		St	ate of Nev	v Jers	ev			22.34		11 1						
Project #		NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Check # 3903														
			(P	ursuant	to NJAC	8:60 a	na 12:12	U)		-				-		-
Date of Notification (1)				Name o	f Building	Owne	r/Operator	r (2)		1	10/1	3 10		1	\\!/	
08/12//2017				•									1.00			
Agencies Notified	Type Notification			Street A	Address					-	111					
□ EPA	Initial		1	910 F	ourth Av	е					and the second	All	G 1	7	201	1
DEP	Amended		Ī	City, Sta	ate, Zip Co	de				4	Sal Subj					
DOL	Amendment		_	Asbury	/ Park, N	NJ 77	712			-	Hts.covm					
■ DOH	Emergency justification)			Name o	of Contact					Telc	A1.		** **	CO	1175	OL
DOH DCA	Cancellation			Lew G	riffin								1	VSII	VG	married Mal
				FAC	ILITY INFO	ORMA	TION			-						
Name of Facility Where A		g Place (3)					Typ	pe of Facility	4)						
Barack Obama El S	School								School (K-							
Street Address									Subchapte Other (i.e.				Idinas	hom	es	
1300 Bangs Ave								ш	etc.)	Mivate e	COMMINE	olal bull	iumgo	, 110111		
City (5) Asbury Park	, NJ							Sqi	uare Feet	# of	Floors	E	3ldg. A	Age		
County (6)	n in the second		T	County	Code (7)			Cu	rrent Use (Pri	or if beir	ng demolis	shed)				
Monmouth County					USE ONLY,											
Name of Monitoring Firm		Owner (8))	ASC	M No.		Name	of A	batement Co	ntractor	(9)					
AHERA Consultant							Nick	Res	storation L	C						
Street Address				1	1000		Street									
PO Box 385									side Rd							
City, State, Zip Code									, Zip Code							
Oceanville, NJ 0823	31								h NJ 078	69						
Project Manager for Mon			T	Telepho	ne No.		Telep			1	License I	No.			$\neg \neg$	
John Smoyer			1	(609)6	52-1833	3	973-9	933-	-2550		01133				- 1	
Start Date (10)		Schedul			Date (11)				SHA Monitor							
08/23/2017		08/25/2		-			IRIS									
Occupancy Status During						-	Street	Add	ress							
Facility Closed/Vaca	ated During Entire I	Parind of	Δhaten	nent			2333	RT	22							
Abatement Perform							City, S	State,	Zip Code	-						
Other – Describe: _							Unior	1. N	J 07083							
Scope of Work (Check Al	Il That Apply)						1	,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				and	N	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re		
		Is	Locat	ion									Abat	emen	t	
Location	of		Norma	lly		Г	escription	n of					Ty	/pe		
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma	ed Sole aintena todial ((12)	nce/		tos Co therm sur		Mater is ins AT, or	r i	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A										e		
in a floor trough			×		air cel	pipe	wrap &	cut		9 LF						
										-c.v.//60						
				+								+	-		\vdash	
Name of Registered Was	te Hauler			JDEP W	laste	Cub	ic Yards		Name of	Ponisto	red Landfi	11			_	
Nick Restoration LL			H	lauler ID 3782			/aste		G.R.O.		red Landii					
City, State Randolph,	NJ 07869			J. 02			osal Date	1	City, Stat)					
Completed by		Title						ρ.	// /	vii, FA		ate			-	
Elvira Mrda		Presi	dent				00,	a lle	CLR		3/12/2	2017				
Livila ivilua	N. C.	1 1031	dont				uce	1110	y m.	1		11414	-01/			

UK# 4804		NOTIFI (I	CATION OF ASBES Pursuant to NJAC 8:6	TOSADA	TEMENT	Production of the second		en Un	EI	7
Date of Notification (1)		227	Name of Building Own			- U	10		La L	1
Agencies Notified Type Notif	ication	S	Erbe Bu	ilde	Inc	modern in the control of the control	A	UG	17	20
DEP Initial DOL			P.O.	Ber	486	3	-			
I Francis	dment#ency (including	1	Tom River	NY	- 08	A	SD	_ CI	HOCE ENSI	NG
DOH justific	ation)	N	Pat Ech	,	- 60	Telephon	n Nim		notice of sections.	NOW PURE
Name of Facility Where Abatement is Ta	king Place (3)		FACILITY INFORM			. 11				
ReSident Street Address			*		Type of Fac					
			t.		☐ Subchi	l (K-12) apter 8 (Other than K	-12)		Keolog	
City (5) Toms River					Square Feet	(i.e. private & commo			ldg. Ag	
County (6)		j Co:	Inty Code (7)		1500	12		1	70	
Name of Monitoring Firm Hired by Buildin	ig Owner (8)	(ST)	SCM No.			(Prior if being demol	ished)			-
Street Address	(o)		ISCM NO.	Name of	of Abatement (n I I	1	1	1	- /
				שנו בכני ר	tudress,	4histernert	<u>LDi</u> \	u7:11	11271	1
City, State, Zip Code					2 Di Zl ate, Zip Code	INCORN F	411	<u></u>		
Project Manager for Monitoring Firm		Telep	hone No.		LILLIE		350			
Start Date (10)	Cohodulad				ne No. 1-3446	1916 License	No.	70		
8/19/17	Scheduled (3/	Date (11)	Name of	OSHA Monito	or				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I	had at a	1	•	Street Ad	ldress					
Abatement Performed Outside of Normal Other – Describe:	al Facility Hours	ient		City, State	e. Zip Code					
cope of Work (Check All That Apply)										
1 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition	- 12		Glovebag Prod	cedure				
	ls Loc			<u>D</u>	Non-Exempted	d (*) and Non-Friable	Proce	22.5%	itement	
Lecation of Asbestos-Containing Material (ACM) TO BE ABATED	Vorm Used So Mainter	lely by	Asbestos Contai	ription of ning Materi	ial (ACM)		-		уре	T
In Facility (13)	Custodia (12	I Staff?	(i.e. thermal system	is insulation AT or	n, surfacing	Amount (Specify SF or LF)	Ren	Re	Einca	- Siles
	Yes No	N/A	Other mi	scellaneous)	/	Removal	Repair	Encapsulate	PHISOIORIE
Outside		1)	Sidia			175000	1	/_		
Bagement			fbor LR			1750 SF	/			
		1 1				1)0 11			+	
e of Registered Waste Hauler		UDEP Was	ste Cubic Yarı	de				1	7	_
WI WE UC	F	lauler ID N 20847	io. of Waste	43	Name of Re	egistered Landfill				
State DELANCE AL			Disposal D		City, State,	ot la)			
oleted by Texple T Hall.	Title V. Rittil	dent	Signa		1 100	/ Date				
- 1 (6(1).	1. 111671	2011		-	A		-/9	+/,	17	1

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) August 11, 2017			Name of Building Owner	er/Operator (2)	PAID
Agencies Notified x EPA x DCA x DOL DEP x DOH	☑Amen New Star Dates ☑ Emer	ial Notification ded Notification #2 – rt and Completion gency (including ication) elled	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, N. Name of Contact Michael Smith ENV HE SAFETY	L HEALTH 3 4086, LIV 1 08854	-& SAFET	YDFPT
Name of Facility Where Abatem	nent is Taking Place (3	FACILITY I	NFORMATION Type of Facility (4)			CONTROL&
Facilities Office- Bldg Street Address LIV	# 4115		School (K-12) School (K-12) Subchapter 8 (other the Other (i.e. private 8 Sq. Feet: Unknown	commercial b	uildings, hom	CENSING es, etc.) Age: 80 years
Piscataway	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being			200-2000 PM
Name of Monitoring Firm Hired ATC ASSOCIATES Street Address 3 TERRI LANE	by Bidg. Owner (8)	ASCM No. 0098	Name of Contractor (9) GREENWOOD ABA Street Address	TEMENT C	ONSULTA	ANTS, INC.
City, State, Zip Code BURLINGTON, NJ 080 Project Manager for Monitoring I BRIAN KEARNY	16 Telephone I 609-386-		511 MAIN STREET City State, ZipCode Butler, NJ 07405 Telephone Number	the state of the s	License Nu	imber
Scheduled Start Date (10) August 18, 2017 Occupancy Status During Abar Facility Closed/Vacated Abatement Performed O Describe Souther – Describe: S & Weekends as Needed	August 2 tement (Check only o During Entire Period rutside of Normal Fac	ne) of Abatement ility Hours -	973-492-0477 Name of OSHA Monitor Envirovision, Inc. Street Address 20-21, Bldg E Wag City, State, Zip Code Fairlawn, NJ	araw Road	AUG	1 7 2017 DE CONTROL & DENSING
Source of Work (Check all that a) ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260	R	☒ Renovation		☐ Mini-E ☐ Gloveba	inclosure ig Procedure	n Negative Pressure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normal Solely by Maint./Cu Staff? (12) YES NO		bestos Containing Material nal systems insulation, surfaci	Amoun	t Abai	tement Type ove Repair Encap Enclos
117 work area 119 work area Name of Reg. Waste Hauler	NJDEP Wast	VAT, ACT VAT, ACT	Cubic Yards of Waste:	200sf 360sf	X	gistand I - 1511
See Hauler Below # 1 & 2 Hauler #1) Greenwood Aba NJ DEP # 12567 Hauler #2) Newark Carting	See Below atement Consulta	nts, Inc. – Butler, NJ 0	10	Disposal Date August 28	GROWS I	gistered Landfill North Landfill City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700
Completed by (Print or Type) Raymond C. Pedalind AC # 2017-060	SENIOR PF MANAGER		Signature Raymond C. Pedalino		Date August	11, 2017

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to <u>N.J.A.C.</u> 8:60-7 and 12:120-7)

Date of Notification (1)			7016711		Name of Building Own	er/Operator (2)		
August 7, 2017					RUTGERS, THE			TY OF NJ	
Agencies Notified		Notificatio			Street Address				
x EPA				ification etification #1 —	ENVIRONMENTA	L HEALTH	& SAF	ETY DEPT.	
x DCA x DOL				Completion #1 -	27 ROAD 1, BLD	3 4086, LI\	INGST	ON CAMPU	S
DEP				al Work Area,	City, State, Zip Code PISCATAWAY, N.	T 00054			
x DOH		Sub8 Occ	runied	at work Area,	Name of Contact	0 00054	Tieth - b	none Wilmber t	
				(including	Michael Smith ENV H	EALTH &	, i reieni	tone manuber ("EM
			cation		SAFETY	l h	4	179	15
		☐ Cance		/		111			
				FACILITY II	NFORMATION	- I lies	U A	UG 17 20	117 11
Name of Facility Where Abate	ment is T	aking Place (3)			Type of Facility (4)		1		1
Facilities Office- Bldg	J # 411:	5			School (K-12)		1000	The state of the s	
Street Address					Subchapter 8 (other ti		ASULLS	TOS CONT	ROL&
LIV					Other (i.e. private &	commercial t	uildings, h	omes etelling	
City (5)	County ((6)	Coun	ty Code (7)	Sq. Feet: Unknown	n # of Floo	ors: 1 Blo	dg. Age: 80	years
Piscataway	MIDDI	LESEX		Use Only)	Current Use (prior if bei	na demolishe	d): Acad	emic	
						3	a, 110aa	Citilo .	
Name of Monitoring Firm Hired	d by Bldg.	Owner (8)	ASCN		Name of Contractor (9)				
ATC ASSOCIATES)		0098	8	GREENWOOD ARA	TERREALT	A NOLL	70170 DIE	
Street Address					GREENWOOD ABA Street Address	TEMENT (ONSUL	IANIS, INC	·
3 TERRI LANE					X-000-000-000-000-000-000				
City, State, Zip Code					511 MAIN STREET				
BURLINGTON, NJ 08	016				City State, ZipCode Butler, NJ 07405				
Project Manager for Monitoring	Firm	Telephone N	Number		Telephone Number		License	Number	
BRIAN KEARNY		609-386-	8800				Licerise	Number	
Scheduled Start Date (10)		Scheduled (`omoleti	on Date (11)	973-492-0477		00840		
August 11, 2017		August 2			Name of OSHA Monitor				
Santana and Carlotte Control of Control		Transcensor.		10 mm	Envirovision, Inc.				
Occupancy Status During Ab Facility Closed/Vacated	atement	(Check only o	ne)		Street Address				
Abatement Performed	Outside o	of Normal Fac	of Abate lity Hou	ement	20-21 , Bldg E Wag	iaraw Dona			
Describe					City, State, Zip Code	araw Koau	1		
図Other - Describe: 5	Sub 8 0	Occupied 5	pm -	5am (24 hrs					
& Weekends as Neede	ed				Fairlawn, NJ				
Source of Work (Check all that	anniv)								
Searce of Work (Officek all that	apply)					[77] F # 0			
\geq 3 sf or \geq 3 lf		R		X Renovatio	n	☐ Mini-F	itainment v Enclosure	with Negative F	ressure
$\times \geq 160 \text{ sf or } \geq 26$	30			☐ Demolition			ag Procedi	uro	
1000 1000 1000 1000 1000 1000 1000 100								and Non-Friable	e Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	* DETECTOR	ocation Normall		Description of Asi	bestos Containing Material	Amour	nt A	batement Type	
material (News) III I delity (15)		f? (12)	stodiai	VAT, or other mis	nal systems insulation, surfac		fy SF	lemove Repair E	nean Enclose
	YES		NA		oon.,	or LF)	123	comove Mepail L	ncap Enclose
117 work area		X		VAT, ACT		200s	F D	K	
119 work area		X		VAT, ACT		360s	f D	रा	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Wast See Below	e Hauler	r ID #	Cubic Yards of Waste:			Registered Lan	
	hośo			—	10			S North Land	
Hauler #1) Greenwood Al NJ DEP # 1256	oatemei 34	nt Consultai	nts, Inc	c. – Butler, NJ 0	7405	Disposal Da	Military 1	City, State	
Hauler #2) Newark Cartin		Namork NI	0.4500	NI DED # 10551	\.	August 2	1, 2017	100 New F Road, Mor	risville, PA
,	5, 111.	newalk, NJ	U-23U7,	160 NEL # 13221		The second secon		19067	
								215-736-1	700
Completed by (Print or Type) Title					Signature		Date		
Raymond C. Pedalino SENIOR PROJECT				Raymond C. Pedaline			st 07, 2017		
110 11001 = 0.00	- 1	MANAGER					y 2. 57 41	1 28 1753	

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to <u>N.J.A.C.</u> 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building O			273.0				
July 24, 2017					Name of Building Owner RUTGERS, THE	STATE	<u>alor(2)</u> ⊏ HAHN/	EPS	itv o	EMI		
Agencies Notified	***************************************	Notification	Туре		Street Address	CIMIE	C 01010	C-1 1 67	HILL	1 1/10	The second second	
EPA		⊠ Init	ial Not	ification	ENVIRONMENTA	LHEA	LTH 8	SAL	FETY	DEPT		
DCA		☐Amend	ed Ceri	tification	27 ROAD 1, BLDG							
× DOL		☐ Emerg	jency ((including	City, State, Zip Code		, , , , , , , , ,					
DEP			cation)		PISCATAWAY, N.	J 0885	4					
x DOH		Cance	lled		Name of Contact		1	Telei	nhone N	lumber		
					Michael Smith ENV HE	EALTH	.33					
		J	-	EACH ITV IN	SAFETY FORMATION			$\cdot = \S^{\prime}$	1 - 4	1		
Name of Facility Where Abaten	nent is Ta	king Place (3)		TAGILITTIN	Type of Facility (4)							
Facilities Office- Bldg	菜 4115				School (K-12)							
Street Address					Subchapter 8 (other th	an K-12)					
LIV					Other (i.e. private			ildinas	homes	etc)		
					Sq. Feet: Unknown	n #c	of Floors	5: 1 E	3lda. Ad	ge: 80	vears	3
I Table 1	County (6			y Code (7)	1					- Lames	,	
Piscataway	MIDDL	ESEX	State	Use Only)	Current Use (prior if bei	ing dem	olished):	Aca	demic			
Name of Admitted Co.							gutanoma (C)	,.,,,,,,,,		The second second	N. market	Accorde Vienes II Food
Name of Monitoring Firm Hired	by Blag. (Jwner (8)	ASCM		Name of Contractor (9)		posterior.	123	u. [.	# D T	# C	
ATC ASSOCIATES			0098	5	GREENWOOD ABA	A TERME			1 2 0 0 0		W E	
Street Address					Street Address	4 I EZ EVITE	THE ROLL	nast	LIAN	15, IN	J.	
3 TERRI LANE					Stroce / radicos				4 LIO .	7 00	4 50	
0:					511 MAIN STREET		1	В	AU6 1	7 20	11/	19
City. State, Zip Code	240				City State, ZipCode							1
BURLINGTON, NJ 080 Project Manager for Monitoring		1 77 1 1			Butler, NJ 07405			60.70	To have to	A. C.		
BRIAN KEARNY	Firm	Telephone N 609-386-			Telephone Number		1 6	Picen	se Numb	er Chy I	HOL	St.
Dittird (CDAId)		009-300-	0000	Silbarras.	973-492-0477		Laconsavous	0084		NSING	-	
Scheduled Start Date (10)		Scheduled C	ompletic	on Date (11)	Name of OSHA Monitor			0004	ŧU			
August 7, 2017		August 1										
0		G. State (Sec.)	12/14/2019	(4)0°	Envirovision, Inc.							
Occupancy Status During Aba	atement (Check only or	<u>1e)</u>	1/2//	Street Address							
Facility Closed/Vacated Abatement Performed (During E	intire Period (of Abate	ment	20-21 , Bldg E Was	TO POINT	Dood					
Describe	Jaisiae o	r Normai i aci	nty i toui	15 -	City, State, Zip Code	garavv	Nuau					
⊠Other - Describe: {	5pm - 8	5am (24 h	rs & W	Veekends as								
Needed					Fairlawn, NJ							
Source of Work (Check all that a	(ylage						-					
				200-20		xFull	Containr	ment (with Neg	gative Pr	essure	
≥ 3 sf or ≥ 3 lf	483			区 Renovai	ion		/lini-Encl					
$\times \geq 160 \text{ sf or } \geq 26$	0			Demolition			vebag Pr					
Location of Asbestos-Containing	Isla	cation Normall	heally	Description of Ac	bestos Containing Material		-Exempte	ed (*)				dure
Material (ACM) in Facility (13)		y by Maint./Cu		(ACM) (i.e. therm	nal systems insulation, surfac		Amount (Specify	SF	Abaten	nent Typ	9	
	Staff	0/0/0/0/0		VAT, or other mis		200	or LF)	,	Remove	Repair	Encap	Enclose
117 110	YES		NA	A CANADA		250	Townston?	Edillo.				
117,119		XI		VAT, ACT		1	560 sf		X			
Name of Reg. Waste Hauler	1	NJDEP Wast	a Havilan	ID.#		07.53	-		- 1111			
See Hauler Below # 1 & 2		See Below	e naulei	10 %	Cubic Yards of Waste:					tered La		
Hauler #1) Greenwood Ab	naéaman		- A- I	F2 /1 8110	7107	Libina			750	rth Lai		
NJ DEP # 1256		it Consultai	ns, me	. – Butter, NJ 0	7405		sal Date			City, Stat 100 New		111
Hauler #2) Newark Carting	0.5	Morrout MI	04500	NI DED 4 10551		Aug	uot Im	, 2.01	4	Road, Mo		
The state of the s	5, IHC	TEWRITE, INJ	04309,	NJ DEF# 19551					4000	19067	4200	
										215-736-	1700	
Completed by (Print or Type)	IT	itle			Signature	1	1.1	Tata		1000	-	
Raymond C. Pedalin		ENIOR PF	OJEC	;"]"	Raymond C. Pede	201		<u>Date</u> Jaalta	24, 20	047		
	1,000	IANAGER		×0.40	1200 descensión (2) 2,000	00000		1.0113	60 by 24	011		
7AC # 2017-060			-						2777			

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

							Cheen-	10	1-2	7 1	3 7-110
Date of Notification (1)		Name of	Building O				IN BU	lla La			1 7
Agencies Notified Type Notification		Street A	-	10 11			1 5			-	100
El EDA de la Maio							AUG	1	7 20)17	
☐ EPA		City, Sta	te, Zip Code	e	,		14 14		<u></u>	1 9 9	1
■ DOL Amendment #_	1 1'	CLi	FTON) N	ノゴ	0701	5				_
□ Emergency (inc justification)	auding	Name of	Contact	,			Telephone Num	ber .	TORK	THO!	L St
☐ DCA ☐ Cancellation		1 B.1	BIDN	MIC						unitation.	ACCUPATION OF THE PARTY OF THE
NI CP 31 MR AL STATE		FACI	LITY INFO	DRMAT	THE RESERVE OF THE PERSON NAMED IN						
Name of Facility Where Abatement is Taking Place	ce (3)					Type of Facility (4)				1
Street Address						☐ School (K-I ☐ Subchapter	2) 8 (Other than K-12)				
Sirect Address							rivate & commercial	buildir	gs, ho	mes, et	tc.)
City (5)						Square Feet	# of Floors	TE	ldg. A	ge	
CLIFTON					1	2500	1 10013	-		YR	5
County (6)		County (Code (7)				r if being demolished		VI	700	_
PASSAIC			USE ONLY)			RESIDEN		53			
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCN	A No.	7	Name of	Abatement Contr	ractor (9)				
500 GF					Bes	t Removal I	nc				
Street Address					Street Ac						
					450	South Rive	r Street				
City, State, Zip Code					City, Sta	te, Zip Code					
						ensack, NJ					
Project Manager for Monitoring Firm		Telephor	ne No.		Telephor	ne No. 01-329-744	License No				
		<u> </u>					+ 00	388			
	Scheduled Cor		ate (11)			OSHA Monitor					
9-6-17 Occupancy Status During Abatement (Check Only	9-7	- / (Street Ad	ega Environ	mental				
i kaan tala ku oo ka ka oo ka alka ka ka ahaa ka k) Huyler Str	eet				- 1
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fa	d of Abatemer cility Hours	nt		-		te, Zip Code					-
Abatement Performed Outside of Normal Fa Other – Describe: 8 HM – 5 Pr	M.			_			ack, NJ 07606	5			
Scope of Work (Check All That Apply)											\neg
≥3 sf or ≥3 lf	Renov	ation			₽	Full Containme	ent with Negative Pre	ssure			1
□ ≥160 sf or ≥260 lf	☐ Demo				2	Mini-Enclosure	2				
					0	Glovebag Proce	edure (*) and Non-Friable	Proced	ure		- 1
	In I are				-	Trott Exempted	() 41.41.01.11.40.0	T	1000	ement	
Location of	Is Loc Norm			Doo	scription o				Ту	ре	
Asbestos-Containing Material (ACM)	Used So Mainter			tos Conta	aining Mat	erial (ACM)	Amount			100	
TO BE ABATED In Facility	Custodia		(i.e. then		ems insulat VAT, or	tion, surfacing,	(Specify SF or LF)	Ren	Re	Encapsulate	Enclosure
(13)	(12	2)			miscellaneo	ous)	St of Ell)	Remova	Repair	sula	osur
	Yes No	N/A						-		ite	e
RASSMONITO : 120 DA		V		·····		· T.	Eri			$-\dagger$	-
BASEMENT BOILER RM BASEMONT BOILER RM		_			INSUL		555		-		-
BASEMOVI BOLGIC KIM		V	THEX	in it i	- 12/50	CLATION	45 11	In			-
								+-			-
N. CP. C. IW. W.		MIDEDIII		0.11.1	VI	1 37	D				
Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic Y of Wast	ite	Name of	Registered Landfill				
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In Facility	Cust	(12)	otan :			acing, VA			SF	or LF)		Remova	Repair	ısa	Enclosure
(13)			T	-	Other	IIIISCOIIAI	neous	, I				/al	7	Encapsulate	re
	Yes	No	N/A				- /2								-
Roof		X		720	Entire ro				00 SF		X				
			X		Ro	of flash	ning		4(00 SF		Х			
			X			Roof ta	r		10	00 SF		х			
Name of Registered Waste Hauler		100000	JDEP W	SIRS SHEWLY		ic Yards		Name of	Registe	red Lan	dfill		-		In comment of the
Freehold Cartage			lauler ID	No.		aste		Wester	n Berl	ks Lan	dfill				
		1	5939		TBE										
City, State					Disp	osal Date	2	City, Stat							
Freehold, NJ	77143				IDL			Dirusbi	010	Т					
Completed by	Title	de-				Signatur	е	10 ~				=	,		
A. Scott Higgins	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0														

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NOCK		* 0							Kec	L	10	0	1	1	
Date of Notification (1) 8/14/17				Building C lidge De				Examination of) E	ų į		Ni			3
Agencies Notified Type Notification			Street Ad	ddress rket Stre	ot			1,1	31					The second	A TOTAL STREET
EPA Initial Amended				te, Zip Coo						AUG	17	20	17	111	4
X DOL Amendment #		10000		ield, CT		77									
	uding			Contact					H-Tel	anhono I	Hombi	ar	21	0	
DCA Cancellation				nce Hard		TION							Ī		
Name of Facility Where Abatement is Taking PI	ace (3)		FACIL	LITY INFO	RMA	IION	Тур	oe of Facility	(4)						
Gateway Motor Inn Bar/Restaurant								School (K-							
Street Address							×	Subchapte Other (i.e.				ouildi	ings,	nome	s,
119 Route 202								etc.) uare Feet	. # 0	f Floors		Ble	dg. Ag	10	
City (5) Raritan							1000	000	2	1110013		65	Santania.	,	
County (6)				Code (7)			Cui	rrent Use (P	rior if be	ng demo	olished	1)			
Somerset		(ISE ONLY)	Section 1			cant com							
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	l No.		100000000000000000000000000000000000000		batement Co vironment			LC.				
Street Address															
City, State, Zip Code			- 42.00	1170.00		, Zip Code od, NJ 07	418								
Project Manager for Monitoring Firm		T	Γelephor	ne No.		Telepi 973-		No. 1-2276		Licens	e No.				
2 5			pletion (Date (11)		Name	of O	SHA Monito	r					-	
0. 101 11	/30/17					24	ν Λ -I -I								
Occupancy Status During Abatement (Check O			G2			Street	Aaa	ress							
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Other – Describe:	od of A Facility	batem Hours	ent			City, S	State	, Zip Code					-		
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti					1	Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure					a.	
	le	Location	on					1011 127/01/17	T			-	Abate	men	C
Location of	N	lormall	у			escription	n of				+	-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Solel ntenar	ice/			ntaining f		rial (ACM) sulation.		Amount Specify		R	T	Enc	m
In Facility	Cust	odial S (12)	staff?		sur	facing, VA	AT, o	r	s	F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		Othe	THISCOILA	11000	,				/al		ate	Jre .
Bathroom ground floor			x			VAT			(60 SF	1	K			
Bathroom closet		Х			VAT			2	20 SF	2	K				
Roof over bar			X		ta	ar on me	etal		10	000 SF	:	x			
Roof			х			roof			30	000 SF	1	x			
Name of Registered Waste Hauler		1177	JDEP W	CONTRACTOR OF THE PROPERTY OF	1000000	ic Yards		Name o	of Regist	ered Lar	ndfill				-
Freehold Cartage		153	auler ID 5939	INU.	TBI			Wester		rks Lan	dfill				
City, State Freehold, NJ					TBI	oosal Date O	e	Birdsl							
Completed by	Title					Signatur	re	1	N.		Date				
A. Scott Higgins	M	_		8/1	4/17	7									

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0 v # ~-~			CATION	OF ASBEST	S ABATE		-	LA		U)			
000		-,4-40-6		to NJAC 8:60		*:**:		E) J:	2],		
Date of Notification (1) 08-09-2017				Building Own Ship of Woo		r (2)	K			American Street and American Street			A Section Control
Agencies Notified Type Notif			Street A		***************************************			Al	UG	1 7	20	17	
EPA Initial Amer				te, Zip Code									1
Emer	ndment # rgency (including	-		bridge NJ 07	7095		1	ASDA	illos la Ca				_&
DOH justifi	ication)			f Contact opher Kosty	,		I I TA			- 23,	III V CI	-	
				LITY INFORM				-					
Name of Facility Where Abatement i Residential	s Taking Place (3	3)				Type of Facility	200						
Street Address						School (K-	r 8 (Oth	er than I	<-12)				
						Other (i.e. etc.)	private	& comm	ercial	build	lings,	home	es,
City (5)						Square Feet	1 1000	f Floors			ldg. A	ge	
Sewaren NJ 07077 County (6)			County (Code (7)		N/A Current Use (Pr	N/		oliche		I/A		
Middlesex				JSE ONLY)		ABANDONE	D	- 70	3110110	۵)			
Name of Monitoring Firm Hired by B Environmental Conections	uilding Owner (8)		ASCN	I No.		of Abatement Co ax Contracting		(9)					
Street Address 120 N Wrren St					7.7525333	Address			-				
City, State, Zip Code						BOX 734 State, Zip Code							
Trenton NJ 08608					V 55-550	dland Park N	J 0742	4					
Project Manager for Monitoring Firm Dominick Dercole			Telephor			none No.		Licens			*******	-300-	
Start Date (10)	Schedul			32-3218 Date (11)		692-6298 of OSHA Monitor	-	0126	0				-
08-22-2017	08-25-		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20.0 (1.7)		x Contracting							
Occupancy Status During Abatemen	t (Check Only Or	ne)				Address							
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of A	Abatem Hours	ent			BOX 734 State, Zip Code						-	
Other – Describe:					100	dland Park N	J 0742	4					
Scope of Work (Check All That Apply	y)					7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Appendix	Renova Demoliti			2	ing ivilini Linciosu	re	n Negativ	e Pre	ssur	е		
					×	Glovebag Pro Non-Exempte	cedure d (*) an	d Non-Fi	riable	Proc	edure)	
	ST 200	Location	(1) (A) (A)								Abate Ty		
Location of Asbestos-Containing Material (A	CM) Use	Normall ed Solel	y by		Description	of Material (ACM)	Δ	mount	t				
TO BE ABATED In Facility	ivia	intenar todial S		(i.e. therr		s insulation,	(5	Specify or LF)	ĺ	Ren	Re	Encapsulate	Encl
(13)		(12)	,		er miscellar			0, 2, 7		Removal	Repair	sula	Enclosure
	No	N/A							58800		6		
Bedroom		х		VAT		22	20 SF]	X				
Basement			х			Boiler rope		25 LF	-	X			
Basement			Х		lue Pack			5 SF		X			
Exterior Name of Registered Waste Hauler		LN	JDEP W		indow Ca			00 LF		X			
Amax Contracting LLC		Н	auler ID	No. of V	Vaste	Name of Fairles	10 10 10 10 10 10 10 10 10 10 10 10 10 1		ann				
City, State		00	036184		posal Date					· ·			
Woodland Park NJ 07424					26/2017	163		A					
Completed by			Signature	111.	/) T	Date		204-				
Tome Maslarkov	Proje	ect Ma	nager			10	-		08-	J9-2	2017		

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

OV# 35	7770	١	NOT					TOS ABAT :60 and 5:10				ves A	THE	Ca.		
Date of Notification (1)	XII			100	Nome	of Duilding	- 0		(2)	·	***	PA		19		
08 /	14 /	17			A CONTRACT			ner/Operator (ac.							
							neg	ional Schoo	OIS	5	President /	官是	4	MO	\mathbb{W}_{-}	
Agencies Notified EPA	Type Notifica	ation				Address	_				11111/1			٠٠ حسر	10 PA	
⊠ DOLWD	☐ Amended	ı				Walnut		et			100					1
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☐ DCA	☐ Emergen		cluding	ı		ns River,	_	08753			7	550.02.50				-
(NJAC 5:23-8)	justification	The same of				of Contact	7.5				Telephor	ne Numb	^	p. 1)L &
	☐ Cancellat	ion			Jul	e Raichle							UEP	1 - 2135		JL O
					FA	CILITY IN	FOF	RMATION			Democratica		V 2-1	2011	WEDGERHICH CALL	metaprimital
Name of Facility Where A				(3)					1	Type of Facility	(4)					
Hooper Avenue Ele	mentary Sc	hool								School (K-12		17 10				
Street Address										☐ Subchapter 8 ☐ Other (i.e., pr				ildina	S	
1517 Hooper Avenu	ie								1.	homes, etc.)			JIGI - 0 G		-,	
City (5)									1	Square Feet	# of Flo	ors	Blo	dg. Ag	je	
Toms River										60,000	2		(60		
County (6)					Cour	nty Code (7	(STA	TE USE ONLY)	(Current Use (Pri	or if being	demolis	hed)			
Ocean										School						
Name of Monitoring Firm	Hired by Build	ling C	wner (8)	ASCM	No.	Nar	me of Abateme	en	nt Contractor (9)						
Environmental Tact	tics						G	uardian Co	n	tracting, Inc.						
Street Address							Stre	eet Address								
64 Broad Street							1	889 Route 9	9,	Unit 61						
City, State, Zip Code							City	, State, Zip Co	00	de						
Matawan, NJ 07747							Т	oms River, I	N	ew Jersey 08	755					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Tele	ephone No.			License	No.				
Tom Geiger				7	32-290	-2217	7	32-349-9932	2		0062	24				
Start Date (10)	S	ched	uled C	omple	etion Da	te (11)	Nar	me of OSHA N	Иo	nitor	1000					
08 /24 /	17	0	8_ /	_2	5_/	17	Е	.M.S.L. Ana	lly	rtical						
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address								\neg
□ Facility Closed/Vacate	ed During Entir	e Per	riod of	Abate	ment		1	056 Stelton								
Abatement Performed							City	, State, Zip Co	od	ie				-		_
Time of Abatement: _	AM	PN	Λ/	_PM		AM	P	iscataway, I	N	ew Jersey 08	354					
Scope of Work (Check all	that apply)							M1-257/A00 NYSSAV 85		Mr. Carl Work School	9.500 5000					
			⊠ Re	nova	ion			☐ Full Cont		inment with Neg	ative Pres	sure				
□ ≥160 sf or ≥260 lf				moliti					g	Procedure						
S22								☐ Non-Exe	em	pted (*) and No	n-Friable F	rocedur	е			
				Loca									Ab	ateme	ent Ty	уре
Location Asbestos-Containing I	CONTRACTOR OF THE PROPERTY OF	Λ.			ely by	Acho	stoc i	Description o Containing Ma			Amo	unt	Re	Re	E	Ш
TO BE ABA		,			ance/			rmal systems			(Spe	- TO 10 TO 10	Remova	Repair	cap	Enclosure
IN Facilit	ty		Cust	(12)	Staff?			urfacing, VAT,			SF or		Val		Encapsulate	sure
(13)			Yes	No	N/A		OU	ner miscellane	901	us)					ite	
under 11 einke					332333	Eur.			_		44.54					
under 11 sinks						fittings					11 fitt	ings		Ш	Ц	Ш
Name of Registered Was	te Hauler			1	NJDEP I	Vaste	Cut	oic Yards of		Name of Regis	tered Land	fill				
Guardian Contraction	ng, Inc.			1	dauler II 20223		Wa:	ste		T.R.R.F.						
City, State					2022	,		oosal Date	-	City, State						
Toms River, New Je	ersey						2.1/2.7/29.03	8/28/17		Tullytown,	Pennsyl	vania				
Completed By (Print or Ty		Title	8				•	Signature		-/-	/	Da	te /			
Nicholas Fernicola	T. T.	100000000000000000000000000000000000000	roject	Mar	ager			5.5.10.010	1	//	1		8/1	, ,	17	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



(1 # 281	171	NO				SBESTOS ABA AC 8:60 and 5:		H.		D		
Date of Notification (1)	1			Nar	me of Buildi	ng Owner/Operator	(2)	-				
	14 /	17		L	ynx Wast	e & Recycling, I	nc.	MET	是	11-	1//	IS I
Agencies Notified	Type Notific	cation		Stre	et Address				2 15	П	11	5
☑ EPA ☑ DOLWD	☐ Initial	do s to		P	O Box 18	88						A STATE OF THE STA
☑ DOH	Amende Amendn	10 71 01		City	, State, Zip	Code		JU LI AU	61	7 2	017	- 11
□ DCA	☐ Emerger		ng	S	pring Lak	e, NJ 07762		Talenta Para Para Para Para Para Para Para Pa				inda g
(NJAC 5:23-8)	justificat				ne of Conta			Talephone Niin	nher 🤝	Thirt	HO	
	☐ Cancella	ation		R	ichard Hy	de			- 247.00		1	L OI
					ACILITY I	NFORMATION					-	
Name of Facility Where A	batement is	Taking Pla	ce (3))			Type of Facility	(4)				
Residence							School (K-1		2)			
Street Address	Ī							8 (Other than K-1) private and comme		uildin	qs,	
City (5)							homes, etc.					
Sea Girt							Square Feet	# of Floors		ldg. A	ge	
County (6)				000	unter Carla	71/07475 405 044 18	1000	1		65		
Monmouth				0	unty Code	7)(STATE USE ONLY)		rior if being demol	ished)			
Name of Monitoring Firm	Hired by Buil	ding Owne	r (8)	ASC	M No.	Name of Abotem	Residence					
N/A	. mod by ban	ding Owne	(0)	ASCI	VI INO.	N	nent Contractor (9)	\$2				
Street Address						Street Address	ontracting, inc.					
Charles and the control of the contr						1889 Route	9 Unit 61					
City, State, Zip Code						City, State, Zip C	5					
(40)						The section of the se	New Jersey 08	3755				
Project Manager for Monit	oring Firm		·T	elephon	e No.	Telephone No.		License No.				
Carporality Process						732-349-993	2	00624				
Start Date (10)		Scheduled	Com	oletion D	ate (11)	Name of OSHA	Monitor				8-8-	
08 /24 /	17	08	/ _	25 /	17	E.M.S.L. Ana	alytical					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	d During Enti	re Period o	f Aba	tement		1056 Stelton	E.					
Abatement Performed Time of Abatement:	Outside of No	ormal Facil	ity Ho	ours - De	escribe	City, State, Zip C	ode					
ALCOHOL TO THE PROPERTY OF THE		P-1VI/		IVI	_AIVI	Piscataway,	New Jersey 08	854				
Scope of Work (Check all	that apply)		1000			П	4 - 4	entre En				
≥3 sf or ≥3 If			enov			☐ Mini-End	ntainment with Neg closure	gative Pressure				
≥160 sf or ≥260 lf		⊠ D	emol	ition		☐ Gloveba	g Procedure	- F. U. B				
			s Loc	cation	T	△ Non-Exe	empted (*) and No	n-Friable Procedu	1			
Location of			Nom	nally		Description (of			atem		-
Asbestos-Containing N TO BE ABAT	laterial (ACN			olely by nance/	Asbe	stos Containing Ma	aterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility			stodia	al Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	lova	air	apsı	uso
(13)			(1)			other miscellane		Or Or Ery	=		late	ਰ
Y L		Yes	-	3 1 100	\			<u> </u>			(b)	
exterior			\boxtimes		asbest	os siding		1000 sf				
										П	П	
			ТП									
		1			+				1	1		닏
Name of Registered Waste	Hauler		\perp	NJDEP	Macta	Cubic Vasta of	New 15			Ш	Ш	Ш
Guardian Contractin				Hauler		Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State	J,			2022	3	3 Dianasal Data						
Toms River, New Jer	sev					Disposal Date 08/28/17	City, State	Donnaudorad				
Completed By (Print or Typ		Title				2.5.5.7.005.5.5.5.0.70.00	Tullytown,	Pennsylvania				
Nicholas Fernicola)	Projec	t Ma	nager		Signature	71	Da	ate /	14/	17	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Homeshield Solutions LLC 8/14/17 Street Address Agencies Notified Type Notification AUG 1 7 2017 585 Prospect St, Unit 301A Initial **EPA** City, State, Zip Code DEP Amended × DOL Amendment #_ Lakewood, NJ 08701 Emergency (including Telephone Numb Name of Contact justification) DOH David Stern DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 446 Cape Breton Ct School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 446 Cape Breton Ct etc.) # of Floors Bldg. Age Square Feet City (5) Brick Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code __ LAKEWOOD, NJ 08701 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 1200 732-668-9078 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AAA LEAD PROFESSIONALS 8/16/17 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 500SF Siding **EXTERIOR** Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste

Hauler ID No.

5

Disposal Date

Signature

8/18/17

04509

OWNER

Date

IESI

City, State

BETHLEHEM PA

NEWARK, NJ

Completed by

City. State

NEWARK CARTING

JOSEPH PERLSTEIN

1 Y HERUS	N		ATION	OF ASBE to NJAC 8	STOS	ABATE		Ť.	pleaser	DA T	E	D	- 1	M	II.
Date of Notification (1) 8/14/17		1		Building C	wner/0	Operator	(2)		1.20 pare.	竹	1 (0)	- American	T []		
Agencies Notified Type Notification EPA X Initial	0		Street Ad							200	AU(3 1	7	2017	1
DEP Amended X DOL Amendment # Emergency (i		[Metuch	te, Zip Coonen, NJ ()			Jajo	ASE	Numb				OL
DOH justification) DCA Cancellation	0-0	11.0	Villiam	1 -	D1117	1011			1		evening.		1	ons-Marcock	
Name of Facility Where Abatement is Taking)	FACIL	LITY INFO	RIVIAI	ION	Тур	e of Facility (4)						
METUCHI Street Address	=1N						×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Othe	er than l	K-12) ercial	build	ings,	home	s.
City (5) METUCHEN	Harris and the second						Squ	are Feet	# of	Floors		Ble	dg. A	ge	
County (6) MIDDLESEX				Code (7) USE ONLY)				rent Use (Prior	r if beir	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				patement Cont AD PROFES							
Street Address							HITE	DOVE CO	URT						
City, State, Zip Code								Zip Code DOD, NJ 08	701						
Project Manager for Monitoring Firm			Felephor	ne No.			668	-9078		Licens 1200					
Start Date (10) 8/24/17	Schedule 8/28/17		pletion t	Oate (11)				SHA Monitor AD PROFES	SSIO	NALS					161 226171
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	8		ent			Street 6 Wh		ess DOVE CO	URT						
Abatement Performed Outside of Norm Other – Describe:								Zip Code OOD, NJ 08	3701				200.0000000		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti					<u> </u>	full Containme fini-Enclosure Blovebag Proc Ion-Exempted	edure					9	
Location of	100	Locati			D	escription	n of							ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Solel intenar todial S (12)	ice/ staff?		os Cor therma surf		Mater is ins AT, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		Pip	e Insula	ation	ı	1(00 LF		x			
A															
Name of Registered Waste Hauler		i H	JDEP W auler ID 1509		Cubi of W	c Yards aste		Name of F	Registe	ered Lai	ndfill				
City, State NEWARK, NJ					Disp 8/28	osal Date	9	City, State		/i PA					
Completed by JOSEPH PERLSTEIN	Title	NER	332-III			Signatur	е				Date	9			

V # 5840	NOTI	Pursu	TON OF ant to N	of New Jerse ASBESTOS JAC 8:60 an	ABATEM d 12:120)	0.		追	CE		// [s		
vate of Notification (1)		Nan	ne of Bui hley Ma	lding Owner/o anagement	Operator (t	2)			AUG 1	7 20	017	Andreas and a	
gencies Notified Type Notific	cation		et Addre				A CONTRACTOR OF THE PARTY OF TH	San Assessment		FL			
EPA X Initial Amen	ded dment #	City	, State,	Zip Code d, NJ 0870	1				LICE	ADIIA	G	L OI	
Emerginatific	gency (including cation)	Nai	me of Co	XIII				Teleph	none Numbe	er .			
DCA Cance	ellation			Y INFORMAT	TION	Type of F	= cility (4)						-
Name of Facility Where Abatement is	s Taking Place (3)		-			Sch	ool (K-12) chapter 8 (er (i.e. priv	(Other ate & c	than K-12) commercial l				
City (5) -						Square F		# of F	loors	Bldg	. Age		
Lakewood		TCc	ounty Co	de (7)		Current l	Jse (Prior	if being	demolished	d)			
County (6) Ocean			TATE US			home of Abatem	ant Contr	actor (S	9)				-
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCM N	10.	AAA	LEAD F	ROFES	SION	IALS				-
Street Address					6 W	t Address HITE DC		URT					_
City, State, Zip Code					City, LAK	State, Zip (EWOOD	Code), NJ 08	701					
Project Manager for Monitoring Firm	n	T	elephone	e No.	732	hone No. -668-907			License No 1200				
Start Date (10)	Scheduled 8/28/17	Comp	oletion D	ate (11)	Nam	e of OSHA A LEAD I	Monitor PROFES	10128	NALS				
8/24/17 Occupancy Status During Abateme		:)			Stree	et Address /HITE D	OVE CO	URT					
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	a Entire Period of Al	bateme	ent		City.	State, Zip KEWOO	Code						
Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ R	enovat emoliti				Mini-	Enclosure	odura	n Negative P	le Proc	cedure	•	
_	ls	Locati	on								Abate Ty	ment	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Use	lormal d Sole intena todial S (12)	ly ly by nce/ Staff?	(i.e. the	Descript Containin rmal syste surfacing, her misce	g Material ems insulat VAT, or	(ACM) tion,	(3	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Floor	Tile		1	100SF	х			
INTERIOR					Sidi			2	000SF	Х			
EXTERIOR										-	-	-	
			NJDEP V	Naste (Cubic Yar	ds	Name of	f Regis	tered Landf	ill	1	1	
Name of Registered Waste Haule NEWARK CARTING	er		Hauler II 04509	No.	of Waste 5 Disposal [IESI City, Sta	ate					
City, State NEWARK, NJ					3/28/17	ature	BETH	LEHE		Date			
Completed by JOSEPH PERLSTEIN	Title OW	NER			Sign	aturo							

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

Project #

PAID

Check # 3902

Date of Natification (4)				Nama	of Building	Ouncell	Increte	(2)		Carried mandered		-			7 2
Date of Notification (1) 08/09/2017					_				100	E			1		El
Agencies Notified	Type Notification		-		t-Engle	wood 8	scnoo	I t	11 11	<u> </u>	1/2	mar Charles		-	
Agencies Notified	erence .				. Palisa	da Δνα		Ì	153						
EPA DEP	Initial		-		ate, Zip C		;		11 110	AL	16 1	7	-21	117	-
DOL	Amended Amendment	#			wood, N		21		4	MU	,0	,	Gas N	240	į
	Emergency (of Contact)		Te	lephone	Numb	er	100 		
DOH DCA	justification) Cancellation				el Burns				1 14	icprioric	1401112			140	L 8
					ILITY INF		ION							-	
Name of Facility Where	Abatement is Takin	g Place (3	3)			O Tunio CTT		Type of Facility	(4)						
Dwight-Englewood	School							School (K	12)						
Street Address							A-200 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Subchapte	er 8 (Oth						
315 E. Palisade Av	е							Other (i.e. etc.)	private	& comme	ercial l	ouilo	lings,	home	es,
City (5)								Square Feet	# 0	f Floors		В	ldg. A	ge	
Englewood,	NJ											i i		-	
County (6)			$\neg \tau$	County	Code (7)			Current Use (P	rior if be	ing demo	olished	1)			
Bergen County				(STATE	USE ONLY)									
Name of Monitoring Firm	Hired by Building (Owner (8))	ASC	M No.		Name	of Abatement Co	ontractor	(9)					
RAMM							Nick	Restoration L	LC						
Street Address								Address							
77 Nottingham Rd						į.	72 Br	ookside Rd							
City, State, Zip Code							City, S	State, Zip Code							
Fair Lawn								olph NJ 078	369						
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No.	-	License	e No.				
Rodger Headrick				(201)4	75-9880	0	973-9	33-2550		01133	3				
Start Date (10)		Schedul			Date (11)			of OSHA Monito	Г						
08/21/2017		09/06/2	2017				IRIS								
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Address							
Facility Closed/Vaca	ated During Entire F	eriod of	Abater	nent			2333	RT 22							
Abatement Perform							City, S	tate, Zip Code							
Other – Describe: _						_	Unior	, NJ 07083							
Scope of Work (Check A	ll That Apply)	7500.000													
≥3 sf or ≥3 lf		☐ F	Renova	ation				Full Contains	nent with	Negativ	e Pres	ssur	е		
≥160 sf or ≥260 lf		m [Demoli	tion				IVIII II-LI ICIOSU							
								Glovebag Pro Non-Exempte	ocedure ed (*) an	d Non-Fr	riable l	Proc	edur	9	
		lo lo	Locat	ion										ment	
Location	of	0.00	Norma			Do							Ту	ре	
Asbestos-Containing			d Sole		Asbes		scription aining N	Material (ACM)	A	mount				ш	
TO BE ABA			intena todial 3		(i.e.			s insulation,	(8	Specify		Re	ZJ	Enca	Enc
In Facili (13)	ty		(12)				cing, VA niscellar		Si	or LF)		emoval	Repair	ıcapsulate	nclosure
		Yes	No	N/A	1			16				a	7	late	re
		163	0.000	INA							-	-			
Windows outside of	the building		×		caulkin	ng			3,100	LF		X			
9															
				T							1				
	***			-	-				-		-	-	_		_
Name of Registered Was	te Hauler		1.6	JDEP W	Ineta	Cubic	Varde	I NI	Don't	rod I -	1611				
				lauler ID		Cubic of Was		Name of		erea Land	1111				
Nick Restoration LL	C		3	3782		TBD		G.R.O.	W.S						
City, State	N I 07000					Dispos	al Date	City, Sta							
Randolph,	147 07869			21000		TBD		Tullyto	wn, PA	A					
Completed by		Title	100 Oct			S	ignature	un le	1 , 1	.	Date				
Elvira Mrda		Presid	dent				El	un el	ia	9 10	08/09	3/2	017		

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

(1)(#0370		(Pt	ırsuant	to NJAC	8:60 and	d 12:120	0)			I) E		[7 [\\/	E
Date of Notification (1) 8-11-2017				f Building (feller Gr		Operator	(2)			3	A A			7254	
Agencies Notified Type Notification EPA Initial			Street A 92 Hea		ers Pla	za, No	orth To	wer, 9th	Floor		AUG	1	7	201	1
DEP Amended Amendment #				ite, Zip Co town, N.		0			Market Special	ASD	ino (30	W Tri	OL 8
Emergency (ir justification) DCA Cancellation	ncluding	- 1		f Contact I Eglento	owicz				T=1-		- 1	<u>, </u>	VSII.	Vi.	
				LITY INFO		ON									
Name of Facility Where Abatement is Taking Commercial	Place (3	3)						of Facility (4 School (K-12							
Street Address 1430 Park Avenue							×	Subchapter of Other (i.e. prestc.)				uildi	ngs,	home	s,
City (5) Hoboken, NJ							Squar	re Feet	# of	Floors			dg. A	-	
County (6) Hudson				Code (7) USE ONLY)			Curre	nt Use (Prio	r if bein	g demo	olished)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	1 No.				tement Cont vironment			LLC				
Street Address						- TO SEC. 1887	Addres Virgini	s a Avenue							
City, State, Zip Code								p Code y, NJ 073	04						
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	none No 33-88	D.	T	License					
	Schedule 9-11-2		pletion	Date (11)		2007	of OSH	IA Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)					Addres	00000000000000000000000000000000000000		A-5-75		_			-
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			ent			City, S	itate, Zi	p Code					-		_
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure					2	
	Is	Location	on									A	100000	ment	
Location of		Normall d Solel				scription				- 10	-	Т	Ту	De	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	ice/ taff?		thermal surfa	taining N system cing, VA niscellar	s insuia T, or		(Sp	nount pecify or LF)	200	Damousl	Repair	Encapsulate	Enclosure
NI	Yes	No	N/A		D 6				200	10 OF		-			-
North side of roof		X				ng ma				00 SF	X	-			_
Above office		X			24/00/00/00/00	te wall	200000			00 SF	X				_
Roof parapet		X				lack ta				0 SF	X	-			
Roof above apartment Name of Registered Waste Hauler		X	JDEP W	lasta		nsite p	ipe	Name of F		LF	X				
Green Environmental Services, LLC		Н	auler ID 34889	No.	of Wa			G.R.O.V	V.S. N			ı			
City, State Jersey City, NJ					Dispo: 9-11-	sal Date 2017		City, State Morrisvi		١					
Completed by Liliana Serrano	Title Office	e man	ager		S	ignature		uSi	Mex	w	Date 8-11	-20	17		

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(1/# 2/N)	NO	TIFIC.	ATION O	of New Je F ASBEST NJAC 8:60	OS AE	3ATEN 2:120)	IENT						W		
Date of Notification (1) 08/08/2017				uilding Own s Church		erator ((2)	- Action with the second secon	N						A
Agencies Notified Type Notification			treet Add							Al	JG 	7	201	Ī	1
		2	280 Was	shington	Aven	ue		9	1001						
DEP Amended				, Zip Code	20			The state of the s	Å	SDr	1.00	CO	13739	OL 8	2
DOL Amendment #_ Emergency (inc	cluding			, NJ 0762	28			Table 1		,	1.7	NSII	VG_		a desirable de la constanta de
DOH justification)		1 63	lame of C Ed Kost									•			
DCA Cancellation				TY INFORM	OITAN	N									
Name of Facility Where Abatement is Taking F	Place (3)						Type of	Facility (4)						
A Star is Raising Day Care/St Mary's	Schoo	1					F Su	hool (K-12 bchapter 8	(Othe	r than K	(-12)				
Street Address							Ot	her (i.e. pr	ivate &	comme	ercial l	ouildir	ngs, h	omes	6
21-31 New Milford Avenue							Square		# of	Floors		Bld	g. Ag	е	
City (5) Dumont							60,00	0	2			50	+		
County (6)			County Co					Use (Prio	r if beir	ng demo	lished	i)			
BERGEN		(STATE US	SE ONLY) _		_	Schoo			(0)				_	
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.				ment Cont s Corpor							
N/A					-		Address		ation						-
Street Address							69th S								
City, State, Zip Code							State, Zip								
								, NJ 070	193		- NI-				_
Project Manager for Monitoring Firm			Telephone	e No.			hone No. -295-17			Licens 0107					
	2 - 1	l Cam	pletion D	ata (11)		200 200 C		A Monitor		0101					-
Otal Date (10)	8/10/17		ipietion D	ate (11)			ne as al								
Occupancy Status During Abatement (Check	Only One	9)				Street	Address								
			ent												_
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe: Starting after 2:30 PM	al Facility	Hours	i			City, S	State, Zip	Code							
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf		enova					Full	Containme	ent with	h Negat	ive Pr	essur	е		
≥160 sf or ≥260 lf		emolit	ion				Glov	ebag Pro	cedure		المام أد	Dros	adur		
	_					Ŀ	진 Non	-Exempte	d (*) ar	ia Non-i	-nable			ment	
		Locati			-	1.41.							Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbesto	s Cont	scriptio aining	Material	(ACM)		Amount		70		Ē	Ш
TO BE ABATED	1	ntena odial	nce/ Staff?	(i.e. th	nermal surfac	syster cina. V	ns insula AT, or	tion,		Specify F or LF		Removal	Repair	caps	Enclosure
In Facility (13)		(12)		,			aneous)					oval	air	Encapsulate	sure
	Yes	No	N/A											Ф	
Boiler Room		X			Pipe	insul	lation			1 LF			Х		
Corridor			х		F	Pipe Ir	าร			1 LF			Х		
Room B-05, B-06 & B-09		Х			F	ipe Ir	าร		1	LF e.c).		Х		
TROOM B CO, B CO G B CO															
Name of Registered Waste Hauler		1.10	NJDEP W			Yards		Name of							
Tri State Transfer Ass		1 1	Hauler ID 19551	No.	of Wa			Miner		terpris	es In	C			
City, State					Dispo	sal Da	te	City, Sta Wayne		g, OH					
Bronx, NY Completed by	Title					Signatu	ure //)//	1	- (8)	Da		-50.73	,	
Gina Betances		е Ма	anager				(B)	Kuld	1		08	3/08/	2017	îi .	

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

NO CC	(<u></u> 0.00 and	1 200 1 1	20)	-1 , a F	= 5 7	\ <i>II</i> [r	3 F
Date of Notification (1)				ng Owner / Operat	or (2)		i to E	2 1	W E	2
Agencies Notified Type Notification			Fargo I Address	Bank						
EPA Type Notification				road Street		American de la companya de la compan	AUG 1	7 20	017	etion and the state of
☐ DEP ☐ Initial			ate & Zij			12 4	700	/ [111	las
□ DOL				PA 19107				550000 		
DOH Emergency			of Contac	ct		ASI	Teler	phone I	Jumb	er
☐ DCA ☐ Cancellation		Steve	Colton			The state of the s	1,1,1-	10	**	
		FAC	ILITY II	FORMATION			-			
Name of Facility Where Abatement is Tak Wells Fargo	ing Place (3	3)		Type of Faci						-
Street Address				School		04h 4h 4/ 40\				
451 White Horse Pike						Other than K-12) te & commercial bu	ildinaa h	omoo	oto \	
				Square Feet	.c. piiva	# of Floors	Bldg.		3(C.)	-
City (5) County ((6) Co	unty Co	de (7)	3500		2	Diag.	45+		
Atco Camde	10000	,	. ,			being demolished)		431		
				Banking O		a sining demonstrate				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM N			Contractor (9)				
Environmental Connection				Bristol Env	/ironm	ental, Inc.				
Street Address 120 North Warren Street				Street Addre						
City, State & Zip Code				1123 Beave						
Trenton, NJ 08010				City, State & Bristol, PA						
Project Manager for Monitoring Firm	Telep	hone N	umber	Telephone N			se Numbe	or		
Rollie Jones		392-42		(215)788-60		0050		51		
Scheduled Start Date (10) Schedule	d Completio	on Date	(11)	Name of OSI						_
ON HOLD				Bristol Env		ental Inc.				
Occupancy Status During Abatement (Che Facility Closed/Vacated During En	ck only one	e) ef Abete		Street Addres						
Abatement Performed Outside of I	dormal Hay	or Abate	ment	1123 Beave						
Describe: 6:00 PM - 2:30 AM	voimai mot	uis – Ta	iii to spi	n City, State & Bristol, PA		ie				
Facility Occupied During Abateme	nt			Bristoi, i A	15007					
Scope of Work (Check all that apply)										
N >2 of a > 2 if		922	10020			Full Containment wi	ith Negati	ve Pres	ssure	
≥3 sf or ≥3 If ≥160 sf ≥260 If	\boxtimes	Renov				Mini-Enclosure				
		Demo	lition		()	Glove Bag Procedu			0.000120	
Location of	ls l	ocation		Description		Non-Exempted and Amou			-	
Asbestos-Containing		nally Us		Asbestos-Con		(Speci	30-7	bateme	SIIL I Y	pe
Material (ACM)		olely by		Material (A	CM)	SF or L	F)	_	m	т
TO BE ABATED in Facility	100000000000000000000000000000000000000	tenance odial Sta	10220000	(i.e., thermal sinsulation, surface		т		Repair	cap	ncls
(13)		(12)		or other miscell				Repair	Encapsulate	Enclsoure
	Yes	No N	I/A					-	te	Ф
Above Drop Ceiling				Plaster	-	10 SF	= [\Box	П
Above Drop Ceiling				Plaster De	bris	100 S	F 🛭			
	-+H	414								
Name of Registered Waste Hauler		IN IDE	D West	e Cubic Yards	Ts.	(5)	L			
Tame of Registered Waste Hadier			er ID No.		Name	of Registered Land	till			
Service Transport Inc.		2099		1/2 CU YD	Miner	va Landfill				
City, State				Disposal Date	City, S			-	-	
New Castle, DE				12/10/16		esburg, Ohio				
Completed By (Print or Type)		Title	66	Signature	0 -	, ., .	Dat	e		
Gino Pizzigoni		Proje		14- F	/11-	1		1/17		
		Mana	ager	Suns 1	et le	gone 1 gl	/			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

NO OK	ursu	iani	t to	N.J.A	<u>C.</u> 8:60	and	12:1	20)	110)	- (<u>L</u>		1	<u> </u>	
Date of Notification (1) 10/21/16		Nam	ne of	Building	g Owner / O	perat	or (2)			ALIC	4 -	7 01	149	C CANADA
Agencies Notified Type Notification		Stre 400	et Ac Bla	ddress ir Road	d	arry				AUG	11	20	117	The second secon
□ DEP □ Initial □ DOL □ Amended #1-11/4/ □ DOH □ Emergency		Ave	nel,	NJ 07 Contac	001				ASE		ENS	ING	NOL	
☐ DCA ☐ Cancellation	- 1			Sarvey	7					1161	ebilo	ne n	ump	er
Name of Facility Whees About 11 Till		F	ACIL	ITY IN	FORMATI									
Name of Facility Where Abatement is Taking F Colonial Pipeline Linden Junction Street Address	lace (3)				hool	(K-12)							
400 Blair Road						her (i.	.e. priva	Other than the & comr	mercial bui				tc.)	
City (5) County (6)	Co	unty	Cod	e (7)	- Oquare	1 661		# 01 11001	5	Blag	g. Age	Э		
Avenel Middlesex					Current	Use	(Prior if	being der	molished)					
Name of Monitoring Firm Hired by Building Own Apex Companies	ner (8)		A	SCM No		of Aba	tement	Contracto	or (9)					
Street Address					Street A			ental, Ind	C.					
8854 Rixview Lane					1123 B	, , , , , ,		et						
City, State & Zip Code					City, Sta	ate &	Zip Co	de						
Manassas, VA 20109 Project Manager for Monitoring Firm	Teler	hone	a Nhu	mber	Bristol Telepho			6 	Tr.					
Will Thomas	856-				(215)78				00509	se Num	ber			
Scheduled Start Date (10) Scheduled Cor 11/7/16				11)	Name o									
Occupancy Status During Abatement (Check of	ON H	e)			Street A			ental Inc	•					
	eriod (of Ab	aten	nent	1123 B			et						
Abatement Performed Outside of Norm Describe:	al Hou	ırs –			City, Sta			de						
Facility Occupied During Abatement					Bristol	, PA	19007							
Scope of Work (Check all that apply)														
≥3 sf or ≥3 If ≥160 sf ≥260 If	\boxtimes		nova					Mini-Enclo			ative	Pres	sure	
2100 \$1 2200		Dei	molit	ion					Procedure pted and I		ioblo	Dros	o di ia	
Location of	ls l	ocat	tion		Descr	riptior		NOTI-EXETT	Amoun				nt Ty	
Asbestos-Containing Material (ACM)	Norm	nally		4	Asbestos	-Con	taining		(Specify	y			$\neg $	P0
TO BE ABATED	Maint	enar	nce o		Materi (i.e., therr	mal s	ystems		SF or LF	-)	Re	Z	Encapsulate	En
in Facility (13)	Custo	dial (12)	Staff	?	insulation, s	surfac	ing, VA	T			Removal	Repair	nsdı	Enclosure
(1.5)	Yes	No	N/A	A	or other m	iscella	aneous	,			<u>a</u>		ate	ē
Exterior Pipeline	\boxtimes				Pipe (Gask	ets		30 Ea					
			F											
	H	H	H]							H	H		님
		H									ㅐ	H	H	H
James of Decision and the second												d		
Name of Registered Waste Hauler Disposal by Owner				Waste ID No.	Cubic Yard of Waste		Name	of Registe	ered Landf	ill				
City, State					1 Cu Y	0.11	0:4 0	1 - 1 -						
					Disposal D 11/7/1		City, S	tate						
Completed By (Print or Type)		Tit			Signature	0	,		1.	D	ate			
Gino Pizzigoni			ojec anac		Lino	King	ziai	ori	/1	8	/11/	17		

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

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2	K		of Statement	W.	Revenue	The state of the s
		AU	G 1	7	2017	IJ

			(Fu	1 Suaii	i io nani	_ 0.0	o and 12.12			AUG 1	1 6	'U17		السا إ
Date of Notification (1)	11-17			Nam			wner/Operator	_ / /	4.0.0					
Agencies Notified	Type Notification	20		Stre	et Address		MAY .	COM	ASIL	Es Con	City	THE)L 8	_
BPA		***			70		Hau	KN 4	AVE	LICEN	SIN	٠.		
DEP DOL	Amended Amendment	#		City,	State, Zip			. 4-1	VIT	08	27	- /-		
	☐ Emergency justification	(includin	ng	Non	e of Conta		tal C	177	I Tolor	phone Numb		_6	. 1	_
DOH DCA	Cancellation			Nam	e or Corka S A		-		100	A ROTE I TOTAL	<u>.</u>			
				FA	CILITY IN									
Name of Facility Where	Abatement is Tak	ing Plac	e (3)					Type of Facilit	ty (4)					
RE	SIDENCE							☐ School (K- ☐ Subchapte		r than K-12)			
Street Address			2500 1					Other (i.e.,	private 8			tings,		
City (5)						_		homes, etc Square Feet	-	Floors	BI	dg. A	ge	_
	HAN C	IT						1000	_		_	50	+	_
County (6) CAPE	MAY				nty Code (ONLY)	(7) (5	STATE	Current Use (F			hed)			
Name of Monitoring Firm		Owner		ASCM	No.	1000		ent Contractor (
(8) · W	/A					1 -	KLEMC	OINC	, 1		_			_
Street Address						1	eet Address 69 5	SPRIX	EA	NE				
City, State, Zip Code							y, State, Zip C	Ode SHAPE	W.	7 08	05	Z		
Project Manager for Mor	nitorina Firm		Tele	ephone	No.	Tel	ephone No.			ense No.				
r roject manager for mor			_					9-0472		004	4 4		_	_
Start Date (10)	Sch	eduted C	omple	tion Da	ate (11)	Na	me of OSHA N	Monitor N I A						
9 - 6 - 17 Occupancy Status Durin	g Abatement (Ch	eck only	one)			Str	eet Address							
√7 Facility Closed/Vacate	ed During Entire P	eriod of	Abate	ment			, State, Zip C	ode .						_
Abatement Performed Other - Describe:	Outside of Norm	ai Facilit	у нои	rs ———		Cn)	/, State, ZIP C							_
Scope of Work (Check a	It that apply)						Full Con	tainment with N	egative F	ressure				
			novati				Mini-End		•					
≥160 sf or ≥260 lf		₩ De	ernotitio	n			Non-Exe	empted (*) and N	lon-Friab	le Procedur				
			ocatio								A	bate Typ		
Location o	of	Used	ormally Solet	y by			Description of	arial (ACM)	Δ.	nount				
Asbestos-Containing M TO BE ABAT			ntenan ustodia		Asbes (i.e.,	then	ontaining Mat nal systems in	nsulation,	(Sp	ecify	Re	R	Encapsulate	Enclosure
IN Facility	<u> </u>		Staff? (12)				rfacing, VAT, er miscellaneo		SF	or LF)	Remova	Repair	psul	osu
(13)				N/A				**************************************			<u>al</u>		ale	. 6
		Yes	No	10.000000		-10.	1.15.7	,-	15	005F	X			
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		-												
				-		_								
Name of Registered Was	te Hauler			JDEP V		100	oic Yards	Name of Reg	gistered L	andfill	-			
	IWC,		H	auter IC	No.	of V	Vaste 3	C.M	C.	M.U	. 1	7		
City, State		, _T				Dis	posal Date	City, Stafe	DB	INF				
	1.	(1)				-	Signature A	A-/	כועכ	Date		15		
Completed By MICHAEL KU	Title	SUP					Mil	1) lu		1 8-	11-	1/	_	=

CK# 4286

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D. (1) - 15 - 15 - 11			(ng Owner/Operato		AUG_	1 /	201	1/_	1
Date of Notification (1)	1-17					CLIDAY		sie p			-01	
Agencies Notified	Type Notification	n		Stre	et Address	5 to 10 co	14.01 1	ASEMA LICE	NSI	NG	TUL	. a
D BPA	Initial			City.	State, Zip	Code						
₩ DOL	Amendment Emergency (10		00	HAN C	ITY 1	A CONTRACTOR OF THE PARTY OF TH	22	6		_
DCA DOH	justification) Cancellation		~	Nam	e of Conta			Telephone Numb	er			
					SA	FORMATION						_
Name of Facility Where Al	atement is Taki	ng Plac	e (3)		CILITING	Ordination	Type of Facility	y (4)				
RES	SIDENCE						School (K-1	12) r 8 (Other than K-12)			
Street Address							Other (i.e., homes, etc.	private & commercia	al build	tings,		
City (5)	-						Square Feet	# of Floors	100000	dg. Ag		
	AN C	ITY	رم				1000	Prior if being demolis	-	20	_	_
County (6)	MAY			USE	inty Code (E ONLY)	7) (STATE	VACI	ANT	neu)			
Name of Monitoring Firm		Owner	=	ASCN	No.		nent Contractor (9)				
(8) W	A					KLEMO	OINC	,		_	-	_
Street Address						Street Address	. SPRUC	E AUE				_
City, State, Zip Code .						City, State, Zip C	ode			7		
						-	SHAPE	License No.	05			=
Project Manager for Monito				ephone		Telephone No. 856-77	9-0472	004	44			_
Start Date (10)	Sche	duled (Comple	etion Da	ate (11)	Name of OSHA	Monitor N / A.					
9-6-17	At demonst (Che	d'-	S			Street Address	N JA.					
Occupancy Status During	During Entire Po	eriod of	Abate	ement							_	_
Abatement Performed C	outside of Norma	l Facili	ty Hou	rs		City, State, Zip C	code	Tr. 1				
Other - Describe:	that analy)					l						_
Scope of Work (Check all	nat appry)	Пр	enovat	tion		Full Cor	ntainment with Ne closure	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emolitic			Gloveba	ag Procedure emoted (*) and N	on-Friable Procedur	re			
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Location of			ormality Sole			Description of	f					
Asbestos-Containing Ma		0.00	ntenar ustodia		Asbes (i.e.,	tos Containing Mat thermal systems i	nsulation,	Amount (Specify	Re	R	Encapsulate	Enc
TO BE ABATE! IN Facility	2		Staff? (12)			surfacing, VAT, other miscellaneo	or ous)	SF or LF)	Removal	Repair	psula	Enclosure
(13)		Yes	No	I N/A					=		ate	6
2:0:10		18		X	Т	RAWSIT	E	175050	X			
SIDING				1		700						
											_	
Name of Registered Waste	Hauler			UDEP V		Cubic Yards of Waste	Name of Reg	ristered Landfill	U	Δ		
	WC,			791	DU_	Disposal Date	City, State	, C. 10(, O	-	1		
City, State MAPLE 5H	ADE N	(T					Woo	DBINE			_	_
Completed By	Title					Signature (10/	Date	-11	-1)	
MICHAEL KUT	Mill _	SUH	<u>. </u>				10					

CK 4786

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

AUG 1 7 2017

	(Pui	rsuant	to NJAC	8:60 and 12:120		-		4.00		
Date of Notification (1)		Name	-	g Owner/Operator	(2)	ASEXCAUA	()N)	10	L &	
Agencies Notified Type Notification		Stree	(Address	HNATHON		CXCAPA	51150			=
Agencies Notified Type Notification EPA Minital				2.0. 150)	198					=
DEP Amended Amendment #		City,	State, Zip	Code APE MA	V Coul	T HOUSE				
☐ Emergency (incluing justification)	ding	Name	of Contac		COUR	Tala-1				-1
DCA Cancellation			J	NAN		_				-
		FA	CILITY INF	ORMATION						
Name of Facility Where Abatement is Taking Pi	lace (3)				Type of Facility School (K-1					
Street Address					Subchapter	8 (Other than K-12) private & commercia		inas		
Street Address					homes, etc	.)				_
City (5)					Square Feet	# of Floors		ig. A		
AVALON		Cour	nty Code (7) (STATE		rior if being demolis	1 -			=
County (6) CAPE MAY			ONLY)			AUIT				
Name of Monitoring Firm Hired by Building Own	ner	ASCM	No.	Name of Abatem	4					
(8) W/A				Street Address	100 1					=
Street Address				369 S	. SPRU	CE ALE				_
City, State, Zip Code				City, State, Zip C		OF N.J	08	05	2	
	1 Tolo	phone	No.	Telephone No.	E STAN	License No.	20			=
Project Manager for Monitoring Firm	100	рюпе		856-77	9-0472	4004	44			_
Start Date (10) Schedule		tion Da	te (11)	Name of OSHA N						
	13-1			Street Address	NA					=
Occupancy Status During Abatement (Check o	nly one) Lof Abate	ment		Out of Madical	T.					
Abatement Performed Outside of Normal Fa-	cility Hou	rs		City, State, Zip C	ode					
Other - Describe:										=
Scope of Work (Check all that apply)					tainment with Ne	egative Pressure				
>3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovati Demolitio			☐ Mini-End ☐ Gloveba	a Procedure	Frieble December	0			
	Is Location	~		X Non-Exe	empted (*) and N	on-Friable Procedur	A	bater		
	Normally			Description of			_	Typ	ж	
	sed Soleh Naintenan	œ/	Asbes	tos Containing Mat	erial (ACM)	Amount (Specify	70		Enc	m
TO BE ABATED IN Facility	Custodia Staff?	H	(i.e.,	thermal systems in surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)			other miscellaneo	ous)		val	=	ilate	re
Ye	≲ No	N/A				5 5 mm	V			
SIDING		X		RANISI	<u> </u>	2503E	X			
							-	-	-	
							-			
	IN	UDEP V		Cubic Yards	Name of Reg	istered Landfill				
Name of Registered Waste Hauler V LEWCO INC		auter IC		of Waste	I.C.u	1. C. M. L	, #	1		_
City, State		110		Disposal Date	City, State	ÓBINE		7950		
MADLE SHADE	M(.)			Signature	1 000	Date -		-		_
Completed By 16 Title										

08/18/2017 28:08

NO.372 BOOZPAID

X#419C)	No	otifi (CATI	on of a	New Jersey SBESTOS AGA JAC 5:80 and 5:	TEMENT		01	_ j	0	DAY.	
Date of Notification (1)				Na	eme of Build	ing Owner/Operator	(2)	+		2			,
8 / 9	/ _	17			Joan Mitci		·-//		Alles	4	4	112/	1
Agencies Notified Ty	pa Notificat			911	eel Address				AUG	1	ił.	'yy	[i
⊠ EPA ⊠	Initial			Ott	CCI MERIES						1	1	1
	Amended			Cit	y, State, Zip	Code		- for con-		1	7-1		£
	Amendment Emergency		Line			D, P(J 08046		1 1000	1-11	1/1	11	CUVE	()
(NJAC 5:23-8)	justification	r (incited	ing	-	ine of Conta			True	******				
	Cancellatio	0.7			loan Mitch			Telephone Nu	mber				
					estation of the state of	NFORMATION		¥ 4			3117		
Name of Facility Where Above	lef di Inemi	king Pla	50 (2)	- '	-4410-a1 1 1	MONMANDA	Type of Fecilit	10					
Residence			1				School (K-						
Streat Audress		4					Subchapter	8 (Other than K-1	2)				
	Į.						图 Other (I.a.,	private and comm	ercial	bulld	nge		
City (5)				-			Squere Foci	.)					
Willingbaro, NJ 08046								# of Floors		Bldg.	Age		
County (8)	_			Co	Hulk Code (7 (STATE USE ONLY)	1200	1	PS(1-1)	50			
Surlington					any odda (I (GIMIE OSE DIVE I)	Residence	dor if being demoi	shed		1 /	- n	D D
Nama of Monitoring Film Hiroc	by Building	g Owne	(B)	ASCI	M No.	Name of Abelem			1-	((1000	5 .11	\mathbb{W}_{1}
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Street Address						Street Address	VIIII DININGI, LLC	[] []	1	Altr	,		
PO Bon 341						623 Cutter As	vanue	15 17		AU(1	7 21	017
City, Stale, Zip Code					•	City, Siate, Zip Co							
Chesterfield, NJ 08815						Waple Shade		1 Å	SF	en inter			
Project Menager for Monitoring	Flim		Tel	aphone	e No.	Telaphone No.		License No.		111	KA	CON	FOL
Bill Weisgarber					6-4070	856-755-0099		00842	- Constitution of the Cons		LIV	SING	
Start Dato (10)					ate (11)	Name of OSHA M		undez					
08 / 17 / 17	- -	08	/ _18		_17	EMSL Analyli							
Decupancy Status During Abate	ment (Che	ch only	(eno			Street Address							
A Fadility Closed/Vecaled Dun	na Enline P	pried of	Abata	mont		200 Route 130) Novele						
Abatement Performed Outside	de of Norma	el Ferrill	w House	a - Da	ncribe	City, State, Zip Co.							
Time of Abatemont:		-N/	PM-		_AM	Cinnaminson,							
cope of Work (Check all that a	pply)						. —						
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TO BE ABATED		Me	intenai todial 6	168/	(i.a.,	to Containing Male thermal systems in	silai (ACN)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)	1	Cus	(12)	can !		surteding, VAT.	or I	SF or LF)	12	M .	Page 1	N N	
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Freshold Cartage			Ha	uler ID	No. 1	Naste	Name of Register						
y, State	55		1 1	5939		9	GROWS No	rın Landilli	25255770				
Freshold, NJ	1				1	No. of the Control of	City, Slave			- 200	- 4		
ampleted By (Print or Type)	T was					10/13/17	Moulealle'	PA					
A CONTRACT OF CONTRACT OF CAMPA	THIS	Committee Committee				Signature	1	151					
Diana Lynch	1	wner				Similardia	. 1	Dals	3/	7-1			

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



Date of Notification (1)					Building Ov	wner/Op	erator	(2)		Total	5) (- Ti	17.11	F
8/11/17				IC Build						FAE	11-1	2	- Jul	1200
Agencies Notified	Type Notification		11.5	Street Add							Andrew Contract			ATTENNE OF
EPA	X Initial		19		e, Zip Code	9					8110	4 7	2017	7
DEP X DOL	Amended Amendment			Demar		₹3					AUG	1 1	2011	
(Paramet)	Emergency (including	1	Name of (Contact					elephone N				
DOH DCA	Cancellation			Ilan Co	hen					ASD	1:57 61	500	11411	OL 8
				FACIL	ITY INFOR	OITAMS	N		1111 (4)		1.10	-N5	IVU	-
Name of Facility Where	Abatement is Takin	g Place (3)						Type of Fa						
Residential House									ol (K-12)	Other than K	-12\			
Street Address								Othe etc.)	r (i.e. priva	te & comme	rcial buil			s,
City (5)								Square Fe	eet	# of Floors		Bldg. A	\ge	
Tenafly								2000		2		50+		
County (6)				County C						being demo	lished)			
Bergen			(14	SE ONLY)		_		ntial Hou	Walter Committee				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abateme						
n/a				n/a			2012-20-2	nony Cor	itracting	inc				
Street Address								^{Address} Palisade	Δνο					
n/a					11/2/21			tate, Zip C						
City, State, Zip Code								ield, NJ (
n/a	itaria Firm			Telephon	a No			one No.	0.000	License	e No.			_
n/a	oject Manager for Monitoring Firm							160.6026		0125				
Start Date (10)	a					-		of OSHA N						
8/21/17		8/30/17		ipiodo.i z				nony Co		Inc				14
Occupancy Status Durin	g Abatement (Che	ck Only One)				Street	Address						
Facility Closed/Vac				ent			360	Palisade	Ave					
Abatement Perform	ned Outside of Norr	nal Facility	Hours				City, S	tate, Zip C	ode					
Other - Describe:	Schedules for Demo					-	Gar	field, NJ	07026				100=-	
Scope of Work (Check A	All That Apply)							_						
≥3 sf or ≥3 lf			enova				F			with Negativ	re Press	ure		
≥160 sf or ≥260 lf		X De	emolit	ion			t	Gloveb	nclosure ag Proced	ure				
							>	Non-E	xempted (*) and Non-Fi	riable Pr			
		ls L	ocati	ion									tement ype	
Locatio	n of		ormal Soie				scription					T	1	
Asbestos-Containing			ntena					Material (A0 s insulatior		Amount (Specify	70	7	Enc	m
TO BE AB		Custo		Staff?	(surfac	cing, VA	T, or		SF or LF)	Remova	Repair	apsi	Enclosure
(13))		(12)			other m	niscella	neous)			val	=	Encapsulate	ure
		Yes	No	N/A									- 4	_
Kitch	en			x			VAT			120 SF	×			
Basen			X			VAT			75 SF	×				
Name of Registered Wa	aste Hauler		100	UDEP W			Yards	N	lame of Re	gistered Lan	dfill			
Harmony Contracti	1.000	Hauler ID 33058	No.	of Was			GROWS	Landfill						
City, State					sal Date		ity, State	o D4						
Garfield, NJ						TBD			Morrisvill	e, PA	Deta			
Completed by		Title					Signatu				Date 8/11/	17		
Tina Caporino		Secre	etary	/		16	una (Cupor	W		0/11/	17		

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

Date of Notification	on (1)					Owner/Operator	(2)		MA)	
8/10/2017			Kea	rfot	t Co	orp.	Г		the other			
Agencies Notified	Type Notifica	ation		Addre			and the second s	ME	1 [2]	1	E	In
[]EPA	[X]Initial		115	0 Mc	Brio	le Avenue		以一	The State of the S			7
[]DEP	Notific	ation	1	State,					10 . 7	00	-	
[X]DOL	[]Amended Notific	ation	Lit	tle	Fall	Ls,NJ,0742	24	II II AU	IG 17	20	1	11
[X]DOH	Nocific	acton	Name o	of Cont	act	A	Telephor	ne Number				
[]DCA	[]EMERGENO	Y	Dav	rid C	ardy	?	(973) 457-5	905	AND FE	(OL	&
	[]Cancella	tion						-	CENS	ING		-
Name of Facility Wh	ara Abatamant	ie Taki	na Pla		LITY I	NFORMATION	Type of Facil	its (A)				
Kearfott Corp		IS TAKE	ng ria	ce (3)				1073 88 69 man research				
							[]School []Subchap	ter 8 (Othe	er than	K-1	2)	
Street Address								i.e., priva		omme	rcia	1
1150 McBride	Avenue							# of Flo		ldg.	700	
City (5)		County	(6)		Cour	nty Code (7)	Square Feet	# 01 110	OIS D.	rag.	Age	
Little Falls		Essex			(ST	ATE USE ONLY)	Current Use (Prior if be	eing de	moli	shed))
Name of Monitoring	Firm hired by	Buildin	g ASC	M No.			ment Contracto					
Owner (8) N/A						AZTECH M	ianagement	, Inc.				
Street Address						Street Addres						
						86 Chris	stopher St	•				
City, State, Zip Co	ode					City, State,						
						Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fi		lephone	e Numbe	er	Telephone Num			License		ber	
		N	'A			(973) 744	1-8800		003	/ 1		
Scheduled Start Dat		d. Comp			(11)	Name of OSHA	Monitor					
08- 19- 17 Month Day		08- 2	ZI- I	Year		N/A						
Occupancy Status Du	ring Abatement	(Check	only o	one)		Street Addres	s				XVVXVV	300-50
[X] Facility Clo of Abateme		uring En	tire P	eriod								
[]Abatement Pe	erformed Outsi			acilit	.Y	City, State,	Zip Code					
Hours - Des	cribe: <u>«OffHour</u> cribe:«Other O		-	:ipt»								
Scope of Work (Chec			No.								-	
5 8457 km			7F] D				Containment wi	th Negative	e Press	ure		
[X]≥3 sf or []>160 sf	or >260 lf		X]Reno				Enclosure -bag Procedure	1				
			T-			[]Non-F	riable Procedu	re	1 % 2.			70
Locatio	on of		Is ocatio			Description	on of		Ab	ateme	E	E
Asbestos-Co			Used	_		Asbestos-Con	Programme and the second	Amount	_ E	R	C	С
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In Faci	-		ustodia aff (1			sulation, surf		LF)	V A	T .	S	S U
(13)	Yes	Мо	N/A	C	or other misce	llaneous)		L	K	L	R E
Ground Floor				X	Fume	Hood Tra	nsite	15 SE	X			
	***************************************						+)					
Name of Registered	Waste Hauler		JDEP Wa			oic Yards	Name of Regi					
AZTECH MANAC	GEMENT, IN		7040		of	Waste 0.5	Minerva	Enterp	rise	IN	C	
City, State					1	posal Date	City, State					
Montclair, No				0	8/22/2017	Waynesb	urg, Oh	io 4	468	8		
Completed By (Print	ile				Signature) /		Date	2			
Constantine \		eside	ent			7	1-1-	1/		=)/201	7	
						1 (on faulu	Hiller				

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

IDent 4098

* Do not use this form for asbestos licensure exempted act

Date of Notification (1)	-		Name of	of Building Owner		(2) ERE	LLC			
Agencies Notified Type Notification)		Street	Address			医原居用	W.	E	7
A EPA Initial Amended			City St	ate, Zip Code			TIDE			1
DEP Amended Amended Amendmen	t#				CIN	. 47/1 /K	94116 17 21	017	Triff-don	1
Emergency justification			Name o	of Contact		1	Talenhone Num	nher	1L	-d
DCA Cancellatio			TR		CAST	AND /		- / M	9	
Name of Facility Where Abatement is Takin	ng Place (3)	VFAC	ALITY INFORMAT	HOW	Type of Facility	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	الننت	_ ~	
	,					School (K-	12)			000000
Street Address						Other (i.e.	er 8 (Other than K-12 private & commercia	ć) af bui	ldings	s, h
						etc.) Square Feet	# of Floors		Bldg.	7500
CITY (6) NEWARK N	Ω	1	710	14		2,500	1 3		90	
Counts (6)		\dashv	County	Code (7)		Current Use (Pr	ior If being demolish	ed)		-
ESSEX		-		use only			HOUSE			
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASC	No.		of Abatement Co				
Street Address						Address	IRC			
Suger Mulless					IP.C). (30x	614			
City, State, Zip Code		~~~~			3	tate, Zip Code	-0.0	016	1.	
					010		License No	65	7	
Project Manager for Monitoring Firm		American	Telepho	ne No.	1-135	237x75	00 0080			
Start Date (10)	Schedul			Date (11)	Name	of OSHA Monitor	and the second s		-	
8/B/ It	C		9/17		-	JAIECH	110			
Occupancy Status During Abatement (Chec			1		Street	Address	Ĺ			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of A	Hours	nent s		City, St	ate Zin Code			andre d'estretaine, etc	
Other - Describe:		p			010	Bridge 1	N.D. 0883	17		
Scope of Work (Check All That Apply)	Markey all the North Art of Ar					O.				
☐ ≥3 sf or ≥3 N		enova emolit	North Control (1)		区		ent with Negative Pr	essu	re.	
X ≥160 sf or ≥260 lf	A D	CHSCH	NAT I		ē	Churchan Pro		e Pro	ceda	re.
	Τ.	1				-Non-Exemple	a () same mon-s meas		Abat	em
Location of	N	Locati Iornal	ly.	Ďе	scription (of I	-		ł-y	pe
Asbestos-Containing Material (ACM)		d Sole		Asbestos Cont	taining Ma	aterial (ACM)	Amount (Specify	,Z0	mm	See Land
TO BE ABATED In Facility	Cust	odial S (12)	Staff?	suntak	cing, VAT	, or	SF or LF)	Removal	Repair	montenania
(13)	Yes	No	N/A	omern	niscellane	ous)	April and a state of the state	2	7	idia
EXTERIOR	+		X	SIDIA	36		8609	X		
CALCION	\dagger		1							Γ
	+ - +				Description of the second	-				
	+ - +				·					-
Name of Registered Weste Hauler		/ No	JOEP WA	ste Cubic		Automobility and the second second	Registered Landfill			hanco
NOVATECH INC		H	aujer (D.) 1850	vio. of Was	2	16.R.	JWS -			
City, State			1000	Dispos	al Date	City, State				
OID BUDGE NO. 08	1859			19/3	39/1-	1 14000 c	by the tit	1	1-	
Completed by	Title	101	NI	S	gnature 	On Non	Late 3	1		-
CARLOS HYEROA	I VIET	NDE	NI	1 1	100	() HAM	-10	-		-

UN#OKU)		NOTI	FICATION OF A	SBESTOS ABA	TEMENT	-4-18		DA	m	A	
UC" 9010	X			(Pursuant to N	.J.A.C. 7:26-2.1	2)	parenty.		E	17 17	门口	1000
Date of Notification (1) Aug 12, 2017					Name of Buil	ding Owner	Operator (2)	<u> </u>	[]	11 17		
Aug 12, 2017					PSEG Fossi	I, LLC						
Agencies Notified		Notification	Туре		Street Addre	SS		AU	G 1	7 20	117	
(X) EPA		(X) Initial N	1.416		80 Park Plaz	a	17 7	i MU	0 1	, =		Incorpora
(X) DEP		() Amende			City, State, Z	in Code		-			appendix 10°	
(X) DOL		() Cancell			Newark, NJ	07102-4109		ASDES	1000	CON	HOL	či.
(X) DOH (X) DCA									-!CEI	VSING	2	· Bernander
N. 10 2 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Name of Con Domenic Fig			Tel Nur	nber	-		
Name of Facility Man.				FACILITY II	NFORMATION						-	
Name of Facility Where Aba HUDSON GENERATING St	tation	aking Place (<u>3)</u>		Type of Facil			-				
					() School (K () Subchapt		han K-12)					
Street Address DUFFIELD & VAN KUEREN	LOT				(X) Other (i.e	. private & c	ommercial blo	lgs., home	s, etc.			
DOFFIELD & VAN KUEREN	151				Sa Foot 1	000 000		44 - 5 - 51	•			
	County (6)		County	Code (7)	- Sq. reet_1,	000,000		# OT F100	rs 8			
JERSEY CITY	HUDSON		(State U	se Only)	Bldg. Age 68							
Name of Monitoring Firm Hir	red by Bldo	Owner (8)	ASCM N	lo.	Current Use	prior if being	g demolished)			ating S	tation	
	3, 5, 5, 5,	. GWIIOI (O)	ACCIVITY	<u>vo.</u>			Name of Co Absolut Ac		<u>3)</u>			
Street Address			1		1 -							
<u> </u>					Street Address PO BOX 295							
City State 7:- Onde												
City, State, Zip Code					City State, Zin	OCode	7000					
					FLORHAM P	AKK, NJ U	7932					
Project Manager for Monitor	ing Firm	Telephone I	Number		Telephone Nu			License	Numb	er		
					(973) 410-921	17		00225				
Scheduled Start Date (10) Aug 25, 2017		Scheduled (Completion	n Date (11)	Name of OSF	A Monitor						
Occupancy Status During Al	patement (Aug 25, 20° Check only on	9)		MECS Street Addres							
() Facility Closed/Vacated D	Durina Enti	re Period of A	hatement		5 Linwood C							
() Abatement Performed Ou	itside of N	ormal Facility	Hours -									
Describe	The state of the s				City, State, Zi Hamilton, NJ							
Other - Describe Two Shift	s 12 hour	s aach 24 ha	ur plant a			-						
		5 6acii, 24 iic	our plant o	overage								-
Source of Work (Check all th	at apply)						Book see with but					
(X) Demolition (X) Renov	vation											
(X) Large Proj. (>160 SF or >	260 LF AC	CM) () SM Pr	oj. (>25<1	60 SF or >10 <2	60 LF ACM)	() Minor Pr	oj. (<25 SF or	<10 LF A	CM)			
(X) Full Containment with Ne Location of Asbestos-	egative Pre	ssure (X)	Mini-Enc		Glovebag Proce	edure	0R-08-000-000-000		mortings			
Containing Material (ACM) in		by Maint./Cus		Description of thermal system	ACM (i.e. ns insulation	Amount (Specify SF or	LF)	Abaten	nent Ty	pe	
Facility (13)	Staff?			surfacing, VAT								
Boiler Basement- 11fll,	YES	NO X	NA	miscell.) Boiler &Pipe i	neulation	25,000sf		<u> </u>	Rem.	Rep.		Enclose
Warehouse and Garages				Transite & Til		25,00051			X	X	X	X
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D #	Cubic Yards o	f Waste		Name of	Rea. I	andfill		
Waste Management of New	Jersey	17273			300			Tullytow			Recove	ery
City, State							Disp. Date	THE PARTY OF THE P	10	ity. Stat	10	
Elizabeth, NJ 07114-2436							DISD. Date				<u>te</u> /n, PA 1	19007
Completed by (Print or Type)		Title			Signature'	Δ		Def				
					<u>Signature</u>	1		Date				
ROBERT GROGAN		<u>VP</u>			1/	1		8/12/17				

AV # OFF	0		NOT	IFICATION OF A	ASBESTOS ABA	TEMENT			P	AI	D-	-
UL " 40%	$\dot{\alpha}$			(Pursuant to N	N.J.A.C. 7:26-2.1	2)		m		E	W	EM
Date of Notification (1) AUG 12, 2017					Name of Bui PSEG Fossi		r/Operator (2)	M		137		A CONTRACTOR OF THE PARTY OF TH
Agencies Notified		Notification	Туре		Street Addre	SS		ind body	AU	G_17	2017	1
(X) EPA		(X) Initial N	otification		80 Park Plaz	a						
(X) DEP (X) DOL (X) DOH		() Amende () Cancell	ed Certifica		City. State. Z Newark, NJ	ip Code 07102-4109)	AS	SDr. St.	CENS		1L &
(X) DCA					Name of Cor	itact		Tel N	lumber			
				EACH ITV I	Domenic Fig NFORMATION	rino						
Name of Facility Where A	batement is	Taking Place	<u>(3)</u>	TACILITY	Type of Facil	ity (4)						
KEARNY GENERATING	Station				() School (K () Subchapt	-12)	han V 12)					
Street Address FOOT OF HACKENSACE	(A)/=				(X) Other (i.e	. private & d	commercial bl	dgs., hon	nes, etc	2		
FOOT OF HACKENSACE	\ AVE				Sa Feet 1	000 000		# of Ele	ore 9			
City (5) KEARNY	County (6)			Code (7)		: XX Abouter		_ # 01 110	1015 0			
NEARNY	HUDSON		(State L	Jse Only)	Bldg, Age 78		g demolished	\ Electric	Cono:	rotina S	2 tation	
Name of Monitoring Firm I	Hired by Bld	g. Owner (8)	ASCM	No.	7 0000	(prior ii belii	Name of C			aung 3	itation	
							Absolut A					
Street Address					Street Addres	SS	1					
					PO BOX 295							
City, State, Zip Code					City State, Zi	Code						
					FLORHAM P	ARK, NJ 07	7932					
Project Manager for Monit	oring Firm	Telephone	Number		Telephone No	umber		Licens	e Numb	per		
					(973) 410-92	17		00225				
Scheduled Start Date (10) Aug 25, 2017	ar and an	Scheduled Aug 25, 20		n Date (11)	Name of OSH MECS	A Monitor						
Occupancy Status During () Facility Closed/Vacated	During Enti	re Period of A	hatement		Street Addres							
() Abatement Performed	Outside of N	ormal Facility	Hours -									
Describe					City, State, Zi Hamilton, NJ	08690						
Other - Describe Two Sh	ifts, 12 hour	s each, 24 ho	our plant o	coverage								
Source of Work (Check all	that apply)	- Control of the Control										
(X) Demolition (X) Rend (X) Large Proj. (>160 SF of	r >260 LF A0	CM) () SM Pr	oi. (>25<1	60 SF or >10 <2	260 (F ACM)	() Minor Pr	oj. (<25 SF o	- <10 I E	A C N A \			
(X) Full Containment with Location of Asbestos-	Negative Pre	essure (X) ation Normally	Mini-End	losure (X)	Glovebag Proce	dure			(CIVI)			
Containing Material (ACM) Facility (13)	in Solely Staff?	by Maint./Cus (12)	todial	Description of thermal syster surfacing, VA	ms insulation,	Amount (Specify SF or	·LF)	Abater	ment Ty	<u>rpe</u>	
BASEMENT TO	YES	NO X	NA	miscell.) Boiler and ni	pe insulation,	25 000	anove fort		Rem.	Rep.	Encap E	
PENTHOUSE, Warehouse & Garages	9			Transite & Ma		25,000 \$0	quare feet		Х	X	X	X
Name of Reg. Waste Haule	er	NJDEP Was	te Hauler	ID#	Cubic Yards o	f \N/acto		Non-	of Door	05 250		
Waste Management of Ne	w Jersey	17273	10 1144101		200	vasie			of Reg. I wn Res		Recoven	v
City, State							Disp. Date			ity, Sta		
Elizabeth, NJ 07114-2436					ý	\wedge					n, PA 19	007
Completed by (Print or Type	Completed by (Print or Type) Title							Date				
ROBERT GROGAN		<u>VP</u>			Signature	Elizabeth de la de		8/12/20	17			
					V							

^							32		P	AN	\cap	
UC# 957	8		NOT	FICATION OF A (Pursuant to N	<u>I.J.A.C.</u> 7:26-2.1	2)) [I E	
Date of Notification (1) AUB 12, 2017					Name of Bui PSEG Fossi	lding Owne I, LLC	r/Operator (2)	A A	UG 1	7 20	17	
Agencies Notified (X) EPA		Notification (X) Initial N	Notification	1	Street Addre 80 Park Plaz			ASG	0 - 1 - 1 - 1	eren en		
(X) DEP (X) DOL (X) DOH		() Amended () Cancelle		tion	City, State, Z Newark, NJ			AGULA	CEI	VSING	itol a	1
(X) DCA				FACILITY II	Name of Cor Domenic Fig NFORMATION		*	Tel N	iimhar	(F)		
Name of Facility Where Abate LINDEN GENERATING State	ement is 7 ion	aking Place (3)	PROJETTI	Type of Facil () School (K	-12)						
Street Address 4001 S. WOOD AVE						. private & d	commercial blo).		
	ounty (6) NION			Code (7) se Only)	Bldg. Age 80	1						
Name of Monitoring Firm Hire	d by Bldg	Owner (8)	ASCM N	<u>lo.</u>	Current Use (prior it bein	Name of C Absolut A	ontractor		rating S	tation	
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, Zig FLORHAM P.	Code ARK, NJ 0	7932					
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Nu (973) 410-921			Licens 00225		ber		
Scheduled Start Date (10) Aug 25, 2017		Scheduled C Aug 25, 201	Completion 8	Date (11)	Name of OSH MECS	A Monitor				****		
Occupancy Status During Aba () Facility Closed/Vacated Du () Abatement Performed Outs	uring Entir	e Period of Ah	atement		Street Addres 5 Linwood Ct							
Describe					City, State, Zin Hamilton, NJ							
Other - Describe Two Shifts, Source of Work (Check all that		each, 24 ho	ur plant c	overage								
() Demolition (X) Renovati	ion											
(X) Large Proj. (>160 SF or >2 (X) Full Containment with Neg Location of Asbestos-	gative Pre	ssure (X)	Mini-Enc	losure (X)	Glovebag Proce	dure	oj. (<25 SF or		ACM)			
Containing Material (ACM) in Facility (13)	Solely I Staff? (tion Normally by Maint./Cust 12) NO	odial	Description of thermal system surfacing, VAT	ns insulation,	Amount (Specify SF or	LF)		ment Ty		
BASEMENT TO PENTHOUSE, WAREHOUSE & GARAGES	123	X	NA	miscell.) Boiler and pip TRANSITE & I	e insulation, MASTIC	25,000 s	quare feet		X	Rep.	Encap I	X X
N- CD M					79.2							
Name of Reg. Waste Hauler Waste Management of New J	Maste Hauler NJDEP Waste Hauler ID # 17273					Waste		Name of Tullyton	f Reg. wn Res	Landfill source l	Recover	у
City, State Elizabeth, NJ 07114-2436							Disp. Date		C T	City, Stat	<u>e</u> n, PA 19	9007
Completed by (Print or Type)	pleted by (Print or Type) Title							Date				
ROBERT GROGAN		<u>VP</u>				and a second		8/12/17				

								× =	P	AI		
OK# 957	12		NOTI	FICATION OF A (Pursuant to N	SBESTOS ABA .J.A.C. 7:26-2.1:	TEMENT 2)	Management to		(1,5		W [
Date of Notification (1) Aug 12, 2017					Name of Buil PSEG Fossi	ding Owner/ I, LLC	Operator (2)		AUG	1 7	2017	
Agencies Notified		Notification	Type		Street Addres		-			The same		
(X) EPA		(X) Initial N	otification		80 Park Plaz	a		ASD		NSII	WHOL	_&
(X) DEP (X) DOL (X) DOH		() Amende () Cancelle		ation	City. State. Z Newark, NJ		L		100	14-211	767	
(X) DCA					Name of Con Domenic Fig		£	Tel. Nu	mber		101,1	
				FACILITY II	NFORMATION	111101						
Name of Facility Where Al	station	Taking Place (<u>3)</u>		Type of Facili	-12)	aan K (2)					
Street Address LAMBERTON ROAD						private & co	ommercial bld					
City (5)	County (6)		County	Code (7)	Sq. Feet_1,0	000,000		# of Floo	ors 10			
HAMILTON	MERCER		(State U	se Only)	Bldg. Age 55 Current Use (g demolished)	Electric	Genera	ting S	tation	
Name of Monitoring Firm I	Hired by Bldg	1. Owner (8)	ASCM N	lo.			Name of Co Absolut Ac	ntractor (
Street Address		30.00			Street Address PO BOX 295							
City, State, Zip Code	11				City State, Zin		7932					
Project Manager for Monito		Telephone I	Number		Telephone Nu (973) 410-921			License 00225	Numbe	er		
Scheduled Start Date (10) Aug 25, 2017		Scheduled (Aug 25, 201		n Date (11)	Name of OSH MECS	A Monitor						
Occupancy Status During () Facility Closed/Vacated () Abatement Performed (During Enti	re Period of Al	patement	, , , , , , , , , , , , , , , , , , , ,	Street Addres 5 Linwood Ct					100		
Describe					City, State, Zin Hamilton, NJ							
Other - Describe Two Shi		s each, 24 ho	ur plant c	overage								
Source of Work (Check all	that apply)											
() Demolition (X) Reno (X) Large Proj. (>160 SF o (X) Full Containment with	r >260 LF AC	CM) () SM Pressure (X)	oj. (>25<1) Mini-Enc	60 SF or >10 <26	60 LF ACM) (Glovebag Proce) Minor Pro	oj. (<25 SF or	<10 LF A	CM)			
Location of Asbestos- Containing Material (ACM) Facility (13)		ation Normally by Maint./Cus (12) NO		Description of thermal system surfacing, VAT miscell.)	ACM (i.e.		Specify SF or		Abatem			
BASEMENT TO PENTHOUSE	1.20	X	NA.	Boiler and pip	e insulation	25,000 sq	quare feet		X X	Rep.	Encap I	X
Name of D										7		
Name of Reg. Waste Haule Waste Management of Ne		NJDEP Was 17273	te Hauler I	D#	Cubic Yards of 200	f Waste		Name of Tullytov				у
<u>City. State</u> Elizabeth, NJ 07114-2436							Disp. Date			ty, Sta Illytow	<u>te</u> /n, PA 19	9007
Completed by (Print or Type	e)	<u>Title</u>			Signature /			Date		E 19.45		
ROBERT GROGAN		<u>VP</u>				-		8/12/17				

UC# 95	72		NOTI	FICATION OF A (Pursuant to N	SBESTOS ABA I.J.A.C. 7:26-2.1	TEMENT 2)	The same of the sa	liri d	P	AI	D	
Date of Notification (1) AUG 12, 2017					Name of Buil PSEG Fossi		r/Operator (2)			1 1/		
Agencies Notified (X) EPA		Notification (X) Initial No			Street Addre		The second secon	AL	IG 1	7 201	7	
(X) DEP (X) DOL (X) DOH (X) DCA		() Amende () Cancelle		ation	City. State. Z Newark, NJ		9 A	SELS	CENT	Cherry SING	OL &	
(X) BOX					Name of Con Domenic Fig			Tel N	lumhar			3
Name of Facility Where Ab	natement is 1	Taking Place /	3)	FACILITY II	NFORMATION					7		
Sewaren Generating Stat	tion	aking Place (<u>5)</u>		Type of Facil () School (K () Subchapte	-12) er 8 (other	than K-12)					
Street Address 751 Cliff Road					(X) Other (i.e	. private & d	commercial blo					
<u>City (5)</u>	County (6)		County	Code (7)	- Sq. 1 eet1,	000,000		# OT FIG	oors 8			
Name of Monitoring Firm F	Middlesex	Ouras (9)		se Only)	Bldg. Age 68 Current Use (prior if bein	g demolished)			rating S	tation	
	illed by Blug	. Owner (6)	ASCM N	<u>10.</u>			Name of Co Absolute A		(9)			
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, Zig Florham Pari	<u>Code</u> k, NJ 0793:	2					
Project Manager for Monito	oring Firm	Telephone N	lumber		Telephone Nu (973) 410-921			Licens 00225	e Numb	ber		
Scheduled Start Date (10) Aug 25, 2017		Scheduled (Aug 25, 201	8	n Date (11)	Name of OSH MECS	A Monitor		1		200 (4		
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed C	During Entir	e Period of At	atement		Street Addres 5 Linwood Ct	<u>s</u>					- 25 - 23 - 29	
Describe					City, State, Zin Hamilton, NJ							
Other - Describe Two Shir		s each, 24 ho	ur plant c	overage								
Source of Work (Check all t										(0)		
() Demolition (X) Renov (X) Large Proj. (>160 SF or (X) Full Containment with N	>260 LF AC Negative Pre	ssure (X)	Mini-Encl	60 SF or >10 <26	60 LF ACM) (Glovebag Proce) Minor Pr	oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos- Containing Material (ACM)	Is Loca	tion Normally	Used	Description of	ACM (i.e.		Specify SF or	LF)	Abate	ment Ty	pe	
Facility (13)	Staff?	by Maint./Cust (12)	odial	thermal systen surfacing, VAT								
Nos 1 22 8 4 Units Flags	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
1-8, WAREHOUSE & GARAGES	2,3 & 4 Units, Floors X Boiler at TRANIS*					25,000 s	quare feet		Х	X	X	Х
UNIT #6		X		TRANSITE & I	PIPING	1,000 SC	UARE FEET		X	X	X	X
Name of Reg. Waste Haule Waste Management of New	r w Jersey	NJDEP Wast 17273	e Hauler I	<u>D#</u>	Cubic Yards of 200	Waste		Name of Tullyto			Recover	у
<u>City. State</u> Elizabeth, NJ 07114-2436						170am-100	Disp. Date	->		City, Stat	e n, PA 19	9007
Completed by (Print or Type	2)	<u>Title</u>			Signature	A	1	Date			*	
ROBERT GROGAN	11	<u>VP</u>			//	And the second second		8/12/20	17			

AV # OKO	\cap		NOT	TIFICATION OF A	ASBESTOS ABA	TEMENT		Tperson.		PA	An Ama a	= p-
MC 11 40 1	a			(Pursuant to r	N.J.A.C. 7:26-2.1	2)					NE RO	
Date of Notification (1) AUG 12, 2017					Name of Bui	lding Owne	er/Operator (2)		A 1	10 4	7 2017	
Agencies Notified		Notification	Туре		Street Addre	SS		1 1 1	A	JG 1	/ 2017	Language
(X) EPA		(X) Initial N	lotification	1	61 JERSEY	VILLE AVE					y specification among the same	
(X) DEP (X) DOL (X) DOH		() Amend () Cancell		cation	City, State, 2 FREEHOLD				SCILIA	- GEN	ISING	L &
(X) DCA					Name of Cor WILSON RC			1+-	12			
Name of Facility Where Abat	ement is	Takina Diasa	(2)	FACILITY I	NFORMATION						-	
Same as above	ement is	Taking Place	(3)		Type of Facil () School (K () Subchapt	(-12)	than K 12\					
Street Address					(X) Other (i.e	. private &	commercial bl	dgs., hor	nes, etc) ,		
	ounty (6)	ГН		Code (7) Jse Only)	Sq. Feet_1,	000000 # c	f Floors 10					
					Bldg. Age 71		ng demolished	\	\D\(
Name of Monitoring Firm Hire	ed by Bldg	. Owner (8)	ASCM	No.	Tourient ose	(prior ii beli	Name of C					
NA							Absolut A		137			
Street Address					Street Address PO BOX 295							
City, State, Zip Code				_	City State, Zi	Code						
Project Menone for Maria					FLORHAM P	ARK, NJ 0	7932					
Project Manager for Monitorin	ig Firm	Telephone	Number		Telephone No (973) 410-921			Licens 00225	e Numi	per		
Scheduled Start Date (10) Aug 25, 2017		Scheduled (Aug 25, 20	Completio 18	n Date (11)	Name of OSH MECS	IA Monitor						
Occupancy Status During Aba () Facility Closed/Vacated Du () Abatement Performed Out	ring Entire	Period of Ah	atomont		Street Addres 5 Linwood C		•					
Describe					City, State, Zi Hamilton, NJ	08690						
Other - Describe- PLANT IS (
Source of Work (Check all tha	t apply)								-			
(x) Demolition () Renovat (X) Large Proj. (>160 SF or >2 (X) Full Containment with Neg	260 I F AC	M)()SMPro	oj. (>25<1	60 SF or >10 <26	60 LF ACM) () Minor Pr	roj. (<25 SF or	<10 LF	ACM)			
Location of Aspestos-	Is Loca	tion Normally	Used	Description of	Glovebag Proce		Specify SF or	1 = \	Abata			
Containing Material (ACM) in Facility (13)	Solely Staff? (by Maint./Cus (12) NO	todial NA	thermal system surfacing, VAT	ns insulation,	, unount	opecity 3: of	LF)		ment Ty		
BASEMENT- Floors 1- ROOF	X	T	INA	miscell.) Boiler,pipe in:	sulation,	25,000 s	quare feet		Rem.	Rep.	Encap Enc	close (
ROOF				Roofing, Tile							'	
Name of Reg. Waste Hauler BY OWNER		NJDEP Was	te Hauler	ID#	Cubic Yards of 200	Waste		Name o	of Reg.	Landfill		
City, State	1						Disp. Date		2	ity, Stat	t <u>e</u>	
Completed by (Print or Type)		Title			0:	\triangle						
					Signature			<u>Date</u>				
ROBERT GROGAN		<u>VP</u>			/	4		8/12/20	17			

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CK#1804	2500			N OF ASI t to NJAC				To a long					厚	And the most of the life of
Date of Notification (1) 08/08/2017				of Building ille Pub			r (2)	1		A110	° 47	201	7	10.1
Agencies Notified Type Notification	Ÿ			Address Brooks E	llud			ļ.	14	AUI	3 + 1	-20	1	- September 1
X EPA X Initial Amended			L SANOTSKI	ate, Zip C	101010101					and a				-
X DOL Amendment				ille, NJ					AS	ikit, S Fi	CENS	ING	:!L	CI
➤ DOH Emergency justification))		of Contact	0.89			Longos	Tele		Number		NACO CONTRACTOR	100000
□ Cancellation	1			erly Clel								12		
Name of Facility Where Abatement is Takir	g Place ((3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)					
Alexander Batcho Intermediate Sc	hool						_	School (K-12	50					
Street Address							×	Subchapter t	(Othe			14!	Low	02023
100 North 13th Avenue City (5)								Other (i.e. pr etc.)				1700	W.	es,
Manville	Course			200 arii 2			20,0	re Feet 100+	# of 2	Floors		Bldg 35+	Age	
County (6) Somerset County				Code (7) USE ONL	n		Curre	ent Use (Prio ool	if bein	g demo	olished)			
Name of Monitoring Firm Hired by Building Whitman Co.	Owner (8)	ASCN 0011					tement Cont		9)				
Street Address			1001				Addre		.0				_	
7 Pleasant Hill Road								r Stocking	Path					
City, State, Zip Code Cranbury, NJ 08512								ip Code ark, NJ 070	35					
Project Manager for Monitoring Firm Kevin T. Lovely			Telepho	ne No. 44-5418			none N 264-9			License	3 (10) (10) (1			
Start Date (10)			mpletion	Date (11)		Name	of OSI	HA Monitor		01000				
08/21/2017	09/01/							truction LL	C					
Occupancy Status During Abatement (Chec			Automobile (#			1000	Addres	ss r Stocking	Path					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: occupied building	al Facility	Abater y Hour	nent s			City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)			-			Linco	oin Pa	ark, NJ 070	135					
23 sf or ≥3 lf	×	Renova	ation			×	Ful	l Containmer	nt with N	Venativ	e Pressi	ıre		
≥160 sf or ≥260 lf		Demoli	tion			-	Min	i-Enclosure vebag Proce		vogativi	C 1 10330	110		
								n-Exempted		Non-Fri	iable Pro	cedur	e	
		Locat											ement /pe	Í
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Ashes	Des tos Cont	scription		(ACM)	Δm	ount	-	Ι.,	F	
TO BE ABATED In Facility		intena todial	0.0000000	(i.e.	thermal	systems	s insula	tion,	(Sp	ecify	Re	R	Encapsulate	Enc
(13)		(12)				cing, VA			SF	or LF)	Remova	Repair	psul	Enclosure
	Yes	No	N/A								7		ate	re
Boiler Room	x	v.			Breec	h Insul	ation		50	SF	x	,		
Boiler Room	Ú .		Boile	er Insula	ation a	nd Ga	asket	300) SF	х				
Boiler Room			F	irebric	k and I	Morta	r	100	SF	х				
Boiler Room	x			Pipe Ir	sulatio	n inclu	ding E	Elbows	50	LF	х			
Name of Registered Waste Hauler New American Restoration Inc	H	IJDEP W lauler ID		Cubic of Was			Name of Re G.R.O.W		ed Land	fill				
City, State	30	0399		20 Disnos	al Date		City, State	.0		<u> </u>				
Paterson, NJ				TBD	ui Dale		Morrisville	e, PA						
Completed by Igor Jezdimirovic	Title P.Ma	nage	r		Si	ignature				100	Date 08/08/2	2017		

08/08/2017

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

Print Form

		(Pursuan	it to NJAC 8	3:60 and 12:12	20)	Berross	Park 17-1	. 1	- <u>13</u>	n l	A FEE		
Date of Notification (1) 08/04/17			Name of Building Owner/Operator (2) K. Hovnanians at Cedar Grove						11,	12	1			
Agencies Notified Type Notification		Street Address 110 Fieldcrest Ave.							AUG	1	7 2	017	1	
DEP X Amended Amendment	Amendment #7				City, State, Zip Code Edison, NJ 08837					182	F 1. 1	110	- 0	
Emergency (including justification) Cancellation				Name of Contact John Crane				Tolont	¥14		SING	1	_ Ct	
			FAC	ILITY INFO	RMATION									
Name of Facility Where Abatement is Taking Place (3) Essex County Hospital Building #3				Type of F				98						
Street Address 204 Grove Ave.		Subchapter 8 (8 (Other than K-12) rivate & commercial buildings, homes,						
City (5) Cedar Grove			Square Feet 76.000			# of Floo	ors	6.0	3ldg. /	Age	F			
County (6) Essex				County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) N/A							e of Abatement Contractor (9)							
Street Address				Street Addre				ess						
City Otale 7's Code							Maple Ave.							
City, State, Zip Code					City, State, Zip Code Wallington, NJ 070				057					
Project Manager for Monitoring Firm							ne No. License No. 21-9092 01107							
Start Date (10) Scheduled Con 08/07/17 09/15/17							of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)						Street Address								
Facility Closed/Vacated During Entire Period of Abaten Abatement Performed Outside of Normal Facility Hours				nent 156			Maple Ave.							
Other - Describe:				City, State, Zip Code Wallington, NJ 070					057					
Scope of Work (Check All That Apply)					120	=-y					50.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition						Glovebag Procedure							
	Is	Is Location									Abatement			
Location of Norr					Description					Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			aff? Assestos Containing in (i.e. thermal system: surfacing, VA other miscellar				Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									Ф		
offices	-		*	f	loor tiles/ma	WANTED D			_	*				
roof	-				flashing to	10.00	8000			*				
exterior			*		window ca			130pcs	-	*				
basement Name of Registered Waste Hauler						e insulation		5500lf		*				
Newark Carting Inc			Hauler ID No. o		Cubic Yards of Waste 200		Name of Re	egistered La	andfill					
City, State Newark,NJ				Disposal Date 09/16/17			City, State Pen Argyl, PA							
Completed by Leslaw Nalodka	Title President				Signature						7			

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



							(0)	1	CATI	1 1	_	_	
Date of Notification (1)			Na	me of B	uilding Ow	ner/Operator	(2)						
8/11/17			100			lopment C	Ontractors		T E U		V.:	E	1
Agencies Notified	Type Notification		1000	reet Add 6 Lave	ergne St				小二	1-2	-1		1
EPA DEP	Initial Amended		Ci	ty, State	, Zip Code				III AUG	17	2017		
X DOL	Amendment #		_ B	ellevill	e, NJ				Nab	- 3	CU11	- 1	
	Emergency (inclustification)	cluding	Na	ame of C	Contact				Telephone N	lumber			
DOH DCA	Cancellation		N	lellie C	uinones				ASD			S.JC	_
breat				FACILI	TY INFOR	MATION	I Turn of Fo	Allis Press		CENSI	IG_		-
Name of Facility Where	Abatement is Taking F	Place (3)					Type of Fa						
Commercial Bldg							Subc	ol (K-12 hapter 8	(Other than K	-12)			
Street Address							Othe	r (i.e. pri	vate & comme	rcial build	ings, h	nomes	,
11 Mt. Pleasant Av	ve						etc.) Square Fe	et	# of Floors	BI	dg. Ag	je	\neg
City (5)	190						5000		2		0+		
E. Hanover	-			ounty Co	ndo (7)			se (Prior	if being demo	lished)			
County (6)					SE ONLY)		Comme			50000 t5000 t00			
Morris	I then I had been Destruction of the	upor (9)	1	ASCM	No	Name	e of Abateme	E1 1: 1 -					
Name of Monitoring Fire	n Hirea by Building Ov	viter (6)		n/a	, 10.		rmony Cor						
n/a				100			t Address						
Street Address						0.000) Palisade	Ave					
n/a						City,	State, Zip C	ode					
City, State, Zip Code							rfield, NJ (
Project Manager for Mo	onitoring Firm		T	elephon	e No.	Telep	phone No.		Licens				
n/a	Antoming 1 mm			n/a		973	3460.6026		0125	5			
Start Date (10)		Scheduled	Com	oletion D	ate (11)		e of OSHA						
8/21/17		8/30/17				Ha	rmony Co	ntractir	ng Inc				
Occupancy Status Duri	ing Abatement (Check	Only One	2)				et Address						
A SOCIOLOGICAL STATE OF THE STA	cated During Entire Po			ent			0 Palisade	16-41					
Abatement Perfor	med Outside of Norma	al Facility	Hours				State, Zip C	11. 11					
Other - Describe:	Schedule for Demo					– Ga	arfield, NJ	07026					
Scope of Work (Check	All That Apply)						_				996.00		
≥3 sf or ≥3 lf		TOTAL CONTROL OF	enovat					ontainme nclosure	ent with Negati	ve Pressu	re		
× ≥160 sf or ≥260 lf		× D	emoliti	on			Glovel	ad Proc	edure				
							X Non-E	xempted	(*) and Non-F	riable Pro		e ement	
		ls	Location	on							0.00	/pe	
Locati	ion of		ormall			Descripti	ion of		Amount		T	_	
Asbestos-Containi	ng Material (ACM)		d Solel ntenar		Asbest	os Containing thermal syste	g Material (A ems insulatio	CM)	Amount (Specify	Z.	70	Encapsulate	Eŭ
TO BE A	ABATED scility	Cust	odial S	itaff?	(1.6.	surfacing, '	VAT, or		SF or LF)	Remova	Repair	apsı	Enclosure
	3)		(12)			other miscel	llaneous)			Val	=-	ılate	ure
		Yes	No	N/A								-	-
ENTIRE STRU	CTURE TO BE					RE STRUC		1					
	AND DISPOSED				DEMO	LISHED AT	ND DISPO	SED			_	-	-
	ACM					AS A	CM				-		-
										1611			
Name of Registered V	Vaste Hauler		1 (55.5%	JDEP V		Cubic Yard of Waste			Registered La	natili			
Rovic Transport				lauler ID /a	NO.	TBD		TBD					
			10	ı a		Disposal D	ate	City, Sta	te			10-1-10	
City, State						TBD		TBD					
Riverdale, NJ		Title				Signa	ture			Date			
Completed by Tina Caporino		(1) (1) (1) (1) (1)	retary				Capori			8/11/	17		
Tilla Capolillo			,				1000	8 11 1				1-7	

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JK# 2773.			CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE			E u.		<u> </u>	<u></u> <u></u> <u> </u>	Contraction of the Contraction o
Date of Notification (1)	7		Name o	of Building Owner/	Operato	r (2)	The second secon	AUG	17	201	7	
Agencies Notified Type Notification EPA Initial Amended			Street A	ate, Zip Çode	1	d	AS	Ges Co	√°C(ENSI	N	OL 8	70
DOH Amendment # Emergency (ir justification) Cancellation		_ [N	Middle H	W.	INTE)77 Tele	ephone Nur	nber			
Cancellation			200000000000000000000000000000000000000	ILITY INFORMAT	ION	roll to progress of the second						
Name of Facility Where Abatement is Taking	Place (3	3)	170	in ordinar	1011	Type of Facility	(4)					
Street Address		- October					er 8 (Othe	r than K-12 commercia		dings,	home	es,
City (5) Middleta	n		•			Square Eeet	# of	Floors 2	E	Bldg. A	ige ()	
County (6) MMDUATA				Code (7) USE ONLY)		Current Use (Pr	rior if bein	g demolish	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ASCN	Л No.		of Abatement Co k Industries In		(9)				
Street Address						Address Box 915						
City, State, Zip Code						State, Zip Code k, New Jersey	08723					
Project Manager for Monitoring Firm		T	Telepho	ne No.	Telepi	none No. 1)899-7499		License N	0.			
Start Date (10)	Schedule	d Com	pletion	Date (11)		of OSHA Monitor	-					
Occupancy Status During Abatement (Check	Only Or	ne)	131		Street	Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					City, S	State, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti			E	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure	•			е	
Location of	1,500	Location		Do	corintian	of				Abate Ty	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenan todial S (12)	y by nce/	Asbestos Con (i.e. thermal surfa		Material (ACM) s insulation, T, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	hilada	(1/2	or hip	(1)	(F	1		e	
				asbesto.	> 110	M 1116	XI	.5 '	2			
Name of Registered Waste Hauler			JDEP W auler ID		Yards ste 7	Name of	Register	ed Landfill	L			

of Waste

Disposal Date

Signature

21602

Title

President

Date

GROWS Inc.

City, State PA

Completed by

Eric Plackis

City, State

Brick Industries Inc.

Brick, New Jersey

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

Project #		

State of New Jersey



08/11/2017

NOTIFICATION OF ASBESTOS ABATEMENT Check # (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 08/11/2017 NJ Department Of Military and Veterans Affail Agencies Notified Type Notification Street Address 101 Eggert Crossing Rd **EPA** Initial City, State, Zip Code Amended DEP Amendment # DOL Lawrence NJ Emergency (including Name of Contact DOH iustification) OS CONTROL & DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) National Guard Armory School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 2001 Park Blvd etc.) Square Feet # of Floors Bldg. Age Cherry Hill, NJ County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Nick Restoration LLC Street Address Street Address 1253 North Church St 72 Brookside Rd City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Randolph NJ 07869 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (856)840-8800 01133 973-933-2550 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/22/2017 IRIS 08/24/2017 Occupancy Status During Abatement (Check Only One) Street Address 2333 RT 22 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If 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 Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1 st floor X × Windows - 2pcs caulking Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Nick Restoration LLC G.R.O.W.S 33782 TBD City, State Disposal Date City, State Randolph, NJ 07869 TBD Tullytown, PA Completed by Title Signature*/ Date

President

Elvira Mrda

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Date of Notification (1) 08/11/2017		•			Building C I Santol		perator	(2)			AUG 1	7 20	17	Lacrotte	
Agencies Notified	Type Notification			Street Ad	dress					400	ESTOS	TMO	ROL	 &	
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X EPA X DEP X DOL	Amended Amendment	#			e, Zip Coo w, NJ 07				1						
National Control of the Control of t	Emergency	(including		Name of			200			Tel	ephone Nur	mber			
DOH DCA	justification) Cancellation		100		Santol	ini									
П вол				FACIL	ITY INFO	RMATI	ON						-		
Name of Facility Where	Abatement is Takir	g Place (3))					Т	ype of Facility (4)					
House									School (K-1		orthan V 1	21			
Street Address								X	Subchapter Other (i.e. p				lings,	home	s,
								-	etc.) Square Feet	1#0	f Floors	P	ldg. A	ao.	
City (5) Fairview								1000	I/A	N//			/A	yc	
County (6)				County C	ode (7)			C	Current Use (Pri	or if bei	ing demolis	hed)	20200		
Bergen					SE ONLY)	-			House						
Name of Monitoring Firm N/A	1 Hired by Building	Owner (8)		ASCM	No.		The state of the s		Abatement Cor batement, Ir		(9)				
Street Address							011001		ddress sengren Ave	nue					
City, State, Zip Code									te, Zip Code a, NJ, 07512						
Project Manager for Mor	nitoring Firm	W		Telephor	ne No.		Teleph 973-		ne No. 45-8685		License N 01311	10.			
Start Date (10) 08/21/2017	11-1 - 12-14-14-14-14-14-14-14-14-14-14-14-14-14-	Schedule 08/22/2		npletion [Date (11)				OSHA Monitor batement, Ir	ıc.					
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				1000		ddress sengren Ave	nua					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nori	Period of A	Abaten	nent S			City, S	Stat	te, Zip Code						
Scope of Work (Check A							1010)W	a, NJ 07512						
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Asbestos-Containing TO BE AB		Ma	intena	nce/					terial (ACM) nsulation,		Amount Specify	D.	77	Enc	En
In Faci	lity	Cust	todial ((12)	Staff?	(1101	surfa	cing, VA	AT,	or		F or LF)	Removal	Repair	Encapsulate	Enclosure
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				LIBER		T 0	. Ve		I Manager	Derici	tered Landfi	11			
Name of Registered Wa D&S Abatement, Inc		F	NJDEP W Hauler ID 0996		of Wa	: Yards aste		Deservement of the second		agement o					
City, State Totowa, NJ		11,0				Dispo	sal Date	е	City, Sta Morris		PA				
Completed by Ned Joksimovic		Title Proje	ect M	anager			Signatur	re	AN		1 1 2 2	ate)8/11/:	2017		

Cha	B 1			CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE				A	IG 1	7 2	017	
Date of Notification (1) 08-09-2017	-		- 1		f Building of V			(2)		TUL	A	10 +	1-6	UI#	1.5
Agencies Notified	Type Notification			Street A		10000				Different spatials come	ASBES	STOS	CON	TRC G)L &
X EPA X DEP X DOL	Amended Amendment	#	400		ite, Zip Co bridge N		95			Addition of the last of the la	=		THE PARTY NAMED IN	240	
ĭ DOH	Emergency justification)	(including			f Contact					Tele	ephone N	umbor			
☐ DCA	Cancellation				opher K									_	
Name of Facility Where A	batement is Takin	g Place (3	3)	FACI	LITY INFO	DRMATI	ON	Туре	of Facility (4)					-
Residential									School (K-1						
Street Address								×	Subchapter Other (i.e. petc.)				dings,	home	es,
City (5) Woodbridge NJ 070	95							Squa N/A	are Feet	# of N/A	Floors		ildg. A	ige	
County (6) Middlesex					Code (7) USE ONLY)				ent Use (Pri		ng demoli	shed)			
Name of Monitoring Firm Peak Environmenta		Owner (8)		ASCN	/ No.		7153333330		atement Cor		(9)				
Street Address 26 Kennedy Blvd, S		<u>Uporto-month</u>					Street PO F	Addre	ess						
City, State, Zip Code									Zip Code	07404					
East Brunswick NJ Project Manager for Moni			1	Telepho	ne No		Teleph		d Park nj (01424	License	No.			
Matthew Bruno			- 1		26-1010		873-				01266				
Start Date (10) 08-21-2017		Schedule 08-25-		pletion	Date (11)		001120000000000000000000000000000000000		HA Monitor ntracting	LLC					
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street								
Facility Closed/Vaca Abatement Performe	ed Outside of Norr						PO E		734 Zip Code						-
Other – Describe: _						_	Woo	dlan	d Park NJ	0742	4				
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)	- Contraction	Renova Demoliti				××××	Mi	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure				۵	
		le	Locati	on					511-Exemple	a / Jan	2 14011-1 116	1	Abate	ement	t
Location	of	1	Vormal	y			scription						Ty	ре Г	-
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	ed Sole iintenar todial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellar	s insul T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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Baseme		-		Х			Insula				00 LF	Х			\vdash
Porch R	oof		X		Roo	of Mate	rial		50	00 SF	X				
Name of Registered Was		Н	JDEP W auler ID 036184	No.	Cubic of Wa	Yards ste		Name of Fairles	4.570	ered Land	fill				
City, State						sal Date		City, Stat		١					
Woodland Park NJ 0 Completed by	1424					5/2017 Signature	111	IVIOITISV	me FF		Date				
Tome Maslarkov		Title Proje	ect Ma	nager			- Indiana	16	e-		1	08-09-	2017	7	
ASB-41 (R-06-08)							* Do no	ot use	this form for	r asbest	tos licens	ure exer	npted	activi	ties.

g 09 2017 10:31 AM NJ Asbesto	es Control	609.6	33,066	4		page	1	DE	CE		V E	4	1
Date of Notification (1)	PAI	NOTI	FICATION PURSUE	State of Ne ON OF ASB nt to NJAC	ESTOS 8:80 an	ABATE d 12:12	0)	A STATE OF THE STA	AUG 1	7 2	017		7
08-08-2017			Name	of Building nahip of V	Owner/	Operato	(2)	78	-LI CE	CAN.	G	7	
Agencies Notified Type Notific	ation			Address	4000D	nage				LEGI	<u> </u>		
EPA Initial				in Street									300
X DEP Amend				itata, Zip Co				AU	G - 9	2017	-	-	-
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DOH Justifica	ition)	. 20		of Contact		,		11011	elaphone h	lumber	'En	+	
□ Cancel □ Cancel	IEIION			stopher K				NI_					
Name of Facility Where Abatement is	Taking Place	(3)	PAI	CILITY INFO	PRMATI	ON	Type of Facili	tv (4)				_	_
American Legion							School (. 1.00					
Street Address 25 Brown Ave			-				X Subchar	ter 8 (Ot	herthan K	-12)			
City (5)							Other (I.	a. private	& comme	rcial bu	lidinga,	homa	s,
Iselin NJ 08830							Square Feet		of Floors	T	Bldg. A	10	
County (8)	-	-	County	Code (7)			NIA	2			N/A		
Middlesex			STATE	use only)	-	_	Current Use (Senior Cer	rnor II de Mar	ing demol	ished)			20 1 1
Name of Monitoring Firm Hired by Bulk	ing Owner (8	3)	ASC	M No.		Name	of Abatement ((8)				_
Environmental Conections						Ama;	Contractin	g LLC	(3)				
Street Address 120 N Warren St						Street .	Address						_
City, State, Zip Code							OX 734						
Trenton NJ 08608							ate, Zip Code Iland Park N	110740					-
Project Manager for Monitoring Firm			Telepho	one No.		Taleph		NJ U/42	License	Bla.		-	-
Dominick Dercole			609-4	62-3218	1		92-6298		01266	NQ.			
Start Date (10) 08-10-2017				Date (11)			f OSHA Monit			-		-	_
Occupancy Status During Abatement (C	08-17-	mm -m 1 1					Contracting	LLC					
Facility Closed/Vacated During En Abatement Performed Quiside of It	tire Period of	Ahatan	nent			POB	ddress OX 734 ite, Zip Code						
Other - Describe: OCCUPIED BU	LDING .				-		lland Park N	LI 0742	4				
Scope of Work (Check Ali That Apply)									,				-
23 sf or ≥3 if 27 ≥160 sf or ≥260 if		Renova Demolit				Х	Full Contains Mini-Enclose Glovebag Pr Non-Exempt	ire ocadum	-				
	la	Locati	on			Swines	THE PEASING	80 (.) 80	o Non-Fina	Dia Pro	Abaten	ent	-
Location of Asbastos-Containing Material (ACM)		Normali ed Solei			Desc	onption o	đ			_	Туре		
TO BE ABATED	Me	intenar	ice/	Asbesto (), a, th	a Conta	ining Ma	terial (ACM)		mount	_		m	m
In Facility (13)	J	todial 8 (12)	HEITY		surfaci	ng, VAT	gr	SF	pecify or LF)	Remova	Repair	GBD	nclo
17	Yes	A)-	1 6442	9	arner Mi	scallane	049)			DWal	Nair	Encansulativ	Enclosure
2ND FLOOR	763	No	N/A									\$	
ELECT PACK			X	2X	4 CEII	JING T	ILES	50	0 SF	X			
						-						T	
Name of Registered Waste Hauler		1.0	IDEA I	L-4-									
Amax Contracting LLC		Ha	JDEP W suler ID 36184	No.	Cubic You of Weste 7 CY			Registe S Hills	ed Landiill	- I			
City, State	→ В полициональный дивым				Disposal		Çity, Sta	to					
Woodland Park NJ 07424					18-25-2		1 48	ville PA					
Completed by Tome Maslarkov	Title	-4.8.4			Sign	natura	14		Da	te			-
- 11.00 (A100)	ггоје	ut Mai	nager			_1/		-	08	-08-2	017		

State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT

I A	A II II J	1					and 12:120		DEC		\mathbb{V}		
Date of Notification (1) 8/11/17	7				of Building	-	ner/Operator	(2)	IN AUG	1 7	201	9	-
Agencies Notified	Type Notifica	ation	*****		t Address			THE CO. ST. CO	Allo	1 /	-(11)	-	berro
EPA DEP	Initial Amended			City,	State, Zip	Code		Pi Odera	ASBESTO	SC	NT	70L	. &
DOL	Amendme Emergend	cy (includi	ng	_	rry Hill,				LIC	ENS	NG		_
DOH DCA	justificate Cancellati			1	e of Con se Moziti				Telephone Num	ber			
				FA	CILITY IN	FORM	IATION			-			
Name of Facility Where A	Abatement is T	aking Plac	e (3)					Type of Facilit					
Street Address								Subchapte	r 8 (Other than K-1				
								Other (i.e., homes, etc	private 8 commerci				
City (s)								Square Feet 1800 SF	# of Floors		ldg. A		
Cherry Hill, NJ County (6)				I Cou	nty Code(7) (S	TATE	1	Z Prior if being demoli		yrs		=
Camden				USE	ONLY)	.,,(0		Residence					_
Name of Monitoring Firm (8)	Hired by Build	ling Owne		ASCM	No.	100000	me of Abatem Ei2, LLC	ent Contractor (9)		-11-2		
Street Address						_	eet Address						-
						36	l E. Flemin						
City, State, Zip Code							y, State, Zir mmonton, l						
Project Manager for M	lonitoring Fire	n	Te	lephone	No.	1	ephone No. 09-481-212	2	License No. 00689				
Start Date (10)	100	cheduled	Compl	etion Da	te (11)		me of OSHA	Monitor					
8/11/17 Occupancy Status Durin		/21/17	v one)				i2, LLC eet Address			-			=
Facility Closed/Vacat						1000	51 E. Flemi	ng Pike					
Abatement Performed Other - Describe:	Outside of No	rmal Facil	ity Ho	urs		City	, State, Zip C ammonton,	ode NJ 08037					
Scope of Work (Check a	ll that apply)						Full Co	ntainment with I	Negative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emoliti	tion on			Mini-End	a Procedure					
		Is	Locat	ion		-	Non-Ex	empted (*) and l	Non-Friable Proced		bater	nent	\dashv
Location	o f	1	Normal d Sole	ly			Description of				Тур	е	
Asbestos-Containing M	aterial (ACM)	Ma	intena Custod	nce/		tos Co	ontaining Mat mal systems i	erial (ACM)	Amount (Specify	R	R	E n c	E n c
TO BE ABAT IN Facility		1	Staff?	>	(i.e.	sur	rfacing, VAT,	or	SF or LF)	m	e P	a P	1 0
(13)		-	(12)	T		othe	er miscellaned	ous)		v a 1	a i r	u 1	s u r e
Basement		Yes	No	N/A X	Duct	Wrai	D		25 SF	X	H	e e	\vdash
Bathroom			+	X	Floor				100 SF	X			
Garage				X	Transit	And the second			800SF	X			
Name of Registered Was	ste Hauler			NJDEP 1 Hauler II			oic Yards Vaste		gistered Landfill				1
AEi2, LLC City, State				21376		DIS	l posal Date	ACUA City, State					
Hammonton, NJ						TE		TBD	1			147.2104	
Completed By		Title					Signature	1,	Date	7			
Wm. Minnick		Progra	m Mg	द्रा.			0	Mnne	8/11/1	/			

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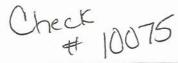
Estimator

ASSIAL CHARLOST

CH2181	PA		CATIO	tate of New Jer N OF ASBESTO to NJAC 8:60	OS ABATE		Т		E			Pr	int Fo
Date of Notification (1) Agencies Notified Type Notification]		!	of Building Owner	Ser/Operato	r (2) U	D		AL		1 /	201	
PA PA Initial			SueeL	amiless,				100	ASBES		S CC ENSI		OL 8
DEP Amended Amendmen	t #	(City, St	ate, Zip Code	MT		070	75					
Emergency justification	(including	3 1	Name o	of Contact	103		0 100	Telenh	one Niin	har	-		
DCA Cancellation	า			Plackis ILITY INFORM	ATION				•			-	
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILIT INFORM	ATION	Тур	e of Facility	(4)					
Street Address							School (K-	12) r 8 (Other ti	nan K-12	١			
Street Address	1					H	Other (i.e. etc.)				dings	, hom	es,
City (5) BOONTON						10	Jare Feet	# of Flo	_		Bldg. A	Age 7	
County (6)				Code (7) USE ONLY)		Cur	rent Use (Pri	ior if being o	demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.			patement Co lustries Inc						
Street Address					Street P.O		ress c 915						
City, State, Zip Code					100000000000000000000000000000000000000		Zip Code ew Jersey	08723					
Project Manager for Monitoring Firm		T	elepho	ne No.	Telep				cense No).			-25
							7499		1196				
Start Date (10)	8	8/21	letion	Date (11)			SHA Monitor				-		
Occupancy Status During Abatement (Cher					Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	y Hours	ent		City, S	State,	Zip Code					42.5	9-11-11-1
Scope of Work (Check All That Apply)	_				-	4							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovati Demolitio				M G	ull Containm lini-Enclosur llovebag Pro	e cedure					
	Is	Locatio	n		<u> </u>	N L	on-Exempte	d (*) and No	on-Friable	e Pro	Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normally ed Solely		Asbestos Co	Description		al (ACM)	Amou			T y	rpe	
TO BE ABATED In Facility	10 10 10 10 10 10 10 10 10 10 10 10 10 1	intenand todial St		(i.e. thern	nal system	s insu		(Spec	cify	Rer	Re	Encapsulate	Enc
(13)		(12)			rfacing, VA er miscellar)	3F 01	LF)	Removal	Repair	psula	Enclosure
	Yes	No	N/A	0/1 -/:		,		,				te	(D
				aspesto	s pipe	1115	ulation	100 L	F	8			
Name of Registered Waste Hauler		NI.	DEP W	(note Cont	oic Yards		Nome of	Registered	Landéll				
Brick Industries Inc.		Ha	uler ID		Vaste 7		GROW		Lativilli				
City, State		21	602	Djs	ooşal Date	•	City, Stat						
Brick, New Jersey				8	121/1	7	PA			5)			
Completed by Fric Plackis	Title	ident			Signature	1	11/1		Date	81	15	11-	7

PAID

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



								3	W	15	900
Date of Notification (1)	8-12-	17	Name of	Building Owne		RCar		= U	U	-	
Agencies Notified	Type Notification		Street A	ddress	1/19	NO.	CO AUG 1	7	2017	1	H
□ EPA	★ Initial		City Sta	te, Zip Code		L	acy Aug 1		2014	-	housepart
DEP DOL	Amended Amendment		City, Ota	BRI	ck 1	UJ	08723	00	NTR	لــــــــــــــــــــــــــــــــــــ	4
€ DOH	☐ Emergency (i justification)	ncluding	Name of	Contact	· · · · · · · · · · · · · · · · · ·	V	Telephone Man	nberik	10		
D DCA	☐ Cancellation		1 - 1 1	LITY INFORMA	LR'CARI		-		3		_
Name of Facility Where	Abatement is Taking	Place (3)			Ту	pe of Facility (4) 🚽				
Street Address	tanily	Du	ellin	9			8 (Other than K-12				
Sileet Address				<i>J</i>		Other (i.e. p etc.)	rivate & commercia	al build	lings,	home	s,
City (5)	۸ ۱۱۰	77	09	835	Sq	uare Feet	# of Floors	В	Idg. A	ge -	•
County (6)	1111e 1		County		Cu	rrent Use (Pri	or if being demolish	ned)	90	L	
Mr.	rerset		(STATE L	JSE ONLY)		2					
Name of Monitoring Fir	m Hired by Building (wner (8)	ASCN	No.	Name of A	batement Cor	tractor (9)	ins		In	2
Street Address	<u>a mena</u>	3 - 3		La Barb	Street Add	iress	227	1000	2 4	gerar e	· San
P.O.	Box 3	37			P.O	, Zip Code	397				
City, State, Zip Code		NJ	08	533	New) Equ	At NJ	0	85	3	3
Project Manager for Mo	off ri g Firm	,, -	Telepho	ne No.	Telephone		License N	0.	10	u	
Steve 8	xhenker	Scheduled (758-336 Date (11)		58-334 OSHA Monitor	S U		77		
Start Date (10)	25-17	Scheduled	31-	17	_		hnologies	I	nc		
Occupancy Status Duri					Street Add	dress) . Box	337				
Facility Closed/Va Abatement Perfor	cated During Entire F med Outside of Norm	eriod of Aba al Facility Ho	tement ours		City, State	, Zip Code					
Other - Describe:					New	Egypt	NJC	280	53	3	
Scope of Work (Check	All That Apply)	~ ~ n	- votion		П	Full Containm	ent with Negative F	Pressu	re		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			ovation nolition			Mini-Enclosure Glovebag Pro	е				
					~=	Non-Exempte	d (*) and Non-Friat	ole Pro			
			cation mally			2			Abate Ty	pe	
Locati Asbestos-Containir		Used S	Solely by enance/		Description of Containing Mate		Amount	-		Œ	т
TO BE A	BATED	Custod	ial Staff?	st	mal systems in urfacing, VAT, o	or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13			12)	oth	er miscellaneo	us)		val	1	ulate	ure
		Yes I	No ::N/A	0. 7	1	1. #	80 LF		-	1	
Basemen	1	X	_	ripe-	Losula	400.	CO L1	A			
·			_								
		+								1	
Name of Registered W	/aste Hauler		NJDEP V		ubic Yards Waste	9 1000 00	Registered Landfil				
	chnologie	S	Hauler ID	00	VVasie Z	Was	te Manage	men	t o	E f	W.
City, State	0				sposal Date	City, Sta	te visuille	PA			
New E	-gypt	NJ Title	*	1/24	Signature	- C D	400,000	ate			
Steve Sch	en Keia	PRES	ident		Steer	10)SCK	of _	8	-10	-1	+

Chldo3	8 PA		ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE			EG		\mathbb{V}	E	
Date of Notification (1)				of Building Owner	Operato	r (2)		AUG	1 7	201)	\prod
07/31/2017				s Holding, Inc.			lan hel	AUU	1 /	201		اسما
	otification			Address Beverly Road			L					
X EPA Init		1		ate, Zip Code			A	SBESTO	S CO ENSI		OL 8	ţ
DEP DOL AM	nended nendment #			nan Estate, IL	60179			LIU	CIVOII	YO.	-	
Em	nergency (including	, -		of Contact	00173	Hattise ex-uses	To	ephone Nu	mhor			
	tification) ncellation			d L. Jacobs			1 16	ephone N	imber			
	Tooliga of T			ILITY INFORMAT	ION			17.5		870		
Name of Facility Where Abatemer	nt is Taking Place (3)				Type of Facility	(4)					
Kmart #4478						School (K	-12)					
Street Address						Subchapt	er 8 (Oth	er than K-1				
1061 White Horse Avenue						Other (i.e etc.)	private	& commerc	ial bui	ldings	, hom	es,
City (5)						Square Feet	# 0	f Floors	E	3ldg. /	Age	
Trenton						80,000	1			38	90000	
County (6)		T		Code (7)		Current Use (F	rior if be	ing demolis	hed)			
Mercer			(STATE	USE ONLY)		Retail Store	;					
Name of Monitoring Firm Hired by	Building Owner (8)	ASCI	И No.	Name	of Abatement C	ontractor	(9)				
BioTerra Solutions					Incir	nia Contractin	g, Inc.					
Street Address					Street	Address						
1130 West Chestnut Street	t				136	O Clifton Aver	nue					
City, State, Zip Code					1 2	State, Zip Code						
Union, NJ 07083						on, NJ 07012						
Project Manager for Monitoring Fir	m		Telepho			none No.		License 1				
Rick Eustaquio				494-3762	1	3) 450-9500		001036	i			
Start Date (10)				Date (11)		of OSHA Monito						110.110.00
08/14/2017	08/15/		Setting and the set			nia Contractin	g, Inc.					
Occupancy Status During Abateme	ent (Check Only O	ne)				Address						
Facility Closed/Vacated Durin	g Entire Period of	Abaten	nent			Clifton Aver	iue, Un	it 365		-1160 v 5-2	44.4-53	
Abatement Performed Outsid Other – Describe: 8PM - 3AM		y Hours	5		100	state, Zip Code						
Scope of Work (Check All That App					Cilit	on, NJ 07012						
					г	٦						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Annual Contractor	Renova Demolit			×	Full Contains Mini-Enclosu		Negative I	Pressu	ге		
	ш.	Joinnoin				Glovebag Pr	ocedure					
				1	×	Non-Exempt	ed (*) and	d Non-Frial	ole Pro	Shine com	7-0-0-376	
	100	Locati									ement pe	
Location of	Har	Normal ed Sole			scription			W. (C.) (1988)	-	Γ.,		
Asbestos-Containing Material (TO BE ABATED	Ma Ma	intena	nce/			Material (ACM) s insulation,	100	mount Specify	Z	_	Enc	Щ
In Facility	Cus	todial S (12)	Staff?	surfa	cing, VA	T, or		or LF)	Remova	Repair	aps	Enclosure
(13)		, ,	1	other	miscellar	ieous)			val	ai-	Encapsulate	sure
	Yes	No	N/A		100000000000000000000000000000000000000						е	
1st Floor - Multiple Are	as	X	X	Viny	l Floor	Tile	25	50 SF	Х			
									-			
News of Decition 1997		1.	10			- T.						
Name of Registered Waste Hauler		100	JDEP W auler ID		Yards ste	0.000,000,000		red Landfil				
Atlantic Carting		10.00	J641/4			Grand	Centra	al Sanita	y Lar	ndfill	Corp).
City, State				Dispo	sal Date	City, Sta						
Wayne, NJ				TBD	1	Pen A	rgyl, P	A				
Completed by	Title			8	Signature)	Da	ate			
Milena Zoric	VP				\angle	X/	1) O	7/31/	2017		

		NO (Pass	TIFI	CATIO	N OF A	SBEST	os abatemen and 12:120	T 700	PATH		(A) [3	7 7	ПГ	
Date of Notification	n (1)	(PUI	N	ame o	f Build	ding C	wner/Operat	tor	(2)	In E	5	3	1		= 1
8/12/2017				Par	k pr	ofes	sional	COL	ndominium	associa	atio	on			
Agencies Notified	Type Notifi	cation	s	treet	Addre	ss				A	UG '	1 7	20	17	
[X]EPA	[X]Initial	L		102	4 Pa	rk A	ve				00				L
[]DEP	Notifi	cation	C	ity,	State,	Zip C	ode								7
[X] DOL	[]Amended	i Loatior		Pla	infi	eld,	NJ,0706	0		ASBE	LICE				_&
[X]DOH	NOTIFI	cation		ame o	f Cont	act			m_1 - ·			130	1110	-	-
[]DCA	[]EMERGEN	NCY		V.	Coll	ucci	9								
• •	[]Cancell	Lation													
						ITY IN	FORMATION	- 16	Type of Facili	ts: (4)					
Name of Facility Who Park professi	ere Abatemen	t is T	ning	im s 1 Fra:	ce (3)	iati	OD								
Park professi	OHAL CON	COLLI		un c	.5000		.011		[]School ([]Subchapt		r tha	an E	K-12)	
Street Address									<pre>[X]Other (i buildings,</pre>			COI	mer	cial	ė.
AND									buildings,	nomes, ecc	,				
1024 Park Ave	nue								Square Feet	# of Floo	ors	Bld	g. I	ige	
city (5) Plainfield		Coun		5)			ty Code (7)	m	Current Use (F	Prior if he	ina	iom	lie	hodl	
Plainileid		Ont	OII						Jurrent Use (TIOL II De	ang (ACTURE OF THE PARTY OF THE PART	1223	ilea)	
Name of Monitoring I	Firm hired b	y Buil	ding	ASC	M No.		Name of Aba	ateme	ent Contractor	(9)					
Owner (8)	3 mg - 63 (Matemory - 1 - 2010) Sales (P. 2003) Sales (P. 2003)	-					AZTECH	MA	NAGEMENT	, Inc.					
N/A Street Address							Street Add	ress							
							86 Chr	ist	copher St	•					
City, State, Zip Coo	de						City, State			Name of the last o			77-32-11-0	o-un	110-1-20
						1	Montel	air	, NJ 0704	12					
Project Manager for	Monitoring	Firm	Tele	phone	e Numbe	er	Telephone N			F	icen			er	
-			N/2	A			(973)7	44-	-8800		003	371	L		
Scheduled Start Date	e (10) Sc	hed. C	omple	etion	Date		Name of OSI	HA Mo	onitor				n Design		
8-24-17	transport to the second	ar commence	9-9-				N/A								
Month Day Y Occupancy Status Du		Month nt (Ch	Da eck o		Year one)		Street Add	ress							
[X] Facility Clo	sed/Vacated	During	r Ent	ire F	Period										
of Abatemen []Abatement Pe		side of	Nor	mal F	acilit	У	City, State	e, Zi	ip Code						
Hours - Desc []other - Desc					rints		_								
			ricy	Desci	1000			-							
Scope of Work (Check	k all that a	PPTA1							ontainment wi	th Negative	Pre	ssu	re		
[X]>3 sf or []>160 sf	≥3 lf		- 5		vation lition		170 P. S.		nclosure bag Procedure						
[1\sum_100 21	01 2200 11								iable Procedu	re	- 1				
Location	n of			Is			Descrip	tion	of		1	ba	ceme	nt I	E
Asbestos-Co				rmall Used	-		Asbestos-C	Conta	aining	Amount		RE	RE	C	C
Material TO BE AB		В	y Ma:		ance/		Materia (i.e., ther			(Specify SF or	7	M	PA	A P S	L
In Faci				stodi ff (1		ins	sulation, su	urfa	cing, VAT,	LF)		VA	I	S	S
(13)		7	es	No	N/A	C	or other mis	scel	laneous)		-	L	R	L	R
Ground Floor					X	VAT				1700S	FZ	2			
		-													
		and the same of th													
Name of Registered	Waste Hauler	:	ILM	DEP W	aste	Cub	oic Yards		Name of Regi						-
AZTECH MANAG	GEMENT, 1	INC.		ler 7040	ID No.	of	Waste 4.5		Minerva	Enterp	ris	e	INC	-	
City, State						Dis	posal Date		City, State	,					
Montclair, NJ	07042						9-11-17		Waynesb	urg, 9h	io	44	688	3	
0	an Firmal In	7.1 to 7.0					Signat	lire	1)	7//	Da	to			
Completed By (Print Constantine V		ritle Presi	de	nt.			Signal		Triball	11.			201	7	
COMP CONTENTING A							1 (1	rowning	MALIN	-				

Ch 2371	PANOT	FICA (Purs	O NOITA	of New of ASBES	STOS A	BATEN 12:120)	IENT		D	EC			\mathbb{V}		
Date of Notification (1) 8-11-2017	<u> </u>			uilding O		erator	(2)			AU	G 1	7	201	7	14
Agencies Notified Type Notificati	on	St 9	reet Add 2 Head	ress Iquarter	s Plaz	a, Nor	rth T	Tower, 9th	Floor	ASBES	TOS	CC	NTF	ROL.	&
EPA X Initial DEP Amended DEP Amended Amendm		Ci	ty, State	, Zip Cod wn, NJ	е					l	ICE	VSI	NG		
Emergen justification	cy (including on)		ame of C	ontact Eglentov	wicz				Tel	lephone N	lumbe	L			
DCA Cancellat	1011	-		TY INFO		N									
Name of Facility Where Abatement is Ta Commercial	king Place (3)						Тур	e of Facility School (K- Subchapte	12)	er than K	-12\				
Street Address 1427-1429 Willow Avenue							×	Other (i.e. etc.)	private	& comme	rcial b				3,
City (5) Hoboken, NJ 07030								are Feet	# 0	of Floors			1g. Ag 60		
County (6) Hudson			ounty Co	ode (7) SE ONLY)				rent Use (Pr	ior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	1	ASCM I	No.				nvironmer			LLC				
Street Address						Street	Addı								
City, State, Zip Code						City, S	tate,	Zip Code City, NJ 07							
Project Manager for Monitoring Firm		T	elephone	e No.		Teleph	· *		304	License	e No.				
Troject Manager for Memoring 1 mm			0.5%			201-	000000000000000000000000000000000000000			01174					
Start Date (10) 9-11-2017	Scheduled 9-16-201		oletion D	ate (11)				SHA Monito s above	r						
Occupancy Status During Abatement (C	heck Only One)					Street	Add	ress							
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe:	tire Period of Aba Normal Facility H	ateme ours	ent			City, S	State,	, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		novati					- :	Full Containr Mini-Enclosu Glovebag Pr	re ocedure	Э					
						Ľ	K I	Non-Exempt	ed (*) a	na Non-F	паріе		Abate		
Location of	No	ocatio rmally	/			scription					-		Ту	pe	
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Custoo	enan	ce/		thermal surfa		ns ins AT, o			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			f	! - !		1	500 SF		ς .			
Roof		X			1,000	of mate	3			250 SF		ζ.			
Roof Perimeter		X			P8	rapet	lai			200 01		7			
		-													
Name of Registered Waste Hauler Green Environmental Services,	LLC	Н	JDEP W auler ID)34889	No.	Cubic of Wa	Yards	33000	202	11000	stered Lar . North I		fill			
City, State Jersey City, NJ		1-2				sal Dat -2017	е	City, St Morris	ate sville,	PA					
Completed by	Title Office	mar	nager			Signatu	re	10.5	o i) n	1205	/ Date 8-1		017		
	Ullive	HILLI				1 0 1	6. 1	4 8 1 1 1 1	111111	ABA					

Print Form

CK# 4285

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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

				-							1		
Date of Notification (1)	11-17			Na		ing Owner/Operato	u H258	ESTOS	SEAUT	194	% C		
Agencies Notified	Type Notificati	on		Str	eet Addres	PO BO	x - 198		22122				
⊠ por	Arnended Arnendmen	t#		City	, State, Zip			0 - 11	, c E				_
⊠ DOH	☐ Ernergency justification	(includ	ing	Nar	ne of Conta	CAPE MA	HY COW		hone Num	be	_		
□ DCA	☐ Cancellation					NAIO							_
			(0)	F	ACILITY IN	FORMATION	T =						
Name of Facility Where A	ESIVENC		ce (3)			******	Type of Facili						
Street Address							Subchapte Other (i.e., homes, et	private &			ldings		
City (5)	NE HA	R B	W	IMU	Awnie		Square Feet	# of 1	Floors		ldg. A		
County (6)	MAY			Co		(7) (STATE	Current Use (Prior if bein	ng demoli:				
Name of Monitoring Firm I		Owne		ASC	d No.	Name of Abatem							_
	, A			_		KLEN	100 I	NC					
Street Address						Street Address	. SPRI	XE	ALE				
City, State, Zip Code						City, State, Zip C	E SHAV	DE. V	T, Y	09	50	72	
Project Manager for Monit	oring Firm		Tel	ephone	≥ No.	Telephone No.	9-0473		ise No.	41	1		
Start Date (10)					ate (11)	Name of OSHA N							
8-71-17 Occupancy Status During		5-7	- 1/	-()		Street Address						_	_
Facility Closed/Vacated				ment									
Abatement Performed C Other - Describe:	Outside of Norma	al Facili	ty Hou	rs		City, State, Zip C	ode						
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		enovat emolitic			☐ Mini-End ☐ Gloveba	stainment with No closure og Procedure empted (*) and N			·a		7-35	
		44.20	Locatio			A HOLL DAG	mpteo () and re	- I	1100000	1	bater		
Location of		Used	ormally Soleh	y by		Description of					Тур	=	_
Asbestos-Containing Mat TO BE ABATEL IN Facility (13)		C	ntenan ustodia Staff? (12)			os Containing Mate thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Yεs	No	N/A								e	
SIDING				X		RANISIT	E	250	03F	X		_	
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		-+								\vdash	\dashv	\dashv	
Name of Registered Waste	Hauler			IDEP V		Cubic Yards of Waste	Name of Reg	istered Lar		٨			
K LEWCO	INC			10ter 10	7	Disposal Date	City, State		M. U	CH			_
	SHADE	\wedge	.]				_ W00	V BIN					_
Completed By MICHAEL YLE	Title	50	P.			Signature	lox		Date -	11.	-1		_

CK 11 4582

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

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		AliG	1	7	2017		

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Date of Notification (1)	11-17			Name	of Buildin	ng Owner/Operator	MINER	-	<u>8788</u> 8		resex		_
Agencies Notified	Type Notification	on		Street	Address	II CIED	LMONT-	NR	4661	MON VAHR	A i	_ a	
DEPA	Initial Amended				V-4- 7:-		WIDAU I	1)10,				_	=
DOL.	Amendment		_	City, S	State, Zip	CAPT MY	AY COUN	et Iti	USF	H	1,7	0	521
₩ рон	☐ Emergency justification		ng	Name	of Conta		11 000.		one Numb			.,	
DCA	Cancellation				0, 00,110								
				FAC	ILITY IN	FORMATION	T 114	(4)					
Name of Facility Where	Abatement is Tak		e (3)				Type of Facilit School (K-						
Street Address	CONCIN	LE					Subchapte Other (i.e.,	r 8 (Other t			tinac		
							homes, etc	:.)					
City (5)	MAL not						Square Feet	# of F	loors	B	dg. A		
	WALDAL			I Cour	ty Code (7) (STATE	Current Use (F	Prior if bein	a demolis	hed)	10	_	=
County (6)	WAY			USE	ONLY)			ACAU					_
Name of Monitoring Firm	Hired by Building	Owner		ASCM N	Vo.	Name of Abatem		100 No. 200	ě				
(8)	IIA						twed	INC		_			_
Street Address						Street Address	2 5 51	PRICE	- 4	F			
City, State, Zip Code						City, State, Zip C	ode					_	_
Oity, Oillie, Esp Gode						MAR	LE SHO		MIT	0	80	52	_
Project Manager for Mon	itoring Firm		Tele	phone N	√ 0.	Telephone No.	9-0472		se No.	44			_
Start Date (10)	Sch	eduled C	omplet	tion Date	e (11)	Name of OSHA	Monitor	1,4					
9-5-17		9-	12.	-17				1A		_	_		_
Occupancy Status During						Street Address	2/						
Facility Closed/Vacate Abatement Performed	ed During Entire P	enod ot al Facilit	Abaten tv Hour	nent S		City, State, Zip C	ode						_
Other - Describe:								N e					_
Scope of Work (Check al	I that apply)					☐ Eutl Con	tainment with N	egative Pre	essure				
		□R€	enovatio	nc		☐ Mini-End	dosure	ogacro i i					
2≥160 sf or ≥260 lf		DO	emolition	ר		☐ Gloveba	g Procedure empted (*) and N	on-Friable	Procedur	е			
			ocation			// 3				1	bater		
0			ormally Solely			Description of					Тур		_
Location o Asbestos-Containing M		Mair	ntenano	ce/		os Containing Mat	erial (ACM)	Amo (Spe		7		5	Ш
TO BE ABATI	ED		ustodial Staff?	'	(i.e.,	thermal systems in surfacing, VAT,		SF or		Remova	Repair	caps	nclos
(13)			(12)			other miscellaneo	ius)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A								0	
SIDIAL	(+			X	T	RAWSIT	E	175	OSF	X			
- Marie													
Name of Registered Wast	e Hauler			IDEP W		Cubic Yards of Waste	Name of Reg	istered La		1	IΛ		
KLTMCO	INC		- J	490	9		04 01 25	14.C	М.	U,	5-1		_
City, State	11 0.01	es 1	7			Disposal Date	City, States	DO B	SIMIF	-	. B		
Completed By	HADE	111.	1			Signature	1 ~ 1		Date		1		
MICHALY K	DUM	SUF	,		17,000	Wel	Um		2-	1-	17		_

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

DEGETVED AUG 1 7 2017

				11	10 11	- O/Operator	(2)			_	-	
Date of Notification (1)	11-17	W		Name	e of Buildin	ng Owner/Operator	MINIOR	BESTOS CON	TROL	. &	Assertation	
Agencies Notified	Type Notificatio	n		Stree	t Address		LMONT	DR. UNI	1 T	A		
PA Toep	Amended		-	City	State, Zip						-	=
DOL DOL	Amendment		-	Oity, i	(APT IME	AY COUN	et House	K	1,5	0	521
⊠ DOH	Emergency (justification)		?	Name	of Conta			Telephone Num			. 1	-
DCA	Cancellation		_]
				FA	CILITY IN	ORMATION						
Name of Facility Where			(3)				Type of Facility					
	tSIDT W	<u>t_</u>					☐ School (K-1	r 8 (Other than K-12	2)			
Street Address							Other (i.e., homes, etc	private & commerci				
City (5)			e se pese				Square Feet	# of Floors	1.	dg. A		
St	ONE IT	ARC	SOR				1500			50	_	_
County (6)					nty Code (ONLY)	7) (STATE		Prior if being demoli	shed)			
CAPE	MAY					Name of Abatem		ACANT	_			=
Name of Monitoring Firm	Hired by Building	Owner	1	SCM	No.	1	two	+ 41/				
(8)	IA					Street Address	-CMCD	INC			_	=
Street Address						360	1 S. S.	PROCE AL	E			
City, State, Zip Code	•					City, State, Zip C		ADF W.J	D'	80	7	
	itoring Firm		Telen	hone	No.	Telephone No.	LC JIII	License No.				
Project Manager for Mon	atoring riiiii		ГСЮР	W NOTICE			9-0472	004	44			
Start Date (10)	Sche	duled Co	ompleti	on Da	te (11)	Name of OSHA	Monitor	1				
8-79-17		9-5	7-1	17			M	1A				
Occupancy Status During	g Abatement (Che	ck only	one)			Street Address						
Facility Closed/Vacate	ed During Entire Pe	eriod of A	Abatem	ent								_
Abatement Performed	Outside of Norma	al Facility	Hours			City, State, Zip C	ode					
Other - Describe:						-				_		=
Scope of Work (Check al	It that apply)					☐ Full Cor	ntainment with Ne	egative Pressure				
☐>3 sf or ≥3 lf			novatio			Mini-End						
2 ≥160 sf or ≥260 lf		Der	nolition			Glove Da	g Procedure empted (*) and N	on-Friable Procedu	ге			
		Is Lo	ocation	1						bater		
			mally	.		Description of				Typ	e	
Location o Asbestos-Containing M			Solely tenance		Asbes	Description of os Containing Mat	erial (ACM)	Amount			_	m
TO BE ABAT			stodial		(i.e.,	thermal systems in	nsulation,	(Specify SF or LF)	Rer	Re	EST	ncl
IN Facility (13)			taff? 12)			surfacing, VAT, other miscellaned		5, 0, 2, 7	Remova	Repair	Encapsulate	Enclosure
(13)		-							=		ate	.0
		Yes	No .	N/A		1.2.1.2.1		250050	X	H		
SIDIAL	5	-	-	X		RAMSIT	<u>t </u>	2500 SE	1		-	\exists
			_						+			
			_	_					+		\neg	
						Cubic Yards	I Name of Per	ristered Landfill	1			-
Name of Registered Wast	te Hauler		100000	DEP W	3000	of Waste	Name of Key	M (. IM .	1)	IA		
KLTMCO	INC		-11	198	1		City Ct22	14. C, W.	U,		_	=
City, State WAPLE S	HANE	Al T	7			Disposal Date	City, Státe _s >	DO BING	_			
Completed By	Title					Signature	101	Date		~ .)	
MICHAGL	I muun	SUP				_ Mel	win		11			_

			UOT	1510		state of N	iew.	Jers	ey		-	7	2 6	E	Π	Π	C	-
MO#24219191597	l P	AÏ	D	(Pı	ATIOI Irsua	N OF AS	SBES AC 8	STC 8:60	S ABA1 and 5:16	TEMENT 3))/-		G	-U	$\overline{\mathbb{W}}$	5	7
Date of Notification (1)	7-22-5. (CE12-10)-				Name	e of Buildin	ng Ow	/ner/	Operator (2)	Ш	1	AUC	3 1	7	2045	9	#
08		17	_		Susar	n Coayzil	le.			9.0	Ш	Ц	AUG	3 1	1	2017	Ī	Service .
Agencies Notified	Type Notific	ation				t Address	10				-	L						-
☐ EPA	✓ Initial										-	AS	BEST				OL	&
DOLWD	Amende				City,	State, Zip	Code							CEN	SII	VG.		
☑ DHSS ☐ DCA	Amendm Emerger		ludine		100	ewood, N					\$ 1	- 10.19						
(NJAC 5:23-8)	justificat		iuuiii	d		of Contac		150		ferror and a first party of the same	T	Teleph	none Nu	ımber				
	Cancella	ition			Susar	Coayzil	le				1							
					20.00	CILITY II		RMA	TION		-		-	-				
Name of Facility Where	Abatement is	Taking I	Place	(3)						Type of Facility	v (4)					-		
Private house										School (K-								
Street Address				OHISTOR						Subchapter	8 (0	Other t	han K-1	1 2)				
										Other (i.e., homes, etc		ate an	d comm	nercia	bu	ilding	S,	
City (5)									-	Square Feet	_	# of F	loors		RI	dg. Ag	16	
Ridgewood, NJ 07450															D.,	19. 7.5		
County (6)					Cour	ty Code (7)	(STA	TE U	SE ONLY)	Current Use (F	rior	if beir	na demr	olishe	d)			
Bergen						at an area and					er come		3		10			
Name of Monitoring Firm	Hired by Buil	ding Ov	vner	(8)	ASCM	No.	Na	me c	of Abateme	nt Contractor (9	9)					-		
									h LLC									
Street Address							-		Address									
							576	i Va	lley Rd#	283								
City, State, Zip Code							_		ate, Zip Co									
							Wa	yne,	NJ 0747	0								
Project Manager for Mon	itoring Firm			Tele	phone	No.			ne No.		T	Licen	se No.					
							973	-638	8-1777		(0112	7					
Start Date (10)		Schedu					Na	me o	f OSHA M	onitor								
08 /19 /		08	_ /	20	_ / .	17	Env	virov	ision Co	nsultants,Inc								
Occupancy Status During					- 2-7 ESES			_	ddress									
Facility Closed/Vacate	ed During Enti	re Perio	od of	Abate	ment		20-2	21 V	Vagaraw	Road, Bldg .#	35E	Ε						
Abatement Performed Time of Abatement: _	Outside of No AM-	ormal F	acility	Hour PM_		scribe AM			ate, Zip Co						_			
Time of Abatomont						AW	Fair	r Lav	wn, NJ 07	7410								
Scope of Work (Check all	I that apply)							H		and decontami				ive pr	ess	ure		
>3 sf or >3 If = 160 sf or >260 If		Σ	Re	novati	on			Н	Mini-Encl	ainment with Ne osure	gati	ve Pre	essure					
≥ 160 sf or ≥260 lf] De	molitic	n				Glovebag	Procedure []Ter	nt with	Negati	ve Pr	essi	ure		
		- T	le	Locat	ion		-		NOII-EXE	npted (*) and N	on-r	riable	Proced	_		1		
Location			1	Norma	ly			De	scription of						-	teme	nt Ty	/pe
Asbestos-Containing I		1)		d Sole intena				Cont	aining Mat	erial (ACM)		Am	ount		Rei	Repair	Enc	Enc
TO BE ABA IN Facili				odial S		(i.e			systems in cing, VAT,				ecify		Removal	pair	Encapsulate	Enclosure
(13)	y.			(12)					niscellanec			SIF	or LF)		<u>a</u>		ulat	ē
		,	Yes	No	N/A												Ф	
Basement					\boxtimes	Pipe inst	ulatio	on			90	LF		[X	П	П	П
Basement					\boxtimes	VAT-flo	or ti	les	-		20	SF			X	a	\Box	\Box
														Ī	7	E I		
		Ī	7		П									-	7			
Name of Registered Was	te Hauler			NJD	EP Waste	Hauler ID No.	Cubi	ic Yar	ds of Waste	Name of Regi	stere	ed Lar	ndfill					
Fr Tech LLC				0	03378	35		TBE)	T.R.R.F. Inc								
City, State					- , -		-	0000000	Date	City, State					_			
Vayne, NJ 07470								TBL)	Tullytown, P	Α							
Completed By (Print or Ty	/pe)	Title	-					_	nature/	1 - 1011 1 10 1711, 1			1	Date		-		-
l.Jevtic		Owne	r						// .	c Wenad	1			8/10/	17			
SB 41		1	~						1/2004	- wenad			10	0/10/	1/	2000		-

Print	Form

Ch 2370	PA	OTIFIC	CATION	te of New OF ASBE o NJAC 8	STOS	ABATEN	MENT)			GC [\mathbb{V}		
Date of Notification (1) 8-11-2017				Building (Projects		perator	(2)			AUG	172	2017	Spread to S	NO.
Agencies Notified Type Notification		11.0	Street Ad	ldress oadway	. 28th	Floor				5-5-5	2.001	,	1 0	
EPA X Initial DEP Amended Amendment			City, State	e, Zip Co ork, NY	de				AS	BESTO: LICE	ENSIN		JL &	
Emergency (1	Name of	Contact				-	Tel	ephone No	umber			
DOH justification) DCA Cancellation	(9)			Chave:		ON			-					
Name of Facility Where Abatement is Taking	Place (3)		FACIL	III INFO	KWATI	ON	Туре с	of Facility (4)					
Residential	W							chool (K-1 ubchapter		or than K-	12)			
Street Address							図。	ther (i.e. p				dings,	home	es,
City (5) Jersey City, NJ 07302	()						Square 1808	tc.) e Feet	# o	f Floors		ldg. A 5+	ge	
County (6)			County C	ode (7)			Curren	nt Use (Pri	or if bei	ing demoli	shed)			
Hudson Name of Monitoring Firm Hired by Building C	Iwner (8)	'	ASCM			Name	of Ahate	ement Cor	tractor	(9)				
Name of workong tanning of	owner (o)		ACCIVI	140.		Gree	n Envi	ironmen			.LC			
Street Address							Address Virginia	s a Avenu	е					
City, State, Zip Code							tate, Zip ey City	Code , NJ 073	304					
Project Manager for Monitoring Firm			Telephon	ne No.			one No 33 3 885			License 01174	No.			
Start Date (10) 8-28-2017	Schedule 8-31-20		pletion D	Date (11)			of OSH. e as al	A Monitor bove						
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Address	S						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:				up:		City, S	tate, Zip	Code		-				
Scope of Work (Check All That Apply)	11.50.1-00													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	Mini	Containm i-Enclosur vebag Pro i-Exempte	e cedure				e	
	170	Locati	2000									Abat	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Sole intenar odial S (12)	ly by nce/		tos Con thermal surfa	scription taining N system cing, VA niscellar	Material s insulat .T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ite	O
1st Floor		X				VAT			6	30 SF	х			
Roof		Χ			Roofi	ng ma	terial		6	20 SF	X			
Name of Decistand Master Lands		1 3 .	JDEP W	lante	C.L.	Yards		Name of	Dogist	ered Land	fill			
Name of Registered Waste Hauler Green Environmental Services, LLC		Н	auler ID 034889	No.	of Wa					North La				
City, State Jersey City, NJ						sal Date 2017		City, Sta Morris		PA				
Completed by Liliana Serrano	Title Office	e mar	nager			Signature	600	1,5	on o		Date 8-11-2	017		

CH303	1 St	ate of Ne	w Jer	sey - Notific	eation of Asbestos A 8:60-7 and 12:120-7)	Abat	emen	恒 (CLE		# 5	2	27
GAC Project # 060-17	4	PAI			Name of Building Owner	Onara					450	-	
Date of Notification (1) August 1	1, 201	7			Name of Building Owner, RUTGERS, THE S	TATE	UNLV	ERS	₩G di	=7 _N ,20	17	2000	21
Agencies Notified PPA DCA DOL DEP-No Longer REQUIRED DOH		Notification Initial N Amend Emerginatific Cancel	lotifica ed Noti jency (ation)	fication #	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ Name of Contact MICHAEL SMITH, E HEALTH & SAFET	HEA 4086 0885 ENV.	LTH 8	LSAE 1887	P==0-1/ P	AMPL		- To&	The state of the s
Name of Facility Where Abatemer	at ic Toki	na Placa (2)	10-11-20-	FACILITY INF	Type of Facility (4)					-			
VOORHEES HALL, BLD Street Address COLLEGE AVENUE CAI	G# 30				School (K-12) Subchapter 8 (other tha Other (i.e. private & co	mmerc					rears		
	unty (6) MIDDI	ESEX		Code (7) Jse Only)	Current Use (prior if bein			N					
Name of Monitoring Firm Hired by	Bldg. O	wner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABA	TEME	ENT CO	ONSU	LTAN	TS, IN	С.		
Street Address 3 TERRI LANE		37			Street Address 268 MAIN STREET				Alle - La				
City, State, Zip Code BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405			- 31					
Project Manager for Monitoring Fir BRIAN KEARNY	rm	Telephone N			Telephone Number 973-492-0477			Licens 0084	e Numb	er			
Scheduled Start Date (10) 08/11/17		Scheduled 0 08/14/17	Completic	on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	c.							
Occupancy Status During Abate Facility Closed/Vacated Durin Abatement Performed Outsid Describe	ng Entire	Period of Al	batemen	t	Street Address 20-21 WARGARAW City, State, Zip Code	ROA	D						
☑Other – Describe: Schedule: 5PM – 5AM (24 H	ours	& WEEKE	NDS AS	S NEEDED)	FAIRLAWN, NJ								
Scope of Work (Check all that app				□ Renovation □ Demolition		☐ Mir ☐ Glo	II Conta ni-Enclos ove bag n-Exemp	sure Proced	lure / W	rap & C	ut		ire
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu (12) NO			pestos Containing Material nal systems insulation, surfac cell.)	ing,	Amoun (Specif or LF)		VV0-5-2-	ment Ty e Repai		End	close
004 Basement Lobby		X		Plaster Ceilii	ng		~24 S	F	X				
			J. (100 - 10									-	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below		 r ID #	Cubic Yards of Waste:	15 0	Y		of Regi O.W.S.			fill	
Hauler #1) Greenwood Abatemer NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509			Butler, I	NJ 07405			osal Dat				w Ford rrisvill		100
Completed by (Print or Type) RAYMOND C. PEDALING	o s	i <u>lle</u> ENIOR PI IANAGER		ЭТ	Signature Raymond C. Pe	edatir	10	Date Aug	ust 11	,2017			

From:GREENWOOD ABATEMENT

19734920133 OB/11/2017 10:17 State of New Jersey - Notification of Asbestos Abstement 2017 (Pursuent to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Dala of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ CENSING August 11, 2017 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & PAPETY DEPTONICI Initial Notification EPA Amended Notification # 27 ROAD 1, BLDG 4086, LNINGSTON CAMPUS D DCA Emergency (Including City, Blate, Zip Cods DOL lustification) PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED ☐Cencelled Name of Contact I Telephone Number DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abelement is Taking Place (3) Type of Fecility (4) VOORHEES HALL, BLDG# 3013 ■ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. FEET: NA # of Floors: 3 Bidg. Age: 80+ years City (6) County (6) County Code (7) (State Use Only) NEW BRUNSWICK Current Use (prior if being demollahed): ACADEMIC MIDDLESEX Name of Maniforing Firm Hired by Blog, Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Brest Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City Signs, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telaphone Number Telaphone Number License Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Data (10) Schaduled Completion Date (11) 08/11/17 08/14/17 ENVIROVISION, INC. Occupancy Status During Abatement (Chack only one)

Facility Closed/Vacated During Entire Period of Abatement Sirect Address Absternant Performed Quiside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code Char - Describe: Schodule: 5PM - 6AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure 国≥3stor≥3f Renovation Mini-Enclosure = > 180 sf or > 260 N Demoiltion Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbesips-Containing a Location Normally Used Description of Asbastos Containing Material (ACM) (Le. thermal systems insulation, aurisoing, VAT, or other miscell.) Amount Absternent Type Maleriel (ACM) In Facility (13) Solely by Maint /Custodisi (Speally SF Smf? (12) Bernova Repair Encas Enclose or LF) YEB NO 004 Basement Lobby Plaster Celling ~24 SF K Name of Reg. Waste Hauter NJDEF Waate Hauler ID # Cubic Yarda of Wasta: 15 CY Name of Registered Landii See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill

Signature

Ragmond G. Padalina

Disposal Date

08/14/2017

Date

August 11,2017

City. State 100 New Ford Mill

Rd. Morrisville, Pa

216-728-1700

MANAGER

SENIOR PROJECT

Hauler #1) Greenwood Abstement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALIND

Haster #2) Newark Carting, Inc., Newark, NJ 04589

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Date of Notification (1) 08/c9/2017				of Building			(2)	- Common		AUG 1	7 2	017	1	型门
Agencies Notified Type Notification	1	-		Address	OELLA	AIT.		the state of the s	-				1	
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DEP Amended		Ī	City, St	ate, Zip C	ode			-		LICE	ASIM	3		= +
DOL Amendmen Emergency		[SADI	DLE BR	OOK N	J. 0766	63							
DOH justification)			of Contact		_			Te	lephone Nu	ımber			
DCA Cancellatio	n ————			ELLE C									_	
Name of Facility Where Abatement is Takin	ng Place (3	3)	FAU	ILITY INF	ORMAII	ION	Тур	e of Facility	(4)					
PRIVATE							П	School (K-	56551 00					
Street Address								Subchapte	r 8 (Oth	er than K-1	12)			1
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City (5) SADDLE BROOK NJ.							(5)	are Feet	#0	f Floors		3ldg. /		
County (6)			01	0-1.7				500		2		1,948	3	
BERGEN				Code (7) USE ONLY	0		Curr	rent Use (Pri N		ing demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	VI No.				atement Co						
North East Environmental Llc.								EAST EN	VIRO	VMETAL	LLC.			
Street Address same						Street 1126								
City, State, Zip Code								Zip Code						
								BERGEN	NJ. 0	7047				
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph				License N	No.			
N/A		neduled Completion Date (11)				201.7				01300				-
Start Date (10)			pletion	Date (11)				HA Monitor						
08/11/2017	08/12/2							PROBE II	NC					
Occupancy Status During Abatement (Chec						Street		ess RTY ST.						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of A nal Facility	batem	ent		1			Zip Code						
Other – Describe:								IEN NJ. 0	8840					
Scope of Work (Check All That Apply)				*********	1									\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	PERSONAL PROPERTY.	enovat emoliti				×	Mi	ill Containme ni-Enclosure ovebag Prod	3	Negative I	Pressu	re		
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Location of Asbestos-Containing Material (ACM)		ormally Solely				cription					-	1 9	pe	-
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In Facility (13)	Cusic	(12)	ldii!			ing, VAT				or LF)	Remova	Repair	aps	Enclosure
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Name of Registered Waste Hauler		NI	DEP W	aste	Cubic \	/arde		Name of I	Parista	red Landfill				
TRI STATE ASSOC INC.		Ha	uler ID	C10	of Was	te						10		
		19	951		TBD					ITERPR	ISE II	AC.		
City, State					Disposa	al Date		City, State	3		7.01			

TBD

SAFETY MANAGER

Signature

BRONX NY.

Completed by

CARLOS ESQUIVEL

Date

08/09/2017

WAYNESBURG, OHIO

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

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Date of Notification (1)			Call		of Building			(2)			AUG 1	7 21	117	-14	4
08,49/2017				MICH	HELLE (CUELL	AR		issel le						
Agencies Notified	Type Notification	1		Street	Address	19 25 600				ASE	ESTOS	CON	TROI	8	
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DOH DCA	justification Cancellation				of Contact	Blanca and a second	ND			Tel	ephone N	umber			
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Name of Facility Where	Abatement is Takir	ng Place (3	3)	1 MO	- ETT 1 1 11/01	ORWAL	1014	Type of F	acility (4)					
PRIVATE							1		ol (K-12						
Street Address								Subo	chapter 8	(Oth	er than K- & commer	12) cial bui	ldings	, hom	ies,
City (5)								etc.) Square Fe	et	1#0	f Floors		Bldg.	100	
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BERGEN			and the same of th	(STATE	USE ONL	n			N/A						
Name of Monitoring Firm		Owner (8)		ASCI	M No.		Name o	of Abateme	ent Conti	ractor	(9)				
North East Environi Street Address	mental Llc.						NOR	TH EAS				LLC.			
same							1	51 ST.							
City, State, Zip Code								ate, Zip Co	de						
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Project Manager for Moni	toring Firm			Telepho	ne No.		Telepho				License	No.			
N/A							201.7	76.0642			01300				
Start Date (10)		Schedule	d Cor	npletion	Date (11)		Name o	f OSHA M	onitor						
08/11/2017		08/12/2			arma sa boother alle		ENVI	RO PRO	BE IN	C					
Occupancy Status During	Abatement (Chec	k Only On	e)				Street A							nial Care	
Facility Closed/Vaca						-		IBERTY							
Abatement Performs Other – Describe:	ed Outside of Nom	nal Facility	Houn	S				ate, Zip Co							
Scope of Work (Check All	That Assh A						MEIL	JCHEN I	NJ. 08	840					
Total Control of the	That Apply)	ETH.				(8)	523								
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Location Asbestos-Containing I			ormal I Sole				scription o					-	1 7	pe	
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(13)		-		1		omern	niscellane	OUS)				val	air	Encapsulate	sure
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City, State						Dispos			, Chita				*****	-	
BRONX NY.						TBD		, Vi	ME	BUF	RG, OHI	0			
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(89 50 E) 10 56A							Du :;:.!			1				- 25 sta	as.

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

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Date of Notification (1) 8 /	15 /	17		1		of Building ald Patric	Owner/Operator (2 k	/ Job #1708-2	AUG 2226 Chk.		017		Second !
Agencies Notified	Type Notificat	ion		1	Street	Address			ASBESTO			L &	
☐ EPA								1	LICE	ENSIN	<u> </u>		
□ DOLWD	☐ Amended				City, St	tate, Zip C	ode	4.41					
□ DHSS	Amendme	THE RESERVE TO A SECOND SECOND	_		Dep	tford, NJ	08096						
☐ DCA	☐ Emergence		ng	-		of Contact			Telephone Num	nber			
(NJAC 5:23-8)	justification Cancellation							8	2.5.101				ĺ
	L Cancellatio	111			Jerr					_			
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Ta	aking Pla	ce (3)					Type of Facility (1.0				
Residential								☐ School (K-12) ☐ Subchapter 8	(Other than K-1	2)			
Street Address								Other (i.e., pr	vate and comme	ercial bui	ilding	3,	
								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	lg. Ag	е	
Deptfrod								1100	200-2	2	10		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Gloucester						,	•	Residential					
Name of Monitoring Firm	Hired by Buildi	ina Owne	r (8)		SCM I	Vο	Name of Abateme	ent Contractor (9)					
Tiger Environment		ing Owne	. (0)				200 02-00 0300 00 00 00 00 00 00 00 00 00 00 00	d Mold Service	s. Corp.				
Street Address							Street Address	a mora 501115	-,				
16 W Elizabeth Ave	. # 2						3859 Sylon B	loulevard					
	3 # Z												-
City, State, Zip Code							City, State, Zip Co						
Linden, NJ 07036							Hainesport,	42 09030	Lissana Na				
Project Manager for Mor	nitoring Firm		T		phone i		Telephone No.		License No.				
Kelly Walton						2-4301	609-702-0400		00862				
Start Date (10)		cheduled					Name of OSHA N						
8 / 24 /	17	8	1_	24	_ / _	17_	EMSL Analyt	ical, Inc.					
Occupancy Status Durin	g Abatement (C	heck on	y one)			Street Address						
□ Facility Closed/Vacat							200 U.S. Rou	te 130 North					
☐ Abatement Performe							City, State, Zip C	ode					
Time of Abatement:	AM	PM/	F	M		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	ill that apply)						1000		n (2)				
		57						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renor Demo				☐ Mini-End	g Procedure					
☐ ≥100 St 01 ≥200 II			501110	,,,,,,			⊠ Non-Exe	empted (*) and No	n-Friable Proced	lure			
	**		Is Lo	cati	on					Ab	atem	ent T	уре
Location	n of			mal	*		Description of	of		Z	D.	Ш	ш
Asbestos-Containing		<i>I</i> = 1	sed S				stos Containing Ma		Amount	em	Repair	nca	nclo
TO BE AB		22	Maint		Staff?	(i.e	., thermal systems		(Specify SF or LF)	Removal	=	psu	Enclosure
IN Faci				12)	J.Carr.		surfacing, VAT other miscellane		31 01 11)	=		Encapsulate	6
(15)		Ye	s I	No	N/A		out of the outer	,				w	
Witchen			1	7	\boxtimes	Floor T	ilo		153 SF				
Kitchen			- -		100	F1001 1	ne .		100 01		_		
					\boxtimes							Ш	Ш
			Г	7	\Box								
Name of Registered Wa	ste Hauler			N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Waste Managemer				Hauler ID No. W			Waste	Grand Cer					
City, State			7 - 1 - 1 : E - 1	17273 5 Disposal Date City, State									
Lafayette, NJ	D.						8/24/17, Penn Argyle, PA						
Completed By (Print or 7	[vne)	Title		-	_		Signature	Date					
Kimberly A. Trumb			e Co	ord	linato	r		ſ)			5.	17	
Killiberry A. Hullik	76111	Oilio		OI C	and to		M	8-15-19				1 1	

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Date of Notification (1)					Na	me of Build	ing O	wner/Ope	rator	(2)	AUG	1 7	20	17	1
8 /	14 /	1	7		-	CP&L/Fir	stEn	ergy Co	mpai	ny / Job #170	8-5198 Check #	9407	&94	01	
Agencies Notified	Type Notifi	cation	1		Str	eet Address	5				ASBESTO	25.0	ONIT	801	8
⊠ EPA					1	0 Legion	Plac	e- Buildi	ing A	k)		CENS			
☑ DOLWD	Amenda Amenda		f		Cit	, State, Zip	Cod	е				CONTRACTOR OF		Annual Control of the	
☑ DHSS ☐ DCA	☐ Emerge			na	N	orristow	n, N.	J 07960							
(NJAC 5:23-8)	justifica			.5	Na	ne of Conta	act				T-1 Alim	hor			
	☐ Cancell	ation			J	ohn Grec	0				, -				
					F	ACILITY	NFC	RMATIC	N				E		
Name of Facility Where A	batement is	Takin	g Plac	e (3)						Type of Facility	(4)				
JCP&L- Legion Place	ce Comple	x-Bu	ildin	g D						School (K-1		2,			
Street Address											8 (Other than K-12 private and comme		uildin	as	
10 Legion Place										homes, etc.		noidi b	an an i	90,	
City (5)										Square Feet	# of Floors	В	ldg. A	ge	
Morristown, NJ 079	60														
County (6)		a manifes	1		Co	unty Code	(7) <i>(</i> ST	ATE USE O	NLY)	Current Use (P	rior if being demoli	shed)			
Morris										Substation					
Name of Monitoring Firm	Hired by Bui	Iding (Owner	(8)	ASC	M No.	Na	ame of Ab	ateme	ent Contractor (9)				
1 Source Safety & H	ealth, Inc.							AbateTe	ch, lı	nc.					
Street Address							St	reet Addre	ess						
140 S. Village Ave.,	Suite 130							30 Maple	e Ave	. PO Box 25					
City, State, Zip Code			36				- Concor	ty, State, 2							
Exton, PA 19341						5		Lumbert	151	IJ 08048					
Project Manager for Monit	oring Firm			1	lephon		1000	elephone N			License No.				
Brian Hovendon						24-5525		609-265-	100 C C C		00529				
Start Date (10)8 /23 / _			duled C 8 /			Date (11)	1	ame of OS E <mark>MSL A</mark> r		7.000					
Occupancy Status During	Abatement (Check	conly	one)			Str	reet Addre	ss				97.5%		
☐ Facility Closed/Vacated	During Enti	ire Pe	riod of	Abat	ement		1	200 Rout	te 13	0 North					
Abatement Performed (and the second			Cit	ty, State, Z	Zip Co	de					
Time of Abatement:	AM	PI	VI/	PN	1	_AM	(Cinnamii	nson	, NJ 08077					
Scope of Work (Check all t	hat apply)							☐ Full Containment with Negative Pressure							
☐ >3 sf or >3 lf			⊠ Re	enova	tion			☐ Min			gative Pressure				
≥160 sf or ≥260 lf			☐ De	emolit	ion					Procedure	a Frieble Breedy				
			le le	Loca	tion			M Non	i-Exer	npted () and No	on-Friable Procedu		-t	ant T	
Location o	f		2997	Norm				Descript	tion of	F			_	ent T	
Asbestos-Containing M	aterial (ACN	1)	100000000000000000000000000000000000000		lely by ance/			Containin	g Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility			6000		Staff?	(i.e		ermal syst surfacing,			(Specify SF or LF)	ova	air.	squ	uso
(13)				(12)			ther misce			Or Or Ery	-		late	ře
			Yes	No	N/A	A .									
Reader Meters Office A	ader Meters Office Area							oor tile &			1,196 SF				
Supervisor's Office						2x laye	r Flo	oor tile &	Mas	itic	221 SF				
Name of Registered Waste	Hauler			110		Waste	Cubic Yards of Name of Registered Landfill								
AbateTech, Inc.					lauler	ID No.	300000	iste 20		G.R.O.W.S	. Landfill				
City, State					.01	-		posal Date	е	City, State					
Lumberton, NJ					8/29/17 Tullytown, PA										
Completed By (Print or Typ	e)	Title			Signature				L-71						
Gwen Trumbetti		perati	ions	Coordinator ()					V		8/11	-	l		

State of New Jersey

1.10 101		PA	NO	TIFIC	:ATI	State of I	New Jersey SBESTOS ABA	TEMENT	MEC	EI	W	E	
CK 9400	0			(1	ursu	ant to NJ	AC 8:60 and 5:1	16)	IK -				
Date of Notification (1)					Na	me of Buildi	ng Owner/Operator	(2)	AUG	172	017		
8/	14 /	1	7		1	erizon Co	mmunications	/ Check	#9406 PG1 of	2		Liene	
Agencies Notified	Type Notif	fication	1		Str	eet Address			ASPECT	20.001	TOOL	4	
⊠ EPA					1	00 Greenv	wood Avenue		ASBEST	JS CON DENSIN		_ &	
☑ DOLWD	Amend		ı		City	, State, Zip	Code		Lal	20140114	<u>U</u>		
☐ DCA	Amend		-	_	J	enkintowr	n, PA 19046						
(NJAC 5:23-8)	justifica		licidali	ig	Nar	ne of Conta	ct		Telenhone Nui	mber			
	☐ Cancel	lation			A	lex Baylor	٢		14				
					F	ACILITY II	NFORMATION						
Name of Facility Where A	batement is	Takin	g Plac	e (3)				Type of Facility	(4)				
Verizon Market CO								School (K-1	2)				
Street Address									8 (Other than K-1				
95 William Street								homes, etc.	orivate and comm	erciai buil	lings,		
City (5)								Square Feet	# of Floors	Bldg	. Age		
Newark													
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demol	ished)			
Essex							v =	Offices					
Name of Monitoring Firm I	Hired by Bu	ilding (Owner	(8)	ASCI	M No.	Name of Abateme	ent Contractor (9))				
USA Environmental							AbateTech, I	, Inc.					
Street Address							Street Address						
8436 Enterprise Ave							30 Maple Ave	. PO Box 25					
City, State, Zip Code					1712.74		City, State, Zip Co	ode					
Philadelphia, PA 191	153						Lumberton, N	IJ 08048					
Project Manager for Monito	oring Firm			Tel	ephon	e No.	Telephone No.		License No.				
Mark Jenkins				2	15-36	-365-5810 609-265-2107 00529							
Start Date (10)		Sched	uled C	omple	etion D	ate (11)	Name of OSHA M	onitor					
8 /25 / _	17	1	0 /	_ 3	1_ /	17	EMSL Analyti	cal					
Occupancy Status During	Abatement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated	During Ent	ire Per	iod of	Abate	ment		200 Route 13	0 North					
Abatement Performed C			A STATE OF THE STA	y Hou	rs - De	escribe	City, State, Zip Co	de					
Time of Abatement: 7A	M- <u>3:30</u> PM/	5PM-2	ZAM				Cinnaminson	, NJ 08077					
Scope of Work (Check all t	hat apply)						_	ntainment with Negative Pressure					
☐ >3 sf or >3 lf			⊠ Re	novat	ion				gative Pressure				
≥160 sf or ≥260 lf				moliti			☐ Glovebag	Procedure					
								npted (*) and No	n-Friable Procedu	ire			
1				Loca Vorma							ment T	уре	
Location of Asbestos-Containing Ma		л)	Use	d Sole	ely by	Asbes	Description of stos Containing Mat		Amount	Remov	E	En	
TO BE ABATI		'		intena	nce/ Staff?		, thermal systems in	nsulation,	(Specify	Removal	. aps	Enclosure	
IN Facility (13)			Cusi	(12)	otali :		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>	Encapsulate	ure	
(10)		İ	Yes	No	N/A		Other Hilscellanec	lus)			fe		
Please see attached				\boxtimes		Please s	see attached		Please see				
Basement				\boxtimes		Tank Ins	sulation		75 SF				
Basement				\boxtimes		Pipe Fit	tings		25 total				
1 ^{st to} 3 rd Floor Pipe Cha	ise			\boxtimes		Pipe Fit	tings		45 total				
Name of Registered Waste	Hauler			10.20		Waste	Cubic Yards of	Name of Regis					
AbateTech, Inc.				H	auler I 1875	D No.	Waste 40	G.R.O.W.S.	. Landfill				
City, State			-		1010		Disposal Date	City, State					
Lumberton, NJ							10/31/17	Tullytown,	PA				
Completed By (Print or Type	e)	Title					Signature	14	Da	ate.	1		
Gwendolyn Trumbetti		OF	erati	ons (Coord	linator	I/MM	\mathcal{N}		8/14			

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

Date of Notification (1)			10-11-	Nam	o of Buildin	200	wner/Operator	(2)	ILI LI A	UG 1	7 1	2017	_	1
8 /14 /	17			A Sud-			unications	officer and and	Check #940	06 PG2	of :	2		Internet
Agencies Notified Type Not	fication			Stree	et Address				ASBE:	STOSC	10	TRO)L 8	i.
				10	0 Greenv	voo	d Avenue	-11		LICENS	IN	G		
☑ DOLWD ☐ Amen				City,	State, Zip	Code	е							
	dment #		_	Je	nkintown	, PA	A 19046							
DCA Emerg		ICIUUII	ig	Nam	e of Contac	ct	7/10/2007		Talanhar	ne Numbe	٢			
Cance				Al	ex Baylor	•			1					
				FA	CILITY IN	VFO	RMATION					-		
Name of Facility Where Abatement i	s Takin	g Plac	e (3)					Type of Facil	ity (4)					
Verizon Market CO								School (K		754 S220				
Street Address									er 8 (Other that ., private and o		al hi	ilding	10	
95 William Street								homes, et		COMMISSION	יט זב	munig	, , , , , , , , , , , , , , , , , , ,	
City (5)								Square Feet	# of Flo	ors	BI	dg. A	ge	
Newark														
County (6)	2			Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use ((Prior if being	demolishe	ed)			
Essex								Offices						
Name of Monitoring Firm Hired by Bu	uilding C	wner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor	(9)					
USA Environmental						1	AbateTech, I	nc.						
Street Address						Str	reet Address							
8436 Enterprise Ave.								e. PO Box 25						
City, State, Zip Code		0-11-12				Cit	y, State, Zip Co	ode						
Philadelphia, PA 19153						1000000000	_umberton, N							
Project Manager for Monitoring Firm			Tele	ephone	No.	1	lephone No.		License	No.	_			
Mark Jenkins			100000000	4000	-5810	609-265-2107 00529								
Start Date (10)	Sched	uled C	comple	tion Da	ite (11)	Na	me of OSHA M	Ionitor						
8 / 25 / 17				1 /		E	EMSL Analyt	ical						
Occupancy Status During Abatement	(Check	only	one)	Street Address										
☐ Facility Closed/Vacated During En				ment		le le le le	200 Route 13	0 North						
					scribe		y, State, Zip Co							
Time of Abatement: <u>7</u> AM- <u>3:30</u> PM	1/5PM-2	AM				1 2	Cinnaminson							
Scope of Work (Check all that apply)								, ,,,,						
								ainment with N	legative Press	sure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re	novati molitic	on			Mini-Encl Mini-En	losure g Procedure						
Z 2100 31 01 2200 11		Пре	monuc	211				mpted (*) and N	Non-Friable P	rocedure				
		Is	Locat	ion							Aba	ateme	ent T	уре
Location of			Norma ed Sole				Description o			. [D.	Z.	Ш	Ш
Asbestos-Containing Material (AC TO BE ABATED	M)		intena				Containing Mar ermal systems i		Amou (Spec	int	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(1.0.		surfacing, VAT,		SF or	LF)	val	-	lusc	sure
(13)	-		(12)	1	-	oti	her miscellaned	ous)					ate	
Basement Mechanical Loft		Yes	No	N/A	Dina Cit	41			10 to	tal	\boxtimes			
7th Floor			Pipe Fit			ack mactic	2,569							
7 th Floor				ck façade/bl	ack mastic	88 L								
					-		Insulation					_		
7 th Floor				IDEDI			nd Glazing	Many of D	3 wind		X		Ш	П
Name of Registered Waste Hauler			1 1 1 1 1 1 1 1 1	JDEP \ auler II		Cub	oic Yards of ste		gistered Landi	111				
AbateTech, Inc.				18750		4	0		S. Landfill					
City, State						and the same of	posal Date	City, State						
Lumberton, NJ	are ven					1	0/31/17	Tullytow	n, PA					
Completed By (Print or Type)					Signature	A		Date.	1.	1				
Gwendolyn Trumbetti	Op	erati	ons (Coordinator / MM							4/1	17		

CK9405

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

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Date of Notification (1)					Nan	ne of Buildi	ng Owner/Operator	(2)	AUG 1	12	017		renord
8 /	14/	1	7		Α	II State Le	egal / Job #1708	·5197 Check#	9405			1	
	Γype Notifi ☑ Initial	ication	1			et Address		7.5	ASBESTOS LICE			L &	
	Amend	ed				100000000000000000000000000000000000000			406	47311.6			
☑ DHSS	Amend		<u> </u>	_	1 139	State, Zip							
	☐ Emerge		ncludir	ng		ranford, N	Wast						
(NJAC 5:23-8)	justifica					ne of Conta	ct		Telephone Nu	mber			
L	Cancell	ation			Bi	II Smith			1		_		
					F	ACILITY II	NFORMATION						
Name of Facility Where Aba	atement is	Takin	g Plac	e (3)				Type of Facility					
All State Legal								Subchapter	2) 8 (Other than K-	12)			
Street Address								Other (i.e., p	rivate and comm	ercial b	ouildin	ıgs,	
1 Commerce Drive								homes, etc.					
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	
Cranford, NJ 07016													
County (6)					Cor	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
Union													
Name of Monitoring Firm His		lding (Owner	(8)	ASCN	1 No.	Name of Abatem	13. 1					
Environmental Conno	ection						AbateTech, I	nc.	// / / / / / / / / / / / / / / / / / /				
Street Address							Street Address	505 05					
120 North Warren Stre	eet						30 Maple Ave						
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08625				1= :			Lumberton, I	NJ 08048	1				
Project Manager for Monitori	ng Firm			1	ephone		Telephone No.		License No.				
Rollie Jones				1		2-4200	609-265-2107		00529				
Start Date (10)						ate (11)	Name of OSHA M	41 (6)					
8 / 26 /					/	17	EMSL Analyt	icai					
Occupancy Status During Ab							Street Address						
☐ Facility Closed/Vacated D							200 Route 13	2001 MADAWAN 100 W					
Abatement Performed Ou Time of Abatement:							City, State, Zip Co						
						-	Cinnaminson	, NJ 08077					
Scope of Work (Check all that \(\subseteq 3 \) sf or \(\subseteq 3 \) If \(\subseteq 160 \) sf or \(\subseteq 260 \) If	it apply)		⊠ Re				☐ Mini-Enc	ainment with Neg	gative Pressure				
☐ ≥100 St Ot ≥200 II			□ ре	monuc)[]		☐ Glovebag ☐ Non-Exe	mpted (*) and No	n-Friable Proced	ure			
			ls	Locat	ion					Al	atem	ent 7	Гуре
Location of				lorma d Sole			Description o	A DECEMBER OF THE PROPERTY OF THE PARTY OF T		R	Z.	ш	回
Asbestos-Containing Mate		1)		intena			stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	-		Cust		Staff?		surfacing, VAT,	or	SF or LF)	val	7	sul	sure
(13)		}	Vee	(12) No	N/A	+	other miscellane	ous)				ate	1
Boiler Room			Yes		IN/A	Pipe Fit	ting Insulation		40 LF			П	$\frac{1}{\Box}$
Boiler Room							ng Insulation		5 SF				17
Doller Room						Dieecin	ing insulation		3 01	+-			믐
				_						10	12		12
				Ц		<u> </u>		100				Ш	
Name of Registered Waste He AbateTech, Inc.	auler			(000)	NJDEP Waste Hauler ID No. 18750 Cubic Yards of Waste 10			Name of Registered Landfill G.R.O.W.S. Landfill					
City, State					.5750		Disposal Date	City, State					
Lumberton, NJ					8/26/17			Tullytown, PA					
Completed By (Print or Type)	Title	yera haray a		Signature			Δ.	D	ate_ i	-1	. 24		
Gwendolyn Trumbetti		Or	perati	ons (Coord	pordinator Ann A						17	

TRAGE	B	,	211	nr).								
CK9403.0	404	I NO			ON OF AS	New Jersey BESTOS AB AC 8:60 and 5		DEG	E		\mathbb{V}		
Date of Notification (1)	233	78-78-77-7				ng Owner/Operato		AUG	1	7 2	017	1	
8 / 10	_ ′ _	17		H	IPF VIII 7	00 Union LLC	c/o Hampshi	e Companies	/ J	ob #	1704	1-514	
	Notification	on		Stre	eet Address	2 9403 9404	PG 1		00/	2011	TDC	1	
☐ EPA	District Co.			2	2 Maple A	venue		ASBEST		SIN		JL &	
	mended mendmen	#6		City	, State, Zip	Code		L Late	OLIV	Onte			
A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT	mergency	-	ina	M	lorristown	, NJ 07960							
(NJAC 5:23-8) ju	stification)	(9	Nan	ne of Contac	et		Telenhone Nun	nher				
ПС	ancellation	1		Н	oon Lee								
				F	ACILITY IN	IFORMATION							
Name of Facility Where Abatem		ing Pla	ce (3)				Type of Facility	(4)					
Former Pharmaceutical I	Building						School (K-12	2)					
Street Address								8 (Other than K-12 rivate and comme		huildir	200		
700 Union Blvd.							homes, etc.)		iciai	bullull	igs,		
City (5)							Square Feet	# of Floors	I	3ldg.	Age		
Totowa, NJ 07512													
County (6)				Cou	unty Code (7	(STATE USE ONLY)	Current Use (Pr	or if being demoli	shed)				
Passaic							Private Buil	ding					
Name of Monitoring Firm Hired b	y Building	Owner	r (8)	ASCN	/ No.	Name of Abatem	ent Contractor (9)	V					
Detail Associates, Inc.				16-	0085	AbateTech,	Inc.						
Street Address						Street Address							
300 Grand Avenue						30 Maple Av	e. PO Box 25						
City, State, Zip Code						City, State, Zip C	ode						
Englewood, NJ 07631						Lumberton,	NJ 08048						
Project Manager for Monitoring F	irm		Tel	ephone	No.	Telephone No.		License No.					
Stephen Jaraczewski			_		9-6708	609-265-2107	7	00529					
Start Date (10)	Sche		13		ate (11)	Name of OSHA N	Monitor						
6/19/17	- 1/-	88		1_/		∠ÉMSL Analyt	tical						
Occupancy Status During Abaten						Street Address	1						
Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment	1	200 Route 13	0 North						
Abatement Performed Outside Time of Abatement:AN	of Norma	I Facilit	ty Hou	rs - Des	scribe	City, State, Zip Co	ode						
		141/			_AIVI	Cinnaminsor	n, NJ 08077						
Scope of Work (Check all that app ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	oly)		enovati emolitio				tainment with Nega losure g Procedure mpted (*) and Non		e				
		Is	Locat	ion					_	atem	ent T	vne	
Location of			Norma ed Sole		0.000	Description o				_		1	
Asbestos-Containing Material TO BE ABATED	(ACM)		intena			os Containing Ma thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facility		Cus	todial	Staff?	(1.6.,	surfacing, VAT,	or	SF or LF)	oval	=	nsd	osur	
(13)		Yes	(12) No	N/A	-	other miscellane	ous)				late	6	
Throughout	1,500 total	M	_										
	□ □ ⊠ Elbows												
Atrium Area			Ш		Plaster			5,000 SF					
1 st Floor					Single La	yer Floor tile 8	Mastic	7,810 SF					
2 nd Floor						uble Layer Floor tile & Mastic 7,875 SF							
Name of Registered Waste Hauler AbateTech, Inc.			1.1	NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste G.R.O.W.S. Landfill					4				
City, State				18750		40 Disposal Date		City, State					
Lumberton, NJ					L	8/31/17	Tullytown, P	Δ					
Completed By (Print or Type)	Title						Lanytown, F		0				
Gwendolyn Trumbetti	A-07540		ons C	oordi	nator	Signature		Dat	e				

8		DAT	百百				State of I	Nev	w Jersey								
	1/29403,9	404	19	40	J.	CATIO Pursu	ON OF AS	SB	ESTOS ABA 8:60 and 5:	TEMENT 16)) <u>[</u>	CE		V	E	Tr
ſ	Date of Notification (1)					Nar	ne of Buildi	ing (Owner/Operator	(2)	In	1					11
	8/	10		17				70	0 Union LL	C/ Job #170	4-5	141 6	heck#9	9404	909	1 03,	940
ŀ	Agencies Notified	Type Not	ificatio	on			G 2 eet Address				- 3		-	-	201		1 500
	⊠ EPA	☐ Initial		****			2 Maple A			The state of the s							
-	☑ DOLWD		ded			5.00	, State, Zip					ASBES	TOS	201	VTR:	DL 8	
	☑ DHSS	Amen		210			lorristown						LICEN	SIN	G		2//
	DCA	☐ Emerg			ing		ne of Conta	- 700	3 07 300		т.	T-1	- NI	204		10.025/2000	
	(NJAC 5:23-8)	justific Cance					oon Lee	CL			_	Telephon	ie Numi	ber			
H			mation					200			_						
-	Name of Facility (A/L A)				(0)	F	ACILITY II	NF	ORMATION								
- 1	Name of Facility Where A			ing Pla	ce (3)					Type of Facilit)					
	Former Pharmaceut	icai Buil	aing							School (K-		Other tha	n K-12	ř			
1;	Street Address									Other (i.e.,					uildir	igs,	
L	700 Union Blvd.									homes, etc	:.)						
10	City (5) Totowa, NJ 07512									Square Feet		# of Floo	ors	E	Bldg. /	Age	
-			- 10														
1	County (6)					Cou	unty Code (7	7)(S	TATE USE ONLY)	Current Use (F		0.000	demolis	ned)			
	Passaic							_		Private Bu		ng					
1	Name of Monitoring Firm F		uilding	Owner	(8)	ASCN	/I No.	100		ent Contractor (9	9)						
	Detail Associates, In	ic.							AbateTech, I	nc.							
18	Street Address							Si	treet Address								
L	300 Grand Avenue		_2/57					_	30 Maple Ave								
C	City, State, Zip Code							1	ity, State, Zip Co								
L	Englewood, NJ 0763								Lumberton, N	IJ 08048							
P	roject Manager for Monito	_				ephone		Te	elephone No.			License I	No.				
L	Stephen Jaraczewski	I .					9=6708		609-265-2107			00529	1				
S	tart Date (10)	47	de				ate (11)	12	ame of OSHA M								
	6/19/		(-		and the same of th	1_/		1 1	EMSL Analyti	cal							
	ccupancy Status During A							St	reet Address								
	Facility Closed/Vacated	During En	tire Pe	eriod of	Abate	ement		2	200 Route 13	0 North							
L	Abatement Performed O Time of Abatement:	outside of N	Norma	I Facilit	y Hou	rs - Des		Cit	ty, State, Zip Co	de							
				IVI/			AM Cinnaminson, NJ 08077										
So	cope of Work (Check all th	nat apply)						-		ainment with Negative Pressure							
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf				enovat emoliti					osure	70°			e			
				1600	Loca			=		1.6				Ab	atem	ent T	vpe
	Location of	9			Norma				Description of						_	_	-
	Asbestos-Containing Ma TO BE ABATE	iterial (ACN	VI)	1 655.55	intena	, ,			Containing Mat ermal systems in			Amoun	100	Removal	Repair	Encapsulate	Enclosure
	IN Facility			Cus		Staff?	(1.6.,		surfacing, VAT,			(Specifi SF or Li		oval	=	psu	Sur
	(13)				(12)	1	-		her miscellaneo							late	Θ.
На	allway			Yes	No	N/A	Pipe Ins	ula	tion			900 LF	=				
-	Floor Mechanical Ro						-		0.00								
							Tank Ins		Common Clarity			250 SF			Ц	Ш	
Of	fice attached to Atriur	m					Plaster 0	Ceil	ling			300 SF	=				
	ıfeteria					\boxtimes	Triple la	yer	floor tile & m	nastic		1,820 S	F				
	me of Registered Waste H	Hauler			10000	JDEP V	SS 500 000 000 000		oic Yards of	Name of Regis							
F	AbateTech, Inc.				H	auler IE 18750		Wa:	R1074	G.R.O.W.S	. La	ndfill					
City	y, State					, , , , ,			posal Date	City, State	15.0					-	
L	umberton, NJ							8	/31/17	Tullytown,	PA						
Cor	mpleted By (Print or Type))	Title	-					Signature				Date	<u> </u>			
G	Swendolyn Trumbetti		0	perati	ons (Coordi	nator										

PAID)			State of	New Jersey		ME	S, E	7	V// [EI
X9403 9404	940	3 -			SBESTOS ABA IAC 8:60 and 5:				7 00		
Date of Notification (1)	17	_		HPF VIII	ing Owner/Operator 700 Union LL		4-5141 Chec	k#940	7 2(1, 94		9402
Agencies Notified Type Noti	fication			G 3 eet Address	5		ASBES	TOSC	ONT	BO	2
☑ EPA ☐ Initial			2	2 Maple A	lve.			ICENS			
☑ DOLWD ☑ Amend				, State, Zip							
	Iment # <u>6</u>				n, NJ 07960						
DCA Emerg	ency (incluation)	iding		ne of Conta			Telephone N	lumber			
☐ Cancel			Н	oon Lee							
	W		F	ACILITY I	NFORMATION					2 12	
Name of Facility Where Abatement is	s Taking P	lace (3				Type of Facility	(4)				
Former Pharmaceutical Build	ding					School (K-1					
Street Address		0.00					8 (Other than K			200	
700 Union Blvd.						homes, etc.	orivate and com	merciai	oulidir	igs,	
City (5)						Square Feet	# of Floors	E	Bldg. /	Age	
Totowa, NJ 07512											
County (6)			Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)			
Passaic				•		Private Bui					
Name of Monitoring Firm Hired by Bu	ilding Owr	er (8)	ASCI	Λ No.	Name of Abatem	ent Contractor (9)				
Detail Associates, Inc.					AbateTech, I	Inc.	**				
Street Address					Street Address						
300 Grand Avenue					30 Maple Ave	e. PO Box 25					
City, State, Zip Code		177			City, State, Zip C	ode					
Englewood, NJ 07631					Lumberton, I	NJ 08048					
Project Manager for Monitoring Firm	M	T	elephone	No.	Telephone No.		License No.				
Stephen Jaraczewski			201-56	9-6708	609-265-2107	7	00529				
Start Date (10)	Scheduled	Comp	oletion D	ate (11)	Name of OSHA M	Monitor		D C	377.00		
6 / _19_ / _17_	8	/ _	31_ /	17	EMSL Analyt	ical					
Occupancy Status During Abatement	(Check on	ly one)			Street Address	-)					
☐ Facility Closed/Vacated During Ent					200 Route 13	0 North					
Abatement Performed Outside of N					City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PI	M	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)					_		Table 12.0				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli			Mini-Encl Glovebag			dure			
		Is Loc						Ab	atem	ent T	уре
Location of	. 1	Norm	nally olely by		Description o			R	Z.	m	m
Asbestos-Containing Material (ACN TO BE ABATED	" 1	Mainter	nance/		stos Containing Mai		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	C	ustodia (12	I Staff?	1	surfacing, VAT,	or	SF or LF)	Val	-	sul	sure
(13)	Ye		1	1	other miscellaned	ous)				ate	
Behind Auditorium		3 110		Floor til			532 SF				
Garden Hall West Room				Floor til			308 SF				
Hot Water Loop Room		17		Zadegowa, w - pro-specia	e & Mastic		132-SF				
Former Telecom Rooms					e & Mastic		420 SF	- 1			
Name of Registered Waste Hauler			NJDEP 1			Name of Regist			Ш	ш	Ш
AbateTech, Inc.	and a spinished to the total		Hauler II	O No.	Cubic Yards of Waste	G.R.O.W.S.					
City, State			18750)	Disposal Date	City, State					
Lumberton, NJ					8/31/17	Tullytown,	PA				
Completed By (Print or Type)	Title	25-41-2			Signature			Date			
Gwendolyn Trumbetti	Opera	tions	Coord	inator							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

M	E	C	E		\mathbb{V}	E	n
14				35-71-0-3			
		AHG	1	7	2017		1

Data of Notification (1)				Man	(D. 11-11	- 0	10 1	(0)	AL AL	JG 1	16	U1/	- 1	
Date of Notification (1) 8 /9 /	17	_					wner/Operator ard Of Educ	r (2) cation / Job #17	708-5194 Che	ck #9	400			
Agencies Notified Type Noti	ification			Stree	et Address	(ASBES	TOS	CON	HAC	<u>)!_ &</u>	
☑ EPA ☑ Initial				16	9 Broad S	Stree	et			LICE	ASIM	G_		
☑ DOLWD ☐ Amend			- 1	City,	State, Zip (Code)							
	dment # ency (inclu	uding		Ma	nasquan	ı, NJ	08736							
(NJAC 5:23-8) Justific		ruing	1	Name	e of Contac	ct			Telephone No	umber				
☐ Cance	llation			Ma	tt Hudso	n								
				FA	CILITY IN	VFO	RMATION				-			
Name of Facility Where Abatement is	s Taking P	lace (3	3)					Type of Facility	(4)					
Manasquan HS								School (K-1						
Street Address									8 (Other than K- private and comm		buildir	าตร		
167 Broad Street								homes, etc.		TOTOTAL	Danan	190,		
City (5)						- 1000		Square Feet	# of Floors		Bldg. /	Age		
Manasquan														
County (6)				Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	olished)			
Monmouth								High School	ol .					
Name of Monitoring Firm Hired by Bu	ilding Owr	ner (8)	AS	SCM	No.	Nar	me of Abatem	ent Contractor (9))					
Environmental Connection, In	nc.					Α	bateTech, l	lnc.						
Street Address						Stre	eet Address							
120 Warren Street					100	3	0 Maple Av	e. PO Box 25						
City, State, Zip Code						City	, State, Zip C	ode						
Trenton, NJ 08608						L	umberton, l	NJ 08048						
Project Manager for Monitoring Firm		T	eleph	one l	No.	Tele	phone No.		License No.					
Roland Jones			609-	392	-4200	60	09-265-2107 00529							
Start Date (10)	Schedule					Nan	ne of OSHA M	Monitor						
_8 / _11 / _17	8	- / _	15	/ _	17	E	MSL Analyt	ical						
Occupancy Status During Abatement			77			Stre	et Address						11-27	
Facility Closed/Vacated During Ent						20	00 Route 13	0 North						
Abatement Performed Outside of N Time of Abatement:AM						City,	State, Zip Co	ode						
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Scope of Work (Check all that apply)							П							
≥3 sf or ≥3 if	\boxtimes	Renov	ation				☐ Full Cont		ent with Negative Pressure					
☐ ≥160 sf or ≥260 lf		Demol					☐ Glovebag	Procedure						
						Non-Exempted (*) and Non-Friable Procedure								
Location of			cation nally							A	batem	ent T	уре	
Location of Asbestos-Containing Material (ACN	n) L	sed S		ру	Ashest		Description of ontaining Mar		Amount	Re	Re	E	四	
TO BE ABATED		Mainte ustodia				, then	mal systems i	nsulation,	(Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facility (13)		(1:		1			rfacing, VAT, er miscellaned		SF or LF)	'al		sula	ure	
()	Ye	s N	0 1	I/A		Out	or miscellane	Jusy				te		
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		7								П				
				1							П	П		
		Tn		7										
ame of Registered Waste Hauler			NJDE		aste (Cubic	Yards of	Name of Regist	ered I andfill					
AbateTech, Inc.			Haule			Wast		G.R.O.W.S.						
ity, State			10	100	1		sal Date	City, State						
Lumberton, NJ						400	5/17	Tuliytown, i	PA					
ompleted By (Print or Type)	Title					-	Signature			ate	,	1		
Gwendolyn Trumbetti	Opera	itions	Coo	rdin	ator		an	it	\$ 91-					

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

B & G proj. #: 2017-113

							CHECK	(# 0001							
Date of Notification (1)		I I Name	of Building Ow	ner/Operator (2	2)					n 0	> P				
0 8 / 1 5 / 1 7			n Fleischma				IM E	CE		∥	2				
Agencies Notified Type Notific	cation	Street	Address				114				31	1 1 1			
☐ EPA 🔀 Initia	I					IIG 1	7 20	117	-						
_	ndment		tate, Zip Code				had bro-					-			
X DOH			Basking Ridge, NJ 07920 Jame of Contact Telephone Number NA												
	ellation		h Fleischm	an				וייל ואאידייללו	CINC	-					
				CILITY INFORM	MATIC	N.	====			_		_			
Name of facility where abatemen	nt is takir	ng place (3		SIETT IN OTA			Type of Facility	(4)							
Rich Fleischman	it io tarti	ng place (c	,				Scho	ol (K - 12)	46 4	ho- 1	(10)				
Street Address							200	napter 8 (O (Private/C			-12)				
								/Homes, e	tc.		ldg. A				
City (5)	T	County (6)			Co	ounty Code (7)	Square reet	# 01 11001	5		ug. r	ige			
Basking Ridge, NJ 0792	0	Somers	et		(S	tate use only)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired b	y Bldg. (Owner (8)		ASCM No.		residential Name of Abatement Contractor (9)									
0		B & G Restoration, Inc.													
Street Address						Street Address 105 Ryerson F	Road					1-2-2-35			
City, State, Zip Code						City, State, Zip Code					-				
						Lincoln Park,	NJ 07035								
Project Manager for Monitoring Fir		Telephone Number License Number (973)696-6869 00378													
Scheduled Start Date (10)	S	ched. Com	pletion Date (1	1)	_	Name of OSHA Mon									
08/25/2017		08/26/20	17			B & G Restoration, Inc. Street Address									
Occupancy Status During Abatem	ent (Che	eck only on	e)			105 Ryerson R	oad								
Facility closed/vacated durin						City, State, Zip Code				_					
Abatement performed outside Describe:	le of nor	mal facility	hours-		_	Lincoln Park, NJ 07035									
Other-Describe:					-	LINCOIN Park, IN	3 07035								
Scope of Work (check all that app	ily) I Renov	vation				F. II Cantain									
▼ >3 sf or >3 lf		SCHOOL STATE			_	Full Containment w/neg Mini-enclosure	jative pressure	✗ Gloveb							
		of or ≥260 l	ally used solel	vl		Willin-enclosure		Non-fri	R	R		1			
Location of asbestos-containing	by ma	aintenance			n of	asbestos-containing	Amount		е	е	E n	E n			
material to be abated in facility (13)	staff(material ((Specify S	For	0	p a	c	c			
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basement			×	pipe			15 lf				X	旦			
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Registered Waste Hauler	I	JDEP Hau		Ubic Yards of V	Vaste				Ш	ш	Ц,	Ш			
B & G Restoration, Inc. City, State		19563	Disposal D			City, State	Resource & Re	covery (Cent	er					
Lincoln Park, NJ			08/2	28/2017		Tullytown, I	PA				-				
Completed by (Print or Type) Gordana Luna	Title Secre	etary/Tre	asurer	Signature		Gordana Luna		Date 08/15/	201	7					

															Pr	int For
Ch1205 P.	AII	NOTIFI (P	CATION	tate of Nev N OF ASBE to NJAC	ESTOS A	BATE 12:120	MENT	T .	D	E	C			V [
Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) Margaret Fritz					Annual C.C. Expense of the			AUG	1	7 2	017		1	
X FPA Digitial	EPA Initial							Marie Annua de marie	ASBESTOS CONTROL & LICENSING							
X DOL Amendment Emergency	(including	-	Wood	ate, Zip Co land Par		424				Tala		- Contraction of the Contraction	COURTS OF SEA			
DOH justification) Name of Contact Cancellation Margaret Fritz FACILITY INFORMATION																
Name of Facility Where Abatement is Takin Residential Home	ng Place (3	3)	FAC	ILITY INFO	DRMATIO	N	Тур	e of Faci								
Street Address							×	School Subcha Other (i	pter 8	(Othe	r than	K-12 nercia) I buil	dings,	hom	es,
City (5) Woodland Park								etc.) are Feet 25		# of 2	Floors	3	Bldg. Age 65+/-			
County (6) Passaic				Code (7) USE ONLY)		_		rent Use sidentia			ng dem	nolish	ed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASC	M No.		Name of Abatement Contractor (9) All Stages Abatement										
Street Address	Street Address 280 N. Midland Ave						Ave.	ve.								
City, State, Zip Code			City, State, Zip Code Saddle Brook, NJ 0763													
Project Manager for Monitoring Firm		The state of the s				Telephone No. License No. 201-600-3184 01305										
Start Date (10) 8/14/17	mpletion Date (11) Name of				me of OSHA Monitor											
Occupancy Status During Abatement (Chec		Street Address					ess									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	City, State, Zip Code															
Scope of Work (Check All That Apply)	_						,					-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emolit		- an oontammont marriagative ricosa							-0						
Location of	Locati	ally				ription of			oted (*) and Non-Frial			Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos Co (i.e. therm				scription of staining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)				Amount (Specify SF or LF)		2	Remova	Repair	Encapsulate	Enclosure	
Kitchen	No	N/A		Linala	F	lass				0.05				ate	-e	
NIOHEH		Х			Linoleu	ım F	ioor			15	6 SF		Х			
Name of Registered Waste Hauler All Stages Abatement		H	JDEP W auler ID 36592	No.	Cubic Ya of Waste 2 CU				of Re	@//G52.1/			Lan	dfill		
City, State Saddle Brook, NJ 07663					Disposal TBD	Date	Date City, State Pen Argyl, PA 18072									
Completed by Richard Cristofol	pleted by Title						Date 8/14/17									

Date of Notification (1) Street Address Street Address Scheduled Completion Date (1)	0.1/ 1/0		PA	M		ate of New Jerse		Recommend on the contract of t	n_E	i C		V	Pri	nt-Forr	
Street Address Stre	Unlo	104	a 4 A.						Ñ'	AUC 1	7	2049		The second secon	
Project Manager for Monitoring Firm							Operator	(2)		MUO	- 1	ZUI			
City, State, Zip Code County Code (?) County Code (?) County (6) County (200			Street A	ddress									
DOH	DEP X DOL	Amended Amendment					052								
Name of Facility Where Abatement is Taking Place (3) Residential Home Street Address □ School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other Institute Place of Street Address) Subchapter 9 (Other Leave No. 1900 Subchapter		justification)	-							-					
School (K-12) Subchapter 8 (Other than K-12) Side (Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Side (Subchapter 8 (Other than K-12) School Side (Subchapter 8 (Other than															
School (K-12) Subhapher 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Other (ii.e. private & commercial buildings, homes, etc.) Other if being demolished) Other			g Place (3)				Type of Facility	(4)						
Steet Address								Subchapte Other (i.e.	r 8 (Othe			ildings,	home	es,	
Residential Home	**************************************	<u> </u>			Square Feet # of Floor										
Street Address Street Address Street Address 280 N. Midland Ave. City, State, Zip Code City, State, Zip Code Saddle Brook, NJ 0763 Project Manager for Monitoring Firm Telephone No. 201-600-3184 License No. 01305 Start Date (10) 8/23/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 A.M to 4 P.M Scope of Work (Check All That Apply) 23 sf or ≥3 lf 2160 sf or ≥260 lf Renovation Demolition Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) Asbestos Containing Material (ACM) (12) Yes No N/A NIA Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)															
City, State, Zip Code City, State, Zip Code City, State, Zip Code Saddle Brook, NJ 0763 Project Manager for Monitoring Firm Telephone No. 201-600-3184 City State, Zip Code Saddle Brook, NJ 0763 Telephone No. 201-600-3184 City State Start Date (10) 8/23/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 A.M. to 4 P.M. Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Location of Asbestos-Containing Material (ACM) IO BE ABATED In Facility (13) Ves No N/A Nane of OSHA Monitor Street Address City, State, Zip Code City, State, Zip		rm Hired by Building	I No.												
Project Manager for Monitoring Firm Telephone No. Telephone No. 201-600-3184 License No. 01305 Start Date (10) 8/23/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: 8 A.M to 4 P.M Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A To Be Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Tin Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Street Address														
Start Date (10) 8/23/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 A.M to 4 P.M Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 If ≥ 160 sf or ≥260 If Street Address	City, State, Zip Code														
8/23/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 A.M to 4 P.M Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 8/26/17 Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A N/A	Project Manager for M	onitoring Firm		Telepho	ne No.	100000000000000000000000000000000000000				lo.					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 A.M to 4 P.M Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Scope of Work (Check All That Apply)					npletion I	Date (11)									
Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 A.M to 4 P.M Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If X Renovation Demolition X Re	Occupancy Status Du	ring Abatement (Chec	k Only O	ne)			Address	ess							
≥3 sf or ≥3 If	Abatement Perfo		City, State, Zip Code												
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Type Repair Repair Type Type Type Type Type Type Type Type Type		f.		Mini-Enclosure Slovebag Procedure											
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Repair	Locat	ion of	lls.			n of									
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	Rase	ment	Yes		N/A	Pi	ne Wr	an	6 L F	×	-				

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	ler ID No. of V		Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Saddle Brook, NJ 07663			Disp TBI	oosal Date	City, State Pen Argyl, P	A 18072					
Completed by Richard Cristofol	Title Preside	ent		Signature	1/1	Date 8/14/17					

B & G proj. #: 2017-112

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

NON Sub 8 work

PAID Check # 8529

Date of Notification (1)		l Nama a	f Building Ou	ner/Operator (2	11											
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Agencies Notified Type Notific	ation	Street A														
EPA Initia	.	TOWN DESCRIPTION	Box 500					AUG 1	7 2	017						
☐ DEP ☐		City, Sta	P.O. Box 500 AUG 1 7 2017													
X DOL Amen	idment	Hibe	ernia, NJ 07	POTOS	001		1 0									
X DOH		Name of	Contact		***************************************		Télènho	ne Numb	STOIN	G	11					
DCA Cance	ellation	Miad	d Ghaffari /	C. Dougher	ty C	0.				_						
			FAC	CILITY INFORM	IATIC	N	-									
Name of facility where abatemen	t is taking	place (3)					Type of Facility									
Catherine A Dwyer Eleme	entary S	chool						ol (K - 12								
Street Address								napter 8 (0 Private/0			12)					
665 Mt. Hope Avenue							Bldgs	./Homes,	etc.		da /	\				
City (5)	Co	ounty (6)			Co	ounty Code (7)	Square Feet	# of Floo	ors		dg. A	ige				
Wharton, NJ	N	Morris			50/0500	tate use only)	Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by				ASCM No.	L.,	Name of Abatement (school (non	sub 8)	sub 8)							
rame of monitoring ram raise b	, Diag. On	mor (o)		n/a		B & G Restorati	POSSON VICTOR (1990 POSSON NO N									
Street Address					-	Street Address	on, mc.									
						105 Ryerson R	oad									
City, State, Zip Code						City, State, Zip Code		COLUMN VIII		AND POS						
- · · · · · · · · · · · · · · · · · · ·			Phone Numb			Lincoln Park, N	NJ 07035									
Project Manager for Monitoring Fir		Telephone Number (973)696-6869 License Number 00378														
Scheduled Start Date (10)		Name of OSHA Monit B & G Restorati														
08/25/2017	08	3/26/201	7			Street Address										
Occupancy Status During Abateme			S			105 Ryerson Road										
Facility closed/vacated durin Abatement performed outsid						City, State, Zip Code	е									
Describe:					_	Lincoln Park, N.	J 07035									
Scope of Work (check all that app	oly)															
☐ Demolition	Renovat	tion				Full Containment w/nega	ative pressure	X Glove	bag pr	ocedu	ire					
\times >3 sf or >3 lf	≥160 sf c	or <u>≥</u> 260 If			X	Mini-enclosure	[Non-f	riable	огосе	dure					
Location of		on norma	lly used solely	/			T		R	R	Е	E				
asbestos-containing material to be	staff(12		Justoulai	Description material (asbestos-containing	Amount (Specify S	F or	m	e p	n c	n				
abated in facility (13)	Yes	No	N/A	material ((Civi)	6	LF)		o v	a i	a p	L				
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					-	2 Marie (III - 100 - 200 - 100 - 200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -										
Registered Waste Hauler	INITE	JED III-	25/10# 1.0	ubic Yards of V	Vanta	INIomo of Desires 11	and fil									
B & G Restoration, Inc.	NJL	DEP Haule 19563	er ID# C	ubic Yards of v	vastė		andfill Resource & Re	coverv	Cent	er						
City, State Lincoln Park, NJ			Disposal D 08/2	ete 28/2017		City, State Tullytown, P										
Completed by (Print or Type)	Title			Signature		Gordana Luna		Date								
Gordana Luna	Secreta	ary/Trea	surer			Jordana Zuna		08/14	1/201	7						

0 1000							_					۲	rint F
CK# 8399	PA	ITON	FICATIO	State of Ne DN OF ASB nt to NJAC	ESTOS	ABATE	MENT 0)	DE	CE	7	V E		7
Date of Notification (1)			Name PSE	of Building &G	Owner/	Operator	(2)		AUG 1	7 20	17		圳
Agencies Notified Type Notification				Address	, DO 1		***************************************					T	+
EPA Initial Amended				HADLE		.D		ASE	ESTOS C			&	
X DOL Amendment				TH PLAII		D, NJ (7080		LICEIV	SHYO			
DOH Emergency (justification)		ng	Name	of Contact	_			-				-	1
DCA Cancellation				MES			INA	-0					
Name of Facility Where Abatement is Taking	g Place	(3)					Type of Fac	ility (4)		300000			
Street Address							School Subcha		her than K-1	12)			
14 BROADWA	V						Other (etc.)	i.e. private	& commerce	cial bui	ldings,	hom	ies,
PATERSON	7						Square Feet		of Floors	T	Bldg. A		
County (6)			County	/ Code (7)			Current Use	(Prior if be	eing demolis	hed)	PPX	97	7yr
PASSAIC				USE ONLY					AT: OF	1.00			
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8	8)	004	M No.			of Abatement QUE SYSTI	Contracto	or (9)				
Street Address						Street	Address						
64 BROAD STREET City, State, Zip Code				W			WHITEHEA		9				
MATAWAN, NJ 07747							tate, Zip Code TH RIVER,		82				
Project Manager for Monitoring Firm TOM GEIGER				one No. 90-2217		No. of the Control of	one No. 132-8350		License N	10.			
Start Date (10)	Schedu	iled Co		Date (11)		Name	of OSHA Mon						
Occupancy Status During Abatement (Check	Only	7///	11:	7			UE SYSTE	EMS OF	AMERIC	Α			
Facility Closed/Vacated During Entire Po	erind of	Ahater	ment				Address VHITEHEA	D AVE.					
Abatement Performed Outside of Normal Other – Describe: NECESSARY	al Facilit	V Hour	9	DNLY			ate, Zip Code		w/ = 0.				
Scope of Work (Check All That Apply)	7			1		SOU	TH RIVER,	NJ 088	82				
≥3 sf or ≥3 f	\boxtimes	Renova	ation				Full Contai	nment wit	h Negative F	Precei	re		
≥160 sf or ≥260 lf		Demoli	tion			×	Mini-Enclos Glovebag F	sure		10000			
	1					×	Non-Exem	pted (*) ar	d Non-Friab	le Pro	and the second		
Location of		s Locat Norma	lly		Doo		- 5				Abater Typ		ě
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena			os Conta		aterial (ACM)		mount			Ш	_
In Facility (13)	Cus	todial 8 (12)	Staff?		surfaci	ing, VAT			Specify or LF)	Remova	Repair	Encapsulate	Enclosure
()	Yes	No	N/A		otner m	iscellane	eous)			oval	air	sulate	sure
BASEMENT +1 of Fle. STAIRWGI		X		ρ:ρ€	7.,,	. 117	0.1		1,515	~		**	
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BASEMENT		X		Fire				1	605F			1	
Name of Decision 114												+	
Name of Registered Waste Hauler		1000	JDEP W auler ID	2000 PM	Cubic Y of Wast				red Landfill				
ETGI City, State		0	0069	2061	APPX	20		WS NOI	RTH				
FLANDERS. NJ					Disposa TB		City, S MOR	^{tate} RISVILL	E, PA				
Completed by CAROL RAIMO	Title	OF 14	A N I A C			nature	1	•	Dat	e /	. /		-
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Print Form

OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 8 15 PENNSVILLE SCHOOL DISTRICT 2017 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 30 CHURCH STREET ASBESTOS CONTROL ☑ DOLWD City, State, Zip Code LICENSING Amendment #3 **⊠** DOH PENNSVILLE NJ 08070 ☐ Emergency (including □ DCA Name of Contact - Nimher justification) (NJAC 5:23-8) ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENN BEACH ELEMENTARY SCHOOL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 96 KANSAS ROAD homes, etc.) City (5) Square Feet # of Floors Bldg. Age **PENNSVILLE** >50,000 50+ 1 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HEALTH AND SAFETY SERVICES DELTA/BJDS, INC Street Address Street Address 318 12TH STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HAMMONTON NJ 08037 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. AL OSWALD 609 704-8850 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 13 / 17 9 / 5 / 17 **CRITERION LABS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-PM/4:30PM-BENSALEM PA 19020 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclosure Remova Repair Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount ncapsulate 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 **ROOM 123** \boxtimes PIPE INSULATION X 6LF **ROOM 124** X PIPE INSULATION 6LF **ROOM 125** \boxtimes PIPE INSULATION 6LF M UNIT VENTILATORS M FLOOR TILE ASSOCIATE WITH UV 234 X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GRP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Date Signature MICHAEL PARSON PROJECT MANAGER

State of New Jersey

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 20 17 PENNSVILLE SCHOOL DISTRICT AUG 1 7 2017 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 30 CHURCH STREET **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #2 ASBESTOS CONTROL & PENNSVILLE NJ 08070 ☐ DCA ☐ Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENN BEACH ELEMENTARY SCHOOL School (K-12) Street Address Subchapter 8 (Other than K-12) 96 KANSAS ROAD Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age PENNSVILLE >50,000 1 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HEALTH AND SAFETY SERVICES DELTA/BJDS, INC Street Address Street Address 318 12TH STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HAMMONTON NJ 08037 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. AL OSWALD 609 704-8850 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __6__ / __13__ / __17 8 / 31 / 17 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-___PM/4:30PM-__AM BENSALEM PA 19020 Scope of Work (Check all that apply) ≥3 sf or >3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Removal Encapsulate Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A **ROOM 123** X PIPE INSULATION 6LF X П **ROOM 124** \boxtimes PIPE INSULATION M 6LF П **ROOM 125** \boxtimes П PIPE INSULATION 6LF X П UNIT VENTILATORS M FLOOR TILE ASSOCIATE WITH UV 234 Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GRP Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Signature MICHAEL PARSON PROJECT MANAGER

State of New Jersey

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State of New Jersey 0964-02 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 19 / 17 PENNSVILLE SCHOOL DISTRICT Agencies Notified Type Notification AUG 17 Street Address 2017 **⊠** EPA ☐ Initial ☑ DOLWD 30 CHURCH STREET ■ Amended **⊠** DOH City, State, Zip Code ASBESTOS CONTROL & Amendment#1 ☐ DCA ☐ Emergency (including PENNSVILLE NJ 08070 LICENSING (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation Telephone Number Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION PENN BEACH ELEMENTARY SCHOOL Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) 96 KANSAS ROAD Other (i.e., private and commercial buildings, City (5) homes, etc.) PENNSVILLE Square Feet # of Floors Bldg. Age County (6) >50.000 1 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) 50+ SALEM Name of Monitoring Firm Hired by Building Owner (8) SCHOOL ASCM No. HEALTH AND SAFETY SERVICES Name of Abatement Contractor (9) Street Address DELTA/BJDS, INC 318 12TH STREET Street Address City, State, Zip Code 1345 INDUSTRIAL BLVD HAMMONTON NJ 08037 City, State, Zip Code Project Manager for Monitoring Firm SOUTHAMPTON, PA 18966 Telephone No. Telephone No. AL OSWALD License No. 609 704-8850 Start Date (10) 215 322-2900 Scheduled Completion Date (11) 00783 6 / 13 / 17 Name of OSHA Monitor 8 / 31 / 17 Occupancy Status During Abatement (Check only one) **CRITERION LABS** ☐ Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 400 STREET ROAD Time of Abatement: 7AM-___PM/4:30PM-__AM City, State, Zip Code Scope of Work (Check all that apply) BENSALEM PA 19020 $\square \ge 3$ sf or ≥ 3 If 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 Used Solely by Description of TO BE ABATED Asbestos Containing Material (ACM) Maintenance/ Repair Removal Encapsulate Enclosure IN Facility (i.e., thermal systems insulation, Amount Custodial Staff? (Specify (13)surfacing, VAT, or (12)SF or LF) other miscellaneous) Yes No N/A **ROOM 123** X PIPE INSULATION **ROOM 124** 6LF \boxtimes X PIPE INSULATION **ROOM 125** 6LF X X П PIPE INSULATION 61 F П X Name of Registered Waste Hauler NJDEP Waste X SERVICE TRANSPORT GRP Cubic Yards of Name of Registered Landfill Hauler ID No. Waste City, State 20990 MINERVA LANDFILL 58 PYLES LANE NEW CASTLE DE 19720 Disposal Date

ASB-41 JAN 13

Completed By (Print or Type)

MICHAEL PARSON

PROJECT MANAGER

Signature

City, State

WAYNESBURG, OH 44688

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

Date of Notification (1) Service Address Date of Notification (2) Appendies Notified Type Notification Street Address 30 CHURCH STREET AUG 7 2017 Appendies Notified Street Address 30 CHURCH STREET Aug 7 2017 Appendies Notified DOA DOA Amounted Amounted City, State, 2p Code PENNSVILLE, NJ 08070 ASSESTOS CONTROL & PENNSVILLE, NJ 08070 ASSESTOS CONTROL & PENNSVILLE School (1-12) School (1-	Of		A.	OTIEIC	Star	te of New Je	ersey					L	THE PROPERTY OF
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Date of Notification (1) 08-09-17				Building Own		(2)		LL AL	Jb 1	1 20	2 4	ken
Agencies Notified Type Notification		100.7	Street Ad 1233 K	ldress ennedy Bl	lvd.			ASBES	STOS	CONT	ROL	. &
EPA Initial Amended Amendment	t#			e, Zip Code Bergen, NJ	07047				VILLEY Z. HILL		NIII NIII NIII NIII NIII NIII NIII NII	
Emergency justification) DCA Cancellation		100	lame of	Contact lammer				Telephone N	Number			
_ BOA	•		FACIL	ITY INFORM	MATION			1				
Name of Facility Where Abatement is Takir Private Home	ng Place (3)					Тур	e of Facility (4 School (K-12					
Street Address			200				Subchapter of Other (i.e. pr	8 (Other than K ivate & comme		ldings,	home	s,
City (5) North Beregen					-	Squ	etc.) are Feet	# of Floors		Bldg. A	ge	
County (6) Hudson			County C	Code (7)		Cun	rent Use (Prio	I r if being demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.	200000000000000000000000000000000000000		ntracting LI					
Street Address						t Addr						
City, State, Zip Code							Zip Code ty NJ 0708	7				
Project Manager for Monitoring Firm		1	Γelephor	ne No.	Telep	hone		License 01206				
Start Date (10) 08-21-17	Scheduled		pletion [Date (11)	Name	e of OS	SHA Monitor ntracting LI					
Occupancy Status During Abatement (Che						t Addr						
Facility Closed/Vacated During Entire			ent		522	7th S	St.					******
Abatement Performed Outside of Nor Other – Describe:					20,257,50,000		Zip Code ity NJ 0708	7				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				_ N	Aini-Enclosure Blovebag Prod	edure				
	1					e 1	lon-Exempted	(*) and Non-F	riable Pr		re ement	
Location of	No	ocatio	у		Descriptio	n of					уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solet ntenan dial S (12)	nce/	(i.e. the	Containing ermal syster surfacing, V ther miscella	ns insi AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Roof Flas	hina		400 SF	X	-	0	
Roof	+	X			ROUI Flas	ming		400 01	- 1	-		
Name of Registered Waste Hauler		N	JDEP W	/aste (Cubic Yards		Name of	Registered Lan	dfill			
Delfa Contracting LLC		1 000	auler ID 3524	No.	of Waste 5		Tullytov	vn Resource		very l	Facili	ty
City, State Union City, NJ					Disposal Dat 08-24-17		City, Stat					
Completed by Jaime Delgado	Title Proj. N	Mana	ager.		Signatu	ire	ff		Date 08-09	-17		

PAID

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

CHECK # 24372/5957

Date of Notification (1)		W			of Building (F	F	@ I	7	7 П	\// [2 F
08-09-17					ge & Rock	kland	Utilities	S			E	6	5	1	<u> </u>	5
Agencies Notified	Type Notification				Address e Hill Plaz	72				113						-
EPA DEP	Initial Amended		-	18/10/19/19	ate, Zip Coo	-					A	UG	1	7 2	017	
X DOL	Amendmen				River, N		65			led is						
X DOH	Emergency justification)				of Contact	97				Te	ephone	Num	jer,	MO	TRO	1 &
☐ DCA	Cancellation	1			d Friedle		1011		<u> </u>			Sent Ser	See 1 W			
Name of Facility Where A	batement is Takir	ng Place (3)	FAC	ILITY INFO	KWAI	ION	Туре	of Facility	(4)						
E95/									School (K-	12)						
Street Address									Subchapter Other (i.e. p				build	dinas	home	20
275 West Grand Ave	enue	din						_ (etc.)							
City (5) Montvale								Squai	re Feet	# 0	f Floors		B	ldg. A	Age	
County (6)		W.			Code (7)			Curre	nt Use (Pri	or if bei	ing dem	olishe	d)			
Bergen				(STATE	USE ONLY)		_		R Substat							
Name of Monitoring Firm I Roco Rescue, Inc.	Hired by Building	Owner (8))	ASC	M No.				tement Cor							
Street Address								Addres	nvironm	entai	Corp.				-	
7077 Exchequer Driv	/e								Street							
City, State, Zip Code									p Code							
Baton Rouge, LA									NJ 0707:	2						
Project Manager for Monitor Dennis O'Connell	oring Firm			Telepho 1-800-	ne No. -406-7626	6	Teleph 201-9	one No 939-6:			Licens 0075					
Start Date (10)		Schedul	ed Con		Date (11)				A Monitor							
07-20-17(2)08-21-17		(2)09-3					EMS	L Ana	ılytical, Ir	ic.						
Occupancy Status During	Abatement (Ched	k Only Or	ne)				Street		s 38th Stre	ot						
Facility Closed/Vacate Abatement Performed	ed During Entire	Period of	Abaten	nent			170074.E		p Code	et						
Other – Describe:		nai i doini	7 1 10 01 10			_	E 5000		NY 100	18						
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf			Renova				×	Full	Containme	ent with	Negativ	ve Pre	ssur	e		
× ≥160 sf or ≥260 lf		×	Demolit	ion			Ê	Glo	i-Enclosure vebag Prod	cedure						
								Nor	n-Exempted	d (*) and	d Non-F	riable		55.57	e ement	
Location of	, f		Locati Vormal			Doc		-6							ре	
Asbestos-Containing M	faterial (ACM)		d Sole			s Cont	scription aining M	laterial			mount				E E	-
TO BE ABAT In Facility		- 1000	todial S		(i.e. ti		systems cing, VA		tion,		pecify or LF)		Remova	Repair	псар	inclo
(13)			(12)			other m	niscellan	eous)					oval	oair	Encapsulate	Enclosure
		Yes	No	N/A											e)	
Ground: Electi	ric Box			Х	El	lectric	Cable	Wrap)	1,5	500LF		х			
Name of Registered Waste				JDEP W auler ID	-000	Cubic of Was			Name of I							
ATC, Inc. / JBT (5007)	1)		1	1310	(ACC046)	TBD			Minerva		rprises	5				
City, State Shirley, NY / Bronx, N	Υ					Dispos TBD	sal Date		City, State Waynes		OH 4/	4688				
Completed by		Title					ignature	11)	- vaynes	Joury,	7	Date				
Kevin Moriarty			ct Ma	nager			1	111	Af	1		08-0	9-1	7		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 12:120)

(Pursuant to NJAC 8:60 and 12:120) CHECK# 1707

TO BOTH THE PARTY OF

Date of Notification (1) 08/10/2017	ATD	N:	ame of Build	ing Owner	Operato	or (2)	ZI I LOIN	T II	<i>J I</i>		
Agencies Notified Type Notification	BARD		MAPLEW(.LC	and the same of th	DEC	EI	\mathbb{V}	ET	
☐ EPA Initial	77		000 MAP		D DRIV	VE	KIT			matter com	
DEP Amended Amendmen	t#	Ci N	ty, State, Zip IAPLE SH	Code HADE NJ	08052	2	L AU	G 17	2017	1 4	
DOH justification Cancellation			me of Conta	act		and the same of th	-Telepho	one Numb	er	_	
			FACILITY I	NFORMAT	ION			ICENSI	VG -		
Name of Facility Where Abatement is Takir PARK CROSSING APARTMENT	ng Place (3) HOMES			Ordinari	1011	Type of Facili	ty (4)				
Street Address 2000 MAPLEWOOD DRIVE						School (Subchar Other (i.e.	K-12) oter 8 (Other the e. private & co	an K-12) mmercial l	ouilding	is hor	mae
City (5) MAPLE SHADE						etc.) Square Feet 800	# of Flo			Age	1103,
County (6) CAMDEN	02.5		unty Code (7			Current Use (Prior if being d	emolished	\		
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8)	- /	ASCM No.		Name	of Abatement (SURED ENV	Contractor (9)			C INI	
Street Address 1012 INDUSTRIAL DRIVE					Street	Address CLEMS RUI		ALOLII	VICE	2 11/0	<i>)</i> .
City, State, Zip Code WEST BERLIN NJ 08091					City, S	State, Zip Code LICA HILL N					
Project Manager for Monitoring Firm MATT DEPALMA		Tele 85	ephone No. 6-809-120	02	Teleph	none No. 304-4676	Lice	ense No.			
Start Date (10) 08/11/2017	Scheduled 08/11/20	Comple 17	tion Date (1	1)		of OSHA Monito					
Occupancy Status During Abatement (Chec					Street	Address					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility H	atement ours			City, S	RT. 130 NOF					
Scope of Work (Check All That Apply)					CINI	NOSNIMAN	NJ 08077				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	The same of the sa	ovation nolition			2	Mini-Enclosu Glovebag Pr					
		cation					Jana Hon	I-I Hable F	Abat	ement	t
Location of Asbestos-Containing Material (ACM)	Used S	mally Solely by	Asbe	Des	cription	of aterial (ACM)	A		T	ype	
TO BE ABATED In Facility (13)	Custod	enance/ ial Staff1 (2)	1 / / /	e. thermal s surfac	systems ing, VAT iscellant	insulation, Γ, or	Amoun (Specify SF or LF	y z	Repair	Encapsulate	Enclosure
10.041/14/000 41/4/000	Yes N	lo N						<u>a</u>		late	ire
13 OAKWOOD-LAUNDRY ROOM		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		JOINT C	OMPO	DUND	64 SF	Х			
									-		
Name of Registered Waste Hauler									-		
ASSURED ENVIRONMENTAL SER	VICES		P Waste ID No. 395	Oubic Y of Wast 4		V 0.00 (0.00	Registered La RVA LANDF				
City, State MULLICA HILL NJ				Disposa 08/11/		City, Sta WAYN	te ESBURG, (DH			
Completed by RON SWANSON	Title GENER	AL MA	NAGER	Sig	nature	Luxely	XW OO MX	Date 08/10	/2017		

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

CHECK# 1673

Date of Notification (1) 01/01/2017		ı	Name of MAPL	Building C EWOOD	wner/O	perator C	(2)	ME	C		\mathbb{V}		n		
Agencies Notified Type Notification EPA Initial				MAPLEV		DRIV	E		4110	17	2017			And the second second second	
DEP Amended Amendmen Emergency		_	MAPL	te, Zip Coo E SHAD	te ENJ(08052		The second secon							
DOH justification Cancellatio)		MAUR	Contact REEN W				ASE	HSTER	phone	Numb	et 8	ξ 		
Name of Facility Where Abatement is Taki	na Place (3)		FACI	LITY INFO	RMATI	ON	Туре	of Facility (4	4)						
PARK CROSSING APARTMENT	HOMES							School (K-1: Subchapter		er than	K-12)				
Street Address 2000 MAPLEWOOD DRIVE							V	Other (i.e. p etc.)	rivate 8	comm	nercial		127.7.7		¥S,
City (5) MAPLE SHADE			4				800		1	Floors		5	ldg. A	ge 	
County (6) CAMDEN			County (Code (7) USE ONLY)			RE	ent Use (Prid SIDENTIA	or if bein	ng dem ARTM	olishe IENT	d) S			
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8)		ASCN	l No.		Name ASS	of Aba	atement Con D ENVIRO	tractor ONME	(9) ENTAL	SE	RVIC	CES	INC	
Street Address 1012 INDUSTRIAL DRIVE	engonomi (Pictory (Lawa					Street 570		ess MS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		i i				City, S MUL	State, 2 LICA	Zip Code A HILL NJ	08062	2					
Project Manager for Monitoring Firm MATT DEPALMA			Telephor 856-80	ne No. 09-1202			one N -304-	lo. 4676		Licens 0114	se No. 15				
Start Date (10) 01/10/2017	Schedule 12/31/2		pletion l	Date (11)		Name EMS		HA Monitor							
Occupancy Status During Abatement (Che						Street 200	Addre	ss 30 NORT	Ή						
Facility Closed/Vacated During Entire Abatement Performed Cutside of Nor Other – Describe: UNIT VACANT DU	Period of A mal Facility JRING ABA	batem Hours TEME	ent NT		_	City, S	State, 2	Zip Code INSON N		77	4				
Scope of Work (Check All That Apply)						-	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE	enovat emoliti		e.		2	Mi Gi	ill Containme ini-Enclosure ovebag Proc on-Exempted	edure						
	Т.					<u>F</u>	1 NO	on-exempted	() and	-non-r	nable		Abate		
Location of	N	Location Locati	у		Des	scription	of						Ty	pe	
Asbestos-Containing Material (ACM)	Mai	d Solel ntenar	109/			aining N	<i>Nateria</i>	il (ACM)	200	mount specify		70		E	m
TO BE ABATED In Facility	Cust	odial S (12)	itaff?	(1.8.	surfac	cing, VA	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other n	niscellar	neous)					val	₹.	ulato	enn
THROUGHOUT ENTIRE	195	NO	X	.1	OINT	COMP	OUN	ID	30	80 SF	:	x			
COMPLEX	+		-			ORT			50	00 SF	=	X			
					N	ASTI	0		50	00 SF	=	X			
Name of Registered Waste Hauler			JDEP W			Yards		Name of							
ASSURED ENVIRONMENTAL SE	RVICES	0	auler ID 03489	No. 5	of Wa		7	MINER		NDF	ILL				
City, State MULLICA HILL NJ					12/3	sal Data 1/2017		City, State		RG, C					
Completed by RON SWANSON	Title GEN	ERAL	_ MAN	AGER	8	ignatuf:	Name of the second		ONO:	M	Data 01/		2017		

		A CT	TH	7											
Ch 236	9	PA		CATION	te of New OF ASBE to NJAC 8	STOS A	ABATE		Antonio propositione de l'internatione de l'inte	Dr	E C [\mathbb{V}		M
Date of Notification (1) 8-11-2017					Building Cod Dev			(2)	Adjusted to the re-		AUG	1 7	2017	1	
□ EPA □	e Notification	110			ddress Inton Str					L	SBESTO			OL 8	
DEP X	Amended Amendment	# 3			en, NJ 0						LIU	ENSI	80	-	-
	Emergency (including		Name of	Second and Description	200000				Tele	ephone Nu	mhor			
× DOH □	justification) Cancellation		1	Kyle W	inschuc	h				120					
				FACIL	ITY INFO	RMATI	ON							53	
Name of Facility Where Abate	ement is Takin	g Place (3)						Туре	of Facility (4)					
Commercial									School (K-1 Subchapter		or than K 1	2)			
Street Address 720 Clinton Street								×	Other (i.e. p etc.)				dings,	home	s,
City (5) Hoboken, NJ 07030								Squa 4000	re Feet 00	# of	Floors	1.0753	ldg. A	ge	
County (6)				County C				Curre	ent Use (Pri	or if bei	ng demolis	hed)			
Hudson				(STATE U	ISE ONLY)	-									
Name of Monitoring Firm Hire	d by Building (Owner (8)		ASCM	No.				tement Cor vironmen			_C			
Street Address								Addre: Virgin	ss ia Avenu	e					
City, State, Zip Code							City, S	State, Z	ip Code		il i decessione				
	-	- W		T-1	- N-		100000000000000000000000000000000000000	-	y, NJ 073	504	License N	lo.			_
Project Manager for Monitorin	ng Firm			Telephor			201-	hone N 33-88	55		01174	10.			
Start Date (10) 8-14-2017		Schedule 8-18-20		pletion [Date (11)				HA Monitor above						
Occupancy Status During Aba	atement (Chec	k Only On	e)				Street	Addre	SS						
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire I outside of Norm	Period of A nal Facility	batem Hours	ent		_	City, S	State, Z	ip Code		200101				
Scope of Work (Check All Tha	at Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	22 52	× R	enova emolit					→ Mi	II Containm ni-Enclosur ovebag Pro	е	Negative	Pressu	re		
							L	_ No	n-Exempte	d (*) an	d Non-Frial	ble Pro			
Location of		N	Locati Iormal	ly		De	scription	n of					Abate Ty	ment pe	
Asbestos-Containing Mate			d Sole			tos Conf	taining I	Vateria	I (ACM)		mount			m m	т
TO BE ABATE!	D		odial S		(i.e.	thermal surfa	system cing, V		ation,		Specify F or LF)	Remova	Repair	cap	nclo
(13)			(12)				niscella				,	ova	Dair	Encapsulate	Enclosure
		Yes	No	N/A										te	· ·
1st Floor SW co	orner		Х			Asbe	stos D	ebris		2	00 SF	x			
			20000												
Name of Registered Waste H	lauler		0.03.633	IJDEP W		A Company of the Comp	Yards		Name of	Regist	ered Landfi	II		0	
Green Environmental Se	ervices, LLC		100000	lauler ID 034889		of Wa					North La	ndfill			
City, State Jersey City, NJ						Dispo 8-18-	sal Date	Э	City, Sta Morris		ΡΑ				
Completed by		Title				1	Signatur	·e	1,101113			ate		-	
Liliana Serrano		7.855.655	e mai	nager					Jern	De	8 كىر	ate -11-2	017		

												Pri	nt Form
Chart	P		ATION	of New Je OF ASBEST to NJAC 8:60	OS ABATE			DE	G			7 [5	
Date of Notification (1)	14/17	1	-	Building Own	er/Operator	(2) he		The state of the s	AUG	1 7	20	17	P
Agencies Notified Type	Notification	S	Street Ad	ddress		- 6		120	BESTO	201	ONT	BOI	2
T DEP	nitial Amended		City, Sta	te, Zip Code	1	, —	1700	7 / 400	LIC	ENS	ING		<u> </u>
	Amendment # Emergency (includir	ng N	lame of	Contact	-, 10	J	000	Telepho	ne Numi	per			
	ustification) Cancellation		Eric Pl	ARCHEROVE			1311 - 130x - 1245	_					
Name of Facility Where Abatem	ent is Taking Place	(3)	FACII	LITY INFORM	ATION	Туре	of Facility (4)					
Street Address	2						School (K-1 Subchapter	2) 8 (Other tha	an K-12)				
Officer / ladi esc						lП	Other (i.e. p etc.)	rivate & con	nmercial	build			S,
City (5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	re					12	re Feet	# of Floo			dg. A	ge)	
County (6)	esex			Code (7) USE ONLY)		Curre	ent Use (Prid	or if being de	emolishe	d)			
Name of Monitoring Firm Hired	by Building Owner	(8)	ASCN	I No.			atement Cor Istries Inc	100 (0)					
Street Address						Addre							
City, State, Zip Code			7.75 EEE - 310			. Box State, Z	ip Code						
							w Jersey		ense No				
Project Manager for Monitoring	Firm		elephor	ne No.		hone N 2)899-		14 55500	196				
Start Date (10) 8 14 17	Sched	S S	pletion I	Date (11)	Name	of OS	HA Monitor						
Occupancy Status During Abate					Street	Addre	ss						
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	iring Entire Period o side of Normal Faci	Ity Hours	ent		City, S	State, Z	ip Code						
Scope of Work (Check All That A	Apply)	,				_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovati Demolitio				Mi Gl	ni-Enclosure ovebag Prod	cedure					
		Is Location	_		L	_ No	n-Exempted	d (*) and No	n-Friable		Abate	ment	
Location of		Normally Ised Solely	/		Description						Ту		
Asbestos-Containing Materia TO BE ABATED	al (ACIVI)	Maintenan ustodial St	ce/	(i.e. ther	Containing I mal system urfacing, VA	insul		Amour (Speci SF or L	ify	Ren	Re	Encapsulate	Enclosure
In Facility (13)		(12)			er miscella			01 01 1	-' /	Removal	Repair	sulate	osure
	Yes	s No	N/A	NC 25 L	- M		. 10	C7-0- (-		Y		(y	
				assest)) Ploi	0/1	110	5005		٥			
Name of Registered Waste Hau Brick Industries Inc.	ler	Ha	IDEP W		ubic Yards Waste		Name of GROW	Registered I	Landfill				
City, State		21	602	Dj	spopal Daje		City, Stat	22 994063					
Brick, New Jersey	1 700			18	1811	1,1	PA		Date	2		Vene -	
Completed by Eric Plackis	Title	esident			Signatur	6	1/10		Date	11	14	1	

(14323)	PAI	D		Sta CATION Irsuant t		ESTOS	ABATEN		Francisco de la constante de l) E	C		\mathbb{V}			
Date of Notification (1)			7	Name of	Building (Owner/C	perator	(2)	de la constant	T	AUG	1 7	201	7	11	7
8/12/17				BE		U to	100	1).	~ P?	<u> Lind</u>	11/	((base 500	1
Agencies Notified Type	Notification		en e	Street Ad		1	-/	-	Anterior Par		====	2.00	3 1 TT	201	١	
Corrier Language	initial		and the second	City, State	1 7 Co		4			ASB	ESTO	S UC	ING	HUL	CL.	+
in a land	Amended Amendment#		4				- A	www.C		1-7-1	110		1110			
	Emergency (inc	luding	- _	Name of	Contact	· N	1100	× 13-4	70-	7-7	ephone	Num	ber			-
DOH DCA	justification) Cancellation		419	1	Devi					-	•			- III	-	
I have I have I			L	FACIL	ITY INFO		ION			-					_	- 17
Name of Facility Where Abater	ment is Taking P	lace (3)	. ,	10 1) (Cine	. 6.4	or of the second	Туре	of Facility	(4)						
RFH R+46) 10 tive	KKLI	17.6	-66 /	. +	0			chool (K- ubchapte		er than k	(-12)				
Street Address	7 8						disease) os	F C	Wher (i.e.)	private à	s comm	ercial	build	ings,	home	98,
2 Rutges D	11.016							Square	tc.) • Feet	# 01	Floors		T BI	dg. A	Ge	
City (6)							200.00		20		1			ラナ		
Cauphy (6)				County C			1	Currer	nt Use (Pr	ior if bei	ng demo	olishe	(be			
morphorth			-	(STATE U	SE UNLY				5-610-							
Name of Monitoring Firm Hired	by Building Ow	ner (8)		ASCM	No.				ement Co tion Co.		(9)					
Street Address							1	Addres		, 1110			-			
Sheet Address								ontros								
City, State, Zip Code								tate, Ziç								
									, New J	ersey						
Project Manager for Monitoring	Firm		***************************************	Telephon	e No.			one No 294 17			Licens					
0, 15 , (40)		shadula	d Cor	npletion E	Tata (41)				A Monitor		0002	<i>y</i>				
Start Date (10)	1 2	cuednie	7	The stone of	Jele (11)		Ivanic	01 0011	r wonto							
Occupancy Status During Abat	tement (Check C	Only On	e)	++-			Street	Addres	S							
Facility Closed/Vacated D				nent										nionaeana		
Abatement Performed Ou Other – Describe:	tside of Normal	Facility	Hours				City, S	tate, Zij	Code							
Scope of Work (Check All That	Apply)						power									
☐ ≥3 sf or ≥3 lf		MACHINE .	enova				X	*	Containm		Negati	re Pr	essur	e		
5 ≥160 sf or ≥260 if		M D	emolit	ion				9	-Enclosur vebag Pro							
							- 14	Nor	-Exempte	d (*) an	d Non-F	riable				
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Name of Registered Waste Hauler Ace Insulation Co., Inc.			lauler ID		of Wa		No. of Concession, Name of	Chrins	1277	5-1	(2)	Ť		
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Date of Notification (1) 08-13-17									A	UG 1 7	7 201	7		
Agencies Notified Type Notifica	tion	- 1	Street Address 133 Main St.							00 1 1	LUS	-	Latence	
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■ DOH Emerge	ncy (including ion)	-	Name o	f Contact					Tele	ephone Ni	ımber			
Cancelli Cancelli	ation			McQuad										
Name of Facility Where Abatement is T	aking Place (3)	FACI	LITY INFO	DRIMAI	ION	Type o	f Facility	(4)					
Emerson Jr. High School Street Address								chool (K-			10)			
131 Main St.							n 0			er than K-		dings,	home	es,
City (5) Emerson							Square 20,00		# of	Floors	E	3ldg. <i>A</i> 50		
County (6) Bergen				Code (7) USE ONLY)			Curren	t Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Build Westchester Environmental, LL)	ASCN 0012			F 1000 S 1100 S 1000 S		ement Co		(9)				
Street Address	.0		0012			Street	Address							
307 N Walnut St.							7th St.							
City, State, Zip Code West Chester, PA 19380						5-33-5-5-9	State, Zip Code on City NJ 07087							
Project Manager for Monitoring Firm Philip Conteh	***************************************		Telepho (610) 4	ne No. 431 - 754:	5		none No. 216-96			License 01206	No.			
Start Date (10) 08-07-17	Schedul 08-21-		npletion	Date (11)		100		A Monitor						
Occupancy Status During Abatement (0	Check Only O	ne)					Address							
Facility Closed/Vacated During En							7th St.							
Abatement Performed Outside of Other – Describe:	Normal Facility	y Hours				17.55	tate, Zip n City	Code NJ 070	37					
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TO BE ABATED In Facility	Cus	todial S (12)	Staff?	(1.6.	surfa	systems cing, VA	T, or	1011,		Specify or LF)	Removal	Repair	caps	Enclosure
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Name of Registered Waste Hauler		I N	JDEP W	laste	Cubic	Yards		Name of	Registe	red Landfi	11			
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City, State Union City, NJ						sal Date 18-17		City, Stat		\				
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Jaime Delgado	Proj.	Mana	iger.				19			0	8-13-	17		

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Agencies Notified			Address ne Stree	.+		100000								Seren		
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X DOH X DCA	Emergency justification)		g		of Contact					Telephone Number						
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Name of Facility Where A Administration Build		g Place	(3)					-	of Facility							
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City (5) Englishtown	in the second se								etc.) re Feet	# of 2+	Floor	S		3ldg. /	Age	
County (6)					Code (7)				ent Use (Pr		ng der	nolish	- 100	70+		
Monmouth County Name of Monitoring Firm	Hirad by Ruilding	Owner (9			USE ONLY	?		Boile	er Rooon	n			5)			
Health & Safety Ser	vices Inc	Owner (o	·)	001	M No. 16		Name	Cons	tement Co truction I	ntractor LLC	(9)					
Street Address 318 12th St,								Address eather Stocking Path								
City, State, Zip Code Hammonton, NJ 080	037			City, S					state, Zip Code bln Park, NJ 07035							
Project Manager for Moni Jim Proctor	toring Firm				one No. 39 - 2432	9	Teleph	hone No. License No. 01306								
Start Date (10) 08/25/2017		Schedu 09/02/		mpletion	Date (11)		Name	of OSI	OSHA Monitor Donstruction LLC							
Occupancy Status During	Abatement (Chec					100		Addres		LC	-307					
Facility Closed/Vaca	ted During Entire F	Period of	Abater	ment			100/3000		r Stockin	g Path						
Abatement Performe Other – Describe: 00	ed Outside of Norm ccupied building	al Facilit	y Hour	s					p Code irk, NJ 07	7035						
Scope of Work (Check All	That Apply)							JII 1 C	111, 140 0	1000						
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Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 08/11/2017	, ,							Name of Building Owner/Operator (2) Peykar Family Properties Wayne LLC									
Agencies Notified	Type Notification			Street	Address						1	Name of the last					
X EPA	☐ Initial			5 Sar	mpson S	Street				ASBESTOS CONT							
DEP	Amended				ate, Zip C		ores			1	1000	LICE			-		
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□ DCA	☐ Cancellation	18			o Stanko							-					
Name of Facility Where	Abatement is Takir	na Place (3)	FAC	ILITY INF	ORMAT	ION	Tv	pe of Facility (4	1							
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City (5)								Sa	etc.) uare Feet	# of F	oors		Bldg.	Δαο			
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County (6)				County	Code (7)				rrent Use (Prior	if being	demoli						
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Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name	of A	batement Conti	ractor (9)						
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Street Address							Street	Add	ress		0.5						
							109	Her	ritage Lane								
City, State, Zip Code					-73				, Zip Code								
D :									g, NJ 07419	1							
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph			303	icense	No.					
Start Date (10)	- 1	0-11			D		0.0000000000000000000000000000000000000	1.00)-2645	C	1334						
8/14/2017		8/28/2		mpletion	Date (11)		1.00		SHA Monitor	-1							
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Atlantic Carting			1	Hauler ID	No.	of Was	ste		Wasteme	ent Mai	nagen	nent					
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Corey Stankovic		CEO				1	7/17	10	" love		1 22	/28/20	017				

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STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

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Data of Notification	(4)		(I ONOOAI		D-11-11 O		-1 (2)			1 /	20			
Date of Notification (1) 08 / 16 / 17					Name of Building Owner / Operator (2) First Energy									
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Agencies Notified	200.0	lotification		76 South				MILL						
☐ EPA		Initial		City, Stat	e, Zip Code			J)						
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Name of Facility Wh	ere Abaten	nent is Taking	Place (3)		Type of Fa	cility (4)								
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Street Address					- 1000	Subchapte		than K-1	2)					
28 PARKWAY							private &							
						bldgs., ho		00111111011	,,,,,,					
City (5)	County (6	3)	County Code	(7)	Square Fe		# Of Floor	'e	Buildir	an A ne				
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					Telephone		being dem	ionsneu)						
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Name of Monitoring	Firm Hired	by Blag. Own	er (8)	ASCM NO	1									
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Environmental Health	investigation	ons			NORTHST		ACTING G	KOUP. IN	NC.					
Street Address					Street Add	ress								
655 West Shore Trail														
City, State, Zip Code	•				32 Williams									
Sparta, NJ 07871					City, State	, Zip Code								
Project Mngr. For M	onitoring F	irm	Telephone Nu	mber	1									
Dino Nappi		No. of the last of	212-682-9271		East Hanov	er, NJ 070	36							
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	1)	Telephone	Number		License	Number					
08 // 29	/17	08	31 /	17	(4)									
	/	/			973-884-8682 00860									
Occupancy Status D	uring Abat	ement (Check	Only 1)		Name of O	SHA Monit	or							
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Abatemer		•			Street Address									
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		8:30 am to 5;0			32 Williams Parkway									
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Other - De	Scribe	7.00			East Hanov		36							
Scope of Work (Che	ck All That	Apply)			Lastrianov	C1, 140 07 04	30				-			
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Location o	f	Is		Descript	ion of			Abateme	nt Type					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2852 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 / AUG 1 7 2017 14 Robert Long Agencies Notified Type Notification Street Address ☐ EPA X Initial ASBESTOS CONTROL & □ DOLWD ☐ Amended LICENSING City, State, Zip Code X DHSS Amendment # Long Valley, NJ 07853 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Robert Long **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Long Valley, NJ 07853 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 25 / 17 08 / 26 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-_ PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation Mini-Enclosure > 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A П First floor X Transite pipe encapsulation 30 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic Wenad N.Jevtic Owner 08/14/17 ASB-41