City, S	state,	Zip Code						
Scope of Work (Check All	That Apply)						923								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		process of	Renova Demolit				×	l M	ull Containmer lini-Enclosure llovebag Proce lon-Exempted	edure				ire	
		ls	Locati	on						()			The United States	temen	t
Location			Normali ed Sole				scription							уре	
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma Cus	intenar todial S (12)	rice/ staff?		thermal surfa	taining M systems cing, VA niscellan	s insu T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
2   5  14		Yes	No	N/A										œ.	
3rd Floor W	Corner		X			Floo	r insula	tion		65	50 SF	X	+	-	
Name of Registered Wast	a Uaular		1												
Green Environmental			H	JDEP Wauler ID 34889	No.	Cubic of Was	Yards ste		Name of Re G.R.O.W						
City, State Jersey City, NJ							sal Date 017		City, State Morrisvill	e. P	Α				
Completed by Liliana Serrano		Title Office	e Man	ager			ignature		0	Ril	2	Date 8-1-20	)17		

OV # DOKE			ICATIO	N OF ASI	BESTOS	ABATE		NT	*****			Personal Rese		
Date of Notification (1)				of Building				-				W		M
8-4-2017			Antor	nella Ca			n (2)	and the state of t	3					
Agencies Notified Type Notification			Street	Address					700	AUG	1 4	201	7	
EPA X Initial DEP Amended		ŀ	City St	tate, Zip C	ode			- 1			W			intro
X DOL Amendmen				clair, NJ				The state of the s	AS	SDE SE SE	e. 50	4751	OL 8	ı
➤ DOH justification)  DCA Cancellation		1		of Contact				L	_ '		- LIDIE	:0	moreth and	
DCA Cancellation	1			nella Ca		ION								
Name of Facility Where Abatement is Takir Residential	g Place (	3)	170	ALITT IN	ORWAT	ION	Ту	pe of Facili	ty (4)				V= 40.2	
Street Address								School (		u				
							×	Other (i.e	ter 8 (O) e. private	ther than he & comme	<-12) ercial bu	ilding	s, hom	ies,
City (5)							Sq	etc.) uare Feet	#	of Floors		Bldg.	Age	
Montclair, NJ 07042				-			1	44	2			80÷		
County (6) Essex			County (STATE	Code (7) USE UNLY	<i>'</i> )		Cu	rrent Use (I	Prior if b	eing demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASCI	M No.		Name	of A	batement (	Contracto	or (9)				
Street Add	0.00							nvironme			LLC			
Street Address						Street 235		ress jinia Aver	NIIA					
City, State, Zip Code							2.0	Zip Code						
								City, NJ 0	7304					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		No. -8855		License 01174				
Start Date (10)	Schedul	ed Con	npletion	Date (11)				SHA Monit	or	01174	+			
8-5-2017	8-5-20	1						above	J,					
Occupancy Status During Abatement (Chec		- SANGE (1)				Street	Addı	ress						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	eriod of a last reaction of a la	Abatem / Hours	nent			City, S	State,	Zip Code						
Scope of Work (Check All That Apply)											<u> </u>			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoliti				×	N G	Full Contain Mini-Enclose Glovebag Po Mon-Exemp	ure rocedure				re	
		Locati						A.	T			Aba	emen	t
Location of Asbestos-Containing Material (ACM)	455	Normall d Solel	,	Anhon		scription		(ACM)			-	T - 1	уре	
TO BE ABATED In Facility (13)	0.00000	intenar todial S (12)			thermal surface		s insu T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>	-	late	лге
Basement		X			Pipe	insulat	tion		(	60 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		111	JDEP Wauler ID		Cubic of Was			100000000000000000000000000000000000000		ered Land				
V			34889		1					orth Lan	dfill			
City, State Jersey City, NJ					Dispos 8-5-20	al Date 017		City, St Morris	ate ville, F	PA				
Completed by Liliana Serrano	Title Office	e Man	ager		Si	ghature	: A	1	2 17 N 6	1	Date 8-4-20	17		

(1K# 2810	9					SESTOS ABA 8:60 and 12			parameter 1			the contract of the contract o	-
Date of Notification (1	) 08/07/17			Nam	e of Bu	ilding Owner	r/Ope	erator (2)	Marcia Sway	bill		<u> </u>	TI J
Agency Notified X EPA X DEP X DOL	Type Notification xx Initial Amended Amended #				State,	sses Zip: Livingsto	one N			AUG '	1-4	201	7
X DOL X DOH DCA	Emergency (i Justification)		ıg	200000000000000000000000000000000000000	e of Co			Tel	lephone Numb	er	Ž(i	s d l'ai	OL 8
	Cancellation				cia Swa					LICE	NSII	VG_	
					TY INI	FORMATION							
Name of Facility Where	Abatement is	Takin	g Plac	e (3)				e of Facili					
House								chool (K-		(IZ 12)			
Street Addresses:									8 (Other than private & con		Buil	dings	5,
City(5) Livingstone NJ							Squa	are Feet	# of Floors	Bldg.	Age		
County (6) Esex			Count		(7) (ST.	ATE USE	Curr	ent Use (	Prior if being	demolish	ed)		
Name of Monitoring Fire (8)\- IRIS Environment			And the second		CM No.	Name of A Pezo Inc	baten	ment Con	tractor (9)				
Street Address	ar Daooratorico,	200		1		Street Addre	566.					-11	
2333 Route 22 West						4 Beaverbro		Rd #150					
City, State, Zip Code						City, State,							
Union NJ 07083						Lincoln Par							
Project Manager for Mon	nitoring Firm	Tel	ephone	No.		Telephone			License N	No			
Rick			-206-0			973-628-782	29		01141				
Start Date (10): 08/21/1	7 Schedul 08/21/1		mpleti	on Dat	a (11)	Name of O IRIS Enviro			ratories, LLC				
Occupancy Status During Facility Closed/Vacated					11000	Street Addre 2333 Route		West					
Abatement Performe Other -Describe					'S	City, State, 2 Union NJ (	Zip C	Code					
Scope of Work (Check all	apply)						Full C		t with Negative	Pressure			
> 3 sf or $>$ 3 lf					enovation			ebag Proce		2510	21		
xx > 160  sf or > 260  lf		1 .			emolition	1	Non-	Exempted	(*) and Non-Fria				-
Location o	f		s Locati Normal			Description	of			At	atem Ty	/pe	
Asbestos-Containing m TO BE ABAT		100000000000000000000000000000000000000	ed Sole aintena			os Containing M thermal system	is insu	lation,	Amount (Specify	Removal	Repair	Ence	Enclosure
IN Facilit (13)	У		Custodi Staff? (12)	7000		Surfacing, VA Other miscella			SF or LF)	oval	ļi.	Encapsulate	osure
		Yes	No	N/A									
Attic, ( Vermiculite )			х		Vermi	culite			1,600SF	X			
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Name of registered Wa	eta Hanlar	N	IDED A	Waste I	Juler	Cubic Yards	of N	Vame of R	Registered Land	lfield			$\vdash$
Pezo Inc.	sic Haulei	1	6224	vv aste i	Tuici	Waste 8 Cubic Yard	V	Waste Ma	inagement of P		nia		
City, State						Disposal Date		City, State					
Lincoln Park, NJ 0703						0:	N	viorrisville	Pennsylvania	1			
Completed by Tom Pezic	Title V. Presid	ent				Signature	1		Data 08/07/17				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 08-8-2017 Ridge Park Apartments, LLC Agencies Notified Type Notification Street Address **EPA**  $\boxtimes$ 1122 Clifton Ave DEP Initial City, State & Zip Code DOL X Amended(start date) INTEROL & Clifton, NJ 07013 DOH Emergency Name of Contact upche phimpar DCA Cancellation Jerry Campbell FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North Arlington Apartments-Bldg 445 School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 20 - B Ridge Park Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 10,400 70 North Arlington, NJ Bergen Current Use (Prior if being demolished) Apartment Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-9-2017 08-14-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply)  $\boxtimes$ Full Containment with Negative Pressure ≥3 sf or ≥3 If  $\boxtimes$ Renovation Mini-Enclosure  $\boxtimes$ ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsular Enclosure TO BE ABATED Maintenance or Removal Repair (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Storage Room M Pipe Insulation 225 LF  $\boxtimes$ Storage Room X Elbows X 18 each Boiler Room  $\boxtimes$ Pipe Insulation 232 LF Boiler Room X Elbows  $\boxtimes$ 18 each Meter Room Pipe Insulation 312 LF M П Meter Room  $\boxtimes$ Elbows X 10 each Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 Morrisville, PA TBD Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 8-8-2017

NOTIFICATION OF ASSESTOS ABATEMENT

Cr#27/12		Pur	suar	nt to	<u>N.J.</u>	A.C. 8:60 a	nd 12:120			<u> </u>		
Date of Notification (1) 07-19-20	17		Na	me of	Buildi	ng Owner / Ope	rator (2)	AUG 1	4 2	017	a to the	
Agencies Notified Type Not			KIC	ige Pa	ark Ap	artments, LLC	100	THE MUD I	4 6	UII	1	5000
B EPA					ton A						1	
	itial		Cit	y, Stat	te & Z	p Code	and the second s	ASC			1 8,	
	nended nergency		Clif	ton, N	J 070	13		L CEN	ISINO	3		palantytest
DCA C	ancellation			me of y Cam	Conta	ct			:			
N. de				FACI	LITYI	NFORMATION						
Name of Facility Where Abate North Arlington Apartments-Bl	ment is Taking	Place	(3)			Type of Fa	acility (4)		-			
Street Address	ug 443					School	ol (K-12)					
20 - B Ridge Park Drive						☐ Subcl	hapter 8 (Oth (i.e. private 8	er than K-12) & commercial buildin	as ho	mes	etc	١
City (5)	County (C)					square Fe	et # o	f Floors	Ildg. A	lae	CIC.	,
North Arlington, NJ	County (6) Bergen	10	Count	y Cod	e (7)	10,400	2	2	iug. i	70	)	
per w						Current Us Apartment	se (Prior if be Bldg	ing demolished)				
Name of Monitoring Firm Hired Health and Safety Services	by Building O	vner (	8)		SCM N	lo. Name of A	batement Co	ntractor (9)			_	
Street Address			_	11	7	Resource	Management	Group, LLC				
P.O. Box 365						Street Add	ress					
City, State & Zip Code						City State	Iton Ave, Suit & Zip Code	te 202				
Berlin, NJ 08009 Project Manager for Monitoring						Trenton, N.	J 08619					
Mr. Jim Proctor	Firm	Tele	phon	e Nur	nber	Telephone	Number	License No	ımbe	-		
Scheduled Start Date (10)	Scheduled Co	0000	-452-	1311	41	609-914-42			011			
8-21-2017		U8-31	5-201	ate (1 7	1)	J&S Enviro	SHA Monitor nmental Labo	oratories, Inc.				
Occupancy Status During Abate  Facility Closed/Vacated	During Entire	Dariad	of AL	oatem	ent	Street Addr 2333 Route	ess					
Abatement Performed of Describe: 8:30am – 6	Hiring Normal L	lours:				City, State	& Zip Code			_		
Facility Occupied During	:00pm					Union, NJ 0	7083					
Scope of Work (Check all that a	apply)											
≥3 sf or ≥3 lf			2				⊠ Full	Containment with Ne	gative	Pre	centr	0
≥160 sf ≥260 If				novati			☐ Mini-	Enclosure	9-11-1		Jour	5
		Ш	De	molitic	on		☐ Glov	e Bag Procedures				
Location of		Is	Loca	tion	1	Description	☐ Non-	Exempted and Non-I	riable	e Pro	cedu	ıre
Asbestos-Containii	ng	Norr	mally	Used		Asbestos-Co	ntainina	Amount	Ab	atem	ent 7	уре
Material (ACM) TO BE ABATED		S	olely	by		Material (A	ACM)	(Specify SF or LF)			Ш	_
in Facility		Custo	itenar odial	nce or Staff?		(i.e., thermal	systems		Removal	Re	nca	100
(13)		Guot	(12)	otan :		insulation, surfa or other misce	Icing, VAI		Nou	Repair	sde	Enclosure
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torage Room					Pipe	Insulation		225 L F				-
torage Room					Elbo			225 LF				닏
oiler Room					-	Insulation		18 each 232 LF		님	님	
oiler Room					Elboy			18 each		님	H	
leter Room leter Room				$\boxtimes$	Pipe	Insulation		312 LF		H	님	H
ame of Registered Waste Haul		Ш			Elboy			10 each		귀	님	
			NJ	DEP V uler ID	Vaste	Cubic Yards	Name of Re	egistered Landfill				
esource Management Group, L	LC			35218		of Waste TBD	Crown I	ieu				
ity, State enton, NJ 08619						Disposal Date	Grows Land City, State	JIIII				
						TBD	Morrisville,	PA				
ompleted By (Print or Type) r. Brian Haney			Title			Signature		Ir	ate	-		_
			Pre	sident		1			7-19-	2017		

CK7626

Agencies Notification   Street Address	Date of	Notice: 8/			Name	of Building (	Owner	r / Operator (2)	ř.		0E	N/I	EL
EPA DEP DEP DEP X DOL X DOL X DOH DCA    Cancellation   Cancellat			pe Notificat	ion	Anhe	euser Busc	h, Inc	Э.	9	ME (	U E	W	5 1
DEP Amended Notification X DOL X DOL X DOL Amended Notification X DOL X	Agencie					t Address			1	3			
X DOL X DOH Cancellation Name of Contact Brian Guretse FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Anheuser-Busch, Inc.  200 Route 1 South  City (5)  Newark County (6)  Essex County (7)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 443 Schoolhouse Road  City, State & Zip Code Monitoring Firm Telephone Number 732-290-2217  Project Manager for Monitoring Firm Telephone Number 732-290-2217  Cocupancy Status During Abatement (Check only one)  Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Cher Society One Facility (Check all that apply)  Demolition X Renovation  Large Project Telephone Number (13)  Asbestos-Containing Material (ACM)  Location of Abstement Performed Outside of Normal Facility Hours - Custodial Staff?  (13)  Basement N/A TSI-Steam Line 6 LF Removal  Itale Project Manager  Project Manager  Name of Registered Waste Hauler Freehold, NJ  Demolition X Renovation  Facility Closed/Nacated During Abatement (Check on Solely by To Be ABATED in Facility (13)  Location of Registered Waste Hauler Freehold, NJ  Dasmorth Registered Waste Hauler NJA TSI-Steam Line 6 LF Removal  Itale Project Manager  Name of Registered Waste Hauler Freehold, NJ  Dominick Tringali  Project Manager				37.0	ation 200 I	Route 1 So	uth		Santun Santun		A110 4 4	0049	111
X DOH DCA   Cancellation   Name of Contact   Srian Guretse   FACILITY INFORMATION						State & Zip C	ode		one of		AUU   4	2011	Louis Land
DCA   Brian Guretse   ASC			Ame	ended Notificat	ion News	ark, NJ 071	14						1
Spring Guress   FACILITY INFORMATION	X		Can	cellation	Name	of Contact				ACES	Tolonha	Al	thread
Name of Facility Where Abatement is Taking Place (3)		DCA			Brian	Guretse			1	AOL			
Anheuser-Busch, Inc.  200 Route 1 South  City (5) Newark  City (5) Newark  County (6) Essex  County (7) Essex  County (8) County Code (7) Current Use (Prior if being demolished)  Brewery  Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 0045  Street Address 443 Schoolhouse Road  City, State & Zip Code  Matawan, NJ 07747  City (5) State & Zip Code  Matawan, NJ 07747  Coupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours- A Describe:  City State & Zip Code  Monroe Township, NJ 08831  City, State Cartery City City City City City City City Cit					FA	CILITY INF	ORM	IATION	- Company	THE PERSON NAMED IN			
Subchapter 8 (Other than K-12)   Other (i.e., private & commercial buildings, homes, etc.	Name of	f Facility Wh	nere Abatem	ent is Taking F	Place (3)		Тур						
City (5)  Newark  County (6)  Essex  County (7)  Essex  County (8)  Essex  County Code (7)  Essex  Colobal Abatement Contractor (9)  Estex Address  Ad3 Schoolhouse Road  County Code (7)  Essex  Cope of Work (Check all that apply)  Esserible Area Isolated During Abatement  Cother - Describe:  Cope of Work (Check all that apply)  Demolition  X Renovation  Essex  Essex  Essex  Essex  Essex  Essex  Essex  Essex  City City State & Commencial Tother (1)  Essex  Esse			Anneus	ser-Busch, I	nc.	_	_						
Square Feet   # of Floors   Bidg. Age   60 +/-			200 0	Souto d Coud	L.								
County (5)   Newark   Essex   County Code (7)   Current Use (Prior if being demolished)   Sewery			200 K	toute 1 Sout	n					ercial build			
Newark Essex   Current Use (Prior if being demolished) Brewery	City (5)			Caust (0)	10	2 1 (7)			# of Floors				
Name of Monitoring Firm Hired by Building Owner (8)	City (5)	M	ri.	1000	County	Code (7)	_		4			30 +/-	
Name of Monitoring Firm Hired by Building Owner (8)		Newari	K	Essex					f being demo	olished)			
Environmental Tactics, Inc    Street Address	NI /						_						
Street Address   Street Address   A44   Schoolhouse Road   City, State & Zip Code   Matawan, NJ 07747   Telephone Number   732-290-2217   T	Name of	Monitoring	Firm Hired b	by Building Ow	ner (8)								
As Broad Street  Matawan, NJ 07747  Telephone Number 732-290-2217  Tom Geiger  Scheduled Start Date (10) 8/5/17  Scheduled Completion Date (11) 8/5/17  Scheduled Completed Date (11) 8/5/17  Scheduled Charte (10) 8/5/17  Scheduled Charte (10) 8/5/17  Scheduled Charte (	Environ	imental I	actics, Inc			0045			nt Services	, LLC			
City, State & Zip Code  Matawan, NJ 07747    City, State & Zip Code   City, State & Zip Code   Monroe Township, NJ 08831													
Matawan, NJ 07747         Monroe Township, NJ 08831           Project Manager for Monitoring Firm Tom Geiger         Telephone Number 732-290-2217         Telephone Number 732-605-9062         License Number 00714           Scheduled Start Date (10) 8/5/17         Scheduled Completion Date (11) 8/5/17         Name of OSHA Monitor Global Abatement Services, LLC           Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours- Under - Describe:         Street Address 44ds Schoolhouse Road           X Describe: Area Isolated During Abatement Other - Describe:         X Renovation         Street Address Cap Code Monroe Township, NJ 08831           Scope of Work (Check all that apply) Demolition X Quantity is ≥ 160 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM         X Glovebag Procedure Other: Non-friable           Location Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)         Is Location Mormally Used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)         Abatement Type (Specify Removal, Repair, Encapsulation or Enclosure)           Basement         N/A         TSI-Steam Line         6 LF         Removal           Iame of Registered Waste Hauler Freehold Cartage         NJDEP Waste Hauler ID# (11) TRRF         Cuty Yds. of Waste TRRF         Name of Registered Landfill Trullytown, Pa           Iame of Registered Waste Project Manager         Title Project Manager         Signature Trullytown,			* <b>P</b> ( ) ( )										
Telephone Number   Tom Geiger   Tom Geige													
Tom Geiger   T32-290-2217   T32-605-9062   T32-290-2217   T32-2					T= · ·								
Scheduled Start Date (10) 8/15/17    Some of OSHA Monitor Global Abatement Services, LLC			Monitoring F	-irm						License			
Stepen Status During Abatement (Check only one) Facility Closed//Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:  X Describe: Area Isolated During Abatement Other - Describe:  Cope of Work (Check all that apply) Demolition X Renovation Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 180 SF or ≥ 280 LF ACM Quantity is ≥ 180 SF or ≥ 280 LF ACM Normally Used Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  TSI-Steam Line Freehold, NJ  TOBE Rejsitered Waste Hauler Freehold, NJ  Torpleted By (Print or Type) Dominick Tringali  Pompileted By (Print or Type) Dominick Tringali  Stept Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Other: Non-friable Description of Asbestos-Containing Material (ACM) Solely by Material (ACM) Gie., thermal systems or Custodial Staff? (it.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Cu. Yds. of Waste TRRF  TRRF  Tity, State Freehold, NJ  Disposal Date Signature  Date Signature  Date Street Address 443 Schoolhouse Road City, State Ad3 Schoolhouse Road City, State Ad3 Schoolhouse Road Ata Schoolhouse Ro			- (40)	0.1.1.1.0	CALL STREET, S		_	The state of the s			0071	4	
Street Address   Scope of Work (Check all that apply)   Demolition   X   Renovation   Large Project   X   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Solely by   Material (ACM)   To BE ABATED   in Facility (13)   (13)	Scriedule		e (10)	Scheduled Co		te (11)				1911 2 120			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - X Describe: Area Isolated During Abatement Other - Describe:  Cope of Work (Check all that apply) Demolition X Renovation Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  TSI-Steam Line  Freehold Cartage  Title Freehold, NJ  Describe: Area Isolated During Abatement City, State Monroe Township, NJ 08831  Full Containment with Negative Pressure X Mini-Enclosure X Mini-Enclosure X Glovebag Procedure Other: Non-friable  Description of Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (12)  Basement  N/A  TSI-Steam Line  Freehold Cartage  TRF  Disposal Date Freehold, NJ  Title Project Manager  Adatement Type  Signature  Date Barban  Date Ba		+21 (2 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Gio	bal Abatemer	nt Services	, LLC			
Abatement Performed Outside of Normal Facility Hours - X Describe:  Cother - Describe:  X Renovation  Large Project  X Glovebag Procedure  Quantity is ≥ 160 SF or ≥ 260 LF ACM  Quantity is ≥ 160 SF or ≥ 260 LF ACM  Cother: Non-friable  Location of Asbestos-Containing Material (ACM)  TO BE ABATED Maintenance or Custodial Staff?  (13)  Custodial Staff? (12)  Custodial Staff? (12)  Custodial Staff?  Custodial Staff? Cu	Occupan F	cy Status Dacility Clos	ouring Abater ed/Vacated I	ment (Check o	nly one) Period of Aba	tement	0/2011000		Bood				
X Describe: Area Isolated During Abatement Other - Describe:   Scope of Work (Check all that apply)	A	Abatement F	Performed O	utside of Norm	al Facility Ho	nure -	-						
Other - Describe:    Coope of Work (Check all that apply)   Demolition   X   Renovation   X   Renovation   X   Renovation   X   Renovation   X   Mini-Enclosure   X   Mini-Enclosure   X   Mini-Enclosure   X   Glovebag Procedure   Other: Non-friable						Juis -				4			
Demolition X Renovation Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  TSI-Steam Line  Basement  N/A  TSI-Steam Line  Removal  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  TOUR ABAGE TO THE REMOVAL  Repair, Encapsulation or Enclosure  Custodial Staff? or other miscellaneous  N/A  TSI-Steam Line  Cu. Yds. of Waste Removal  Name of Registered Landfill TRRF  Signature  Dominick Tringali  Date  Project Manager  Power Manager  Full Containment with Negative Pressure  X Mini-Enclosure  X Mini-Enclosure  X Mini-Enclosure  X Mini-Enclosure  Abount (Specify Square Feet or Linear Feet)  Or Linear Feet)  Or Linear Feet)  City, State  Tullytown, Pa  Date  8/4/17		Other - Desc	ribe:	ica baring A	ibatement		INIO	inde rownsin	p, 145 0005	1			
Demolition X Renovation Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  TSI-Steam Line  Basement  N/A  TSI-Steam Line  Removal  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  TOUR ABAGE TO THE REMOVAL  Repair, Encapsulation or Enclosure  Custodial Staff? or other miscellaneous  N/A  TSI-Steam Line  Cu. Yds. of Waste Removal  Name of Registered Landfill TRRF  Signature  Dominick Tringali  Date  Project Manager  Power Manager  Full Containment with Negative Pressure  X Mini-Enclosure  X Mini-Enclosure  X Mini-Enclosure  X Mini-Enclosure  Abount (Specify Square Feet or Linear Feet)  Or Linear Feet)  Or Linear Feet)  City, State  Tullytown, Pa  Date  8/4/17	Scope of	Work (Che	ck all that ap	ply)									
Large Project  X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Cocation of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  TSI-Steam Line  Removal  Amount (Specify (Specify: Removal)  Amount (Specify: Removal)  Repair, Encapsulation or Enclosure)  Title  Freehold Cartage  Treehold, NJ  Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  TSI-Steam Line  Cu. Yds. of Waste Name of Registered Landfill TRRF  City, State Freehold, NJ  Disposal Date Signature  Date  Project Manager  X Mini-Enclosure  X Glovebag Procedure Cher: Non-friable  Amount (Specify (Specify: Removal, Repair, Encapsulation or Enclosure)  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Title Project Manager  Disposal Date 8/4/17		Demolition		X Renova	tion			Full Cont	tainment with	Negative	Pressure		
X       Quantity is ≥ 3 SF or ≥ 3 LF ACM       X       Glovebag Procedure Other:       Non-friable         Location of Asbestos-Containing Material (ACM)       Location of Asbestos-Containing Material (ACM)       Is Location Normally Used Solely by Maintenance or Custodial Staff?       Description of Asbestos-Containing Material (ACM)       Amount (Specify Square Feet or Cive, Removal, Repair, Encapsulation or Enclosure)         Basement       N/A       TSI-Steam Line       6 LF       Removal         Basement       N/A       TSI-Steam Line       6 LF       Removal         Lame of Registered Waste Hauler Freehold Cartage       NJDEP Waste Hauler ID # 18693       Cu. Yds. of Waste TRRF       Name of Registered Landfill TRRF         City, State Freehold, NJ       Disposal Date Signature       City, State Tullytown, Pa       Date Signature       Date Signature       Date Signature       Date Signature       Date Signature	L	arge Projec	t							rrogatire	, , , , , , , , , , , , , , , , , , , ,		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 7 5 / Verizon Communications Agencies Notified Type Notification Street Address **⊠** EPA 773 Summit Ave **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #2-8/3/17 ASDESTON CONTROL & Jersey City, NJ, 07037 □ DCA ☐ Emergency (including Telephone Number (NJAC 5:23-8) justification) Name of Contact □ Cancellation Alex Baylor 1 12 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Journal Square Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 773 Summit Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City 82,029 4 +-50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson 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 8346 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 7 / 21 / 17 \_\_8\_\_ / \_\_3 / 17 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-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Removal Encapsulate Enclosure 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 Office**  $\boxtimes$ 9x9" VAT/Mastic 290 SF X Basement Battery Area  $\boxtimes$ 9x9" VAT/Mastic 30 SF X 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 NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator

State of New Jersey

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Date of Notification (1)  7 / 5	/	17	12		Name of Verizo	Building Owner/Op	perator (2)	The state of the s	EC	EI	W		1
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Name of Monitoring Firm Hired I	oy Buildi	ng Ow	ner (8)	AS	CM No.	Name of Ah	atement Contr	con Con	nmunicatio	ns	10000		
USA Environmental Mana	gemer	nt Inc.	199		15,00		ENVIRONI		1110				
Street Address						Street Addre	SS	MENTAL	, INC.				
8346 Enterprise Ave							VER STRE	FT					
City, State, Zip Code						City, State, Z		- 1					
Philadelphia, PA 19153							, PA 19007						
Project Manager for Monitoring F	irm		T	elepho	ne No.	Telephone N			License No				_
Mark Jenkins					65-5810	215-788-6	040		00509	***			
Start Date (10)	Sch				Date (11)	Name of OSH	A Monitor						_
7 / 20 / 17	_   -				/17	BRISTOL	ENVIRONM	ENTAL,	INC				
Occupancy Status During Abatem						Street Addres	S						_
☐ Facility Closed/Vacated During	Entire F	Period	of Aba	tement		1123 BEA	ER STREE	Т					
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Scope of Work (Check all that appl	у)					BRISTOL,	PA 19007						
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			Renova Pemolit			⊠ Mini-E ⊠ Glovei	ontainment wi nclosure pag Procedure xempted (*) ar	1					
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Floor Janitor's Closet					Pipe Ins	sulation		+	60 LF		_	+	+
asement Meter Room					Pipe Ins	sulation		+	17 LF			1	11
asement Building Storage				$\boxtimes$	9x9" VA	T/Mastic			440 SF			7	1
sement Bottom of Stairwell				$\boxtimes$	9x9" VA	T/Mastic		-	315 SF				
me of Registered Waste Hauler SERVICE TRANSPORT GROU	JP, INC		Ha	JDEP V	No.	Cubic Yards of Waste	Name of R	egistered	Landfill				
y, State				20990		Dianosal D	MINERV	A LAND	FILL				
IEW CASTLE, DE						Disposal Date TBD	City, State	D					
						100	WAYNE	BURG.	OH				
mpleted By (Print or Type)	Title					Signature							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 5 / 17 Verizon Communications Agencies Notified Type Notification Street Address **⊠** EPA 773 Summit Ave **⊠** DOLWD 1 4 2017 ☐ Amended Ø DOH City, State, Zip Code Amendment #\_ ☐ DCA ☐ Emergency (including Jersey City, NJ, 07037 (NJAC 5:23-8) justification) ASSESTED CONTROL & Name of Contact ☐ Cancellation Telephone Number 10 Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Verizon Journal Square Central Office Type of Facility (4) Street Address ☐ School (K-12) Subchapter 8 (Other than K-12) 773 Summit Ave Other (i.e., private and commercial buildings, City (5) homes, etc.) Jersey City Square Feet # of Floors Bldg. Age 82,029 County (6) 6 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) +-50 Hudson Verizon Communications ASCM No. USA Environmental Management Inc. Name of Abatement-Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 8346 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Telephone No. Telephone No. License No. 215-365-5810 215-788-6040 Scheduled Completion Date (11) 00509 Name of OSHA Monitor 8 / 4 / 17 BRISTOL ENVIRONMENTAL, INC Street Address

Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Mark Jenkins Start Date (10) 7 / 20 / 17 Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 1123 BEAVER STREET Time of Abatement: \_\_\_\_AM-\_\_\_PM/5:00PM-2:00AM City, State, Zip Code BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Full Containment with Negative Pressure ≥ 160 sf or ≥260 If Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Location of Normally Asbestos-Containing Material (ACM) Abatement Type Description of Used Solely by Asbestos Containing Material (ACM) Removal TO BE ABATED Maintenance/ Repair Encapsulate Enclosure Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A **Basement Office** X 9x9" VAT/Mastic Basement Battery Area 290 SF X X 9x9" VAT/Mastic 30 SF X  $\Box$ П Name of Registered Waste Hauler NJDEP Waste SERVICE TRANSPORT GROUP, INC. Cubic Yards of Name of Registered Landfill Hauler ID No Waste MINERVA LANDFILL City, State 20990 NEW CASTLE, DE Disposal Date City, State TBD Completed By (Print or Type) WAYNESBURG, OH Title Signature Dillan DeCaro Estimator N 13 DD17034 \* Do not use this form for asbestos licensure exempted activities

N10 010		NOTIFI (P	CATIO	N OF AS	BESTOS C 8:60 an	ABATE	MENT					entrain superior		history of the same
Date of Notification (1)	0-4-2				g Owner/(			1 1	1		<u> </u>	W		10
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Agencies Notified Type Notification  EPA Initial	on	100		Address fin Roa	d North			The state of the s	The same of the sa	AUG	1 4	201	1	
X DEP Amended X DOL Amendment				ate, Zip ( sor, CT	Code 06006-	7003			A COF	n. 67 (	15.0	Chit	OL	. &
DOH justificatio			Name o Dale L	of Contac	t				Telep	hone N	umber	HNG	POST CONTRACTOR OF THE PARTY OF	
				_	FORMATI	ION					-		-	-
Name of Facility Where Abatement is Tal- USPS-Matawan, Main Office	ting Place (	3)					Property .	of Facility (4						
Street Address 155 Main St.	N						×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Other	than K-	12) cial bu	ildings	, hom	ies,
City (5) Matawan		PŽ					Squa	are Feet	# of F	loors		Bldg.	Age	S(faille)
County (6) Monmouth				Code (7) USE ONL				ent Use (Prior tal Service		demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCN	l No.				atement Contra					5,772	
Street Address						Street 980 [		ss rt Place						
City, State, Zip Code								ip Code NJ 07202						
Project Manager for Monitoring Firm	Was and the same of the same o		elephor			Teleph 908.4				icense 3VH0		200		
Start Date (10) August 17, 2017	Schedule August	ed Comp 31, 20	pletion ( 017	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Che	ck Only On	ne)				Street /	Addre:	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe:	Period of A	Abateme Hours	ent			City, St	ate, Z	ip Code						
Scope of Work (Check All That Apply)										-				
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Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	intenand odial Sta (12)	ce/				insula r, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
22 - 50	Yes	No	N/A								/al	=.	ilate	ure
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Roof Membrane @ Area A	X			1	Non-Fria	able Ro	oofin	g	8,000	SF	x			
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Name of Registered Waste Hauler		15C2500 24-10.	DEP Wa		Cubic Y			Name of Re	egistered	Landfi				
Central Jersey Waste  City, State	***		3712		TBD			Groves L	andfill				4.0	
Ewing, NJ					Disposa 8/17-8			City, State Tullytown	, PA					
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ASB-41 (R-06-08)						1	)	nis form for as	$\mathcal{I}$	icensur	e exer	npted	activit	ties.

#### CIC# 13004

Date of Notification (1) 08/08/2017				of Building O				hority		E	C E		W	
Agencies Notified    X			Street 80 Ha City, S Trent	Address amilton Ave tate, Zip Code ton, NJ 086 of Contact	enue e				Tale		Numbe	4	2017	OL&
DCA   Justification)			Al Co						I   ien	сричне	avanine		. ~ ~	e gende
Name of Facility Where Abatement is Taking Mercer County Courthouse (Old Constreet Address 209 South Broad Street	g Place ( ourthou	(3) use)	FAC	CILITY INFOR	RMATIO	ON		of Facility School (K- Subchapte Other (i.e.	12) er 8 (Othe	er than	K-12) ercial b	ıilding	ıs, hor	mes,
City (5) Trenton							- е	tc.) e Feet		Floors			Age	
County (6) Mercer			County (STATE	Code (7) USE ONLY)			Currer	nt Use (Pr thouse	ior if beir and Off	ng demo	olished)			
Name of Monitoring Firm Hired by Building C Pennoni Associates Inc.	wner (8	)	ASC 0010	M No. 02				ement Co vironme			s, Inc.			
Street Address 515 Grove Street Suite 1B	15 Grove Street Suite 1B							s load						
City, State, Zip Code Haddon Heights, NJ 08035						tate, Zip enixville	Code e, PA 19	9460						
Project Manager for Monitoring Firm Thomas Adams	roject Manager for Monitoring Firm							32		Licens 00836				
08/21/2017	09/05/	2017	npletion	Date (11)	)			A Monitor vironme		rvices	, Inc.			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Construction Personn Scope of Work (Check All That Apply)	eriod of	Abatem	nent			42 Ri City, St	Address dge R tate, Zip nixville	oad	9460					
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	_	Renova Demoliti	21/2/2/2			×	Mini- Glov	Containm Enclosure ebag Pro Exempte	e cedure				ıre	
	100	Location							- ( <i>)</i> aiia	1101111	idole i i	Aba	temer ype	ıt
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Name of Registered Waste Hauler		N	JDEP W	1550	wall P		n Wall	Name of I		SF	X			
Horizon Disposal		Ha	auler ID 416	No. of	f Waste 2		1	GROW:						
City, State Trenton, NJ		-			isposal 8/201			City, State Morrisvi						
Completed by Patrick Larney	ct Mai	nager		Sig	nature	m	- Tak	$\sim$	84.5	Date 08/08/	2017	,		

MO#24219191608

#### NOTIFICATION OF ASBESTOS ABATEMENT

1	Pursuant	to	NJAC	8:60	and	5:16)	
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Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)	-					
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Agencies Notified	Type Notifica	ation				Address	HIIIO					[] j,	حا	Hi-	
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DCA (NJAC 5:23-8)	☐ Emergend	cy (incli on)	uding			of Contact				1 1	Telephone Nu	mhor-		_	-
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	ioatomont is i	aking r	iacc	(3)					Type of F		)				
Private house Street Address			******							ol (K-12) napter 8 (	Other than K-1	2)			
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City (5)										s. etc.)	Dr. 181				
\$200 Ch									Square F	eet	# of Floors	E	ldg. A	ge	
Nutley, NJ 07110 County (6)					LCaun	C-d- (7)	CTAT	E 1/0E 04/130	0	1 (5)					
1					Coun	ty Code (7) (	SIAI	E USE ONLY)	Current C	Jse (Prioi	r if being demo	lished)			
Essex Name of Monitoring Firm	Hired by Build	dina Ow	mer f	0) 1	10014										
reasts of monitoring Finite	rined by build	ung Ow	mer (	)	ASCM	140.		ne of Abateme	ent Contrac	ctor (9)					
Street Address	eet Address							Tech LLC							
Officer Address								et Address	200						
City, State, Zip Code								Valley Rd #	3000000						
0.131 Otato, 2.19 oodo								, State, Zip Co							
Project Manager for Moni	torina Firm			Tolo	phone	No		ne, NJ 0747	0		License No.				
. reject manager for mon	toring ram			1 010	priorie	INO.	1 3								
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08 /18 /	17	08	/	19	lion Da	17	X01100-512.55								
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☐ Facility Closed/Vacate					nant			et Address							
Abatement Performed						cribe		1 Wagaraw		dg .# 35	E				
Time of Abatement: _	AM	PM/		PM_		AM	Divinition.	State, Zip Co							
Scope of Work (Check all	that apply)	Marine State	**********		-		Fair	Lawn, NJ 0	-	ntaminat	ion with negati	ivo proc	CUITO		
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Asbestos-Containing I TO BE ABA		1)		d Sole ntena				Containing Ma			Amount	en	Repair	nca	nch
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		-   [			-								Ш	Ш	Ш
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Name of Registered Was	te Hauler			NJE	EP Waste	Hauler ID No.	Cubi	c Yards of Wast	e Name o	f Registe	red Landfill				
Gr Tech LLC				(	03378	35	-	ГBD	T.R.R.I	F. Inc					
City, State							Disp	osal Date	City, Sta	ate					
Wayne, NJ 07470							-	ГВD	Tullyto	wn, PA					
Completed By (Print or Type) Title								Signature	1			Date			
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U(# 5949		NOT	IFICATI	State of I ON OF AS ant to NJA	SBESTO	SABATI	EMENT 20)	personal		7 2 2	-		
Date of Notification (1) 08-07-17			Name	e of Buildir / Jersey	ng Owner Depart	/Operato	r (2) f Transporta	ation T	CHECK,	#5948	594	9 [	
Agencies Notified  Type Notification  EPA  DEP  Initial  Amended	on		Street 440	t Address Benigno State, Zip	o, Suite				AUG	1 4	201	7	
X DOL Amendme  Emergence justification  DCA Cancellation	y (includin	g	Bellr	nawr, North	J 08031			LAS	SELS (	13 C)(	)(315 	OL	8
Name of Facility Where Abatement is Tak	ing Place	(3)		CILITY IN	and the same of the same of		Type of Fac	lity (4)					
Street Address Route 295 & 42 / I-76 Direct Con	nect						School Subcha Other (i	pter 8 (Ot	her than K	-12) rcial bu	uildings	s, hor	mes,
City (5) Bellmawr, NJ 08031							Square Feet 2500SF	2	of Floors		Bldg. 253		
County (6) Camden			(STATE	Code (7) USE ONL	Y)		Current Use Commerci	(Prior if be	eing demol	ished)			
Name of Monitoring Firm Hired by Building ACER Associates, LLC Street Address	Owner (8	)	ASC	M No.		Name Pinna	of Abatement acle Enviror	Contracto nmental	r (9) Corp.				
1012 Industrial Drive,  City, State, Zip Code							Address Broad Stree	t					
West Berlin, NJ 08091  Project Manager for Monitoring Firm						Carls	tate, Zip Code tadt, NJ 07	072					
Matt DePalma  Start Date (10)				809-120		201-9	one No. 939-6565		License 00756	No.			
08-07-17(2)08-09-17 Occupancy Status During Abatement (Che	08-30-	17	mpletion	Date (11)		EMSI	of OSHA Moni _ Analytical						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Ahator	ment			307 V	Address Vest 38th S	treet					
Other – Describe:  Scope of Work (Check All That Apply)	nai Facility	Hour	S				ate, Zip Code York, NY 1(	018					
≥3 sf or ≥3 If  ≥ 160 sf or ≥260 If	The real Party and Party a	denova demoli				×	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure					
Location of	N	Locat	ly		Des	cription o					Abate Ty	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai Cust	d Sole ntena odial S (12)	nce/ Staff?	Asbes (i.e.	tos Conta thermal s surfaci	aining Ma	iterial (ACM) insulation, , or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Bridge Base Rails	Yes	No	N/A X			Caulk		20	)8LF	x		te	0
									7021				
Name of Desired Alle													
Name of Registered Waste Hauler Newark Carting, Inc.		Ha	IDEP Wa auler ID 1 509	200	Cubic Y of Waste TBD				ed Landfill Sanitar		dfill		
City, State Newark, NJ 07105					Disposa TBD	I Date	City, Sta						
Completed by Joseph Patrick	Title Projec	t Mai	nager			nature		)	Da	te -07-1	7		

11#321	158		TOM				BESTOS ABATAC 8:60 and 5:1						
Date of Notification (1)	100		·		Name	e of Buildir	ng Owner/Operator	(2)					
08/	09 /	17					rothers Disposal			30	15	8	
Agencies Notified	Type Notific	cation			Stree	t Address			IIIN IS		3 1	\\//	IG
⊠ EPA					P	D Box 84			طار ال	ffs. IT	= U		_ 5
☑ DOH	☐ Amende Amendm				City,	State, Zip	Code						
DCA	☐ Emerger	100		-	Co	Its Neck	NJ 07722			AUG .	1 /	201	7
(NJAC 5:23-8)	justificat		oldalli	9	Name	e of Conta	ct		Telephone Nur			5.00	U
	☐ Cancella	ation			Jo	hn Sakoı	utis						
					FA	CILITY II	NFORMATION			1.20.2			OL
Name of Facility Where A	batement is	Taking	Place	e (3)				Type of Facility	(4)	LIGE	NSII	4(2	
Residence				3.17				School (K-12					
Street Address		-						Subchapter 8	Other than K-1	2)			
								Other (i.e., property)	rivate and comme	ercial bi	uildin	gs,	
City (5)		-						Square Feet	# of Floors	D	lda A	~~	
Eatontown								2000	2	100 ×	dg. A	ge	
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Monmouth					000	niy oodo (	INGTATE OUE ONET	Residence	or it being demoi	isned)			
Name of Monitoring Firm	Hired by Buil	lding C	wner	(8)	ASCM	No	Name of Abateme						
Guardian Contraction		unig C	WII CI	(0)	ACCIVI	140.		ntracting, Inc.					
Street Address	.9,						Street Address	miracting, inc.					
1889 Route 9, Unit 6	1						1889 Route 9	Unit 64					
City, State, Zip Code								- Control Control Control					
Toms River, New Je	rsev 08756	5					City, State, Zip Co		7.5.5				
Project Manager for Monit				Tal	ephone	No		New Jersey 08					
Nicholas Fernicola	ornig i iiiii			10000		-9932	Telephone No. 732-349-9932		License No.				
Start Date (10)		School	ulad C			ite (11)			00624				
08/21/	17	_ 0	8_ /	_ 2	2/		Name of OSHA M E.M.S.L. Ana						
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated							1056 Stelton						
Abatement Performed	Outside of N	ormal	Facility	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:		PIV	''	PIVI		AIVI	Piscataway, I	New Jersey 088	354				
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf			□ Re	novat	ion		☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			⊠ De					g Procedure					
							Non-Exe	mpted (*) and Nor	n-Friable Procedu	ıre			
Location of				Loca Norma						Ab	atem	ent T	ype
Asbestos-Containing N		1)			ely by	Ashe	Description o stos Containing Ma	terial (ACM)	Amount	Re	Re	E	Ē
TO BE ABAT	TED	6.		intena	ince/ Staff?		e., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	/		Cusi	(12)			surfacing, VAT,		SF or LF)	Val		Encapsulate	sure
(10)		1	Yes	No	N/A		other miscellane	ous)				ate	
exterior				$\boxtimes$		Asbest	os siding		2000 sf		П	П	П
basement				$\boxtimes$		ashest	os pipe insulatio	n	80 If				
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			Ш	Ш					<u> </u>				
Name of Registered Waste	Hauler			1100	IJDEP I	2000040	Cubic Yards of	Name of Regist	ered Landfill		2000		
Guardian Contractin	g, Inc.			F	20223		Waste 4	T.R.R.F.					
City, State			/a =		20223		Disposal Date	City, State					
Toms River, New Jer	sey						08/23/17		Pennsylvania				
Completed By (Print or Typ		Title					Signature	1		ate /	- 1		
Nicholas Fernicola		2017/1007/01	oject	Man	ager		Signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	8/	7/		

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PAGE 03/03

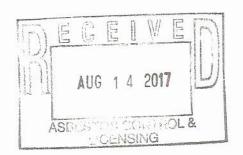
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Date of Nothicetion (1)			Negr	ne of Building Own							7	$\neg$ $I$
Agencies Polities Typ	to Notification	***************************************	Stre	et Address	سجكن	LUNONE		<b>-</b>	<u>.</u>	247		
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DEP EI DOL	Amended Amended		City,	State, ap Cook				1	V	-		41
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Name of Facility Where Abels				OUT GION	ALCON C	·						
D CC.	MONE IS LINKING PRINT DEDUCE	e (3)			1	Type of Facili	<b>y</b> (4)		7 7	-		7
Street Address	DENCE.	*				School (	)(-12)					
				4		Subdies Other 6	der il (Cliher Ber K 6. priesie il consta	-12)	e alledia.	nui ikun		
City (8)						Square Feet	6 of Fluora					
County (C) Man OLELD	<u>a.s.</u>	****	т			1750	" 2	-		50		
Manuary			(STAT	ty Code (7) TE USE CIVIL Y)		Current Use	Prior I bed g done	elad)				
Name of Monitoring Firm Hines	by Building Owner	(6)	AS	CM No.	T Name o	Abalement C	SSID ENTIFIC	G	G	E		ME
Street Address	*/			Ta-	A.MA	C Contracti	ng inc.					
					Street A	ciditess	<del>          </del>	<del></del>	AUG	1	1 /	d_ //
City, State, Zip Code					-	recland Aw	164 .4		MUU	1	4 2	: <b>9</b> 17  [
	eject Manager for Monitoring Firm				Midler	illa, Zip Code NG Perk, NJ	07492	-				7 1
Project Manager for Monitoring	Pim		Tephopal	ione No.	Telepho	ne No.	License	SIS	57	-	611	I OL&
Start Dose (10)						62-5841	00156	CWI.		ENS	SING	i
2/9/17	1 10	I some	Monthson Date (11) Name of OSHA Monitor  17 Omega Environmental Services Inc.								*	1
Occupantly Strikes During Atmos	ement (Chack Only	One)		· · · · · · · · · · · · · · · · · · ·	Street A	amai Services i	nc.			ا ' ما بر	]	
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		MA LADOR	frei			e, Zip Code		-		_		1
Scope of Work (Check All That I	(capity)				Hacke	rimmesk, NJ C	7606					
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(13)		(12)	1	other m	Yacalos ec	us)	′8F or UF)	Rameway	Rapar	Empapaulate	ernapara.	
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DINING ROOM	Dealing Room							1	-		$\vdash$	
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		1.78					***	-				
Name of Registered Waste Haute	T	IN	DEP W		arcie (top)	Name of	Registered Landill	لبا	Ш			
Vewerk Certing Inc.				No. of Wast	3	The state of the s		Lan	dfill			
Dity, State Jowank, NJ 07105	A STATE OF THE PARTY OF THE PAR	···········	04500 3 Grand Central Sanitary Landfill Disposed Detection City, Sante									
Completed by	1 761		8/9/13 On Pan Argyl, PA 08702									
oseph Vocaturo	Title Vice	Physic	Signesure A / Date					-				
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ASR-41 (R-00-08)

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MARK		NO	OTIFICA	TION O	F ASB	V Jersey ESTOS AB	ATEN	MENT	<u></u>	menorini, morali, E regi					
Date of Notification (1)			(Fulls	uant to	NJAC 8	3:60 and 12	2:120	)	700	) [	ila Um		ĪW	/ [	
07/28/2017 Agencies Notified Type Notific			R	owan U	nivers	Owner/Oper sity	rator	(2)							
7701100110	ation			eet Addr 1 Mulli		l Road					AUG	14	201	7	
DEP X Amend			City	y, State, 2	Zip Cod	de				L.					
Emerge	ment #1 ency (include	ding		assbor		08028				ASCIL	L/GE	- Oci NSII	WTH VG	OL	
DCA justifica	tion) ation			ne of Co in Bisce					Te	lephone					
Name of Facility Where Abatement is 1	aking Disa	(0)			-	RMATION									
- Abatement	uning riac	æ (3)						Type of Facili	ty (4)						
Street Address 200 Oak Grove Drive								School ( Subchap	ter 8 (Oth	er than	K-12\		雅.		
City (5) Glassboro							_   _	etc.)	e. private 8	& comm	ercial I	buildin	gs, ho	ımes	
County (6)							2	Square Feet 25000+	# of 2	Floors			. Age		
Gloucester County			Cou (STA	nty Code	(7) DNLY)		0	Current Use (F	1	ng demo	olished	35+			
Name of Monitoring Firm Hired by Build Langan	ing Owner	(8)		SCM No.	/	Nar	1 5	sunce Hall							
Street Address			00	0099		N/A	IKI (	Abatement Construction	ontractor on LLC	(9)					
989 Lenox Drive, Suite124								Idress						_	
City, State, Zip Code Lawrenceville, NJ 08684								ther Stocki e, Zip Code	ng Path						
Project Manager for Monitoring Firm			Telen	hone No		Lin	Park								
Vijay Patel Start Date (10)			609	-282-80	000	Tele 862		License							
08/07/2017	1 (19/11)	1/2/11	ompletio	npletion Date (11)  Name of OSHA Monito Nari Construction						01306					
Occupancy Status During Abatement (Ch	eck Only (	One)				Nar	LLC								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period o	f Abate	ement			63 [	ng Path				0.55.500				
						City,	7005					_			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if						1 2000		Park, NJ 0	7035						
× ≥160 sf or ≥260 lf		Renov Demol		on Full Contair Mini-Enclos Glovebag P						cedure					
		s Loca						ion-Exempte	d (*) and N	lon-Fria	ble Pro				
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	elv by	A = 1		Description	of						emen /pe	t	
TO BE ABATED In Facility	Cus	aintena todial	Staff?	Asb (i.	e. then	Containing N	s insi	Ilation	Amo (Spe		77		ᄪ	E	
(13)		(12)			SL	urfacing, VA er miscellar	Tor	0.000	SF or	LF)	Removal	Repair	Encapsulate	Enclosure	
See Attached	See Attached Yes No										val	#	ulate	sure	
	- Madrida										x			-	
ame of Registered Waste Hauler							-								
ew American Restoration		N.	JDEP W	/aste	Cub	oic Yards		Name of R	Registered	Landfill					
ity, State	Hauler ID No. of Waste					G.R.O.W									
aterson,NJ ompleted by	Disposal Date City, State														
ompleted by or Jezdimirovic	Signature														
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Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	Normal ed Sole sintenar	ly by	Description of Asbestos Containing Material (ACM)				temen ype	it
In Facility (13)	Cus	todial S (12)	itaff?	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	( mozeliariada)	and the state of t	ova	Dair	Sule	osui
Basement		X		Di ;				ic	6
Basement		×		Pipe insulation	2700 LF	ж			-
Basement		X	1	VAT/Mastic	225 SF	x		-	-
Exterior Basement				Pipe Insulation	300 LF	×		-	-
First Floor		X		Window/sill caulking	22 SF	×			-
First Floor		X		Damper Cloth	10 SF	x			
First floor	-	Ж		VAT/Mastic	11700 SF	X			
Exterior First Floor	-			Pipe Insulation	818 LF				
	j	A		Window/sill caulking	-	X			
First Floor		X		Transite Door	117 SF	X			
First Floor	1 1	7	-		60 SF	x			
Second Floor		K	-	Radiator backing material	35 SF	x		$\dashv$	
Second Floor/Extirior	-			Damper Cloth	10 LF	K	-	-	
Second Floor	-	X		Window/sill caulking	95 SF	x	-	-	-
Second Floor		×		VAT/Mastic	9800 SF	+++	$\dashv$		
Second Floor		Х	-	Radiator backing material	25 SF	X			
23301111001		X		Pipe Insulation		30		1	
				2 - Modration	300 LF	X			



### CK#6267

Brian & Rosemarie McCann   Private Home
City, State, Zip Code   Harvey Cedars NJ 08008   Name of Contact Brian   Total Contact
DEP DOL Amended Amendment # Emergency (including Justification) Cancellation
DEP DOL Amended Amendment # Emergency (including Justification) Cancellation
County (6)
DOH
Name of Facility Where Abatement is Taking Place (3) Brian & Rosemarie McCann Private Home  Street Address  City (5) Harvey Cedars NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11) School (K-12) Subchapter 8 (Other than K-12) Shad part 8 (Other than K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Shad part 8 (Other than K-12) School (K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Shad part 8 (Other than K-12) School (K-12) School (K-12) Shad part 8 (Other than K-12) Shad part 8 (Oth
Name of Facility Where Abatement is Taking Place (3) Brian & Rosemarie McCann Private Home  Street Address  City (5) Harvey Cedars NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e. private & commercial buildings, homes, etc.)  Other (i.e. private & commercial buildings, homes, etc.)  Current Use (Prior if being demolished) House  Name of Abatement Contractor (9) Permaco Inc.  Street Address PO Box 329  City, State, Zip Code West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. 856-753-9800  Scheduled Completion Date (11) 8/29/17  Name of OSHA Monitor Same
Brian & Rosemarie McCann Private Home  Street Address  City (5) Harvey Cedars NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  Street Address Po Box 329  City, State, Zip Code West Berlin NJ 08091  Telephone No.  Street Admits of County Code (7) (STATE USE ONLY)  Pernaco Inc.  Street Address Po Box 329  City, State, Zip Code West Berlin NJ 08091  Telephone No.  Start Date (10) 8/23/17  Same
Street Address  City (5) Harvey Cedars NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Cod
City (5) Harvey Cedars NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Sequare Feet # of Floors   # o
City (5) Harvey Cedars NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address PO Box 329  City, State, Zip Code City, State, Zip Code West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. Start Date (10) 8/23/17  Square Feet # of Floors 35+  # Of Floors 25+  # Of Floors 35+  # Of Floors 15+  # Of Floors 15+  # Of Floors 35+  # Of Floors 15+  # Of F
Harvey Cedars NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address City, State, Zip Code City, State, Zip Code West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. Street Address PO Box 329  City, State, Zip Code West Berlin NJ 08091  Project Manager for Monitoring Firm  Scheduled Completion Date (11) 8/23/17  Name of OSHA Monitor Same
County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10) 8/23/17  Current Use (Prior if being demolished) House  Name of Abatement Contractor (9) Pernaco Inc.  Street Address PO Box 329  City, State, Zip Code West Berlin NJ 08091  Telephone No. 856-753-9800  Dicense No. 00727  Start Date (10) 8/23/17  Scheduled Completion Date (11) Name of OSHA Monitor Same
Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Street Address PO Box 329  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  856-753-9800  Scheduled Completion Date (11) 8/23/17  Name of OSHA Monitor Same
N/A  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  856-753-9800  Start Date (10)  8/23/17  Same
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.  Telephone No.  856-753-9800  Start Date (10)  8/23/17  Scheduled Completion Date (11)  8/29/17  City, State, Zip Code  West Berlin NJ 08091  Telephone No.  856-753-9800  Name of OSHA Monitor  Same
Project Manager for Monitoring Firm
Project Manager for Monitoring Firm  Telephone No.  856-753-9800  Start Date (10)  8/23/17  Scheduled Completion Date (11)  8/29/17  Telephone No.  856-753-9800  Name of OSHA Monitor  Same
Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor   Same   Sam
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/23/17 8/29/17 Same
8/23/17
o dano
☐ Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code
Other – Describe:
Scope of Work (Check All That Apply)
≥3 sf or ≥3 If     Renovation     Full Containment with Negative Pressure
≥160 sf or ≥260 lf
Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure
Is Location Abatement
Location of Normally Description of
Ashastas Containing Material (ACM) Used Solely by Ashastas Containing Material (ACM)
TO BE ABATED In Facility  In Fa
Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (14)  Maintenance/ Custodial Staff? (15)  Maintenance/ Custodial Staff? (15)  Maintenance/ Custodial Staff? (15)  Maintenance/ Custodial Staff? (15)  Maintenance/ Custodial Staff?
Yes No N/A
exterior bottom of house x transit board 800 SF x
A transit board 600 St X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
United Roll Off  Hauler ID No. of Waste 3  G.R.O.W.S.
City, State Disposal Date City, State
Elm NJ 8/29/17 Morrisville PA 19067
Completed by Title Signature Date
Anthony T Perna President 8/10/17

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Date of Notification (1)				it to NJA( of Building				<del>   } </del>		FE	[	W	<u>E</u>	7/1	1		
7/27/17			Peter	Bulkley	/									Transport			
Agencies Notified Type Notification	***************************************		Street	Address				14 4	AL	IG 1	4 21	117			川		
EPA Initial Amended			City S	tate, Zip C	`eris			$\vdash \vdash$					_	Manager	1		
X DEP Amended DOL Amendment	#			e, New		08730		AS	SGLA	00.0	12015		1 0		No.		
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DCA Cancellation			John										_	-	-15		
	- 10		FAC	ILITY IN	ORMAT	ION								-	-		
Name of Facility Where Abatement is Takin Bulkley Residence	g Place	(3)					Туре	of Facility	(4)								
Street Address							P	School (K									
							X	Subchapte Other (i.e.	er o (Orr private	er inen i & comm	n-12) ercial t	uildi	ngs.	hom	es,		
City (5)							-	etc.) ire Feet		f Floors							
Brielle							200		1	Floors		55	ig. A i+	ige			
County (6)		-		Code (7)			Curre	ent Use (P	rior if be	ing demo	olished		01180				
Monmouth		[	(STATE	USE ONL	n		resi	dence									
Name of Manitoring Firm Hired by Building (	Owner (8	3)	ASC	M Na.			ne of Abatement Contractor (9) e Insulation Co., Inc										
Street Address		***************************************	<u></u>				te Insufation Co., Inc										
							Montrose Rd										
City, State, Zip Code							ip Code				0490						
Design (2)								k. New J	Jersey	07722							
Project Manager for Monitoring Firm		-	Talepho	me No.			rone N			Licens							
Start Date (10)	Schedu	led Cor	noletion	Date (11)			294 1	707 HA Monito		00029	<i>3</i> 						
8/1/17	8/10/1	7	riproducti	2010 (11)	â .	Name	01 001	IN WORKS	l.								
Occupancy Status During Abatement (Check	k Only O	ne)				Street	Addre	SS				The Secretary					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriad of	Abater	tement										illected				
Other – Describe: 7am-7pm	a reunt	y nous	3			City, S	: State. Zip Code										
Scope of Work (Check All That Apply)						en vii e											
23 sf or ≥3 ff	X	Renova	tion			×	Full Containment with Negative Pressure										
× ≥160 sf or ≥260 H		Demolit	ion				Mini-Enclosure Glovebag Procedure										
						-	i Gis I Nor	vebag Pro 7-Exempte	icedure id (*) ani	d Non-Fr	iable F	roce	dure	1			
	15	s Locati	on								Ī		bate	ment			
Location of		Normal ad Sole			Des	scription	of				<u> </u>		Ту	pe			
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intena	nce/		itos Cont thermal					mount Specify	į.			<u></u>	257		
in Facility (13)	Cus	(12)	Staff?		suriac	ing. VA	T, or	May 1.		or LF)	STATE OF THE STATE		Ropair	caps	ncha		
( sw)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T	1		owern	niscellan	eous				1 2		Sir I	Encapsulate	Enclusure		
144-7	Yes	No	N/A									1		0			
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				-			1000/20 DESC										
Name of Decisions division 12												-					
Name of Registered Waste Hauler			JDEP W auter iD		Cubic \ of Was			Name of			:611						
Newark Carting		0.	4509		40			Fairles	s Lanc	till							
City, State					Dispos	30		City, Stat				7.44.50	-				
Newark, New Jersey Completed by	Tur-				2	2 C		Easton	, PA					- CP-LASSION			
Completed by Bree McGuire Secretary								A			Date 7/27/	17					
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Date of Notification (1)				Name	of Buildin	g Owneri	Operator (	2)		1							
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	e Notification				Address				THE P	( E	= 1						
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	Amendment #			City, S	14te, Zip	Gode			-111 111 A	UG 1	a A	20	149				
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(NJAC 5:23-8)	justification) Cancellation				at Contac	검		٠	Telephone Num		D.						
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blane of English IAN and Et A				FAC	ILITY I	NFORM	ATION			LICE							
Name of Facility Where Abate	susut se teating	Place (	3)					Type of Facility									
rivate house Street Address		-						Subchapter	2) 6 (Other than K-1 2	2)							
								Other (i.s.,	private and comme	indal bul	lding	3,					
City (5)								Square Feet	# of Floors	Fle	io. Ar	10					
ilen Ridgs, NJ 07028								]		-	a 4	•					
County (6)			Coules	Count	y Code (7)	STATE L	ISE ONLY	Current Use (P	rior If being demoli	shed)		-					
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leme of Monitoring Firm Hire	d by Building C	ו שוויע	1	ASCM	No.	Name	of Abatem	ent Contractor (E	))								
				V <sub>2</sub>		Gr Tec	h LLC					100					
itreet Address				S-1000			Address										
The Plate To Be							alley Rd										
City, State, Zip Code						1	tate, Zip C										
roject Manager for Monitorio	no Firm		Tel	aphone l	No		one No.	70	Lizense No.				_				
			. 001	الكادات سأت			18-1777		01127				-				
Start Date (10)	Schad	uled Co	moli	etion Dal	(a (11)		of OSHA	Monitor	01121								
08 / 10 / 1		)8 /				1		onsultants,Inc									
Occupancy Status During Ab	atement (Check	only or	1e)				Address	viranteering title			-		-				
E Facility Closed/Vacated D	uring Entire Pa	riod of A	bate	ement		20-21	Wagaraw	Road, Bldg .*	35E				-				
Abaiement Performed Ou Time of Abetement:	AM-	Facility					tate, Zip C										
		HELP	- HI		AM	Fair L	awa, NJ (										
Scope of Work (Check all the	( apply)								nation with negative	NO DICSS	ura						
2 >3 of or >3 If	334		loval				Mini-Fru	dostra			****						
2 160 sf or 2000 if		M Der	noisi	ÓΓ.		Š	Non-Ex	p Procedure Lampted (*) and N	Tent with Negativ	riib Libara	ПLD						
		le le	Loca	ition	1					Name and Address of the Owner, where	atom	ent T	ypa				
Location of Asbestos-Containing Mat	arini (ACNA)		orm:	ally ely by			escription		A	D	R	m	B				
TO BE ABATE		Mai	nten	ence/		e., therm	al systems	iterial (ACM) insulation	Amount (Specify	Removal	Repair	Encapsulate	Enclosure				
IN Feditity (13)		Custo	00lal (12)	Staff?			acing, VA1		SIF or LF)	PB.M	-	EFINS	Mic				
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asement				8	Dina	sulstion			100 LF.	×	П		IT				
				10	K IPE III	aribuot)			TAO AT.			Page 1					
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Name of Registered Waste	erger		N	JDEF Wash	e Heater 10 N	le. Cubic 1	fords of Wa	Name of Reg	istered Landfill		-						
ir Tech LLC				003378	85_	TE	BD	T.R.R.F. In	c								
City, State						Dispos	sel Data	City, State									
Vayne, NJ 07470						TE	3D	Tullytown,	PA								
Completed By (Print or Type	Tiel	đ	-	-		5	Signature	1.	10	Date							
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Date of Notification (1) 6/29/2017				Building Owner rry Street Ui			LLC	MEG			7 E		
Agencies Notified Type Notification			treet Ad	dress b Realty 44	7 Northf	ield A	ve Suite 2	001	- Charles	750	Contract of the Contract of th	According to the control of the cont	
X EPA   X Initial   Amended   Amendment #		C	ity, Stat	e, Zip Code Orange NJ	-		-4-16-agage	H W AUG	14	20	17	型	
Emergency (If				Contact			-	Tolonhoro M.	ala -		7/	0	
X       DOH       justification)         X       DCA       Cancellation			Jared	Lustbader			L,				)_	čt.	
		'_	FACIL	ITY INFORMA	TION	-	7 - W- 7				WINDS TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN NAM		
Name of Facility Where Abatement is Taking	Place (3)						of Facility (4		10				
Private property							School (K-12	2) 8 (Other than K-1)	2)				
Street Address						×	Other (i.e. p	rivate & commerci	ial build	ings, l	home	s,	
City (E)	-						etc.) re Feet	# of Floors	BI	dg. Ag	ge		
City (5) Newark						1400		1 .	+:	50			
County (6)				ode (7)		Curre	nt Use (Pric	or if being demolish	hed)				
Essex		6	STATE U	ISE ONLY)									
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.			tement Con						
N/A			N/A	<u> </u>				vices LLC					
Street Address N/A						Addres	ss Street	3		7) an			
City, State, Zip Code N/A							ip Code gen NJ 07	047	j	PE	Œ	11/5/ 2017	
Project Manager for Monitoring Firm N/A		- 1	elephor N/A	ne No.		hone N 552-9		License N 01320	۱o.	UL.	1,9	2012	
	Scheduled 8/20/20		ompletion Date (11)  Name of OSHA Monitor  Iris Environmental Laboratories									100	
Occupancy Status During Abatement (Check			Street Address 2333 Route 22 West									Y P	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	Hours	ement										
Scope of Work (Check All That Apply)						7021							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure							
	T				L	<u> </u>	n-Exempled	( ) and Non-Fila	DIE FIO	7000 00	ement		
		Location ormall					1				ре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Solel ntenan odial S (12)	y by ice/	Asbestos C (i.e. therr su	Description of ontaining Material (ACM) Amount all systems insulation, facing, VAT, or SF or LF) The pair of the miscellaneous)						Encapsulate	Endosure	
Eutovier vegy deer	Yes	No	N/A		Door ca	ulk		20FT	x				
Exterior rear door			X		n floor til		12	250FT	×	-			
2nd floor locker room		X						-					
Roof	x Roof tar Coating 14,000FT x												
Name of Registered Waste Hauler	N	JDFP W	/aste Cu	bic Yards		Name of	Registered Landfi	1	L				
Newark Carting Inc	NJDEP Waste Hauler ID No. Of Waste						ethlehem Rd L						
City, State Po Box 5670		Disposal Date City, State 2335 Applebutter Rd Bethlehem PA				ı PA							
Completed by Marcos Regato	ident Signature Date 6/29/2017												

			18.00		to NJAC					]]_[	<u> </u>	W	11/		E	19		
Date of Notification (1) 8/42017					f Building side Tow		1.5	r (2)	The state of the s		ALIC	4.4	^	0.48	Print of Louisian			
Agencies Notified	Type Notification	1		Street A 1 Wes	ddress	Street					-AUU	14	2	017	Manual Land			
DEP X DOL	Amended Amendmer	nt #		100000	ate, Zip Co side NJ	de				ASE	ESTO	19 700	hy i	HO	Lå			
□ DOH	Emergency justification	(including	_	Name of	f Contact				ferman		ephone		er					
☐ DCA	Cancellatio	n		Risto						84	5-494-	-5796		1	(5)			
Name of Facility Where	Abatement is Taki	ng Place (3	)	FACI	LITY INFO	DRMATI	ION	Ту	pe of Facility (	4)								
Riverside City Hall Street Address								H	School (K-1 Subchapter		er than l	K-12)						
1West Scott Street								×	Other (i.e. p				ouild	ings,	home	es,		
City (5) Riverside									uare Feet 00	# of	Floors			dg. A 50	ge			
County (6) Burlington		<u> </u>			Code (7) USE ONLY)			Cu	rrent Use (Pri	or if bei	ng dem	olished	)					
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN N/A	/ No.				batement Cor lutions Ser									
Street Address N/A							Street 1435		ress st Street									
City, State, Zip Code N/A									, Zip Code ergen NJ 07	7047								
Project Manager for Mor N/A	itoring Firm		Telephone No.         Telephone No.         License No.           N/A         201-552-9685         01320									0.						
Start Date (10) 8/14/2017	<del>9.71. 4 </del>	d Con																
Occupancy Status During	g Abatement (Che	ck Only On	e)	Street Address 2333 Route 22 West														
Facility Closed/Vac Abatement Perform Other – Describe: §	ed Outside of Nor	Period of A mal Facility	batem Hours	ement														
Scope of Work (Check A							UIIIU	III IN	3 07 003				33.0					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
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Location			ormall			0.000	scription	7.5				-		Ту	pe			
Asbestos-Containing TO BE AB/ In Facil (13)	ATED `	ntenar	Asbestos Containin (i.e. thermal syste surfacing, other misce					ulation,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure			
Exterior(win	ndows)	Yes	INU	N/A X		wind	lows ca	aulk		1:	50LF	X						
`																		
Name of Registered Was	N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Lan	ndfill								
Newark Carting Inc	Н	auler ID 1509		of Was			ISES B				dfill							
City, State Po Box 5670			Dispos	sal Date	1	City, State 2335 Ap		utter R	d Bet	hle	hem	PA						
Completed by Marcos Regato	Signature Date esident Signature 8/4/2017																	
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UC# 120	99			ICATIO	N OF ASB t to NJAC	ESTOS	ABATE		ENT	-  - 0	• 28-5	9.7			
Date of Notification (1) 7/10/2017					of Building te Proper				?) Plaza LLC	1	lid 35	F52	<i>ī</i> , <i>ī</i> )	// **	
Agencies Notified	Type Notification				Address Stelton F	Rd	-				<u> </u>	塩		1 1	
DEP  DOL	<ul><li>✓ Initial</li><li>✓ Amended</li><li>✓ Amendment</li></ul>		_		ate, Zip Co taway N		W				AUG	1 4	20	17	
DOH DCA	iustification  Cancellation	including		Name o	of Contact					Tel	ephone Nu	ımber			
					ILITY INFO	ORMAT	ION			_		ENS			
Name of Facility Where A Private property	batement is Takin	g Place (3	3)	170	CITT INI	JINNATI	IOIV	T	Type of Facility		Non-company of	No. 1 (0 )	1		
Street Address 623 Texas Rd									Subchapte Other (i.e.	er 8 (Oth	er than K-1 & commerc		dings	hom	es,
City (5) Marlboro									etc.) Square Feet 200	# 0	f Floors		3ldg. <i>A</i> -50	\ge	
County (6) Monmouth					Code (7) USE ONLY)			C	Current Use (Pr	rior if bei	ng demolis	hed)			
Name of Monitoring Firm I	Hired by Building (	Owner (8)		ASCI N/A	M No.				Abatement Co Solutions Se				ý.	727	
Street Address N/A					Street Address 1435 51st Street							Trans	9.		
City, State, Zip Code N/A			City, State, Zip Code North Bergen NJ 07047							D/V					
Project Manager for Monit N/A	- 1	N/A 201-552-9685 0132							License N 01320	No. (1947/17);					
Start Date (10) 7/20/2017		ed Com	npletion Date (11)  Name of OSHA Monitor  Iris Environmental Laboratories												
Occupancy Status During  Facility Closed/Vacat				Street Address 2333 Route 22 West											
Abatement Performe  Other – Describe:	d Outside of Norm	al Facility	Hours	City, State, Zip Code Union NJ 07803											
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
			Location										Abate	ement pe	
Asbestos-Containing M TO BE ABA In Facility (13)	faterial (ACM)	Use Ma	d Solel intenar odial S (12)	ly by nce/		os Cont thermal surfac		Mate s in AT,	erial (ACM) nsulation, or	(8	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
Rear Por				Х			loor tile				00SF	х			
1st floo		X		Joint	Compo	ou	nd	15	50SF	Х					
N(0															
Name of Registered Waste Newark Carting Inc	e Hauler		H	JDEP W auler ID 1509		Cubic of Was			Manager and the		red Landfill em Rd L		1		
City, State Po Box 5670	Disposal Date City, State 2335 Applebutter Rd Bethlehem PA														
Completed by Marcos Regato	dent	Signature // Date													

CV#124F	5	ı		CATION	N OF ASB to NJAC	ESTOS	ABATE		[[-]			1 10			- Communication of the Communi	
Date of Notification (1) 07/26/2017	<i></i>				of Building ARK PUI						N			Contraction and Contraction an		
Agencies Notified Ty	ype Notification			Street A	Address DAR STF	REET				A	UG 14	201	7	1	#	
DEP X DOL	Amended Amendment #		_		ate, Zip Co ARK, NE		RSEY (	7102	TA	SDE	3000		OL	&	1	
▼ DOH ▼ DCA	Emergency (ir justification) Cancellation	cluding			f Contact AMIN O	_AGA[	DEYO		Internation of the last of the	1	LCENS -	HWG-				
				FAC	ILITY INFO	DRMAT	ION									
Name of Facility Where Aba BRICK AVON ACADE		Place (3	3)					I s	f Facility (4 chool (K-1)	e e						
Street Address 219 AVON AVENUE								m o			er than K-1: & commerci		lings,	home	es,	
City (5) NEWARK, NEW JERE	ESY 07108					marine parameter par		Square		# of	Floors	В	ldg. A	ge		
County (6) ESSEX					Code (7) USE ONLY			Curren		or if bei	ng demolist	ned)				
Name of Monitoring Firm His WHITMAN CORPORA		wner (8)		ASCM No. Name of Abatement Contractor (9) OPTIMUM ENVIRONMENTAL SO								DLUTION LLC				
Street Address 7 PLEASANT HILL RO																
City, State, Zip Code			×2.00				City, S	7 LINWOOD ROAD State, Zip Code ON, NEW JERSEY 07083								
CRANBURY, NEW JE		γ							SEY 0							
Project Manager for Monitor KEVIN LOVELY	477			90-5858		1	one No 418-27			License N 01227	0.					
Start Date (10) 08/07/2017		Schedule 08/21/2		npletion	Date (11)		of OSH	A Monitor								
Occupancy Status During Al	batement (Check	Only Or	ne)				Street	Address	;						-	
Facility Closed/Vacated Abatement Performed Other – Describe: OCC	Outside of Norma	eriod of A	Abatem Hours	nent i			City, S	tate, Zip	Code							
Scope of Work (Check All T	hat Apply)					-	L									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		**********	Renova Demolit				X	Mini Glov	ull Containment with Negative Pressure lini-Enclosure lovebag Procedure on-Exempted (*) and Non-Friable Procedure							
		ls	Locati	on									Abate	ment		
Location of Asbestos-Containing Ma			Normal ed Sole		Achon		scription taining M		A CNA	٨	maunt	-	1 9			
TO BE ABATE In Facility (13)		Cust	intenar todial S (12)	Staff?		systems cing, VA niscellar	s insulat T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
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FIELD HOU	X		THERN	IAL SY	YSTRIV	INSU	LAI		00LF	X						
N (D)	1000							11								
Name of Registered Waste NEWARK CARTING	H	JDEP V auler ID 4509		of Wa	Yards ste			<del>.</del>	red Landfill ITRAL SA		DRY	LAN	IDFI			
City, State NEWARK, NEW JERS	Disposal Date City, State ARGYL, PENNSYLVANIA						EAR									
Completed by EMMANUEL CHIOBI	RATIONS MANAGER Signature Date 07/26/2017					2017	,									

Chal# 12 821

#### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) August 9, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address AUG ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **D** EPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS D DCA ☐ Emergency (including City, State, Zip Code OB CONTROL & ASDIS X DOL CENSING justification) PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED □ Cancelled Name of Contact Telenhana Number X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LOREE GYM, BLDG# 8321 School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) **DOUGLASS CAMPUS** Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/18/17 08/21/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure X > 3 sf or > 3 lf **X**Renovation ☐ Mini-Enclosure □ ≥ 160 sf or > 260 lf ☐ Demolition X Glove bag Procedure / Wrap & Cut ☐ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Room 048 CORRIDOR X TSI ~9 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 5 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 08/21/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedatino August 9,2017 MANAGER

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

Cheeff 1282:

GAC Project # 060-17			(	<u> </u>	2.0.00 / and 12.120-7	,	1	Tr.	J ,70	FE2	Īi .	W/I	E In		
Date of Notification (1)					Name of Building Owne	er/Oper	ator (2		1 1 1 1 1 1 1 1 1			W	510		
August 9	, 2017				RUTGERS, THE S	STAT	E UN	VERS	SITY C	OF N	J		200		
Agencies Notified		Notification			Street Address			111	2110	1.13		0.19	111 /		
☐ EPA		⊠Initial				VIRONMENTAL HEALTH & SAFATIS DEPT. 2017									
□ DCA		Harris San Market		tification #	27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS										
X DOL				(including	City, State, Zip Code										
☑ DEP- No Longer REQUIRE	,		cation)	)	PISCATAWAY, N.	088	54	ASI	LLS !	:5 C	6.114	1910	Lä		
X DOH	_	□ Cance	lled		Name of Contact		Lepon	Tele	phone	MITHEL	711/11				
					MICHAEL SMITH, ENV.										
					HEALTH & SAFET	Y									
Name of Facility Where Abatemen	t ic Tak	ing Place (3)		FACILITY IN	FORMATION										
MARRYOTT MUSIC, BLI	G# 8	310			Type of Facility (4)  School (K-12)										
mario, modio, bei	011 0	010													
Street Address					Subchapter 8 (other the					120002					
DOUGLASS CAMPUS					Sq. Feet: N/A							0200000			
City (5)				0 1 (5)	Sq. Feet. N/A	# 01 F	ioors.	I BIQ	g. Age	. 60	* ye	ars			
	unty (6)			y Code (7) Use Only)	Current Use (prior if being	na don	oliobo	4). AC	ADEM						
NEW BRUNSWICK	וטטווע	LESEX	State	Use Only)	Current Ose (phor ii beli	ig deli	ionsnec	i). AC	ADEMI	C					
Name of Monitoring Firm Hired by	Bldg. O	wner (8)	ASCN	The state of the s	Name of Contractor (9)										
ATC			009	8											
Street Address					GREENWOOD ABA	TEM	ENT C	ONSU	JLTAN	VTS,	INC				
3 TERRI LANE					Street Address										
3 ILIKI LANE					268 MAIN STREET										
City, State, Zip Code															
	116				City State, ZipCode										
BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number				BUTLER, NJ 07405											
BRIAN KEARNY 609-386-8800				Telephone Number			Licen	se Num	ber						
DIVINITE REPORT		003-300	-0000		973-492-0477			0084	10						
Scheduled Start Date (10)		Scheduled (	Completi	on Date (11)	Name of OSHA Monitor			000-	70		_				
08/25/17	1	08/28/17			<u>'1</u>										
					ENVIROVISION, IN	C.									
Occupancy Status During Abater					Street Address										
Facility Closed/Vacated During				nt	20 24 MADCADAM	DO 4	_								
☐Abatement Performed Outside	of Nor	mal Facility I	Hours -		20-21 WARGARAW ROAD City, State, Zip Code										
Describe  Stockhor – Describe:					City, State, Zip Code										
	NIDO	O MICCIAE	UDO A	O NEEDED											
Schedule: 5PM - 5AM (24 HC	JUKS	& WEEKE	NDS A	2 MEEDED)	FAIRLAWN, NJ										
Scope of Work (Check all that appl	/)														
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$\boxtimes \geq 3 \text{ sf or } \geq 3 \text{ lf}$				<b>X</b> Renovation			ni-Enck		vitii Neg	gauve	ries	Suite			
$\square \ge 160 \text{ sf or } \ge 260 \text{ l}$	;			☐ Demolition					dure / W	/ O	Cut				
				_ Domoition					and No				duro		
Location of Asbestos-Containing	Is Loca	ation Normall	y Used	Description of Ast	bestos Containing Material	I NOI	Amour		Abate			Pioce	dure		
Material (ACM) in Facility (13)	Solely	by Maint./Cu		(ACM) (i.e. therm	nal systems insulation, surfac	ing,	(Speci	7.7							
	Staff?			VAT, or other mis	cell.)	8	or LF)		Remov	e Rep	pair E	ncap I	Enclose		
	YES	NO	NA												
Room 026		X		TSI			~9 LF	-	X						
										_					
										+					
Name of Reg. Waste Hauler		NJDEP Was	le Haule	r ID #	Cubia Vanda attu	F C	,	Nome	of Regis	otors	110-	4611			
See Hauler Below #1 & 2		See Below			Cubic Yards of Waste:	5 CY			O.W.S.				n		
				11.05.105				100000000000000000000000000000000000000	J.14.J.		1000	-63015-0011			
Hauler #1) Greenwood Abatement NJDEP # 12561	Consul	tants, Inc	Butler, I	NJ 07405		Dispo	osal Dat	<u>te</u>		City,					
Hauler #2) Newark Carting, Inc., N	Vewark	NJ 04509				00.	0.100					ord Naville,	010000		
NJ DEP # 4509						08/2	28/201	17		1906					
										215-7	736-1	700			
Completed by (Print or Type)	Titl	NO.			Signature			Date				12-15-2			
RAYMOND C. PEDALINO	SE	ENIOR PE	ROJEC	T	Raymond C. Pe	11.		-	ust 9,2	2017					
		ANAGER		*******	Daymona O. Te	dalln	0	- 5	,						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification Name of Building Owner/Operator (2) 08/09/2017 Livingston Board of Education Agencies Notified Type Notification Street Address 11 Foxcroft Drive EPA City, State, Zip Code X DEP Amended Livingston, NJ 07039 X DOL Amendment # X DOH Emergency (including Telephone Number Name of Contact [X]DCA iustification) James Perrette Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School Administration Building School (K-12) Street Address Subchapter 8 (Other than K-12) 11 Foxcroft Drive Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Livingston County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) school Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental Services Lilich Corporation Street Address Street Address 280 Huyler Street 606 McBride Ave City, State, Zip Code South Hackensack, NJ 07606 City, State, Zip Code Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. Anton Rezin 201-489-8700 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08-21-2017 08-24 -2017 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: unoccupied sub-8 Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or >3 If Renovation X Full Containment with Negative Pressure X ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, ncapsulate (Specify Enclosure Custodial Staff? Removal Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st floor-Office&server storage X Suspended ceiling tiles 544 SF X

NJDEP Waste

Hauler ID No.

18724

Project manager

Cubic Yards

Disposal Date

Signature

of Waste

Completed by

Lilich Corporation

Momo Glavatovic

City, State

Name of Registered Waste Hauler

Woodland Park, New Jersey

Morrisville, PA

Date

08/09/2017

Name of Registered Landfill

G.R.O.W.S Landfill

City, State

State of New Jersey

				TION OF ASBESTOS		0.000.000.0000.0000	OV	# 100	17	7			
Date of Notification (1)				ant to NJAC 8:60 ar	na 12:	120)		走岭	W		E S	150	
8/1/17		St. Jo	seph F	Regional Medical	Cent	er	(!!) <b>/</b> r <sup>±</sup>			13	7		
Agencies Notified Type Notification			Address				1.00				111	1	
⊠ EPA ☐ Initial		_	Main S					AUG 1 A	201	7			
□ DEP □ Amended			ate, Zip Co			ll id	NOU 1 -	2011		fore	age of		
☑ DOL Amendment #		Paterson, NJ 07503  Name of Contact Telephone Number.											
⊠ Emergency (includ	ing	Name o	19670	WINDL&									
□ DOH justification)		Matt	hew B	arkho				ENSIN					
DCA Cancellation				CILITY INCODMAN	TION				-	are with	AND SERVICE	MENOTIFIC	
Name of Facility Where Abatement is Taking Place (3)			FF	ACILITY INFORMAT		of Facility (4)			-		_		
St. Joseph's Regional Medical Center - I	Mechanical R	oom ‡	<b>#</b> 5				~ `						
Street Address					12	School (K-12							
703 Main Street							8 (Other than K-			200			
					X	Other (i.e. p	rivate & Comme	rcial buildings, hor	nes, e	etc.)			
City (5)	3/1	77.43			Squar	re Feet	# of Floors	Bldg. Age					
Paterson					30,0	000+	3+	50+					
County (6)			1000	Code (7)	Curre	nt Use (Prior if be	ing demolished)						
Passaic			(STATE	USE ONLY)	Hos	pital							
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name	of Abatement Co	ontractor (9)						
						corn Contract	18 2						
Street Address	7				Street Address								
Property Authorities and Constitution Consti					32 Willow Way								
City, State, Zip Code				City, State, Zip Code									
					0.00	odland Park,	NI 07424						
Project Manager fo Monitoring Firm			Telepho	ine No	_	hone No.	113 07424	License No.		-			
Troject manager to morntoning rimi			relepho	ille No.		-333-9176		01331					
Start Date (10)		Cabadul	lad Campl	otion Data (11)	-			01331		_			
8/3/17		8/4/1		etion Date (11)	1500000	of OSHA Monitor							
Occupancy Status During Abatement (Check Only One		0/4/1				rovision Con	suitants, inc.				-	-	
☐ Facility Closed/Vacated During Entire		tomor			100000000000000000000000000000000000000	Address	א מוא- אר כ						
☐ Abatement Performed Outside of No			IL.				Rd., Bldg. 35-E				_	_	
	rmai racility n	iours			City, State, Zip Code Fair Lawn, NJ 07410								
Scope of Work (Check All That Apply)					Fair	Lawn, NJ 074	410			-		_	
≥3 sf or ≥3 lf		<b>1</b> 27	_										
		X	Renova		Full Containment with Negative Pressure								
□ ≥160 sf or ≥260 lf			Demoli	ition	Mini-Enclosure								
					$\boxtimes$	Glovebag Pro							
						Non-Exempt	ed (*) and Non-F	riable Procedure		A1			
 		s Locatio Normally			-			2		Abate Tv	emen vpe	t	
Location of Asbestos-Containing Material (ACM)	(3)(3)	ed Soleiy		Ashest		cription of ining Material (A	°M)	Amount			İ	Г	
TO BE ABATED	596008	intenan	5365			systems insulation		(Specity			_		
In Facility	Cust	todial St	aff?	D)	surfac	ing, VAT, or		SF or LF)	R		nca	En	
(13)	-	(12)			other m	niscellaneous)			Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						_	air	ate	ire	
Mechanical Room #5		XXX		Pipe	e Insu	lation & Joint	:S	30 LF	XX				
Name of Registered Waste Hauler		NJDEP W	/aste Haul	ler ID No.	Cubic	Yards of Waste		Name of Regustered	Landfil	I			
Unicorn Contracting Corp.		00358	44		5+	- 2		Fairless Hills Landfill					
City, State					Dispos	al Date	2	Oty, State					
Woodland Park, New Jersey					TBD		11	Merrisville, PA					
Completed by	Title					Signature	. 11/1	M	Date	*			
Dimo Golcev	Genera	l Man	ager			1/1/	NY Y		8/1	/17			

General Manager

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) AUG 1 4 2017 07-27-2017 Mr. Ron Shacham Agencies Notified Type Notification Street Address  $\boxtimes$ **EPA** DEP Initial City, State & Zip Code CONTROL &  $\boxtimes$ DOL L'CENSING Amended Passaic, NJ  $\boxtimes$ X DOH Emergency Name of Contact Tolophone N DCA Cancellation Mr. Ron Shacham FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 3,200 3 + basement 100 Passaic, NJ 07055 Passaic Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 8-2-2017 08-7-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If X Renovation Mini-Enclosure ≥160 sf ≥260 lf П Demolition Glove Bag Procedures X Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure Removal TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Roof X Roofing Material 2,500 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 07-27-2017

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMEN

(Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 07-19-2017 Ridge Park Apartments, LLC Agencies Notified Type Notification Street Address  $\boxtimes$ **EPA** 1122 Clifton Ave DEP Initial City, State & Zip Code  $\boxtimes$ DOL Amended Clifton, NJ 07013 DOH Emergency Name of Contact ASSESTOS Felen DCA Cancellation Jerry Campbell FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North Arlington Apartments-Bldg 200 School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 20 - B Ridge Park Drive Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Blda. Age City (5) County (6) County Code (7) 10,400 North Arlington, NJ Bergen Current Use (Prior if being demolished) Apartment Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC 117 Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-17-2017 J&S Environmental Laboratories, Inc. 08-18-2017 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure (i.e., thermal systems Remova Repair TO BE ABATED Maintenance or in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Storage Room Pipe Insulation  $\boxtimes$ 138 LF Storage Room  $\boxtimes$ Pipe Fittings 6 Each  $\boxtimes$ ПП Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 Morrisville, PA TBD Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 07-19-2017

UC# 27	10	(17)	urst	uan	L	.O <u>I</u>	I.J.A	<u>.c.</u> 8:60 and	12:	(Hix Up	ノ		Na			
Date of Notification (		)	SH WEST	Nar	me	of B	uilding	Owner / Operat	or (2)	MEG				-6-6-	1	
Agencies Notified	08-4-2017 Type Notific	ation		Stre	eet	Add	ress	tments, LLC			<u>Ľ</u>	II W		111	San Harris	
☐ DEP	☐ Initia	I		_			n Ave & Zip	Code		A A A A A A A A A A A A A A A A A A A		naan	- 11			
⊠ DOL		nded(Bldg#) 🚶	덬	Cliff	ton	, NJ	07013	3		II II AUG		2019	95	7		
□ DOH □ DCA		rgency cellation				of C amp	ontact					Tolonha				
								FORMATION		ASBLE		1510	L1'			
Name of Facility Whe	ere Abateme	ent is Taking P	lace (	(3)	FA	CIL	IIYIN	FORMATION Type of Faci	lity (4)	The second secon	ENS	IIVG				
North Arlington Apart								School	(K-12)							
Street Address 20 – B Ridge Park	Drive									(Other than K-12) vate & commercial to	ouildin	gs, hom	es, e	tc.)		
City (5)		I C (C)					(=)	Square Feet		# of Floors	E	Bldg. Ag				
City (5) North Arlington, NJ		County (6) Bergen	100	ount	y C	ode	(1)	10,400	/Prior	if hoing domolished	4/		70			
								Apartment B	Current Use (Prior if being demolished) Apartment Bldg							
Name of Monitoring F Health and Safety Se	Firm Hired b	y Building Owr	ner (8	)			CM No		Name of Abatement Contractor (9)							
Street Address	ervices					111			Resource Management Group, LLC Street Address							
P.O. Box 365								2115 Hamilto	2115 Hamilton Ave, Suite 202							
City, State & Zip Cod Berlin, NJ 08009								Trenton, NJ	City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Telephone N Mr. Jim Proctor 856-452-131						609-914-4279 01185										
Scheduled Start Date (10) Scheduled Completion Date (11) 8-17-2017 08-18-2017						Name of OS J&S Environ		onitor I Laboratories, Inc.								
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement					Street Addre	ss										
☐ Facility Close ☐ Abatement Pe	ed/Vacated I erformed du	During Entire P Iring Normal Ho	eriod	of A	ba	teme	ent	2333 Route 2 City, State &								
Describe: 8	3:30am - 6:0	00pm	Jui S.					Union, NJ 07		ode						
Scope of Work (Chec	k all that ap	pply)														
≥3 sf or ≥3 lf			$\boxtimes$	P	and	ovati	on			Full Containment Mini-Enclosure	with N	legative	Pres	sure		
2160 sf ≥260	If			2700		olitic			H	Glove Bag Proced	lures					
										Non-Exempted an						
	cation of s-Containing	,		Loca mally				Descriptio Asbestos-Cor		Amo		Aba	teme	nt Ty	ре	
Mater	rial (ACM)	9	S	Solely	y b	У		Material (A		g (Spe SF or				ш	ш	
	E ABATED Facility		Mair Cust						(i.e., thermal systems sulation, surfacing, VAT or other miscellaneous)			Rem	Re	ncapsula	nclo	
	(13)		Cust	(12		lali						ova	Repair		Enclosure	
	24 0.450		Yes	No		N/A								at	Ф	
Storage Room						$\boxtimes$		Insulation		138						
Storage Room			H	F	1		Pipe	Fittings		6 Ea	ch		밁			
		11-11-11-11-11-11-11-11-11-11-11-11-11-	H		1	H	-					H	H			
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11													計	하		
Name of Registered V				H	lau	ler I	D No.	Cubic Yards of Waste		e of Registered Lar	ndfill			-		
Resource Manageme	nt Group, L	LC		0	03	5218	3	TBD		vs Landfill						
City, State Trenton, NJ 08619								Disposal Date TBD		State isville, PA						
Completed By (Print o	or Type)				itle			Signature		nor reasonable (management		Date				
Mr. Brian Haney				P	res	sider	nt					08-4-2	.017			
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State of New Jersey and 200 200 and one not We have a Mix UD WI Bldg #'s

Date of Notification (1) 08-11-2017				Owner / Operatonents, LLC	or (2)	MEG	EIWEM			
Agencies Notified Type Notification	on S	treet Addr	ress	ients, LLC						
☐ DEP ☐ Initial		122 Clifton ity, State		ode		III III AIIG	4 / 2017			
□ DOL	ed(2nd-Bldg # C	lifton, NJ		oue		AUG	1 4 2017			
□ DOH □ Correction	on & start date)	lame of Co	ontact							
DCA Cancella	52 (C.E.)	erry Campb				ASBESTA	ATEL ATEL			
		FACILI	TY INFO	ORMATION		ONE COMPANIES ENGINEERING SERVICE				
Name of Facility Where Abatement North Arlington Apartments-Bldg #	is Taking Place (3)			Type of Faci		-				
Street Address	is 200 (not blag.	202)		School (	(K-12) oter 8 (Other	than K-12)				
20 - B Ridge Park Drive				Other (i.	e. private & c	ommercial build	ings, homes, etc.)			
City (5)	ounty (6) Cou	nty Code	(7)	Square Feet # of Floors Bldg. Age						
	ergen Cou	nty Code	(1)	10,400 Current Use	(Prior if being	demolished)	70			
Name of Maritaria First II. 11. S		1.5		Apartment B	ldg					
Name of Monitoring Firm Hired by B Health and Safety Services	Building Owner (8)	117	CM No.	Name of Aba Resource Ma	itement Contr anagement G	actor (9)				
Street Address P.O. Box 365				Street Addres	SS					
City, State & Zip Code				City, State &	on Ave, Suite	202				
Berlin, NJ 08009	- I= : :			Trenton, NJ (	08619					
Project Manager for Monitoring Firm Mr. Jim Proctor	one Numb 52-1311	ber	Telephone N 609-914-427	Number License Number 79 01185						
Scheduled Start Date (10) Sch	Scheduled Start Date (10) Scheduled Completion Date (11)						01103			
8-14-2017 Occupancy Status During Abatemer	08-18-2			J&S Environr Street Addres		atories, Inc.				
☐ Facility Closed/Vacated Dur	ing Entire Period of	f Abateme	nt	2333 Route 2						
Abatement Performed during Describe: 8:30am – 6:00p	g Normal Hours:			City, State &						
Facility Occupied During Ab	atement			Union, NJ 07	003					
Scope of Work (Check all that apply	r)				M Full C	antainmantith	Negative Day			
≥3 sf or ≥3 If		Renovatio	n			inclosure	Negative Pressure			
☐ ≥160 sf ≥260 lf		Demolition	n			Bag Procedures				
Location of	ls Lo	ocation		Description		xempted and No Amount	On-Friable Procedure Abatement Type			
Asbestos-Containing	Norma	ally Used		Asbestos-Con	taining	(Specify				
Material (ACM) TO BE ABATED		ely by nance or		Material (At		SF or LF)	Enclosure Encapsulat Repair Removal			
in Facility	Custoo	lial Staff?		sulation, surfac	cing, VAT		Enclosure Encapsular Repair			
(13)		12) No N/A	(	or other miscella	aneous)		ulat ulat			
Storage Room			Pipe In	sulation		138 LF				
Storage Room			Pipe Fi	The state of the s		6 Each				
Name of Registered Waste Hauler	<u> </u>			Cubic Yards	Name of Re	gistered Landfill				
Resource Management Group, LLC		Hauler ID 0035218		of Waste FBD	Grows Land	fill				
City, State	<del></del>			Disposal Date	City, State	· · · · · · · · · · · · · · · · · · ·				
Trenton, NJ 08619		I		TBD	Morrisville, F	PA				
Completed By (Print or Type) Mr. Brian Haney		Title President		Signature	1		Date 08-11-2017			
•				11/1	n XI		50 11 2017			

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Name of Building Owner / Operator (2) 08-11-2017 Ridge Park Apartments, LLC Agencies Notified Type Notification Street Address  $\boxtimes$ EPA 1122 Clifton Ave DEP Initial City, State & Zip Code DOL  $\boxtimes$ Amended 1st start date Clifton, NJ 07013  $\boxtimes$ DOH Emergency Name of Contact DCA Cancellation Jerry Campbell **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North Arlington Apartments-Bldg 110 Laundry Room School (K-12) Street Address Subchapter 8 (Other than K-12) 20 - B Ridge Park Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2,900 70 North Arlington, NJ Bergen Current Use (Prior if being demolished) Apartment Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-14-2017 08-18-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Laundry Room Pipe Insulation 172 LF  $\boxtimes$ Laundry Room Elbows X 3 each Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD. Morrisville, PA Completed By (Print or Type) Title Signature/ Date Mr. Brian Haney President 08-11-2017

State of New Jersey

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

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CLTXIII	) (						20)	一样的了		WI		100			
	19-2017	l F	Name o Ridge F	of Building Park Apar	Owner / Operat tments, LLC	tor (2)				- L	The same	0.00			
□ EPA	pe Notification	15	Street A	Address lifton Ave			province of the state of the st	AUG	1 4 1	2017	The state of the s	IJ			
☐ DEP ☐ DEP ☐ DOL ☐	☐ Initial ☐ Amended			ate & Zip			1				1 Kon	amend			
□ DOH □	Emergency Cancellation			NJ 07013 f Contact				ASBESTOI	T_165.	II AU N	1. 2,	- 1			
□ DCA □			Securitarian	-			-	]							
Name of Facility Where	Abstament is Taking F	(0	FAC	CILITY IN	FORMATION										
North Arlington Apartme	ents-Bldg 110 Laundry I	race (3 Room	)		Type of Fac										
Street Address 20 – B Ridge Park Dr	ivo				☐ Subcha	pter 8 (	Other than I	<-12)							
	ive				Square Feet		# of Floors	ercial buildin			etc.)				
City (5)	1				2,900	2 70									
North Arlington, NJ	Bergen				Current Use Apartment B	Bldg		50							
Name of Monitoring Firm Health and Safety Servi	n Hired by Building Owr ces	ner (8)		ASCM No	Name of Aba Resource M	atemen	t Contractor	(9)							
Street Address				117	Street Addre	ess		LLC		-					
P.O. Box 365 City, State & Zip Code					2115 Hamilto	on Ave,	Suite 202								
Berlin, NJ 08009					Trenton, NJ	City, State & Zip Code Trenton, NJ 08619									
Project Manager for Mor Mr. Jim Proctor	litoring Firm		none N 52-131		Telephone N 609-914-427			License N	Number 01185						
Scheduled Start Date (1 8-28-2017	50		n Date		Name of OS	HA Mor			011	00					
Occupancy Status Durin	g Abatement (Check or	nly one	)		J&S Environ Street Addre		Laboratories	s, Inc.							
☐ Facility Closed \\ ☐ Abatement Perfo	/acated During Entire Pormed during Normal Ho	eriod o	f Abate	ment	2333 Route 2	22 Wes									
_ Describe: 8:30	0am – 6:00pm	ours.			City, State & Union, NJ 07	7083	ae								
Scope of Work (Check a	d During Abatement														
≥3 sf or ≥3 lf	11.20		_			$\boxtimes$		ment with N	egativ	e Pres	sure	)			
25 st of 25 ft ≥ 260 lf		$\boxtimes$	Renov				Mini-Enclose Glove Bag F								
1								ted and Non	-Friab	e Pro	cedu	re			
Locatio Asbestos-C			ocation ally Use			Description of Amount Asbestos-Containing (Specify						ype			
Material TO BE A	(ACM)	Sol	ely by		Material (A	Material (ACM) SF or LF)						Ш			
in Fac			enance dial Sta	ance or (i.e., thermal systems insulation, surfacing, VAT							ncap	nclo			
(13	)	(	12)		or other miscell				Removal	Repair	Encapsula	Enclosure			
Laundry Room		Yes	200	/A   Pipe	Insulation			170 LE		+	7				
Laundry Room				Elboy	The state of the s			172 LF 3 each		H	뷤				
				-											
									긤님	ዙ	H	님			
Name of Registered Was	ste Hauler			P Waste r ID No.	Cubic Yards of Waste	Name	of Registere	ed Landfill							
Resource Management (	Group, LLC		00352		TBD	Grows	Landfill								
City, State Trenton, NJ 08619					Disposal Date	City, S									
Completed By (Print or T	vne)		Title		TBD	Morris	ville, PA								
Mr. Brian Haney	7.50/		Presid	lent	Signature				Date 07-19	9-2017	7				
								)		2/2007/01/01					

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A	ursuant to N.J.A.			15+	onended					
Date of Notification (1) 08-11-2017	Name of Building Ridge Park Apartr	Owner / Operatoments, LLC	or (2)	E U E	IWE IN					
Agencies Notified    EPA	Street Address 1122 Clifton Ave City, State & Zip C		A CONTRACTOR OF THE PARTY OF TH	AUG 1	4 2017					
DCA Cancellation	Jerry Campbell		Ā	ASDEST CONTROL						
Name of Facility Where Abatement is Taking P	FACILITY INF		- Lander-overcome.		1.71190.4					
North Arlington Apartments-Bldg 35 Storage Rostreet Address 20 – B Ridge Park Drive	oom	Type of Faci School ( Subchar Other (i.	K-12) oter 8 (Other than k e. private & comme	ercial building						
City (5) County (6) North Arlington, NJ Bergen	County Code (7)	7,050 Current Use	Prior if being demo		ldg. Age 70					
Name of Monitoring Firm Hired by Building Own Health and Safety Services Street Address	ner (8) ASCM No.		tement Contractor anagement Group,	(9) LLC						
P.O. Box 365 City, State & Zip Code Berlin, NJ 08009		City, State &	2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor	Telephone Number 856-452-1311	Telephone N 609-914-427		License N	umber 01185					
	mpletion Date (11) 08-18-2017	Name of OSI	Charles and the same of the sa	s Inc						
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire P Abatement Performed during Normal H	Period of Abatement	Street Addres 2333 Route 2 City, State &	ss 22 West							
Describe: 8:30am – 6:00pm  Facility Occupied During Abatement Scope of Work (Check all that apply)		Union, NJ 07	083							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>	Renovation Demolition		☐ Mini-Enclose ☐ Glove Bag F	ure Procedures	Negative Pressure s on-Friable Procedure					
Location of Asbestos-Containing	Is Location	Description	n of	Amount	Abatement Type					
Material (ACM)  TO BE ABATED  in Facility  (13)		Asbestos-Con Material (A/ (i.e., thermal s nsulation, surfac or other miscell	CM) ystems sing, VAT	(Specify SF or LF)	Enclosure Encapsulat Repair Removal					
Storage Room		nsulation		166 LF						
Storage Room	Blbow	VS.		6 each						
Name of Registered Waste Hauler Resource Management Group, LLC	Hauler ID No.	Cubic Yards of Waste TBD	Name of Register	ed Landfill						
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA							
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature			Date 08-11-2017					

Name of Building Owner / Operator (2) 07-19-2017 Ridge Park Apartments, LLC Agencies Notified Type Notification Street Address  $\boxtimes$ **EPA** 1122 Clifton Ave DEP Initial City, State & Zip Code  $\boxtimes$ DOL Amended Clifton, NJ 07013  $\boxtimes$ DOH Name of Contact Emergency DCA Cancellation Jerry Campbell **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North Arlington Apartments-Bldg 35 Storage Room School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 20 - B Ridge Park Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 7.050 North Arlington, NJ Bergen Current Use (Prior if being demolished) Apartment Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address ASELS' OS CONTROL & P.O. Box 365 2115 Hamilton Ave, Suite 202 CENSING City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-29-2017 08-30-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West × Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation  $\boxtimes$ Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure Remova TO BE ABATED Repair Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) N/A Yes No Storage Room Pipe Insulation 166 LF X Storage Room Elbows X 6 each Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 07-19-2017

O: 1 - 1 - 1	ursuant to N.J.A.C		51	Control of the seconds						
Date of Notification (1) 08-11-2017		Owner / Operator (2	2)	EGI						
Agencies Notified    Type Notification	Ridge Park Apartm Street Address 1122 Clifton Ave City, State & Zip Codate Clifton, NJ 07013		American Comments of the Comme	A G	1 4 2017	The state of the s				
□ DOH □ Emergency □ DCA □ Cancellation	Name of Contact Jerry Campbell		ASBERTITE	Telephone Name						
	FACILITY INFO	ORMATION	U-manufacture and a second	manufacture - ma	The state of the s	Andrew Constitution of the				
Name of Facility Where Abatement is Taking F North Arlington Apartments-Bldg 35 Storage R Street Address 20 – B Ridge Park Drive	Place (3)	Type of Facility (4)  ☐ School (K-12)  ☐ Subchapter 8 (Other than K-12)  ☐ Other (i.e. private & commercial buildings, homes, etc.)								
City (5) County (6) North Arlington, NJ Bergen	County Code (7)	7,050 Current Use (Price	Square Feet # of Floors Bldg. Age 7,050 2 70  Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Ow Health and Safety Services Street Address P.O. Box 365	ner (8) ASCM No. 117	Apartment Bldg  Name of Abatement Contractor (9)  Resource Management Group, LLC  Street Address								
City, State & Zip Code Berlin, NJ 08009		2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619								
Project Manager for Monitoring Firm Mr. Jim Proctor	Telephone Number 856-452-1311	Telephone Numb 609-914-4279	License Nu	Number 01185						
8-14-2017	mpletion Date (11) 08-18-2017	Name of OSHA N J&S Environment		Inc.						
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Facility Closed/Vacated During Normal Habitation (Check of Facility Closed/Vacated During Normal Habitation (Check of Facility Closed)  Abatement Performed during Normal Habitation (Check of Facility Closed)  Abatement (Check of Facility Closed)	Period of Abatement	Street Address 2333 Route 22 W City, State & Zip (								
Facility Occupied During Abatement Scope of Work (Check all that apply)		Union, NJ 07083								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>	<ul><li>     ⊠ Renovation     ☐ Demolition   </li></ul>	<ul> <li>✓ Full Containment with Negative Pressu</li> <li>✓ Mini-Enclosure</li> <li>✓ Glove Bag Procedures</li> <li>✓ Non-Exempted and Non-Friable Procedures</li> </ul>								
Location of	Is Location	Description of	1	Amount	Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Material (ACM) (i.e., thermal systemsulation, surfacing,	Asbestos-Containing (Specify							
Storage Room		sulation		166 LF						
Storage Room	□ □ ⊠ Elbows	3		6 each						
Name of Registered Waste Hauler		of Waste	me of Registered	l Landfill						
Resource Management Group, LLC City, State		Disposal Date City	ows Landfill y, State							
Trenton, NJ 08619  Completed By (Print or Type)  Mr. Brian Haney		Gignature Mo	Date 08-11-2017							