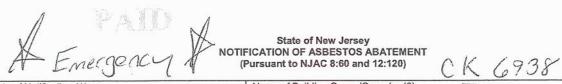
page 1

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BEST REMOVAL IN ;

CIL 4725 PAGE 82/84

PA)	. NOT	IFICATION (Persons	State of New Jersey ON OF ASBESTOS AB mit to NJAC 8:60 and 12	ATEMENT		四語	io	DA	Y . [		TW E
Date of Notification (1)		Name (	of Building Owner/Opers			1 115	The same of the sa	10)	2		1
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		Street /	Addgess	501 J.C. 1 W	-	Parameter Parame	11	40	1	30	74/18
D EPA Initial D Agent	rded .	City, 5	ace, Zip Coda		_	WAIVER	1	PRO		0	1
I D. Brean	stanent #		COLONIA	. Lu .	070	67	AS	BES	TOS	00	NTROL 8
DOM justiff	oution) olletion		of Control			Telephone Num			-	NSI	G
			CHUIULLO DLITY INFORMATIO	N .							
Name of Facility Where Abstract is T		FAC	TOUR PROPERTY.	-	mility (4)						
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Street Address				B Si	ohuna 9	(Other than K-12) rate & commarcial	bank)	inon h	-	ete \	
City (5)			<del> </del>	Square		# of Floors	-	Bldg.			
COLONIA		4,	, *		, ee	2			240	>	
County (6)			Code (7)	Current	es ( Prior	boing demolished					
Nipoussey Name of Monkoring Firm Hired by Built	ding Caleur (2)			- 1	150	BIDENCE					
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Street Address			St	PRE ROT	ופנס	Inc	-				
City, State, Zip Code			4	50 Sout	Riv	er Stree	t				
Cuy, and Zip Lane			C	ty, State, Zip (:	ida						
Project Manager for Monitoring Firm	· · · · · · · · · · · · · · · · · · ·	Telepho	ne No. Tr	eckenss	Ck. I	J 07601			•		
	<u> </u>		1		71.5.1.	0038					
Soun Date (10) 8/17/18	Scheduled Co		ata (11) No	01 - 329 104 of OSHA	Conter	7000	0	This man Park			
Occupancy Status During Abatement (C)	esck Only One)	18/19		ne ga Ri:	تمتنع	mental					
☐ Pecility Closed/Vecated During En-	tice Period of Abstens	nt		O Huyl							
Absternant Performed Outside of N  Other - Describe:	formal Packity Hours		a	ty, State, Zip ( )	ds			-			
Scope of Work (Check All That Apply)			Sc	outh Ha:	kene	ack. NJ	07	606			
D 23 of or 23 lf	Jan Reno	estine.		-E Full Co		with Negative Free					
E ≥160 xf \ \alpha ≥260 if	D Domo			☐ Mini- i	schienne		mile				
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	Is Loc						T		ement		
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TO BE ABATED	Mainte Cartodia		Asbestos Containin (i.e. themai systems	nauterion, pull s	with the	Amount (Specify	Se Const	-	Enca	5	
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Nemo of Registered Waste Hauter		NDEP W		1: 1	ge of Ray	Jetared Landfill				$\vdash$	
Best Removal Inc		Hauter D	2	1/20)							
City, State		-1,/11	Disposal De	rtto i	y, State	e Enter	W.i	S.R.S	-1	TT.C	
Hackensack, N.J. 076	01		8/2		the			468	8		
J. Maiorano	Title Estim		Signal	T Marc	34.04	Der Con		al	18		
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ASB-41 (R-04-08)				O DO FOR 1L P	this form:	for asbestos ticanau	ze exs	mpied	aculvi	rles.	



Date of Notification (1)	0		TN	Jame of	Building Ow	/ner/Oners	ator (2	2)		9	,00					
8/16/18					ane Osov					E	$\binom{n}{2}$	F		<u>///</u>	F	No.
Agencies Notified	Type Notification		5	Street Ac	ldress		:X184		THE Y	1					1	
EPA DEP	☐ Initial									1						11
	Amended	e.			e, Zip Code					1	AUT	20	20	18	The state of the s	
DOL	Amendment #			Distance in the	on NJ 085	21				-		Marie			-	ourself.
DOH	justification)		1.0	Name of Mike	Contact						phone I				- Tab	
☐ DCA	Cancellation			and the section	ITY INFOR	MATION			1	100	9-561-	-NSII	NTI	3()i	2.	
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LIT INFOR	MATION	1.	Type of F	acility (4)	**************************************		-14011	7/3	NAME OF THE OWNER, OWNE	·	
Christiane Osowie							Ir	☐ Sch	ool (K-12)	i.						
Street Address			3)	PORTER TO				Sub	chapter 8	(Othe						
								Othe etc.)	er (i.e. pri	vate 8	comme	ercial b	uildi	ngs, r	iome	s,
City (5)								Square F		# of	Floors		100	lg. Ag	е	
Jackson NJ 08527								1000 +	1	1				)+		
County (6)				County C			1	Current L	Jse (Prior	if beir	ng demo	olished	)			
Ocean					ISE ONLY)						701					
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.	100			ent Contr	actor	(9)					
N/A								ico Inc								
Street Address						1 7 7 7 7		ddress ox 329								
City State 7:- Cod-								ate, Zip C	ode							
City, State, Zip Code						11 1000		This are bring many	,oue NJ 0809	1						
Project Manager for Mor	nitoring Firm	-	1-	Telephor	ne No.			ne No.	.5 5556	- 1	Licens	e No.				
1 Toject Manager for Mor	mornig i min						99.59	53-980	0		0072					
Start Date (10)	Т	Schedule	d Com	pletion [	Date (11)	Na	ame o	f OSHA I	Monitor							
8/17/18		9/20/18				S	Same	)								
Occupancy Status Durin	ng Abatement (Check	Only On	e)			St	treet A	ddress								
Facility Closed/Vac	cated During Entire P	eriod of A	batem	ent				1111								
Abatement Perform	ned Outside of Norm Home Owner Home	al Facility	Hours			Cit	ity, Sta	ate, Zip C	Code							
_						-										
Scope of Work (Check /	All That Apply)	-									227 900	122				
≥3 sf or ≥3 lf		Section 201	enovat emoliti				H		ontainmer nclosure	nt with	Negati	ve Pre	ssur	9		
≥160 sf or ≥260 lf	v	П	GIIIOIIU	IOII				Glovel	bag Proce	dure	2.2.2		_	955 <u>4</u> 0000		
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Asbestos-Containing TO BE AB		Mai	intenar	nce/		s Containi nermal sys				(\$	Specify		Re	7,	Enca	Ē
In Fac	ility	Cust	odial S (12)	statt?		surfacing	J, VAT	, or		SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13	)	-			,	other misc	enane	eous)					val	₹`	ılate	ure
		Yes	No	N/A					<							
der	n			х		Floor	r Tile	)		20	00 SF		x			0
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Name of Registered Wa	acto Haules		IN	JDEP V	/aste T	Cubic Yar	rds	IN	Name of F	Registr	ered Lar	ndfill				
The second Second	asic Flaule!		0.000	lauler ID	0000000	of Waste				50.70 ac						
United Roll Off			2	2459		3			G.R.O.\	32 SM 617						
City, State					- 1	Disposal		1,000	City, State		A 400	0				
Elm NJ						9/20/18			Morrisvi	ille P	A 196					
Completed by		Title	• • • • • • • • • • • • • • • • • • • •	77		Sign	nature	0				Date		0		
Anthony T Perna		Pres	ident					2				8/1	0/10	5		

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MOID	No. of the last of		ICATIO	N OF ASE	ESTOS	ABATE			) [	C	E	1	W	E	
Date of Notification (1) 08/17/2018				of Building boro Re					The	AUC	0.7	nr	n d m	The second second	
Agencies Notified Type Notification	on		Street A	Address				i	1-1	HOL	20	_/1	1181	The second secon	1 / 1
EPA X Initial DEP Amended Amendment			City, St	ate, Zip C boro NJ	ode			:	AO		- NS		aOi.	24	
□ Emergend     □ justificatio     □ DCA     □ Cancellati		9	Name o	of Contact Jarecha					40.000	ephone 6-224-					
			FAC	ILITY INF	ORMATI	ION			1 22000						
Name of Facility Where Abatement is Tal Paulsboro Refining Company	king Place (	(3)					Туре	of Facility School (K-	800						
Street Address 800 Billingsport Rd							×	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) Paulsboro		17,20					Squa	are Feet	# of NA	Floors		1000	ldg. A	\ge	
County (6) Gloucester				Code (7) USE ONLY	)			ent Use (Pri Refinery	ior if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Buildin Total Environmental Solutions	g Owner (8	5)	ASCI NA	M No.			of Aba	atement Co ergy Serv							
Street Address 1005 St Georges Lane						Street	Addre	^5757							
City, State, Zip Code Landenburg, Pa 19350								Zip Code oro, NJ 0	8085			-			88
Project Manager for Monitoring Firm Ed Igelesias			Telepho	ne No. 44-4217		Teleph 856-4	none N	lo.		Licens 01009					
Start Date (10) 09/3/2018	Schedu 09/7/2		npletion	Date (11)				HA Monitor							
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street									
Facility Closed/Vacated During Entir	e Period of	Abatem	ent			1005	St G	eorges L	ane						
Abatement Performed Outside of No Other – Describe: Regulated Area w	rmal Facilit	y Hours		I Refinery		0.700		ip Code irg, PA 19	9350		992.1.11				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit	tion ion			×	Mi	II Containm ni-Enclosure ovebag Pro- on-Exempte	e cedure					e	
	15	s Locati	on		1								Abate	ment	
Location of		Normalled Sole				scription					-	_	Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	aintenar stodial S (12)	rice/ staff?				s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
411-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Yes	No	N/A				00230			-				Ф	
4" piping west of Coker Drums in	X		Ther	mal Ins	sulation	n Sys	stems	4	5 LF		х				
East/West rack															
WO# 4139209															
Name of Registered Waste Hauler		l N	JDEP W	lasts	Cubic	Vard		I Nie	D		15				
Waste Management Inc.	H	auler ID 273	(F) (F) (F)	of Was			Name of Glouce				fill				
City, State South Harrison NJ					Dispos Variou	al Date	. ~	City, Stat South F		n, NJ					$\neg$
Completed by Charles J Perri	Title Proje	ect Ma	nager		S	ignature	P				Date 08/		018		



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

Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)		EI	W	15	(A)
	18 /	18					County Chosen F	# I fame!		TOTAL STREET, ST. ALAR THAT SA	147		FEETEN TO LEAD
Agencies Notified	Type Notifi					et Address Moore Ro	ad, DN 149	The state of the s	AU ()	2 Û	2018	Political in sea	
⊠ DOLWD	⊠ Amende				City,	State, Zip	Code		L			_	
□ DCA	Amenda	realistic and the second		_	Ca	pe May C	Court House, NJ	08210	ASBESTO	OS CON	TRO	L&	
(NJAC 5:23-8)	☐ Emerge justification		ciuain	g		e of Contac			Telephone N	CENSIN	G	CONTRACTOR OF THE PARTY OF THE	
	☐ Cancella				Ke	vin Lare			609-465-				
			-7-2	P1007-1911			NFORMATION		000-400-	1120			
Name of Facility Where A	batement is	Taking	Place	e (3)			011111/11/014	Type of Facility (	4)				
Cape May County C				0000000				School (K-12)					
Street Address								☐ Subchapter 8	(Other than h				
Crest Haven Comple	ex 125 Cre	st Ha	ven F	3d				Other (i.e., pri	vate and com	nmercial	buildir	igs,	
City (5)								homes, etc.) Square Feet	T# -6 F1		214-	^	
Cape May Court Ho	use, NJ 0	8210							# of Floors		Bldg. /	Age	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being den	nolished			
Cape May													
Name of Monitoring Firm I	Hired by Bui	lding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A/ Demolition							Yannuzzi Env	vironmental Ser	vices				
Street Address							Street Address						
							135 Kinnelon	Road, Suite 10	2				
City, State, Zip Code							City, State, Zip Co	ode		15-11-15-15-1			110
							Kinnelon, NJ	07405					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.	20 Special Superior Special Sp	License No	).			
							908-218-0800		01228				
Start Date (10)		Schedu	ıled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					
8/1/_	18	9	/	_ {	5 /	18	Yannuzzi Gro	up, Inc.					
Occupancy Status During	Abatement (	Check	only o	one)			Street Address						V
☐ Facility Closed/Vacated	During Ent	ire Peri	od of	Abate	ement		135 Kinnelon	Raod					
☐ Abatement Performed	Outside of N	ormal F	acilit	у Ноц	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:	AM	PM	/	_PN		AM	Kinnelon, NJ						
Scope of Work (Check all t	that apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			□ Re ⊠ De				☐ Mini-Encl						
			Is	Loca	tion			,			hatem	nent T	vne
Location o		_		Norma	ally ely by		Description of			-	1	_	1
Asbestos-Containing M TO BE ABAT	iaterial (ACN FD	1)			ance/	Asbe	stos Containing Mat ., thermal systems i	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	=	psu	Sur
(13)		-		(12)	1		other miscellaned		/	-		late	e.
Boiler Room			Yes	No	N/A	Boiler T	.01		400.05		-	-	-
Interview Room							Mastic, Non-Frial	alo	120 SF 110 SF			H	片
Communication Room	s						Mastic, Non-Friat					H	
Female Control Room									+- 200 SF		+		
Name of Registered Waste	Hauler				JDEP \		Mastic, Non-Friat		200 SF				
Yannuzzi Group Inc.	riaulei			1 223	lauler I	0.0000000000000000000000000000000000000	Cubic Yards of Waste	Name of Registe Waste Mana					
City, State							Disposal Date	City, State					
Kinnelon, NJ 07405							5.5poodi Date	Fairless Hills					
Completed By (Print or Typ	(a)	Title		A-15			18:4	i diriess tillis	,				
John Mucha		, 000,000,000	oject	Man	ager		Signature	(Y) ash	_	Date	15/	18	

ASB-41 JAN 13

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



			NOTI (	FICATIO	N OF AS	BESTOS	ABATE	ME (0)	NT	门匠	CE	7			7
Date of Notification (1) 4/19/18				Name Macre	of Building	g Owner/	Operator	r (2)			AUG 2	n or	18	and the second second	$\mathcal{J}_{\mathcal{I}}$
Agencies Notified	Type Notification	1		Street	Address ox 75	•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Seal of the seal o	AUG 2	0 21	/10	L.	-
EPA DEP DOL	Initial  Amended  Amendmen				tate, Zip C ensack,		602		executive and a second	ASI	BESTOS LICEN	CONT	ROL	& Company	No. of Street, or other Parks
DOH DCA	justification) Cancellation	Y	9	Name o	of Contact fer Borg	t			l, washe		lephone No				
					ILITY INF		ION								
Name of Facility Where Warehouse Buildin	Abatement is Takir g, Bergen Reco	ng Place o ord	(3)					Ту	pe of Facility School (K	505			-2-72-		
Street Address 150 River St.								×			er than K- & commerc		ldings	, hom	ies,
City (5) Hackensack									uare Feet 60,000	# o	f Floors	111111111111111111111111111111111111111	Bldg. /	Age	
County (6) Bergen					Code (7) USE ONL	y)			rrent Use (P pandoned	rior if be	ing demolis	hed)			
Name of Monitoring Firm Langan Engineering	Hired by Building	Owner (8	)	ASCI	M No.				batement Cozi Environ			, Inc.			
Street Address 300 Kimball Drive							Street 135 I		ress nelon Rd.						
City, State, Zip Code Parsippany, NJ 070	54								, Zip Code n, NJ 0740	)5	-				
Project Manager for Mon Vijay Patel	itoring Firm			Telepho	one No.		Teleph	one			License N	No.			
Start Date (10) 06/20/2018		Schedul 08/31/	ed Cor 2018	mpletion	Date (11)		Name	of O	SHA Monito zi Environr			Inc			
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street			Homai	001 11000	, 1110.			
× Facility Closed/Vaca	ated During Entire I	Period of	Abaten	nent					nelon Rd.						
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facilit	y Hour	S					Zip Code n, NJ 0740	)5					
Scope of Work (Check A	I That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	N C	ull Containn Ini-Enclosus Blovebag Pro	re ocedure	(57)				
		le	Locati	ion				1 1	Ion-Exempte	a (*) and	Non-Friat	ie Pro	Abate		_
Location	of	100	Normal			Dee		-6					Ty		
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	d Sole intena todial S (12)	nce/		tos Conta thermal surfac		ateri insu T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	o.
See attached	5			X		Roof u	nacess	sisb	le	22,0	000 SF	X			
Entire Stru	cture														
Name of Registered Wast Yannuzzi Group, Inc.			H	JDEP W auler ID 7467		Cubic \ of Was	te		Name of IESI/Pr		ed Landfill				3.55.7
City, State Kinnelon, NJ	117	401		1,100 Disposi 08/31/	al Date	560.00	City, Stat	te							
Completed by John Mucha		Title Senio	r Pro	ject Ma	anager		gnature	de la	Mar	In.	Da	te 15/18			

g 10 2018 14:01 NJ Asbes	tos Control 609.	633.0664		page 1		TER	R I	T\//	(F)	
- Aug 10 2018 12:30PM Hazma	t Diagnostic LLC	9739283	994	Da	ge I	D) <u>EC</u>		W	<u>L</u>	
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(0000-1	PAU					∐ AUG	20	2018		N.
		DTIFICATIO	oral wew fo elsi	RADATEMEN	WT				Za	
Date of the St. 10		(Pursuan	it to NJAC 8:60 a	nd 12:120)		ASA PO	<b>310</b>	200	54	- Services
Date of Notification (1) 08/10/2018		Name	of Building Owner wan-Aberdear	Operator (2)	Papas	The second secon				1
Agencies Nollfled Type N	iolification	Street	Address	e //egior(all s	56100	District	-	119	/	
EPA In	Itlai		et Way				11	1	٠,	
M DO. A	mended mendment #		iate, Zip Code deen, NJ 0774	47			1	/	** **********	
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E DCA	encellation	1.5.8	Nasr			732-700	-1013	- down		
Name of Facility Where Abeteme	eti la Taking Piace (3)	FAC	LITY INFORMA	TION	pe of Fil	inty (4)		_	_	
Ravine Drive Elementary	School			🗷	School	(K- 12)				
170 Ravina Drive				E	Subst	upter & (Other than	r K-12) nerdal bu	lidings.	, ham	08,
City (5) Matawan				Ba	uare Fet	# of Floor		Bldg. A		
County (5)		T 80 -4	Carl Car		+000	2		5Q÷		
Monmouth		(STATE	Code (7)		ment Uta chool	(Prior if being den	notished)			
Name of Monitoring Firm Hired by Environmental Connection	y Building Owner (8)	ASC	M No.			Contractor (9)				$\dashv$
Street Address	, 1116			Hazmat Sirest Add	-	atic LLC				
120 North Warren Street				16 Glanv	wild Av	T.				
City, State, Zip Code Trenton, New Jersey 0880	8			City, State,	Zip Cos	J 07403			_	
Project Manager for Monitoring F		Talapho		Telephone			as No.			
Jordan Reed Start Date (10)	Schoolulad	609-3 Completion	92-4200	907 928		0118	31			
08/13/2018	03/25/20	18	Date (11)	Name of Q						
Occupancy Status During Abalen				Street Adds	1085					$\dashv$
Facility Closed/Vacated Durit Abatement Performed Outsi	de of Mormal Escille Li	etemen: lours		City, State,						
Ki Other - Describe: 2:30pm -	10:30pm			Blooming	gdale, I	J (7403				
Scope of Work (Check All That A)		4	-			HAD CH.		_		
2 180 sf or ≥250 H		navetan nallian		and M	fini-End c		ive Pressu	TIE		
				<u> </u>	ton-Exert	foredure	Friable Pro	o cedure	0	_
Location of		mally		W V 8				Abone		
Asbestos-Containing Material  IO BE ARATED	(ACM) Used 8 Maint	Solely by enance/	Asbestos Cor	escription of taining Materi	m (ACM					
In Facility (13)		ing Stati? 12)	ดนก์เ	i systems insu toing. VAT, or		(Specify SF of LF)	Remove	Repair	Encapsulate	Enclosure
(10)	Yes P	No N/A	omer	miscellaneous	1)		BA	- F	Substa	all a
First Floor		X	Thermal 8	ystema Insu	ulation	38 LF	×		-	
				, arear of finds			-	-	-	$\dashv$
						+	-	$\vdash$		
N-2-d b								1		
Name of Registered Waste Haule Hazmat Diagnostic LLC		NJDEP W Hauter ID 0035440	No. of VVe		Name GR(	N'Registered Las	ani -	4		
City, State Bloomingdale, NJ		10000140		29 Date	City,	Ne REVILLE, PA		-	_	
Completed by	TIME			Signature	MIGH	THE PILLE, PA	Date	-		_
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Bio Terra Solutions								NAGEMENT L	T/-					
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City, State, Zip Code						City,	State, Zip Co	ode				-		
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County (6)		100		Coun	ty Code (7	)(STA	ATE USE ONLY)	Current Use (P	rior if being dem	nolished)	1,000		
Camden								Office					
Name of Monitoring Firm Hired by Buil	ding Own	er (8)	AS	SCM I	No.	Na	me of Abateme	ent Contractor (9	))				
Hillmann Consulting, LLC						S 00		d Mold Servic	ā				
Street Address						-	eet Address					7	
304 Harper Drive, Suite 207						3	8859 Sylon B	oulevard					
City, State, Zip Code						-	y, State, Zip Co						
Moorestown, NJ 08057							lainesport, N						
Project Manager for Monitoring Firm		T	eleph	one N	No.	-	lephone No.		License No.				-
Craig Downs					2302	100000	09-702-0400		00862				
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Scope of Work (Check all that apply)							□ Full Cont	ainment with Ne	gativo Proceuro				
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Asbestos Survey
AUG 2 0 800 Pennsylvania Avenue, Cherry Hill, NJ
TTI Project No. 17-158
February 6, 2017
ASBESTOS CONTROL 8
Page 7 of 13

### 3.0 EVALUATION AND LABORATORY RESULTS

### 3.1 Confirmed and Assumed Asbestos Containing Materials, Locations and Quantities

Laboratory analysis of the suspect materials revealed that the materials summarized below (Table 1.0) were sampled and found to have an asbestos content of greater than one percent (1%). The US Environmental Protection Agency (EPA) defines asbestos-containing materials as those materials that contain greater than one 1% asbestos. The electrical wire insulation located throughout the building was assumed to be asbestos containing. Table 1.0 identifies the asbestos containing materials, locations and quantities of all confirmed and assumed asbestos containing materials identified during the inspection. A complete summary and analytical results of the materials sampled can be found in **Appendix A**.

Location	Material(s)	Estimated Quantities
Lower Rear Entrance	9"x9" Brown Floor Tile	100 SF
	Yellow Mastic a/w Cove Base	25 LF
Room 130	9"x9" Brown Floor Tile	1,000 SF
	Mastic a/w 12"x12" Blue Floor Tile	30 SF
Room 120	9"x9" Brown Floor Tile	250 SF
Room 110	9"x9" Brown Floor Tile	250 SF
Corridor	9"x9" Brown Floor Tile	500 SF
	Yellow Mastic a/w Cove Base	120 LF
Stairwell 100 Level	9"x9" Brown Floor Tile	200 SF
	Yellow Mastic a/w Cove Base	50 LF
Room 141/Boiler Room	Flue Patch	5 SF
Corridor 100 Lower Level	Yellow Mastic a/w Cove Base	50 LF
Room 140	9"x9" Brown Floor Tile	250 SF
Room 151/Kitchen	9"x9" Brown Floor Tile	220 SF
Toom 15 thattenen	Yellow Mastic a/w Cove Base	50 LF
Room 150	9"x9" Brown Floor Tile	1,000 SF
TOOM 130	Mastic a/w 12"x12" Red Floor Tile	50 SF
Room 160	9"x9" Brown Floor Tile	25 SF
Upper Girl's Restroom	Yellow Mastic a/w Cove Base	100 LF
Upper Men's Restroom	Yellow Mastic a/w Cove Base	100 LF
Upper Corridor	9"x9" Brown Floor Tile	180 SF
Room 350	9"x9" Brown Floor Tile	1,200 SF



8/16	_ / _	18	_	(	Carrie Ro	ding Owner/Operator	/ Job #186	8-2340	ELLI	F440		
Agencies Notified Type	Notificat	ion		Str	eet Addres	s HASI	7 005 #100	70-2540	Chk.#	5118		
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Street Address						Asbestos and	d Mold Servi	ces, Corp.				
	040					Street Address		1000 THE BUT				_
617 Stokes Road, Suite 4-	-318					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co						_
Medford, NJ 08055						Hainesport, N						
roject Manager for Monitoring F	irm		Tel	ephone	No.	Telephone No.	10 00036					
Rebecca					5-2211			License	e No.			
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Crosswick Forge, LLC / Job #1808-2330 Chk. #NA Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 1624 Jacksonville Road **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #1 Burlington, NJ 08016 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Mr. Victor J. DiAnna, Managing Member 609-239-8000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Commercial Property** ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 5 Crosswick Chesterfield Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Chesterfield 11431.6 2 107 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 617 Stokes Rd., Suite 4-318 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rebecca Rubinitz (888) 715-2211 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>8</u> / <u>6</u> / 18 8 / 17 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ \_AM-PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ≥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 Asbestos-Containing Material (ACM) Used Solely by Repair Removal Enclosure Asbestos Containing Material (ACM) Encapsulate Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A Four Locations X Pipe Insulation 100 LF M Four Locations X Floor Tile 800 SF П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Management Waste **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 8/17/18 Penn Argyle, PA Completed By (Print or Type) Title

ASB-41 **MAY 11** 

Kimberly A. Trumbetti

Office Coordinator

Signature

8-10-18



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Date of Notification (1)				Nam	ne of Buildi	ng Owner/Operator	(2)		1.0			
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	] Cancellati	22						Telephone N				
	Ganochati					I. DiAnna, Manag	ing Member	609-239-	8000			
Name of Facility Where Abar	tement is T	aking Pla	re (3)	FA	ACILITYII	NFORMATION	I = ( = 100					
Commercial Property		aiting i ic	(0)				Type of Facility					
Street Address							School (K-12	2) 8 (Other than b	< 12\			
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	eid Road			10			homes, etc.)	)			3-1	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	/
Chesterfield							11431.6	2		107		
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished)			
Burlington							Vacant					
Name of Monitoring Firm Hire	ed by Buildi	ing Owne	er (8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)		=======================================			
Finog Environmental							d Mold Service					
Street Address						Street Address		ю, оогр.				
617 Stokes Rd., Suite	4-318					3859 Sylon B	oulovard					
City, State, Zip Code						City, State, Zip Co						
Medford, NJ 08055												
Project Manager for Monitorin	na Firm		Tol	lonkono	N.	Hainesport, N	17 08036				12000	
Rebecca Rubinitz	19 1 11111			ephone		Telephone No.		License No				
Start Date (10)	10.	-11-11			15-2211	609-702-0400		00862				
_8 / _6 / _1		cheduled 8		$\frac{7}{2}$ /		Name of OSHA M EMSL Analyti						
Occupancy Status During Ab	atement (C	heck only	one)			Street Address						
□ Facility Closed/Vacated D	uring Entire	Period o	of Abate	ement		200 U.S. Rout	e 130 North					
☐ Abatement Performed Out	tside of Nor	mal Faci	lity Hou	ırs - Des	scribe	City, State, Zip Co						
Time of Abatement:	_AM	_PM/	PN	l	_AM	Cinnaminson						
Scope of Work (Check all tha	t apply)					011110111110011	, 140 00077					
A CONTROL OF THE CONT	1.6	_					ainment with Neg	ative Pressure	9			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova			☐ Mini-Encl	osure					
		М.	Demoliti	OH		☐ Glovebag	i Procedure npted (*) and Noi	a Eriabla Drago	aduua			
			Is Loca	ition			inpled ( ) and No	I-FIIADIE FIOCE			SANZ	
Location of			Norma	ally		Description of			Ab	atem	ent T	-
Asbestos-Containing Mate			sed Sol		Asbe	stos Containing Mat	erial (ACM)	Amount	Re	Repair	E	En
TO BE ABATED IN Facility	2		laintena stodial		(i.e	., thermal systems in	nsulation,	(Specify	Removal	pair	cap	clos
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	l a	1000	Encapsulate	Enclosure
8:3.7:		Yes	No	N/A		other miscellanet	Jus)				ate	307.55
Four Locations					Pipe Ins	sulation		100 LF			П	
Four Locations					Floor Ti							
Roofing in conjunction w	ith demo		H		1 1001 11			800 SF				
contractor			12					_	$ \frac{\square}{\square}$			Ш
Name of Registered Waste Ha	auler		14		Martin	01: 11				Ш		
Waste Management	aulei			NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regist					
				17273	Section and American	5	Grand Cent	tral				
City, State						Disposal Date	City, State					
Lafayette, NJ					ं	8/17/18	Penn Argyl	e, PA				
Completed By (Print or Type)	1	Γitle				Signature /	1	T	Date			
Kimberly A. Trumbetti		Office	Coord	dinator	-	XI				4.	-19	,
SB-41									0-1	7	10	
1AY 11		* Do no	t use th	nis form	for asbesto	os licensure exempt	ed activities.					

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

Chl # 3423

Date of Notification	(1) 8/17/18					Building	g Own	er / Operato	1	El	WEI	7			
Agencies Notified	Type Notific	ation		TEV. Stree	-	Idress		111	1-15 15	V <sub>=</sub> U	V) 123 []	100			
☐ EPA						IORA I					1				
☐ DEP ☐ DOL				-		e & Zip <b>ETH, N</b>			AUC	20	2018  1.				
⊠ DOH		rgency				Contact		207			İT	elepho	ne N	lumh	ner.
☐ DCA		cellation				Parikh				111100	1110-8 9	08-65			<i>i</i> C1
					CIL	ITY IN	FORI	MATION		K MEN	.3				
Name of Facility Wh	ere Abatem	ent is Taking P	lace (3	3)			Ţ	ype of Facil							
TEVA Street Address					7.			School (	K-12) oter 8 (Other	than 1/1	10\				
200 ELMORA AVE	ENUE								e. private &			s hom	es e	etc.)	
							-	quare Feet		Floors		dg. Ag		,,,,	
City (5)		County (6)	Co	unty	Cod	e (7)		30,000		4			70 +	<b>-</b>	
ELIZABETH, NJ		UNION						urrent Use		ig demoli	shed)				
Name of Monitoring	Firm Hired h	y Building Ow	205 (9)		ĪΛ	SCM No		HARMACI		11(0					
EAGLE INDUSTR			iei (o)			SCIVI INC	E	lame of Aba BRISTOL E	NVIRONM						
Street Address 359 DRESHER RO	DAD							treet Addres 123 BEAV		ΕT					
City, State & Zip Coo								ity, State &							
HORSHAM, PA 19 Project Manager for		irm	Telep	hone	NIII	mher		RISTOL, F			License Nu	mhor	-		
MARK HAYES	om.comig i		215-6					15-788-604			Licerise No	0050	9		
Scheduled Start Date	e (10)	Scheduled Cor			ite (	11)	100	ame of OSF			-				
9/7/18	uring Abata		/10/18				_	RISTOL E		ENTAL	INC				
Occupancy Status D Facility Close	ed/Vacated [	During Entire F	eriod o	e) of Ab	ater	nent	100	treet Addres 123 BEAV		Т					
		utside of Norm					C	ity, State &	Zip Code						
Describe:	Friday 5pm	n-1am; Sat &	Sun 8	am ·	- 5p	om	В	RISTOL, F	PA 19007						
Scope of Work (Che											44				
≥3 sf or ≥3 lf				Do	nova	tion					ent with Ne	gative	Pres	sure	)
2160 sf ≥260			H		molit					Enclosur	e ocedures				
											d and Non-	Friable	Pro	cedu	ıre
	cation of			ocat				Description	n of	21	Amount	Aba	tem	ent T	уре
	s-Containing	9	Norm Sc	olely		a	As	bestos-Con Material (A)			(Specify SF or LF)			ш	
<u>TO BI</u>	EABATED		Maint	enar	ice o	3000		., thermal s	ystems		. 0, 1,	Ren	Re	ncal	Encl
ın	Facility (13)		Custo	(12)	Staf	1?	oro	ation, surfact ther miscella	ing, VAT			Remova	Repair	Encapsulate	Enclsoure
	( · · · · /		Yes	No	N/	A	01 0	ther midden	ancodoj			=		ate	G.
First Floor Kitche	n							VAT/Mas	tic		140 SF	$\boxtimes$			
					1=										
			$\dashv \vdash$	+	H	1	-					H	片	님	H
			H	H	╁					-		ㅐ	H	H	H
												T	Ħ	ᆸ	H
Name of Registered	Waste Haule	er				Waste ID No.		ic Yards /aste	Name of R	egistered	d Landfill				
SERVICE TRANSF	PORT GRO	UP, INC.			990		3	raste	MINERVA	LAND	FILL				
City, State NEW CASTLE, DE	19720						Disp	osal Date	City, State		OH 44688				
Completed By (Print	or Type)			Tit			Sign	ature				Date			
Patrick T. DeCaro				PF	ROJ	. MGR.		etricle	T. De (	MD	ML	8/17/	18		
							1,0	000.00	1 1-0		V				

CK7339

1001				Motif	State fication of As		NJ os Abatement						
D&S Proj. #: 18-112							60 and 12:120)	EPE	D DO F	7.3 20.4			
							[1]	EGE	1 W [				
Date of Notification (1)		Name o	f Buildir	ng Ow	ner/Operator (2	2)				1/1	111		
0  8  / 1  0  / 1  7		GREC	G AND	NA	OMI POLIN			AU 20	2018	Table 1	4		
Agencies Notified Type Notific	ation	Street A	ddress				1			1	-		
DEP Amended								ASBESTOS CO	NTROLE	-1	Principles.		
DOL Amendment		City, Sta	te, Zip (	Code			The second of th	A STATE OF THE STA	- C	· Nana irana	İ		
☐ DOH ☐ Emergence	1.1				NJ 07040								
justification	1)	Name of	Contac	t		OLEVIA IN		Telepho	ne Numbe	r			
☐ DCA ☐ Cancellation	on	GRE	G ANI	O NA	OMI POLIN								
				FAC	CILITY INFORM	1ATIO	N						
Name of facility where abatement	is taking p	place (3)						Type of Facility					
GREG AND NAOMI POLIT	V							_	ol (K - 12)			27020	
Street Address									hapter 8 (0 (Private/0				
								Bldgs	./Homes, e	etc.			
City (5)	Co	unty (6)				I Co	unty Code (7)	Square Feet	# of Floo	rs	В	ldg. A	ge
		, (-)					ate use only)	Current Use (F	Prior if heir	a den	nolish	ed)	_
MAPLEWOOD		sex							TIOT II DOIN	ig den	1011311	eu)	
Name of Monitoring Firm Hired by	Blag. Owi	ner (8)			ASCM No.		Name of Abatement						
Street Address						_	D & S RESTOR Street Address	ATION, INC.					
							20 California A						
ity, State, Zip Code		-				-	City, State, Zip Code	ve.					REPORTED IN
							Paterson, NJ 07	7503					
roject Manager for Monitoring Firr	n		Phone	Numb	per		Telephone Number		License	Numb	er		
							973-345-8020		0	1169			
Start Date (10)	Sche	d. Compl	etion Da	ate (1	1)		Name of OSHA Mon	[378 L]					
08/16/18		0/18					D & S Restorati	on, Inc.				-	
ccupancy Status During Abateme							20 California Av	enue enue					
Facility closed/vacated during Abatement performed outside	entire per	riod of aba	atement	t.			City, State, Zip Code		3 23 123	_			
Describe: NORMAL I		raomity in				_	D						
Scope of Work (check all that appl						-	Paterson, NJ 07						
$\boxtimes$ >3 sf or >3 lf	Renovati	on					IC 3	Full Containment v Mini-enclosure	//negative	press	ure		
□ ≥160 sf or ≥260 lf	Demolitio						Housell	Glovebag procedu	re				
Location of	- President Parameter -	n normal	lv used	solely	/			Non-Exempted (*)	and Non-f	riable			_
asbestos-containing	by maint	enance/c			1	n of a	sbestos-containing	Amount		e	R e	E n	E
material (acm) to be abated in facility (13)	staff(12)	Τ	T		material (A	ACM)	spesios-containing	(Specify S	For	m o	p a	c a	n c
	Yes	No	1	N/A				LF)		v e	i	р	L
ASEMENT BOILER ROOM					TRANSITE	PAN	IELS	70 SQ FT		Ĭ			
			4										
										믜			山
gistered Waste Hauler	NJD	EP Haule	r ID#	IC	ubic Yards of W	/aste	Name of Registered	L andfill			Ш	Ц	Ш
& S RESTORATION, INC.	135			_ 1	yd		TULLYTOWN, I		COVER	Y			
ty, State PATERSON, NJ 07503			Dispo	sal D 17/18			City, State	D. 4					
empleted by (Print or Type)	Title			1//10	Signature	_	TULLYTOWN,	PA	Dota				
BOGDAN JOLDZIC	PRESID	ENT							Date 08/13/1	8			

K 1340

CK 10	12 13		Notif	State fication of As		NJ os Abatement							
D&S Proj. #: 18-168			(Purs	suant to NJA	C 8:6	60 and 12:120)	2	ECEI	V	The state of the s	A Section of the sect		
Date of Notification (1)    0   8   /   1   3   /   1   7				/ner/Operator (2	2)		And the second s	AUG 2 0	2018		Ш		
Agencies Notified Type Notifica	ition	Street Addi	anzelone ress			led.	102			E Instant	1		
☐ EPA ☐ Initial ☐ DEP ☐ Amended						e), (c)	Ł.	ASBESTOS CO	NTROL	 &	Color Aviano		
DOL Amendment #	-	City, State,	Zip Code			lum,		LICENSII	VICE	Marin Commission	- Paternell		
DOH Emergency	11		nj 07083										
justification	) [['	Name of Co	ontact					Telepho	ne Numb	er			
☐ DCA ☐ Cancellatio	n	william	anzelone	2									
			FAC	CILITY INFORM	1ATIO	N							
Name of facility where abatement william anzelone	is taking p	lace (3)				%			ol (K - 12			( 10)	
Street Address							7	○ Other	napter 8 ( (Private/0 /Homes,	Comme			
07.45							_	Square Feet	# of Floo	1000000	E	ildg. A	\ge
City (5)	Cou	nty (6)			2000000	unty Code (7)					_		
union	uni				(51	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abaten	nent (	Contractor (9)					
						D & S REST	ORA	ATION, INC.					
Street Address						Street Address							
City, State, Zip Code					_	20 Californi City, State, Zip C	_	e.					-
						Paterson, N.		503					
Project Manager for Monitoring Firm		Ph	one Numb	per	_	Telephone Numb		503	License	Numb	per	_	
						973-345-80				1169			
Start Date (10)	Sched	. Completio	on Date (1	1)		Name of OSHA I		5530					
08/23/18	09/14	4/18	The second secon			Street Address	natic	ni, mc.					
Occupancy Status During Abatemer Facility closed/vacated during						20 California	Ave	enue					
Abatement performed outside	of normal	facility hour	ment. 'S-			City, State, Zip C	ode						
Describe: NORMAL H	OURS				-	Paterson, NJ	1 075	503					
Scope of Work (check all that apply	)							ull Containment w	/negative	nrece	ure		
>3 sf or >3 lf	Renovatio Demolition						□ M ⊠ G	fini-enclosure Blovebag procedur Ion-Exempted (*)	e			edure	
Location of asbestos-containing	by mainte	n normally unance/cust	ısed solely odial							R	R	Е	E
material (acm) to be abated in facility (13)	staff(12)			Descriptio material (A	n of a ACM)	sbestos-containing	3	Amount (Specify Si	For	m	р	n c	n
abated in facility (15)	Yes	No	N/A	100				LF)		o v	a i	a p	Ľ
BASEMENT		X		PIPE INSUI	LATI	ON		15 l ft		e		П	
										믜	믜		H
egistered Waste Hauler D & S RESTORATION, INC.		P Hauler II		ubic Yards of W	aste	Name of Registe				Ш		Ц	Ш
ty, State	135		Disposal Da	yd ate		TULLYTOW City, State	N, R	ESOURCE RE	COVER	Y			
PATERSON, NJ 07503			08/24/18			TULLYTOW	'N, F	PA					
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Title PRESIDI	ENIT		Signature					Date				
			or asbesto	s licensure exe	npted	activities.			08/13/	2018			

rock

Date of Notification (1)			Manage	(D "I"				عا (رتا	3 6	IS II	V/ 1	=		
4/19/18				of Building omedia			r (2)	IKI				A	-	
Agencies Notified Type Notification			Street A	Address					AU	: 20	2018		1	
EPA Initial Amended Amendment	#3		City, St	ate, Zip C ensack,		602			SBES	TOS COI	VTRO	-8.		
Emergency justification)	(including		Name o	of Contact				Andrew State Comments		ICENSIN lephone N	U		was all of the second	
DCA Cancellation				fer Borg					20	1-355-0	743			
Name of Facility Where Abatement is Takin			FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)					
Bergen Record Bldg., Garage & W	arehous	е						School (K-	12)					
Street Address 150 River St.							×	Subchapte Other (i.e. etc.)	r 8 (Oth private	er than K- & commer	12) cial bui	ldings	, hom	ies,
City (5) Hackensack						j.	Squa 350,	re Feet	# 0	f Floors		Bldg. /	Age	
County (6)		T		Code (7)				ent Use (Pr				JU+		
Bergen				USE ONLY	o		Aba	ndoned			o,,,ou,			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCI	M No.				tement Co Environn			s, Inc			
Street Address							Addres Kinne	ss Ion Rd.						
City, State, Zip Code								ip Code NJ 0740	5					
Project Manager for Monitoring Firm		Telepho	ne No.		100 to 110 to 100 to	none No 218-0			License 01228	No.	-			
Start Date (10) 4/11/18	Scheduled 8/31/18		npletion	Date (11)		10000		A Monitor		Services	s, Inc.			
Occupancy Status During Abatement (Check	Only One	e)				Street	Addres	ss						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	baten Hours	nent S			City, S	tate, Zi	on Rd. p Code						
Scope of Work (Check All That Apply)						Kinn	elon, l	NJ 0740	5					
≥3 sf or ≥3 if  ≥160 sf or ≥260 if		enova emolit				×	Min	Containm i-Enclosur	ent with	Negative	Pressu	re		
						×	Glo	vebag Pro	cedure	d Non-Fria	ble Pro	cedur	e	
	0.000	ocati											ement pe	t
Location of Asbestos-Containing Material (ACM)	Used	Sole	ly by	Asbes	Des tos Cont	scription aining M		(ACM)	А	mount		Ι,		
TO BE ABATED In Facility (13)	Custo	ntenar dial S (12)	20°T 1785500		thermal surfac		s insula T, or		(8	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				•				<u>a</u>	¬	late	ıre
See survey attached to initial														
notification														
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic '	Yards	1	Name of	Registe	red Landfi				
Yannuzzi Group, Inc.			auler ID 467	No.	of Was 1,100	te				onestoga				
City, State Kinnelon, NJ						al Date 7/31/18	3	City, State Morrisv		A / Birds	boro.	PA		
Completed by Anna Bastos	ordinat	or	Si	ignature	una	1	stor	D	ate /1518					



### State of New Jersey

		NO				SBESTOS ABA AC 8:60 and 5:1		MEG	E		/ [E	5 1
Date of Notification (1)				20,000		ng Owner/Operator	(2)		re - minario	****		
		18		Th	e Colleg	e of New Jersey		III AUG	20	201	8	
Agencies Notified	Type Notific	ation		Stree	et Address			12 22				-
				20	00 Penni	ngton Rd.		In a state of the				
⊠ DOLWD			=	and the second second	State, Zip			— ASBESTO			OL S	2.
☑ DHSS ☐ DCA		nent #4-8/1		-	ving, NJ		d d	LIV.	ENSI	NG.		
(NJAC 5:23-8)	☐ Emerger justificat		ng		e of Conta			Telephone Num	hor			
,	☐ Cancella				nanda Ra			609-771-288				
						NFORMATION		003-111-200	-			
Name of Facility Where	e Abatement is	Taking Plac	ce (3)		OILITTI	THE OTHER PROPERTY.	Type of Facility	v (A)				
TCNJ-Green Hall		3	(-/				School (K-1					
Street Address							☐ Subchapter	8 (Other than K-12	2)			
2000 Pennington	Road						Other (i.e.,	private and comme	rcial b	uildin	gs,	
City (5)							homes, etc					
Ewing							Square Feet	# of Floors	В	ldg. A	ge	
County (6)				10	1 0 1 /	71/07175 1105 01111						
Mercer				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (F	rior if being demolis	shed)			
	15 11- 5-7		(0)									
Name of Monitoring Fir	m Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem		·*				- 30 0
AET, Inc						BRISTOL EN	VIRONMENTA	AL, INC.				
Street Address						Street Address						
28 Pennell Road						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Media, PA 19063						BRISTOL, PA	19007					
Project Manager for Mo	nitoring Firm		Te	lephone	No.	Telephone No.		License No.				_
Roy Mosicant			1	610-891	-0114	215-788-6040	)	00509				
Start Date (10)	5	Scheduled	Comp	etion Da	ate (11)	Name of OSHA M	Ionitor					
5 /21	/18	ON	H	FOLL	7	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Duri	ng Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vaca				ement		1123 BEAVE	R STREET					
Abatement Performe	ed Outside of No	ormal Facil	ty Ho	ırs - Des	scribe	City, State, Zip Co						
Time of Abatement:	AM	PM/ <u>7:0</u>	0PM-	3:30AM		BRISTOL, PA						
Scope of Work (Check	all that apply)				~	Ditiorot, FA	13007					
							tainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova emolit	4.00		☐ Mini-Enc	losure	<i>5</i> 72				
2 - 100 31 01 - 200 11			ernont	юп		☐ Gloveba	g Procedure moted (*) and No	on-Friable Procedu	re			
			s Loca	ation	T	2	ptod ( ) dild ( )	Thable 1 100cdd	_	-4		-7.12.2
Locatio			Norm			Description o	f			atem	1	T
Asbestos-Containing TO BE AB			ed So ainten	lely by		stos Containing Ma		Amount	Ren	Repair	Enc	Enc
IN Fac				Staff?	(I.e	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)			(12	)		other miscellane		SF OI LF)	<u>a</u>		Encapsulate	a.
		Yes	No	N/A							(e	
Suite 218					Floor T	ile		400 SF		П	П	П
Attic		$\boxtimes$			Roofing	g debris and batt	tingulation	22,600 SF	+			
			-		TOOINI	g debits and batt	insulation	22,000 5F			П	
		$\Box$										
Name of Registered Wa	ste Hauler			NJDEP N		Cubic Yards of	Name of Regi	stered Landfill			_	т=,
BRISTOL ENVIRO	NMENTAL, IN	IC.	1	Hauler II		Waste		LANDFILL				
City, State	<u> </u>			18706	)	Disposal Date	City, State					
BRISTOL, PA 1900	7					Dioposai Date		HILLS, PA 1904	17			
Completed By (Print or		Title				l	I AINLESS					
Drian Confine	ype)	Title				Signature	e 1	/. Da	te /	-/		

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

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

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MA	#	01	419
- L	7	39	717
	- non-	-	

						JAC 0.00 and 5:	.0)				/	national
Date of Notification (1) 5 /	7 /	18				ling Owner/Operator ge of New Jersey		<u> </u>		<u> </u>	2 1	- Common and and
Agencies Notified  ☑ EPA ☑ DOLWD	Type Notificati  ☐ Initial ☐ Amended	on		1	eet Address 000 Penn	ington Rd.		AUG 2 (	20	18		-
⊠ DHSS	Amendmen	#3_8/	13/12	City	, State, Zip	Code		72×10×17×170			B F	581,75
DCA	☐ Emergency			E	wing, NJ	08628		Asos gres or	NUTE.		!	
(NJAC 5:23-8)	justification	)	ii ig	-	ne of Conta						i.	_
	☐ Cancellation	1		A	manda Ra	adosti		Telephone Nu 609-771-28			****	***
						NFORMATION		009-171-28	561			
Name of Facility Where Al	patement is Tak	ing Pla	ce (3)	•	AOILITT	MOLIVIALION	Type of Facility	(4)				
TCNJ-Green Hall			1.6				School (K-1;					
Street Address							☐ Subchapter	8 (Other than K-1	2)			
2000 Pennington Ro	ad						Other (i.e., p	rivate and comm	ercial	buildi	ngs,	
City (5)			-				nomes, etc.					
Ewing							Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	unty Codo /	7)(STATE USE ONLY)						
Mercer				001	unity Code (	I J(STATE USE UNLY)	Current Use (Pr	or if being demol	ished)	)		
Name of Monitoring Firm H	lired by Building	Owne	r (8)	ASCN	A No	Name of Al. 1						
AET, Inc		Owne	(0)	AGGI	VI NO.		ent Contractor (9)					_
Street Address							VIRONMENTA	_, INC.				
28 Pennell Road						Street Address						-
City, State, Zip Code						1123 BEAVE	The second second					
Media, PA 19063						City, State, Zip Co						-
Project Manager for Monito	ring Ciess		1= .			BRISTOL, PA	19007					
Roy Mosicant	ing rim			phone		Telephone No.		License No.				-
Start Date (10)					1-0114	215-788-6040		00509				
- · · · ·		200			ate (11)	Name of OSHA M						
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☐ Facility Closed/Vacated	During Entire Pe	eriod of	Abater	nent		1123 BEAVER	STREET					
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<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re	enovatio emolitio	on n		☐ Glovebag			ro			
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Brian Scafiro	1					Signature	Scalino	) Dat	e ,	1		-
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\* Do not use this form for asbestos licensure exempted activities.



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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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(NJAC 5:23-8)	justification	y (incit n)	aing		ame of Cont					Married Marry		Č.
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						over the control of t		609-771-	2881			
Name of Facility Where Al	batement is Ta	king D	lace /2	1	FACILITY	INFORMATION						
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Street Address			-				School (F	(-12)				
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Name of Monitoring Firm H	ired by Duildie	- 0	/01							-/		
AET, Inc	ned by Buildir	ig Own	er (8)	ASC	M No.	Name of Abatem	ent Contractor	(9)				_
Street Address						BRISTOL EN	VIRONMENT	TAL, INC.				
28 Pennell Road						Street Address				_		
City, State, Zip Code						1123 BEAVE	R STREET					
Media, PA 19063						City, State, Zip Co	ode					
Project Manager for Monitor						BRISTOL, PA	19007					
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	ing Firm		1 e	lephon	e 140.	Telephone No.		License No		_		_
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\* Do not use this form for asbestos licensure exempted activities.

State of New Jersey

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Date of Notification (1)				(Pu	rsuant to	NJAC 8:60 and	5:16)	6	MAG	13	35	8	
	_				Name of Bu	ilding Owner/Operat	or (2)	11 7	15 6	. IE	I V	/ E	3
	7 /	18	_		The Coll	ege of New Jerse	ev		9	A STATE OF THE PERSON	or Printer via	114	11
Agencies Notified	Type Notific	cation		-	Street Addre		. ,	1	41175				4
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(NJAC 5:23-8)	☐ Emergen justificati	icy (inc	luding	-	Ewing, N				LIC	DENSI	MG NG	ULS	4
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					Amanda			- 1	609-771				
Name of Facility Where A	botoment:				FACILITY	INFORMATION				-2001			
TCNJ-Green Hall	batement is 1	aking I	Place (	3)		•	Type of Fa	cility (A	1)				
Street Address	4						School		1)				
	32						- I Subcha	nter 8	Other than I	V 401			
2000 Pennington Ro	pad						EN CHICK	C. Driv	ate and con	nmerci:	al buil	dinas	
City (5)											a, bui	unigs	5
Ewing							Square Fee	T.	# of Floors		Bldg	. Age	-
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Mercer					, Joue	(7)(STATE USE ONLY)	Current Use	(Prior	if being den	nolishe	d)		
Name of Monitoring Firm H	lired by Buildin	ng Owr	ner (8)	ASC	CM No.						65		
AET, Inc	#	5 000	(-)	1	2171 TVU.	Name of Abatem	ent Contracto	r (9)					
Street Address						BRISTOL EN	VIRONMEN	TAL,	INC.				
28 Pennell Road						Street Address			(22,37)				
City, State, Zip Code						1123 BEAVE							
Media, PA 19063						City, State, Zip C							
Project Manager for Monitor	ing Eirm					BRISTOL, PA	19007						
	nig Filli		1 1	alankar	e No	T-1-1							
KOV Mosicant				elephor		Telephone No.			licopos Na				
Roy Mosicant	-			610-89	91-0114	215-788-6040			License No.				
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Start Date (10)	natement (Che patement (Che pa	6 Period coal Facility PM/7:00  R R D D  Using Ma Custom Yes D	y one) of Abat lity Ho lity Ho lenovar emoliti s Loca Norma ed Sole aintena stodial (12) No	ement urs - De 7:00 AM tion on tion elly ely by nnce/ Staff?	Plaster	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA     Full Conta   Mini-Enclo   Glovebag   Non-Exem    Description of tos Containing Mate thermal systems ins surfacing, VAT, o	onitor //RONMENT STREET de 19007 inment with N sure Procedure pted (*) and N rial (ACM) sulation, r s)	egative	O0509 NC. Pressure able Procedi Amount (Specify SF or LF)	ure A Removal	Repair	T	1
Start Date (10)	natement (Che patement (Che pa	eck only Period ( al Faci PM/7:0  R D Use Ma Cus Yes	y one) of Abat lity Ho lity Ho lenovar emoliti s Loca Norma ed Sole aintena stodial (12) No	ement urs - De 7:00 AM tion ally ely by ince/ Staff?	Plaster	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA     Full Conta   Mini-Enclo   Glovebag   Non-Exem   Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	onitor //RONMENT STREET de 19007 inment with N sure Procedure pted (*) and N rial (ACM) sulation, r	egative	O0509 NC.  Pressure  able Procedi  Amount (Specify SF or LF)	ure A Removal	Repair	Encapsulate	1
Start Date (10)	natement (Che During Entire F tside of Norm _AMf t apply)	6 Period coal Facility PM/7:00  R R D D  Using Ma Custom Yes D	y one) of Abat lity Hol one leenoval emoliti s Loca Norma ed Sole aintena stodial (12) No	ement urs - De ricon on tion ally ely by nice/	Plaster	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA     Full Conta   Mini-Enclo   Glovebag   Non-Exem   Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	onitor //RONMENT STREET de 19007 inment with N sure Procedure pted (*) and N rial (ACM) sulation, r	egative	O0509 NC. Pressure able Procedi Amount (Specify SF or LF)	ure A Removal	Repair	Encapsulate	
Start Date (10)	natement (Che During Entire F tside of Norm _AMF t apply)	eck only Period c al Faci PM/7:0   R D Us Ma Cus  Yes	y one) of Abate lifty Horo lifty Horo lenovar emoliti s Loca Norma ed Sola aintena todial (12) No	ement urs - De 7:00 AM tion on tion ally ely by since/ Staff?	Asbes (i.e.,	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA   Full Conta  Mini-Enclo Glovebag Non-Exem  Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	onitor //RONMENT STREET de 19007 inment with N sure Procedure pted (*) and N rial (ACM) sulation, r s)	egative	O0509 NC. Pressure able Procedo Amount (Specify SF or LF) 22 SF	ure A Removal	Repair	Encapsulate	1
Start Date (10)	natement (Che During Entire F tside of Norm _AMF t apply)	eck only Period c al Faci PM/7:0   R D Us Ma Cus  Yes	y one) of Abatt lity Hol lity	ement urs - De 7:00 AM tion on tion ally ely by since/Staff?	Asbes (i.e.,  Plaster Roofing (	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co. BRISTOL, PA  Street Address 1123 BEAVER City, State, Zip Co. BRIST	onitor //RONMENT R STREET de 19007 inment with N sure Procedure pted (*) and N rial (ACM) sulation, r s)	egative	Amount (Specify SF or LF)	ure A Removal	Repair	Encapsulate	1
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Start Date (10)  5 / 21 /  Occupancy Status During Ab  Facility Closed/Vacated D  Abatement Performed Our  Time of Abatement:  Scope of Work (Check all that  3 sf or ≥3 if  2160 sf or ≥260 if  Location of  Asbestos-Containing Mater  TO BE ABATED  IN Facility  (13)  Coom 204  Actic	natement (Che During Entire F tside of Norm _AMf t apply)  rial (ACM)	eck only Period c al Faci PM/7:0   R D Us Ma Cus  Yes	y one) of Abate lity Holo lity Holo lenovar emoliti s Loca Norma ed Sole aintena stodial (12) No	ement urs - De 7:00 AM tion on tion ally ely by since/Staff?	Asbesicised (i.e., Plaster Roofing of No. V	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co. BRISTOL, PA  Street Address 1123 BEAVER City, State, Zip Co. BRIST	onitor //RONMENT  STREET  de 19007  inment with N sure Procedure pted (*) and N  rial (ACM) sulation, r s)  nsulation  Amme of Regis FAIRLESS  ity, State	egative	Amount (Specify SF or LF)  22 SF 2,600 SF	Removal 🛛	Repair	Encapsulate	
Start Date (10)	patement (Che During Entire F tside of Norm _AMF t apply)  rial (ACM)	eck only Period c al Faci PM/7:0   R D Us Ma Cus  Yes	y one) y one) of Abat lity Ho lity Ho loopM- enovar emoliti s Loca Norma ed Solia intena stodial (12) No	ement urs - De 7:00 AM tion on tion ally ely by since/Staff?	Asbesicised (i.e., Plaster Roofing of No. V	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co. BRISTOL, PA  Street Address 1123 BEAVER City, State, Zip Co. BRIST	onitor //RONMENT STREET de 19007 inment with N sure Procedure pted (*) and N rial (ACM) sulation, r s) nsulation	egative	Amount (Specify SF or LF)  22 SF 2,600 SF	Removal	Repair	Encapsulate	

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

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

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			(1	ursuar	nt to NJ/	AC 8:60 and 5:1	6)	III	E (C		$\mathbb{W}$	F	[7]
Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	11-7	I I		1.7	1	
6 /	1 /	18		The	e College	of New Jersey			1			C Mary	
Agencies Notified	Type Notific	ation		Street	t Address				<del>l AUG</del>	20	:018		HH
⊠ EPA				200	00 Pennii	ngton Rd.						The state of	30250
□ DOLWD					State, Zip			1	KOOKSES				
□ DHSS		ent # <u>8-8/17</u>			ing, NJ 0			Ť	HODESK. UC	JS CUIV Yardine	TBO:	- &	1
	☐ Emergen justificati		3		of Contac			17		F-49, 30, 0.4	. 4	-	
(10/10/0.25-0)	☐ Cancellat				anda Ra								
									005-111-2				
Name of Facility Where A	hatement is 1	Taking Place	(3)	ГА	CILITTI	NFORMATION	Tuno of For	nility (A)					
TCNJ-Green Hall	touternent is	aking i lace	. (5)				1223	35 10 70					
Street Address									Other than K	(-12)			
2000 Pennington R	d						Other (i.	e., priva	ate and com	mercial b	uildin	gs,	
City (5)	u. 								# (5)	- 1-			
Ewing							Square Fee	et				lge	
County (6)							66,000						
MERCER				Cour	nty Code (	7)(STATE USE ONLY)	Current Use	e (Prior	if being dem	nolished)			
	History In D. II		(0)	10011		T	L			7.1121	Lillones		
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM		Name of Abateme		1000					
AET, Inc Street Address				0002	21		VIRONMEN	NTAL,	INC.				
CALAMATERS CONTROL OF						Street Address							
28 Pennell Rd			50-52152			1123 BEAVE							
City, State, Zip Code						City, State, Zip Co							
Media, PA 19063			1=			BRISTOL, PA	19007						
Project Manager for Moni	toring Firm			ephone		Telephone No.							
Roy Mosicant				10-891		215-788-6040			00509				
Start Date (10)	0/20/200	Scheduled C				Name of OSHA M							
7 / 5 /		ON		41)		BRISTOL EN	VIRONMEN	NTAL,	INC.				
Occupancy Status During						Street Address							
☐ Facility Closed/Vacate						1123 BEAVE	RSTREET						
	Outside of No	ormal Facility	y Hou	rs - Des	scribe	City, State, Zip Co	ode						
		1 101/1.00	1 IVI-1	.ooAw		BRISTOL, PA	19007						
Scope of Work (Check all	that apply)												-
☐ >3 sf or >3 If		⊠ Re	nova	tion		☐ Full Cont	tainment with losure	Negati	ve Pressure				
≥160 sf or ≥260 lf			moliti				g Procedure						
					т	☐ Non-Exe	mpted (*) and	d Non-F	riable Proce	edure			
Location	of	22.530	Loca Norma			D				А	baten	ent T	уре
Asbestos-Containing I		) Use	d Sol	ely by	Asbe	Description o stos Containing Ma			Amount	76	Re	m	m
TO BE ABA	TED	Ma		ance/ Staff?		e., thermal systems	insulation,		(Specify	mo	pair	cap	Enclosure
IN Facilit (13)	У	Ous	(12)			surfacing, VAT, other miscellane			SF or LF)	/ <u>a</u>		sula	ure
(.0)		Yes	No	N/A	1	other miscellane	ous)					te	
Attic				10	Pine In	sulation		_	1 500 I E		1	t	
Suite 218			-	-	1				1.70		-	무	151
Suite 216				10	Plaster	Ceiling			320 SF	_ X			$ \Box $
									-11				
								Telephone Number 609-771-2881  Facility (4) cool (K-12) chapter 8 (Other than K-12) er (i.e., private and commercial buildings, nes, etc.)  Feet # of Floors Bldg. Age 88  Use (Prior if being demolished)  Factor (9)  MENTAL, INC.  EET  License No. 00509  MENTAL, INC.  EET  CM) Amount Repaire Procedure  On Amount (Specify SF or LF) SF or LF)  1,500 LF S SF or LF  Of Registered Landfill RLESS LANDFILL					
Name of Registered Wast	te Hauler		1 20	NJDEP N		Cubic Yards of	Name of F	Register	ed Landfill				
BRISTOL ENVIRON	MENTAL, IN	1C.		lauler II 18706		Waste	FAIRLE	ESS LA	ANDFILL				
City, State				10/06	,	Disposal Date	City, State					-	
BRISTOL, PA 19007						50			E, PA 190	67			
Completed By (Print or Ty		Title				Signature				Date			
BRIAN SCAFIRO	. 7	ESTIMA	ΑΤΩΙ	3		1 1 -	1	1	1 /	8/	11	18	
ASR-41						Pria	n por	infer	0/1	0/1	1/1	0	

MAY 11 B 3 / 8 0 4 / - SB \* Do not use this form for asbestos licensure exempted activities.

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### State of New Jersey

) 0.0			NOT				BESTOS ABAT AC 8:60 and 5:1		CR #	341	6		
Date of Notification (1)  6 /	1 /	18	1		A 1 85 - 80		g Owner/Operator (	(2)	AUG 2			11	
Agencies Notified  ⊠ EPA  ⊠ DOLWD  ⊠ DHSS	Type Notific Initial Amended	d	7-8/7/	18	City,	et Address 00 Pennir State, Zip (	Code		ASSESTES LICE	reser	Tirni		1
☑ DCA	☐ Emergen	ncy (in				ving, NJ 0					9 VIII		
(NJAC 5:23-8)	justificati  Cancella	2000000			The second second	e of Contac nanda Ra			Telephone Nur				
		71.511			1		IFORMATION		609-771-28	01			
Name of Facility Where Al	patement is 1	Takino	Place	(3)	ГА	CILITIN	IFORIVIATION	Type of Facility	(4)				
TCNJ-Green Hall Street Address 2000 Pennington Ro								☐ School (K-12 ☑ Subchapter	2) 8 (Other than K-1 private and commo	2) ercial bu	uilding	gs,	
City (5) Ewing								Square Feet	# of Floors	1.	dg. A	ge	
County (6)					Cou	mbi Cada /7	VOTATE LIGE ON VA	66,000	2		88		en lock
MERCER					Cou	inty Code (/	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Name of Monitoring Firm I	lired by Build	ding C	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
AET, Inc	•			\- <i>x</i>	000			VIRONMENTA					
Street Address			-				Street Address		_,				
28 Pennell Rd							1123 BEAVER	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Media, PA 19063							BRISTOL, PA	19007					
Project Manager for Monito	oring Firm				ephone		Telephone No.		License No.				-
Roy Mosicant	16			1		1-0114	215-788-6040		00509				
Start Date (10) 7 / 5 /	transaction of the same of the					ate (11)	Name of OSHA M						
						18		VIRONMENTA	L, INC.				
Occupancy Status During							Street Address						
☐ Abatement Performed (	Outside of No	ormal	Facility	Abate v Hou	ment rs - De	scribe	1123 BEAVER						
Time of Abatement: 8/5+8//0 - 2:30 PAR Scope of Work (Check all t	AM	DA	1/7.00	DM 7	-00 4 5 4		City, State, Zip Co BRISTOL, PA						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti				Procedure	gative Pressure n-Friable Procedu	ıre			
				Loca							ateme	ent T	vne
Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM ED	)	Use Ma	intena	ely by ance/ Staff?		Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A			/				te	
Attic				$\boxtimes$		Pipe Ins	sulation		1,500 LF	$\boxtimes$			
Suite 218				$\boxtimes$		Plaster	Ceiling		320 SF				
											П	П	ĪП
Name of Registered Waste BRISTOL ENVIRONM		IC.			JDEP lauler I 1870	D No.	Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State BRISTOL, PA 19007							Disposal Date	City, State MORRISVI	LLE, PA 19067			-	
Completed By (Print or Typ BRIAN SCAFIRO	<i>h</i>	Title ES	STIMA	TOF	R		Signature Brian	Scofero		ate 8/1	//2	5	
ISB-41 B5/8041	-58					19		0	U				

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				uisua	THE TO W	IJAC 8:60 and 5	:16)	4	2 L- L	L 17	E.
Date of Notification (1)	925			Nam	e of Buil	ding Owner/Operato	r (2)				
6 /	1 / _	18	2	Th	e Colle	ege of New Jerse	v 11	LI AU	620	2012	
	Type Notifica	tion			et Addres		· ·	-		4010	1
	Initial					nington Rd.	traff should	ACIDE O	- handy to be proposed to the		n
☑ DHSS	Amended		10110		State, Zi				TOS CON	VIRO	8
	Amendme  Emergence	int #6-8	/3/18			08628		And the state of t	A CONTRACTOR OF THE PERSON OF	J.	
(NJAC 5:23-8)	justificatio	n)	uing	-	of Cont						
	☐ Cancellation	on		- Parker		Radosti			ne Numbe	r	
						INFORMATION		609-7	71-2881		
Name of Facility Where Aba	atement is Ta	king PI	ace (3)	170	CILIT	INFORMATION	T=				
TCNJ-Green Hall		07/00/00					Type of Facility				
Street Address							School (K-1	2)	14 481		
2000 Pennington Rd.							U Other (i.e.,	Drivate and c	an K-12) Commercia	d build	inac
City (5)					_			.)		build	ngs,
Ewing							Square Feet	# of Floo	ors	Bldg.	Age
County (6)		5 4 75 17		Count	ty Code	(7)(STATE USE ONLY)	66,000	2		88	
MERCER				Journ	-, Joue	( NOTATE USE UNLY)	Current Use (P	rior if being o	demolished	d)	
Name of Monitoring Firm Hire	ed by Buildin	g Owne	er (8)	ASCM N	Vo.	Name of About					
AET, Inc			(-/	0002		Name of Abatem					
Street Address				0002			VIRONMENTA	L, INC.			
28 Pennell Rd						Street Address					
City, State, Zip Code						1123 BEAVE					
Media, PA 19063						City, State, Zip Co					
Project Manager for Monitorin	ng Firm		Tele	phone N	_	BRISTOL, PA	19007				
Roy Mosicant				0-891-0		Telephone No.		License N	Vo.		-
Start Date (10)	Sch	eduled		tion Date		215-788-6040		00509			
_7_/_5_/_18	8	8	/ 17	/	10	Name of OSHA M					
Occupancy Status During Aba	tement (Cho	ok only			10		/IRONMENTAL	, INC.			
☐ Facility Closed/Vacated Du	ring Entire P	eriod o	f A hada			Street Address					
Abatement Performed Outs	side of Norm	al Facili	tv Hours	ieiii : - Descri	ihe	1123 BEAVER					
Time of Abatement:	AM- F	PM/7:0	0PM-7:0	DOAM	-	City, State, Zip Co.					
Scope of Work (Check all that	apply /	140	8/11-10	AM-8	1:30PA	BRISTOL, PA	19007				
	-66.37					□ Eull Conta					
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>			enovatio			Mini-Enclo	inment with Nega	tive Pressur	е		
			emolition	)			Procedure				
			Location	n l		☐ Non-Exem	pted (*) and Non-	Friable Bros	edure		
		Is						Thable Floc			
Location of			Normally	/				Hable F100		pateme	nt Tv
Asbestos-Containing Materi	ial (ACM)	Use	Normally ed Solely	by	Asbes	Description of tos Containing Mate	rial (ACM)		At	Dateme	
Asbestos-Containing Materi TO BE ABATED IN Facility	ial (ACM)	Use	Normally ed Solely iintenand todial St	by be/	Asbes (i.e.,	Description of tos Containing Mate thermal systems in	rial (ACM)	Amount (Specify	At		
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Asbestos-Containing Materi TO BE ABATED IN Facility (13)	ial (ACM)	Use	Normally ed Solely iintenand todial St (12)	by be/	Asbes (i.e.,	Description of tos Containing Mate thermal systems in	rial (ACM) sulation,	Amount (Specify	At		et Encapsulate
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Asbestos-Containing Materi TO BE ABATED IN Facility (13)	ial (ACM)	Use Ma Cus Yes	Normally ed Solely intenance todial St (12)	y by ce/ aff?	(1.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	rial (ACM) sulation,	Amount (Specify SF or LF)	Removal		
Asbestos-Containing Materi TO BE ABATED IN Facility (13) Attic		Use Ma Cus Yes	Normally ed Solely intenance todial St (12)  No	y by ce/ aff?	(1.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	rial (ACM) sulation,	Amount (Specify SF or LF)	Removal		
Asbestos-Containing Materi  TO BE ABATED IN Facility (13)  Attic	ler	Use Ma Cus Yes	Normally ed Solely intenance todial St (12)  No  No  No  No  No  No  No  No  No  N	by by ce/aff? N/A Pi Pi	ipe Insi	Description of tos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneou	rial (ACM) sulation, r is)	Amount (Specify SF or LF) 1,500 LF	Removal		
Asbestos-Containing Materi  TO BE ABATED IN Facility (13)  Attic  Iame of Registered Waste Haul BRISTOL ENVIRONMENT	ler	Use Ma Cus Yes	Normally ed Solely intenance todial St (12)  No  No  No  NJD  Hau	by by cel aff?  N/A  Pi  Pi  EP Wasi	ipe Insi	Description of tos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneou	rial (ACM) sulation, r is)	Amount (Specify SF or LF) 1,500 LF	Removal		
Asbestos-Containing Materi TO BE ABATED IN Facility (13)  Attic  ame of Registered Waste Haul BRISTOL ENVIRONMENT ity, State	ler	Use Ma Cus Yes	Normally ed Solely intenance todial St (12)  No  No  No  NJD  Hau	by by ce/aff? N/A Pi Pi	ipe Insi	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous ulation	rial (ACM) sulation, r is)	Amount (Specify SF or LF) 1,500 LF	Removal		
Asbestos-Containing Matering BE ABATED IN Facility (13)  Attic  ame of Registered Waste Hauf BRISTOL ENVIRONMENT ity, State BRISTOL, PA 19007	ler	Use Ma Cus Yes	Normally ed Solely intenance todial St (12)  No  No  No  NJD  Hau	by by cel aff?  N/A  Pi  Pi  EP Wasi	ipe Insi	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous ulation	Name of Register FAIRLESS LA	Amount (Specify SF or LF) 1,500 LF	Removal		
Asbestos-Containing Materi  TO BE ABATED IN Facility (13)  Attic  Attic  Attic  BRISTOL ENVIRONMENT ity, State BRISTOL, PA 19007  Completed By (Print or Type)	ler	Use Ma Cus Yes	Normally ed Solely intenance todial St (12)  No  No  No  NJD  Hau	by by cel aff?  N/A  Pi  Pi  EP Wasi	ipe Insi	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous ulation  Cubic Yards of Waste  Disposal Date	rial (ACM) sulation, r is)	Amount (Specify SF or LF) 1,500 LF	Removal		
Asbestos-Containing Materi TO BE ABATED IN Facility (13)  Attic  Iame of Registered Waste Haul BRISTOL ENVIRONMENT ity, State BRISTOL, PA 19007	ler FAL, INC.	Use Ma Cus Yes	Normally ed Solely intenantodial St (12)  No  No  No  NJD  Hau  18	by by cel aff?  N/A  Pi  Pi  EP Wasi	ipe Insi	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous ulation	Name of Register FAIRLESS LA	Amount (Specify SF or LF) 1,500 LF ed Landfill ANDFILL E, PA 1906	Removal		

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

Date of Notification (1)	Marine CC. Miller D. C.			Na	me of Build	ina OumaniOn and	(0)	1-3/				
_ 6 /	1 /	18				ing Owner/Operato	. 1	III ATTO	d n	22.		
Agencies Notified	Type Notificat						/  i.	III AUG	< U	2018	j	1
⊠ EPA	⊠ Initial	1011		1	eet Address	_	1	harman .				-
□ DOLWD   □   □   □   □   □   □   □   □   □				Cit		ington Rd.		ASBESTO	S CO	VTBI	) L	
☑ DHSS	Amendme				y, State, Zip Wing, NJ		Ĺ,	LICE	ENSIL	IG .		
	Emergency justification	y (includ	ling	-	me of Conta						1021012	******
(110) (0 0120 0)	☐ Cancellation				manda R	17. j		Telephone Nu				
								609-771-28	381			
Name of Facility Where A	hatement is Ta	king Di-	100 (3)		ACILITY	NFORMATION						
TCNJ-Green Hall		iting i ie	100 (0)				Type of Facility					
Street Address							School (K-1)	2) 8 (Other than K-1	21			
2000 Pennington Ro	d.						U Other (i.e., p	rivate and comm	ercial	buildir	nas.	
City (5)							nomes, etc.	)				
Ewing							Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	unty Code /	7)(STATE USE ONLY)	66,000	2		88		
MERCER				00	unty code (	I NOTATE USE UNLT)	Current Use (Pr	ior if being demol	ished)			
Name of Monitoring Firm H	Hired by Buildin	g Owne	r (8)	ASC	VI No	Name of Abstor	ent Contractor (9)					
AET, Inc	6 <b>5</b> 00 170000	<b>9</b>	(-)	1	021		VIRONMENTA					
Street Address						Street Address	VINORIVIEWIA	L, INC.				
28 Pennell Rd						1123 BEAVE	D STDEET					
City, State, Zip Code						City, State, Zip C						
Media, PA 19063						BRISTOL, PA						
Project Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No.	. 10001	Linguage				
Roy Mosicant					1-0114	215-788-6040	)	License No. 00509				
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA N	Monitor	00303				
_7 / _5 / _	18	88	/ _ 1	0_/	18	1	VIRONMENTAL	INC				
ccupancy Status During A						Street Address		-,				
Facility Closed/Vacated	During Entire F	eriod o	Abate	ement		1123 BEAVE	RSTREET					
Abatement Performed C	outside of Norm	al Facili	ty Hou	rs - De	scribe	City, State, Zip Co	ACCORD TO THE CONTRACTOR					
Time of Abatement:		PM/ <u>7:0</u>	<u>DPM-7</u>	:00AM		BRISTOL, PA						
cope of Work (Check all th	nat apply)							7				
≥3 sf or ≥3 lf		⊠ R	enovat	ion		☐ Full Cont ☑ Mini-Enc	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		☐ De	emoliti	on			Procedure					
		1 1	Local	lfa		☐ Non-Exe	mpted (*) and Non	-Friable Procedu	re			
Location of			Norma	lly		Description of			Ab	atem	ent T	уре
Asbestos-Containing Ma	iterial (ACM)	Use	ed Sole	ely by	Asbes	tos Containing Mat	erial (ACM)	Amount	R	R	ш	I
TO BE ABATE IN Facility	<u>:D</u>	Cus	todial	Staff?	(i.e.	, thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Cic
(13)		-	(12)			surfacing, VAT, other miscellaned	or ous)	SF or LF)	val		Encapsulate	Eliciosare
		Yes	No	N/A							ate	"
tic			$\boxtimes$		Pipe Ins	ulation		1,500 LF				F
								·	-			-
		ĪП		-						Ш	Ц	L
		+=										
	Javilan		Ц									Г
me of Docistors (181)	rauler		100000	JDEP V auler ID		Cubic Yards of	Name of Registe		1			
me of Registered Waste H			1 171			Waste	FAIRLESS L	ANDELL				
BRISTOL ENVIRONME				18706			1	o titol line				
BRISTOL ENVIRONME y, State				18706		Disposal Date	City, State	- COLIEC				
BRISTOL ENVIRONME y, State BRISTOL, PA 19007	ENTAL, INC.			18706		Disposal Date	City, State					
BRISTOL ENVIRONME y, State	ENTAL, INC.	e STIMA		18706		Signature	City, State	LE, PA 19067	0			

ASB-41 MAY 11 B S 180 41-58

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

Date of Notification (1)			11	Vame of Bu	uilding Owner/Opera	tor (2)		AUG	10	
6/1/	18				lege of New Jers		1			4.6
Agencies Notified Type Notification	ation		-			<del></del>	1	The spiral and	1-250	
	ation		3	Street Addr	3.7.0 L		1	120	3 60	NIF
☑ DOLWD ☑ Amended			_		nnington Rd.		And the second s	المدال الما	S LU ENSA	VG
☑ DHSS Amendme	ent #RE	EV #4	: 10	ity, State, 2				-		
☑ DCA   7/27/18   ☐ Emergence				Ewing, N	Control of the Contro					
(NJAC 5:23-8)	cy (inclu	iding	10000	ame of Co		***	Telephone N	lumbe	r	
Johnson	,,,			Amanda	Radosti		609-771-			
Name of Facility Whore Abelian II				FACILITY	Y INFORMATION		775-000-000-000		-	_
Name of Facility Where Abatement is To TCNJ-Green Hall	aking P	lace (3	3)			Type of Facility	(4)			
Street Address						School (K-12	)			
2000 Pennington Rd.					2	Subchapter 8	Other than K	(-12)		
						Other (i.e., property)	ivate and com	mercia	l build	lings
City (5)						Square Feet	# of Floors		T =	
Ewing						66,000	# 01 Floors		Bldg	
County (6)			C	ounty Code	e (7)(STATE USE ONL)		1		88	
MERCER					( //	Current Use (Pri	or it being dem	olished	d)	
Name of Monitoring Firm Hired by Buildin	ng Own	er (8)	ASC	M No.	Name of Abates	ment Contractor (9)				
AET, Inc			1	0021	BRISTOI E	MADOMESTRA				
Street Address					Street Address	NVIRONMENTAL	, INC.			
28 Pennell Rd						TO OTDEET		100		
City, State, Zip Code		-			1123 BEAV		22			
Media, PA 19063					City, State, Zip (					
Project Manager for Monitoring Firm		TTE	lephon	o Ma	BRISTOL, P	A 19007	9			
Roy Mosicant				16 NO. 191-0114	Telephone No.	5	License No.			
C1-1D : !!!	edulad			Date (11)	215-788-604		00509			
_7_/_5_/_18	7	/ S	etion L	18	Name of OSHA					
Occupancy Status During Abatement (Che			/			IVIRONMENTAL,	INC.			
☐ Facility Closed/Vacated During Entire F	eck only	one)			Street Address					
Abatement Performed Outside of Norm	eriod o	f Abate	ement		1123 BEAVE	R STREET				
	PM/7:0	OPM-7	115 - DE	escribe A	City, State, Zip.C	ode				
Scope of Work (Check all that apply)			.00/ 111	"	BRISTOL, PA	19007				
					Π	2 20 200 200 200				
☐ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥260 If	⊠ R	enovai	ion		☐ Full Con	tainment with Negat	ive Pressure			
△ ≥ 100 \$1 01 ≥260 IF		emoliti	on		⊠ Gloveba	Procedure				
	1	s Loca	Hou		☐ Non-Exe	mpted (*) and Non-F	riable Procedu	ıre		
Location of		Norma	lly						batem	ont T
Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Asbe	Description o stos Containing Ma	f (A CMA)			1	
TO BE ABATED		intena todial		(i.e	., thermal systems i	nsulation.	Amount (Specify	em	Repair	Enc
IN Facility		(12)	Otan:		surfacing, VAT.	or	SF or LF)	Remova	air	aps
IN Facility (13)				7	other miscellaned	ous)		-		Encapsulate
IN Facility	Yes	No	N/A					1		D
IN Facility (13)		No	-	Pine Inc				-		
IN Facility (13)		No 🗵		Pipe Ins	sulation		1,500 LF			
IN Facility (13)		No	-	Pipe Ins			1,500 LF			
IN Facility (13)		No 🗵		Pipe Ins			1,500 LF			
IN Facility (13)	Yes	No 🗵		Pipe Ins			1,500 LF			
IN Facility (13)	Yes	No ⊠ □ □			sulation					
IN Facility (13)  Attic	Yes	No 🗵	DEP V	Vaste	sulation  Cubic Yards of	Name of Registere	d Landfill			
IN Facility (13)  ttic  ame of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.	Yes	No S		Vaste No.	sulation	Name of Registere FAIRLESS LA	d Landfill			
IN Facility (13)  Attic  The series of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.  Try, State	Yes	No S	DEP Vauler ID	Vaste No.	sulation  Cubic Yards of		d Landfill			
IN Facility (13)  Attic  Arme of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.  Ty, State  BRISTOL, PA 19007	Yes	No S	DEP Vauler ID	Vaste No.	Cubic Yards of Waste	FAIRLESS LA	d Landfill NDFILL			
IN Facility (13)  Attic  Arme of Registered Waste Hauler  BRISTOL ENVIRONMENTAL, INC.  BRISTOL, PA 19007  Impleted By (Print or Type)  Title	Yes	No S	DEP Vauler ID	Vaste No.	Cubic Yards of Waste	FAIRLESS LA	d Landfill NDFILL , PA 19067			
IN Facility (13)  Attic  The property of the p	Yes	No No No No No No No No No No No No No N	DEP Vauler ID 18706	Vaste ) No.	Cubic Yards of Waste Disposal Date Signature	FAIRLESS LA	d Landfill NDFILL , PA 19067			

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

					suant to N		,	The state of the s			1.7	- 1
Date of Notification (1)	700			1	Name of Buil	ding Owner/Operat	or (2)	1111111				- 1
		18	_		The Colle	ege of New Jerse	∌y	[II II] AU	6 2	0 -	2000	
Agencies Notified  EPA	Type Notific	ation		8	treet Addres	SS			100 000	* 6	-113	
Ø DOLWD	☑ Initial				2000 Peni	nington Rd.		1 1				
☑ DHSS			un.	C	ity, State, Zi			ASSEST	080	ONT	Pri	roen-
☑ DCA	7/13/18	CIII # IN	r3-		Ewing, NJ				(JENS)	MG	_	ै
(NJAC 5:23-8)	☐ Emergen	cy (inclu	uding	N	ame of Cont			171				
	justification	on)			Amanda R	Radosti		Telephone N		r		
						INFORMATION		609-771-	2881			
Name of Facility Where	Abatement is T	aking P	lace (3)		· AULIT	MOLIVIALION	7- (-					
TCNJ-Green Hall			•				Type of Fac					
Street Address							School (I	K-12) ter 8 (Other than K	10)			
2000 Pennington I	Rd.						Li Other (I.e	Drivate and com	(-12) mercia	l buil	dinas	
City (5)							nomes, e	sic.)			unigs	1
Ewing							Square Feet	# of Floors		Bldg	g. Age	9
County (6)				C	Ounty Code	(7)(STATE USE ONLY)	66,000	2		88		
MERCER					ounty Code	(1)(STATE USE ONLY)	Current Use	(Prior if being dem	olished	d)		
Name of Monitoring Firm	Hired by Buildin	na Own	er (8)	LASC	M No.	This can						
AET, Inc	1.50 (23)	.5	0. (0)	1	0021	Name of Abatem	nent Contractor	(9)				
Street Address				00	1021	BRISTOLE	VIRONMEN	TAL, INC.				
28 Pennell Rd						Street Address						
City, State, Zip Code						1123 BEAVE						
Media, PA 19063						City, State, Zip C						
Project Manager for Moni	itorina Firm		Tel	anh		BRISTOL, PA	19007					
Roy Mosicant			1	ephon		Telephone No.		License No.				-
Start Date (10)	Sch	edulad			91-0114 Pate (11)	215-788-6040		00509				
7 / 5 /	001	cuuleu	Comple	etion L	Jate (11)	Name of OCHA &	lonito-					
// 5 /	18	7				Name of OSHA M					- Corton	
7 / 5 / Occupancy Status During	18	7	/ 3		18	BRISTOL EN		AL, INC.				
Occupancy Status During	Abatement (Che	eck only	/ _ 3	1_/				AL, INC.				
Occupancy Status During  Facility Closed/Vacated  Abatement Performed	Abatement (Che	eck only	/ _ 3·	1_/	18	BRISTOL EN	VIRONMENT	AL, INC.				
Occupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement:	Abatement (Che d During Entire F Outside of Norm	eck only Period o	/ _3· / one) of Abate	ment	18	BRISTOL EN	VIRONMENT.	AL, INC.				
Occupancy Status During    Facility Closed/Vacated   Abatement Performed     Time of Abatement:	Abatement (Che d During Entire F Outside of Norm	eck only Period o	/ _ 3·	ment	18	BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co	VIRONMENT.	AL, INC.				
Occupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all the	Abatement (Che d During Entire F Outside of Norm	eck only Period o	/ _3· / one) of Abate	ment	18	BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENT. R STREET de 19007					
Occupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all 1)  3 sf or >3 lf	Abatement (Che d During Entire F Outside of Norm	Period of all Facil	/ 3: v one) of Abate lity Hour OPM-7:	ment rs - De	18	BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENT. R STREET de 19007	AL, INC.				
Occupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all the	Abatement (Che d During Entire F Outside of Norm	Period of all Facility PM/7:0	/ _3· / one) of Abate	ment rs - De	18	BRISTOL EN' Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA	R STREET  de 19007  ainment with Ne	egative Pressure				
Occupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all 1)  3 sf or >3 lf	Abatement (Che d During Entire F Outside of Norm	Period of all Facil	/ 3· / one) of Abate ity Hour OPM-7: enovatic	ment rs - De con on	18	BRISTOL EN' Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA	R STREET  de 19007  ainment with Ne	egative Pressure	Jre.			
Occupancy Status During  ☐ Facility Closed/Vacate(  ☐ Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all 1  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf	Abatement (Che d During Entire F Outside of Norm AM- AM- that apply)	Period of all Facility PM/7:0	/ 3· / one)  of Abate ity Hour OPM-7: enovatic emolitio	ment rs - De con on on	18	BRISTOL EN  Street Address  1123 BEAVER  City, State, Zip Co  BRISTOL, PA  Full Conta  Mini-Encle  Glovebag  Non-Exen	R STREET  de 19007  ainment with Nepsure Procedure npted (*) and N			natem	agent T	7
Occupancy Status During  ☐ Facility Closed/Vacate(  ☐ Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all 1  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Ma	Abatement (Che d During Entire F Outside of Norm AM- that apply)	Period of all Facility PM/7:0	/ 3· / one) of Abate ity Hour OPM-7: enovatic emolitio s Locati Normal ed Sole	ment rs - De con on ly ly by	18	BRISTOL EN' Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen	R STREET  de 19007  ainment with Necesure Procedure phed (*) and N	egative Pressure on-Friable Procedu	Ab	_	nent T	-
Occupancy Status During  ☐ Facility Closed/Vacate(  ☐ Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all 1  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Manual Pacatement	Abatement (Che d During Entire F Outside of Norm AM- that apply)  f aterial (ACM) ED	Period of all Facility PM/7:0	/ 3· / one) of Abate ity Hour OPM-7: enovative emolitio s Locati Normal ed Sole aintenar	ment rs - De con ly ly by nce/	18	BRISTOL EN' Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA  Full Conta Mini-Enclor Glovebag Non-Exen  Description of tos Containing Mate thermal systems in	R STREET  de 19007  ainment with Necesure Procedure noted (*) and Necesial (ACM) sulation	egative Pressure on-Friable Procedu Amount	Ab	_	1	-
Occupancy Status During  ☐ Facility Closed/Vacate(  ☐ Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all 1  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mi	Abatement (Che d During Entire F Outside of Norm AM- that apply)  f aterial (ACM) ED	Period of all Facility PM/7:0	/ 3· / one) of Abate ity Hour OPM-7: enovatic emolitio s Locati Normal ed Sole	ment rs - De con ly ly by nce/	18	BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of tos Containing Mate thermal systems in surfacing, VAT of	R STREET  de 19007  ainment with Neosure Procedure Procedure Interval (ACM) Inter	egative Pressure on-Friable Procedu	Ab	patern Repair	1	-
Occupancy Status During  ☐ Facility Closed/Vacated  ☐ Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all to the state of the st	Abatement (Che d During Entire F Outside of Norm AM- that apply)  f aterial (ACM) ED	Period of all Facility PM/7:0	one) of Abate ity Hour OPM-7: enovatic emolitio s Locati Normal ed Sole aintenar stodial S	ment rs - De con ly ly by nce/	18	BRISTOL EN' Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA  Full Conta Mini-Enclor Glovebag Non-Exen  Description of tos Containing Mate thermal systems in	R STREET  de 19007  ainment with Neosure Procedure Procedure Interval (ACM) Inter	egative Pressure  on-Friable Procedu  Amount (Specify		_	1	-
Occupancy Status During  ☐ Facility Closed/Vacated  ☐ Abatement Performed  Time of Abatement:  SEE  Scope of Work (Check all to the second se	Abatement (Che d During Entire F Outside of Norm AM- that apply)  f aterial (ACM) ED	Period of Period	/ 3· / one) of Abate ity Hour OPM-7: enovati emolitio s Locati Normal ed Sole aintenar todial S (12) No	ment rs - De con on on ly ly by nce/ btaff?	18	BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encle Glovebag Non-Exen  Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	R STREET  de 19007  ainment with Neosure Procedure Procedure Interval (ACM) Inter	egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	_	t Encapsulate	-
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MAY 11 B S 18041 - S8 Do not use this form for asbestos licensure exempted activities.

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

### State of New Jersey

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TCNJ-Green Hall	16					Type of Faci	Irty (4)	1		
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Street Address			0	0021	BRISTOL EN	VIRONMENT	AL, INC.			
28 Pennell Rd					Street Address				_	
City, State, Zip Code		15			1123 BEAVER					
Media, PA 19063					City, State, Zip Co					
Project Manager for Monitoring F	irm				BRISTOL, PA	19007				
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RIAN SCAFIRO	F0:	TIMAT	-			100	orginature.				Date				

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)						NJAC 8:60 at Building Owner/Op			17-0	. IL	#	33	78	7
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Agencies Notified	Type Notif	ication					ersey	/	1	3		A	* hali	100
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☑ DOLWD0256 ☐ Amended Amendment #						ennington Rd.				LI AU(	3 2 (	) 20	N8	
☑ DHSS 01/11	Amenda	ment #		. 1	City, State,				1	1				
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(NJAC 5:23-8) justification)  Cancellation					Name of Co		ASBESTOS CONTROL & Telephone Number S						E	
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28 Pennell Rd						Street Addres							-	_
City, State, Zip Code						1123 BEA								
Media, PA 19063						City, State, Zij								
Project Manager for Monitoria	na Firm		17	-11-		BRISTOL,		9007						
Roy Mosicant						Telephone No.		,		License No.				
Start Date (10) Scheduled Completion					91-0114	71-0114   215-788-6040								
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\*3160 PAID

#### 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) Name of Building Owner/Operator (2) August 14, 2018 The Valley Hospital Agencies Notified Notification Type Street Address X EPA x Initial Notification 223 North Van Dien Avenue DCA x Amendment # 1 City, State, Zip Code x DOL Emergency (including BELLIOS CONTROLA Ridgewood, NJ 07450-2736 X DEP justification) Name of Contact x DOH Telephone Number William Stasiak 201-447-8141 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital Bergen 3<sup>rd</sup> Floor & Cheel 2<sup>nd</sup> Floor ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 223 North Van Dien Avenue Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): Hospital Ridgewood Bergen (State Use Only) Warne of Woman Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. STEEL ACCIONS Street Address 28 Washington Street 511 MAIN STREET City State 7's Cade City State, ZipCode Ballston Spa. NY 12020 Butler, NJ 07405 Froject Manage - Monitoring Firm Telephone Number Telephone Number License Number Jim Miades 347.435.3561 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 2- 28 September 30, 2018 EMSL inc. Occupancy States During Abatement (Check only one) Street Address Facility To adVacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Descree City, State, Zip Code Other - To- libe: Piscataway, NJ 08854 ix all that apply) x Full Containment with Negative Pressure if or ≥ 3 If Renovation Mini-Enclosure ☐\_ 100 sf or ≥ 260 Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Assess-Containing Material (ACM > 1 ocility (13) Is Location Normally Used Solely Description of Asbestos Amount Abatement Type by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. (Specify SF NO NA thermal systems insulation, Remove Repair Encap Enclose or LF) surfacing, VAT, or other miscell.) Bergen 3rd Ficor Clean Utility Rm VAT & Mastic 140 sf IXI X VAT & Mastic 25 sf IXI Staff Restroom X VAT & Mastic X 180 sf Soiled Utility Rm Cheel 2nd Floor X X Janitors Closet VAT & Mastic 12 sf NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill/GROWS Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State Route 2, Box 68 NJ DEP # 12561 September 30, Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 2018 304-842-2784 Completed by (Print or Type) Signature Marin Graure SENIOR PROJECT August 24, 2018 Marin Graure MANAGER

GAC # 2018-633-005- Amendment #1 - New Start & Completion Dates

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

Chaf# 3161

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) August 15, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address Initial Notification
 ■ ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ■ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS D DCA □ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED Name of Contact Telephone Number □ Cancelled X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION ASBESTOS CONTROL & LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (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: N/A # of Floors: 3 Bldg. Age: 80+ years County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/24/18 8/25/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ■Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code Other- Describe: Schedule: 5PM − 5AM Daily (24 HOURS & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □> 3 sf or >3 lf ■ Mini-Enclosure **X** Renovation X ≥ 160 sf or ≥ 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Room 103A, 103B & FOYER X VAT 24 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 08/24/2018 NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino August 15, 2018 MANAGER



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Date of Notification (1) 08/08/2018				Name o	of Building ( ence	Owner/0	Operator	r (2)	1 200		(1)	10	nnt	)	
Agencies Notified	Type Notification			Street A	Address				11		15				
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Ď DOH □ DCA	justification) Cancellation				el McDo	nnel			1.	Teleph	one N	lumbe			
	Gariociiation				ILITY INFO		ON								
Name of Facility Where A Residence	Abatement is Takin	g Place	(3)					Type of Fac	ST 3015W						
Street Address								Subcha	apter 8 (0 i.e. priva				ıilding	s, hom	es,
City (5) East Rutherford								Square Feet 2,652	100	# of Flo 4	ors		Bldg. 98	Age	
County (6) Bergen				County (STATE	Code (7) USE ONLY)		_	Current Use	(Prior if	being d	iemol	ished)			
Name of Monitoring Firm A. Seine Lighthouse		Owner (8	)	ASCN	И No.			of Abatement		ctor (9)					
Street Address PO Box 354								Address Liberty Av	enue						
City, State, Zip Code	7070						City, S	tate, Zip Code	9						
South Orange, NJ 0 Project Manager for Mon								de, NJ 072	05						
Sarah Calandra	itoring Firm				19-2666			none No. 462-7465		1, 31/238	ense 316	No.			
Start Date (10) 08/20/2018		Schedu 09/04/		npletion	Date (11)			of OSHA More eine Lightho		olution	าร				
Occupancy Status During	Abatement (Check	c Only O	ne)				Street	Address							
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire F ed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent		-		Box 354 tate, Zip Code	)						_
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Scope of Work (Check Al	I That Apply)														
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Asbestos-Containing TO BE ABA In Facilit (13)	TED	Ma	ed Sole aintenar stodial S (12)	nce/	(i.e. t	os Conta	aining M systems ing, VA	laterial (ACM) insulation, T, or		Amou (Speci SF or L	ify	Remova	Repair	Encapsulate	Enclosure
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Name of Dealer															
Name of Registered Wast Newark Carting	te Hauler		Н	JDEP W auler ID 1509	531	Cubic \ of Was		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Regi te Mar				fill		
City, State East Orange, NJ						Dispos	al Date	City, S	State n Argyl	e. PA					
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Alison Lamers		Offic	e Mar	ager			SI	arre	15			8/08	/2018	3	

From: GREENWOOD ABATEMENT

19734020133

08/1: /2018 08:41

#054 P.002/D04

State of New Jersey - Notification of Asbestos batement (Pursuent to N.J.A.C. 8:60-7 and 12:120-7 10 DAY Date of Notification (1) Name of Building Owner (perator (2) August 10, 2018 The Valley Hospital Agencies Notified Notification Type Street Address EPA x Initial Notification 223 North Van Dien Avenue 101 O DCA Amendment City. State, Zio Code x DOL Emergency (Including Ridgewood, NJ (1 44 1 2736 X DEP Justification) Name of Contact MODE Telebriona Number William Steelak 201-447-8141 FACILITY INFORMATION Name of Facility Where Abstament is Taking Place (3) Type of Facility (4) The Valley Hospital Bergen 3<sup>rd</sup> Floor & Chesi 2<sup>AB</sup> Floor School (K-12) Subchapter 8 (other than K-1?) Street Address Other (i.e. private 6: pm:nercial buildings, homes, etc.) 223 North Van Dien Avenue So Feet: Unknown # of Floors: 4 Bidg. Age: 60+ years CIN (6) County (6) County Code (7) Current Ven (prior if being der telished): Hospital Ridgewood Bergen (State Use Only) Name of Manitorina Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Colden Corporation Greenwood aba" ement consultants, inc. Straet Address Street Address 28 Washington Street 511 MAIN STREET Clay, Slate, Zio Code Ballaton Spa, NY 12020 Project Manager for Monitoring Firm City State, ZipCode Butler, NJ 07405 Talaphona Number Yelephone Number License Number Jim Miades 347.435.3591 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 17, 2018 August 31, 2018 EMSL Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed Vecaled During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1055 Stalton Road Describa City, State, Zip Code Other - Describe: Placateway, NJ 086: 4 Source of Work (Chack all that apply) Fu : Containment with Negative Pressure ≥3 of or ≥ 3 11 Renovation | Inl-Enclosure □≥ 160 sf or ≥ 280 Demolition . Morebeg Procedure Non-Exempted (\*) and Non-Frieble Procedure Location of Asbastos-Containing a Location Normally Used Solely Description of Asbestos Material (ACM) in Facility (13) AMOUNT Abatement Type by Maint/Custodial Staff? (12) Containing Material (ACM) (1.8 (Specify SF YES. NO NA thermal exatems insulation, or LF) Remove Repair Encad Enclose surfacing, VAT, or other miscel ) Bergen 3'd Floor Clean Utility Rm VAT & Mestic 140 97 TRI Staff Restroom VAT & Martic 26 07 (20) Soiled Utility Rm VAT & Mamic 120 06 B Cheel 2"d Floor neo. Jenitore Closet VAT & Mastic B 92 80 Name of Res. Waste Hauter NJDEP Waste Hauler ID & Cubic Yards of Waste: Name of Replatered Landill See Hauler Below # 1 & 2 See Below Meadowill Landfill/GROWS Hauler #1) Greenwood Abstement Consultants, Inc. - Butler, NJ 07405 Die pasi Date City, State NJ DEP # 12581 August 31, 2018 Route 2, Box 69 Hauler #2) Newerk Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Bridgeport, WVA 304-842-2784 Completed by (Print or Type) Trita Signature Marin Graure Date SENIOR PROJECT Marin Grauss August 10, 2018

GAC # 2018-633-005

MANAGER

From:GREENWOOD ABATEMENT

19734920133

08/1: /2018 08:41

#064 P.002/004

State of New Jersey - Notification of Asbestos ! batement DINE - 10 DAY (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner (per stor (2) August 10, 2018 The Valley Hospita Agencies Notified Notification Type Street Address X EPA x Initial Notification 223 North Van Dien Avenue O DCA Amendment City. State. Zio Code x DOL Emergency (Including Ridgewood, NJ (1 '410-2736 DEP Justification) Name of Contact HOOK Telephone Number William Staplak 201-447-8141 FACILITY INFORMATION Name of Facility Where Absternant is Taking Piece (3) Type of Fadity 14 The Valley Hospital School (K-12) Bergen 3rd Floor & Cheel 2nd Floor Subchapter 8 (other than K-1?) Street Address Other (i.e. private 6: xom mercial buildings, homes, etc.) 223 North Van Dien Avenue So Feet: Unknown # of Floors: 4 Bidg. Age: 50+ years CIN (6) County (5) County Code (7) Current Use (prior if being der tollshed): Hospital Ridgewood Bergen (State Use Only) Name of Mankodna Firm Hired by Bldg. Owner (6) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABA' EMENT CONSULTANTS, INC. Street Address Street Address 28 Washington Street **511 MAIN STREET** Clay, Slate, Zio Code On State, ZioCode Balleton Spa, NY 12020 Project Manager for Monitoring Firm Butler, NJ 07405 Talephone Number Yelephone Number License Number Jim Miades 347.435.3581 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Nama of OSHA Monitor August 17, 2018 August 31, 2018 EMBL Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1086 Stelton Road Describa City, State, Zip Code Other - Describe: Placeteway, NJ DBE 4 Spurce of Work (Check all that apply) Fu : Containment with Negative Pressure ≥3 of or ≥ 3 11 Renovation Inl-Enclosure □≥ 160 sf or > 280 Demolition Morebag Procedure Nan-Exempted (\*) and Non-Friable Procedure Location of Asbastos-Containing a Location Normally Used Solely Description of Asbestos AMOUNT Material (ACM) in Facility (13) Abatement Type by Maint./Custodial Staff? (12) Containing Material (ACM) (I.P. (Specify SF YES. NO NA (hermal systems insulation, Remove Regair Encad Enclose or LF) surfacing, VAT, or other miscel ) Bergen 3" Floor Clean Utility Rm VAT & Mestic 140 27 X Staff Restroom VAT & Mentic 25 91 180 VAT & Mastic 180 of Soiled Utility Rm Cheel 2nd Floor R Janitors Closet VAT & Mastic X 12 af Name of Reg. Waste Hauler NUDEP Waste Hauler ID # Cubic Yards of Wasta; Name of Replatered Landill See Hauler Below # 1 & 2 See Below Meadowill Landfill/GROWS Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Die tosal Date City. State Route 2, Box 68 NJ DEP # 12581 August 31, 2018 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Bridgeport, WVA 304-842-2784 Completed by (Print or Type) Signature Date Marin Graure SENIOR PROJECT

Marin Graure

August 10, 2018

GAC # 2018-633-005

MANAGER

CX-400518460-8

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Agencies Notified	Type Notification			Street	Address				-	ii li	-	NO			facility (	010	- 1	- Appendix
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× DOL	Amendment Emergency (			Veror	na, NJ 07	7044			1		rationer		JUE	11401	14.5			
DOH DCA	justification)	ii iciddii i	9		of Contact						т.	ephon	e N	umbe	r			
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Name of Facility Where	Ahatement is Taking	Place	(3)	FAC	ILITY INF	ORMAT	ION	T.										
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Street Address								F	School (I Subchap		(Oth	er thai	n K.	12)				
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City (5)				-110				Sc	etc.) quare Feet		# 0	f Floor	c		BI	dg. A	an a	
Verona								100.00	/A		N/A		3			ug. 7 /A	nye:	
County (6)		100		County	Code (7)			Cı	urrent Use (	Prior i	f bei	na der	nolis	shed)			_	
Essex				(STATE	USE ONLY	)			ouse		A.V.Testad	3		,,,,,,				
Name of Monitoring Firm Briggs Associates	Hired by Building C	wner (8	3)	ASCI	M No. 4				Abatement ( patement,		ctor	(9)						
Street Address							Street	Add	dress									
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City, State, Zip Code Bordentown, NJ 08	505								, Zip Code , NJ 0751	2								
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph					Licer	nse	No.	_		_	
Michael Hoodak					98-5520		973-3	345	5-8685			013	11					
Start Date (10) 08/23/2018		Schedu 08/24/		npletion	Date (11)				OSHA Monito atement,									
Occupancy Status During	g Abatement (Check	Only O	ne)				Street											
Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			11 R	ose	engren Av	enue	9							
Abatement Perform  Other – Describe:	ed Outside of Norma Occupied	al Facilit	y Hours						, Zip Code , NJ 0751	2								
Scope of Work (Check A	Il That Apply)								, , , , , , , , , , , , , , , , , , , ,									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit	2007-0-2			×		Full Contain Mini-Enclosi Glovebag P Non-Exemp	ure roced	ure						2	
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Name of Registered Was	te Hauler	1	N.	JDEP W	/aste	Cubic `	Yards		Name o	of Rec	iste	edla	ndfil	1				
D&S Abatement, Inc.			H	auler ID 1996		of Was			Waste	1000					١.			
City, State Totowa, NJ						Dispos TBD	al Date		City, St Morris		. PA	Α						
Completed by						gnature		100	~	-		ח	ate					
Ned Joksimovic		Proje	ect Ma	nager					TA	1			1000	8/13	/20	)18		

JK 17696/7182 Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 08/13/2018 AUG 20 Marisa Elizondo Agencies Notified Type Notification Street Address X × EPA ASSESTOS CONTROL Initial × DEP City, State, Zip Code Amended LICENSING × DOL Amendment # Nutley, 07110 Emergency (including Name of Contact DOH justification) Telephone Number DCA Marisa Elizondo Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × City (5) # of Floors Square Feet Bldg. Age Nutley N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-8685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/24/2018 08/25/2018 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Occupied

≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is I ocation Type 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 Enclosure Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation 55 LF X Name of Registered Waste Hauler NJDEP Waste

Hauler ID No.

20996

Project Manager

Cubic Yards

Disposal Date

Signature

of Waste

TBD

TBD

Totowa, NJ 07512

City, State

Totowa, NJ

Completed by

Ned Joksimovic

D&S Abatement, Inc.

Scope of Work (Check All That Apply)

Date

08/13/2018

Name of Registered Landfill

City, State

Morrisville, PA

Waste Management of PA



Ck # 3420

Date of Notification (1)	N	lame of Building	Owner / Operato	E(2) = F	n n co	Ti .			
8/9/18	J	ohns Manville	• 1111		WEN	1			
Agencies Notified Type Notificat		treet Address 37 N. Grove S	++			A DESCRIPTION OF THE PERSON OF			
☐ DEP ☐ Initial	The second secon	ity, State & Zip		1011 1 7 7	2010	1:			
		Berlin, NJ 0800	9	和( 20	2018 月上	/			
□ DOH □ Emerg	gency N	lame of Contact			1	Telenho	ne N	lumb	per
☐ DCA ☐ Cance	llation T	im Logsdon	1	GBESTUL ĈO	NTROLA	1 00			
		FACILITY INF	ORMATION	1 1 1 1 2 2 2 2 2	V. 3				
Name of Facility Where Abatemer	nt is Taking Place (3)		Type of Facil		<del></del>	· · · · · · · · · · · · · · · · · · ·			
Johns Manville			School (						
Street Address 437 N Grove Street				oter 8 (Other th					
437 N Grove Street			Other (i.e. Square Feet		mmercial buildir			etc.)	
City (5)	County (6) Cou	nty Code (7)	100000	ecc	arious	Bldg. Age			
	Camden	y 5545 (1)		(Prior if being o			85	_	
	202000000000000000000000000000000000000		Manufactur						
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM No		tement Contra	ctor (9)				
Finog Environmental, Inc				NVIRONMEN	ITAL INC				
Street Address 617 Stokes Road			Street Addres						
City, State & Zip Code			City, State &	ER STREET					
Medford NJ 08055			BRISTOL, F						
Project Manager for Monitoring Fir	m Teleph	one Number	Telephone No		License N	Number			
Mark Rubnitz		68 – 1676	215-788-604			0050	9		
Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Start Date (10)	cheduled Completion 8/25/1		Name of OSI BRISTOL E	A Monitor NVIRONMEN	ITAL INC				
Occupancy Status During Abateme	ent (Check only one)		Street Addres						
Facility Closed/Vacated Du				ER STREET					
Abatement Performed Out: Describe: 7:00am – 4:0		s – 7am to 3pm							
Facility Occupied During A	Jupm Spatement		BRISTOL, F	'A 19007					
Scope of Work (Check all that app									
		_		Full Cor	ntainment with N	Negative	Pres	sure	€
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>		Renovation		Mini-En					
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in Facility	4	nance or lial Staff?	i.e., thermal sy insulation, surfac			Remova	Repair	caps	ncls
(13)	(	12)	or other miscella			oval	air	Encapsulate	Encisoure
		No N/A			11-12			ē	
Hazardous Room			Transite	9	2800 SF				
Office			VAT		4 SF				
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						ᆜH	님	井	H
		7171				ᅢ	H	H	H
Name of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Regi	stered Landfill				
SERVICE TRANSPORT CROIL	ID INC	Hauler ID No.	of Waste						
SERVICE TRANSPORT GROU City, State	IP, INC.	20990	15	MINERVA L	ANDFILL				
NEW CASTLE, DE 19720			Disposal Date TBD	City, State WAYNESBU	IRG, OH 4468	88			
Completed By (Print or Type)		Title	Signature	0 100	, .	Date			
PATRICK T. DeCARO		Estimator	Patrick	1. DEC	no/jl	8/14/1	8		

noch

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

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

Date of Notification (1) 8/9/18			Nan	ne d	uilding	Owner / Operat	or (2)	E I W		-				
Agencies Notified Type Notified	cation		Stre							- 11111			-	
EPA Type Houne	Zation		COOK FRANCES				Street	A117	2 0 2018					
DEP NA NITIE	al			_	_	& Zip		AUU	2 0 7010	51/1				
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									as the water of the books	and another some or an executive to the				
Name of Facility Where Abatem	ent is Takina Di	000 (	5) F	AC	ILIT	Y INI	ORMATION	114. (4)						
Johns Manville	ent is raking Pi	ace (	3)				Type of Faci							
Street Address				_	-	-			Othan than 1	( 10)				
437 N Grove Street									Other than I					
407 N GIOVE GLICEL							Other (i. Square Feet		# of Floors	ercial buildir			etc.)	
City (5)	County (6)	ICC	ounty	C	ahr	(7)	10000			1	Bldg. Ag			
Berlin	Camden	100	Junty	00	Juc	(1)	Current Use		Vari			85		
Bernin	Camuen						Manufactu		being dem	olisnea)				
Name of Monitoring Firm Hired I	y Building Own	or (8)	\		120	CM No			Contractor	(0)				
Finog Environmental, Inc	by building Own	C1 (U)	,		ASC	JIVI IVC	BRISTOL							
Street Address		Street Addre		DIVIDILIVIA	LING									
617 Stokes Road					1123 BEAV		REET							
City, State & Zip Code				City, State &										
Medford NJ 08055				BRISTOL, I	PA 190	07								
Project Manager for Monitoring F	C24 C24 M	umb		Telephone N	lumber	***	License N	lumber						
Mark Rubnitz		609-		_		****	215-788-60	10000			0050	9		
	Scheduled Com			ate	(11)	)	Name of OSI			2 N N				
8/20/18		8/25	All 1, 1772, 777				BRISTOL E		DNMENTA	L INC				
Occupancy Status During Abate Facility Closed/Vacated				nate	ma	nt	Street Addre							
Abatement Performed O							1123 BEAV							
Describe: 7:00am – 4		11 110	uis –	· / a	111 10	) Spiii		(1.5)						
Facility Occupied During	Ahatement						BRISTOL, I	PA 190	107					
Scope of Work (Check all that ap		10.7-12.0-1										711		
	,							П	Full Contair	ment with N	legative	Pres	ssure	Э
≥3 sf or ≥3 lf		$\boxtimes$	Re	nov	ratio	n			Mini-Enclos					
≥160 sf ≥260 lf			De	mo	litior	٦			Glove Bag F	Procedures				
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Asbestos-Containin Material (ACM)	9	Norn	nally olely		ea		Asbestos-Con			(Specify				T
TO BE ABATED		Main			or		Material (A (i.e., thermal s			SF or LF)	Z.	_	Enc	四四
in Facility		Custo					insulation, surfac				Remova	Repair	aps	cls
(13)			(12)				or other miscell				ova	ai.	Encapsulate	Enclsoure
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Name of Registered Waste Haule	er						Cubic Yards	Name	of Register	ed Landfill				
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City, State		-					Disposal Date	City, S		- ( ILL				
NEW CASTLE, DE 19720							TBD			, OH 4468	8			
Completed By (Print or Type)			Tit	le			Signature	-		,	Date			
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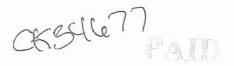
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State of New Jersey

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	A LTAR	ALIF.					AC 8:60 and 5:1			$\mathbb{V}$	E	m	
Date of Notification (1)					Name	of Buildin	g Owner/Operator (	(2)	And the second s		= 1		Market days
08/	15 /	18			Ler	tch Wre	cking & Disposa	1	AUG 20	7214	61	NÅ	SEPTOMOREUM.
Agencies Notified	Type Notifica	ation	-	_	Street	Address		14 41	AUG 2 0	<u> 2018</u>	-	Lind	1
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(NJAC 5:23-8)			iaing			of Contac			Telephone Num	ber		- Managar	
(	☐ Cancellat				Doi	Ja			732-681-020				
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Name of Facility Where A	Abatement is T	Taking P	lace	(3)				Type of Facility (	4)				
Residence								School (K-12)					
Street Address									(Other than K-12		71.15		
								homes, etc.)	ivate and comme	rcial bu	ıllalıng	IS,	
City (5)		<del></del>						Square Feet	# of Floors	BI	dg. A	ne.	
Point Pleasant								1500 sf	1	1	65	50	
County (6)					Cour	nty Code (	7)(STATE USE ONLY)		or if being demoli				
Ocean					(F) (T) (T)	, (	70	Residence	or it being derrion	siledy			
Name of Monitoring Firm	Hired by Build	dina Ow	ner (	3)	ASCM	No	Name of Abateme				-		
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Street Address							Street Address	macung, mc.					
							1889 Route 9	Linit 61					
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only, onato, zip oode								ode New Jersey 087	755				
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		License No.	_		-	
	1. <del>3</del> 2				•		732-349-9932	?	00624				
Start Date (10)	S	Schedule	ed Co	mple	tion Da	te (11)	Name of OSHA M	Monitor					
08 /16 /	18	08	_ /	17	_ / .	18	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (0	Check o	nly o	ne)	=-0.1403		Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed	Outside of No	ormal Fa	cility	Hou	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: _		PIVI/_		_PIVI-		AM	Piscataway, I	New Jersey 088	354				
Scope of Work (Check all	that apply)						П Бил Сал	1-i					
≥3 sf or ≥3 lf			Rer	novat	on		☐ Mini-End	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		$\boxtimes$	] Der	nolitio	n		Gloveba	g Procedure					
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TO BE ABA	TED	*		ntena	nce/ Staff?		e., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
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Name of Desistered Men	La I I a di la c			Ц		<u> </u>	1						
Name of Registered Wast Guardian Contraction				1000	JDEP \ auler I[		Cubic Yards of Waste	Name of Regist	ered Landfill				
	ng, mc.				20223		3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je							08/17/18	Tullytown,	Pennsylvania				
Completed By (Print or Ty	/pe)	Title					Signature		D	ate /	-		
Nicholas Fernicola		Proj	ect	Man	ager			710	1	8/1	5/	18	ě.

ASB-41 JAN 13

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



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Date of Notification (1)				4		80	ner/Operator (	2)					
	15 /	18		Ba	rry Argir	0		1118 00	0010 5 11	117	7		
Agencies Notified	Type Notifica	ation		Stree	t Address			AUG 2 0	2010	and the same of th			
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(NJAC 5:23-8)	justification	23.42			e of Contac				Telephone Nu	mber			
	☐ Cancellat	ion		1000	rry Argir				1				
				FA	CILITY IN	NFOR	RMATION						
Name of Facility Where A	Abatement is T	aking Plac	æ (3)					Type of Facility (					
Residence						-		☐ School (K-12 ☐ Subchapter 8		12)			
Street Address								Other (i.e., pr	rivate and comm		uildin	gs,	
City (5)				-				homes, etc.)		Te	lala A		
Lavailette								Square Feet 1200 sf	# of Floors		ldg. A 65	ge	
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Ocean					,(	,,(0,,,,	, 2 002 01121)	Residence	or it being define	ili Si icu)			
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCN	l No.	Nan	ne of Abateme	ent Contractor (9)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
N/A		10						ntracting, Inc.					
Street Address							et Address						
						18	889 Route 9	), Unit 61					
City, State, Zip Code			1122	06107110000		City	, State, Zip Co	ode					
						T	oms River,	New Jersey 08	755				
Project Manager for Moni	toring Firm		Те	lephone	No.	Tele	ephone No.		License No.				
							32-349-9932		00624				
Start Date (10)		cheduled				1	ne of OSHA N						
				1_ /	18	E	.M.S.L. Ana	lytical					
Occupancy Status During						100000	et Address						
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>					caribo		056 Stelton						
Time of Abatement:						U	, State, Zip Co						
Scope of Work (Check all						P	iscataway, l	New Jersey 088	854				
Scope of Work (Check all	i tilat appiy)						☐ Full Con	tainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova				☐ Mini-End						
△ ≥ 100 Si 0i ≥200 li		ML	emon	1011			□ Gloveba     □ Non-Exe	g Procedure mpted (*) and No	n-Friable Proced	dure			
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Location		. 116	Norm	ally lely by			Description of		-20 AN		_	1	1
Asbestos-Containing I TO BE ABA		' N	lainter	ance/			Containing Ma rmal systems		Amount (Specify	Removal	Repair	ncap	nclo
IN Facilit	ty	Cu	stodia (12	Staff?	· V	S	urfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure
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exterior					aspest	05 510	uirig		1200 sf			Ш	
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City, State				2022			oosal Date	City, State					
Toms River, New Je	ersey					08	8/31/18	Tullytown,	Pennsylvania	a			
Completed By (Print or Ty	ype)	Title					Signature	$\wedge$	//	Date		1	
Nicholas Fernicola		Projec	t Ma	nager				n to	1	8	15	118	Ś

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Date of Notification (1)	<u> </u>			Name o	f Buildina	Owner/Opera	ator (2)		E (		11 W	1	1	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>
	ıst 15, 2018				vater Si	57 10	(2)					*****		
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<b>П</b> рон	Emergency justification)				f Contact					ephone N	77. 1 1 1			
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Name of Facility Where	Abatement is Takin	g Place (	3)				Тур	e of Facility	(4)					
Bridgewater Site								School (K-	12)					
Street Address								Subchapter				4 0	SEC. 1035	
10 Finderne Avenue							$\boxtimes$	Other (i.e.   etc.)	private (	s comme	rcial bi	ıılaını	s, no	mes,
City (5)							Squ	are Feet	# 01	Floors		Bldg	. Age	
Bridgewater, NJ 088	07													
County (6)					Code (7)		Curi	rent Use (Pri	or if bei	ng demo	lished)			
SOMERSET				(STATE (	USE ONLY	) ——			t	usines	S			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCN	No.	Na	me of Ab	atement Cor	ntractor	(9)			Same Survey	
AET				0021		The	MACK	Group, L	LC.					
Street Address						Str	eet Addr	ess						
907 Doolittle Drive						150	00 Kings	s HWY N,	STE 2	209				
City, State, Zip Code						Cit	y, State,	Zip Code						
Bridgewater, NJ 088						Che	erry Hill	, NJ 0803	4					
Project Manager for Mon	itoring Firm		Telepho	ne No.	Tel	lephone i	Vo.		License	No.				
Eric Houseknecht					18-1108		3) 759	- 5000		00781		///		
Start Date (10)		Schedul .	ed Cor		Date (11)	Na	me of OS	SHA Monitor						
7/2/18				7/2/19	}			(Group, L	LC.					
Occupancy Status Durin			0000050			3 155500	eet Addre							
Facility Closed/Vac	ated During Entire	Period of	Abater	nent				s HWY N,	STE 2	209				
Abatement Perform Other - Describe:	ed Outside of Norm	al Facility	y Hour	S				Zip Code						
Scope of Work (Check A	II That Analy)					Che	erry Hill	, NJ 0803	4					
	ii That Apply)	NZ.												
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Asbestos-Containing TO BE ABA			intena			tos Containin thermal syst				mount Specify	_		ū	ш
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Freehold, NJ								City, Stat						
Completed by		Title				7/2/		Newburg	J, PA	- T	Date			
Mike Cooper		Presid	tont			Signa	1//		_			0		
c cooper		116210	1CIIL			-				8	/15/1	5		

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#### State of New Jersey

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Date of Notification (1)			Name of	f Building	Owner/0	Operator	(2)		AUG 20	2010				
June 18, 2018			Bridgev	vater Si	te				AUG ZU	2018			1	
Agencies Notified Type Notificati	on		Street A	ddress									1	
⊠ EPA			10 Find	erne Av	/enue		,	ASE	ESTOS CO	NTRO	1.8	-1	*	
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Mendme Amendme	ent # cy (including		Bridgew	vater, N	J 0880	7								
DOH justification	n)			f Contact					Telephone	Numbe	r			
DCA Cancellat			Project	Manage	er				973-641-1	736				
Name of Facility When Alexandria			FACI	LITY INF	ORMAT	ION								
Name of Facility Where Abatement is Ta	(ing Place (3	5)					Type o	of Facility (4)						
Bridgewater Site Street Address								chool (K-12)						
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10 Finderne Avenue								tc.)		0101010		1901		
City (5)							Square	e Feet	# of Floors		Blo	lg. A	ge	
Bridgewater, NJ 08807														
County (6)			County (	Code (7) <i>ISE ONLY</i>	1		Curren	t Use (Prior	if being demo	olished)				
SOMERSET									busines	SS	72-5			
Name of Monitoring Firm Hired by Buildir	g Owner (8)		ASCM	No.		A 100 00000		ement Contra						
AET Street Address			0021					Group, LLO	2					
Street Address						Street	Address	3						
907 Doolittle Drive								HWY N, S	TE 209					
City, State, Zip Code						City, S	tate, Zip	Code						
Bridgewater, NJ 08807								NJ 08034			::::::::::::::::::::::::::::::::::::::		200	
Project Manager for Monitoring Firm			Telephor				one No.		Licens	e No.				
Eric Houseknecht			(908) 21				759 - 5		00781					
Start Date (10)	Schedule	ed Co	mpletion [					A Monitor						
7/2/18	1010		7/2/19					Group, LLC	D					
Occupancy Status During Abatement (Ch	- 25	200					Address							
Facility Closed/Vacated During Entil Abatement Performed Outside of No	e Period of A	Abate	ment			100000000000000000000000000000000000000		HWY N, S	TE 209					
Other - Describe:	illiai raciiity	noui	5			1000 SERV.	tate, Zip							
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Decision .	lenova Jemoli				K		Containment Enclosure	with Negativ	e Pres	sure			
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Asbestos-Containing Material (ACM)  TO BE ABATED	Mai	intena	ince/		tos Cont thermal				Amount (Specify	1.			m <sub>n</sub>	ш
In Facility	Cust	odial (12)	Staff?	(1.0		cing, VA		on,	SF or LF)	Nelliova		Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscellan	eous)			0 0 0		pai	sula	sur
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Building 2 Lab 2134E	103	V	14/7		\/^-	T / mas	tio		1400 - 5	_	/	-		
		$\leftrightarrow$					1000		1400 sf	_ (	>	_		
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Name of Registered Waste Hauler			NJ DEP W		Cubic	Yards		Name of Re	gistered Land	dfill				
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Newark Carting			450	9	-	16			nd County	Landf	II			
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Newark, NJ Completed by	Tial					7/2/19		Newburg,	PA					
1070B	Title				8	ignature	1//_	2		Date				
Mike Cooper	Presid	ent			-	Jan- 1 /	-		(6	3/18/1	8			

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	Print Form
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Date of Notification (1) 8/15/18						Owner/Op Private			1			AUG	2.0	20	18	The Land	
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⊠ DOL	Amendment		-	Taber	nacle N	J 08088					The state of the s	,	-14011	VG.	-	*****	
☑ DOH	Emergency ( justification)	including			f Contact						Tel	ephone	Num	ber			
DCA [	Cancellation			Tom													
Name of Facility Where Al	atomont is Takin	a Place (2)		FACI	LITY INF	ORMATIO	N	T		:0:4 . / 4							
Tom McAleer Private		g Place (3)						Туре	of Fac	ility (4	)						
Street Address	31101110								School Subcha			er than	K-12)				
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City (5)							-		etc.) re Feet		1 # 0	Floors		TR	ldg. A	ne.	
Tabernacle NJ 0808	8							100		•	2	110010			0+	.gc	
County (6)			To	County (	Code (7)			Curre	nt Use	(Prior		na den	nolishe	ed)			
Burlington			6	STATE	USE ONLY		-	Hou		•							
Name of Monitoring Firm F	lired by Building (	Owner (8)		ASCN	No.		Name	of Aba	tement	Contr	actor	(9)					
N/A							Pern	aco I	nc								
Street Address							Street		147.05								
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Project Manager for Monito	oring Eirm		1 7	elepho	no No		Teleph		in NJ	0808	1	Linea	N-				
Project Manager for Month	Julig Film		1 '	elebilo	ne no.			753-9				0072	se No 27				
Start Date (10)		Scheduled	Com	oletion I	Date (11)				HA Mor	nitor		0077				-	
8/28/18	20 (21)	9/7/18					Sam										
Occupancy Status During	Abatement (Chec	k Only One)					Street	Addres	SS				100	0.51			_
Facility Closed/Vacate	ed Durina Entire F	Period of Ab	ateme	ent													
Abatement Performed							City, S	tate, Zi	p Code	Э	•						
Other – Describe:						_								2011/2015			
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≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			novati	***			-		Conta		t with	Negat	ive Pr	essur	e		
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							<u>X</u>	Nor	n-Exem	npted (	*) and	Non-l	Friable	The same of	2000		7
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Location o Asbestos-Containing M		Used	rmally Solely	97.5	Ashaa		ription		(0.000)				ŀ		.,		
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(13)			T			outer mis	scenari	eous)						Val	₹	Encapsulate	ure
		Yes	No	N/A												-	
Exterior Sig	ding			Х		fiber	Boar	d			18	00 SF		x			
							-117 12 15 127	1-11-20-									
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Name of Registered Waste	Hauler		NJ	DEP W	aste	Cubic Y	ards		Name	e of Re	egiste	red Lar	ndfill	-			
United Roll Off			Ha	uler ID		of Waste			000000000	.O.W							
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City, State Elm NJ						Disposa 9/7/18	Date		City,		D D	196	0				
Completed by		Title					pature		IVIOI	HVGH	C F	1 1 30	Date				
Anthony T Perna		Presid	ent			Sig	/	7						: 5/18	3		
		1.00.0						-	-	-			J 1	J, 10			



Date of Notification (1)			To:				1100	15 M	) IS I	W/	Chec	k#14	12		
	August 14, 2018		Name Bank	of Buildir	ng Owner ca	/ Oper	ator (2)		11-5 1	1 17					
Agencies Notified	Type Notification			Address											
<b>Д</b> ЕРА			25 No	rth Maple	e Avenue	•		AU	G 20	2018					
DEP	_										4				
DOL	Initial		0.50000	tate & Zip			,	ASBEST	iOS 00	WTRO	1.2				
<b>⊠</b> DOH	Amended Amendment #		Ridge	wood, NJ	J 07450	*		L	ICENSII	NG					
∐DCA	Cancellation	-	Name	of Contac	ct						IT	elephor	e Nu	mber	
			Peter '	Varricchi	io – Nort	hfield (	Constru	ction Co	rp.			73-882-			
			FA	CILITY	INFOR	RMAT	ION			-					
Name of Facility Where Bank of America	Abatement is Taking Pla	ace (3)					of Facility School (K			10-10					
Street Address					-				er than K	(-12)					
25 North Maple Avenu	е										al buildings,	home,	etc.		
City (5)							e Feet		# of Floo	11000		ig. Age			e - 31
City (5) Ridgewood						0	4,500			2			70		
						Comm		rior it bei	ng demol	ished)					
County (6) Bergen		ounty Code	€ (7)										- Mirel		
Name of Monitoring Firm Arcadis US Inc.	Hired by Building Owner	er (8)		ASCM	No.				ntractor (9	9)			alve the		
Street Address						_	Address								
35 Columbia Road							adio Roa								
City, State & Zip Code Branchburg, NJ 08876							tate & Zi								
Project Manager for Mor		ΙΤε	elephone N	umber			one Nun	bor, NJ	08087		_icense Num	hor			_
		90	8-526-100	0			6-6916	ilbei		ľ	ricense muni	0081	7		
Scheduled Start Date (1 August 25, 20	18		on Date (11 nber 25, 20				of OSHA	Monitor							
Occupancy Status Durin Facility Closed	g Abatement (Check onl Vacated During Entire F	y one) Period of Ah	atament				Address								
	formed Outside of Norm		atement		ŀ		dio Roa								
Other - Descrit					- 1	L		oor, NJ (	08087						
Facility Occupie	ed During Abatement						-33	,							
Scope of Work (Check a	Il that apply)														
		-						Full Conta	ainment w	vith Neg	ative Pressur	e			
≥3 sf or ≥ 50 lf		$\boxtimes$	Renovation	า			7	Mini-Encl		- 5					
≥160 sf or ≥260 lf			Demolition				$\boxtimes$	Glovebag	Procedu	re					
le		1							mpted(*)	and Nor	-Friable Prod	edure			
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TO BE	ABATED		odial Staff?				aterial (A	•			or LF)				
	acility 3)						thermal s	systems cing, VA	- 1			П		ш	
Α.	-/				'			laneous)				Re	Z	nca	Enc
								orresent constitution				Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					- 1			<u>a</u>	=	late	ure
First Floor Lavatories															
Doorway Areas of Lava	tories	-		X	-	) navall	Drywal	ompoun	,		200 SF	X			
Mechanical Area betwe		1		X	L	-	e Insula	•	u		16 SF	X			
						- 14	Je IIISUI	ation			10 LF	X			
												$\vdash$			
Name of Registered Was	ste Hauler	NJDEP V	Vaste	Cubic Y	ards of V	Vaste		Name of	Registere	ed I and	fill				
		Hauler ID	No.				- 1			Ja Land					
Synatech, Inc. City, State		27	429	6 Disposa	I Data			Fairless	UNIVERSITY OF						
				Disposa	n Date			City, Sta	ie.						
ittle Egg Harbor, NJ 0					ber 26, 2	2018		Morrisvi	Ile, PA						
Completed By	Title			Signatui	re	,	111		Da	ate					
Diane Aloia	Executiv	e Adminis	trator	1	IIA.	0 1	8/10				4 2040				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3137 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 14 18 Michael Martinez ASBESTOS CONTROL & LICENSING Agencies Notified Type Notification Street Address X EPA X Initial **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Montclair, NJ 07042 ☐ DCA Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Michael Martinez FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Animal Hospital Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 417 Bloomfield Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montclair, NJ 07042 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex 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. License No. Telephone No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 24 / 18 08 / 28 / 18 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\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If ■ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Repair Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)other miscellaneous) (13)Yes No N/A X П  $\boxtimes$ Basement Pipe insulation 420 LF П П П 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 Tewic Wenad 08/14/18 N.Jevtic Owner ASB-41

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

Agencies Notified   Type Notification   Street Address   Convent Rd   All 2 0 2018   Least   Agencies Notified   Agencies No	Date of Notification (1)	T	Name o	of Building	Owner/0	Operator	r (2)			E	6	15		1 1			
Parameter   Para	08/14/2018				Colleg	ge of Sa	int Eliz	abeth			IK	-	-	********	and an own desired	of the second	
Dep	ACCEPTANT OF THE PARTY OF THE P	Type Notification									to the same	1 /	lin	2.0	00		111111111111111111111111111111111111111
Second   County Code   Count	EPA DEB	× Initial		-							H L	-	WU	6 U	20)	8	11,0
Second   County Code   Count	X DEP		#					20									- American
DCA		Emergency (		-			13 0796	00				ASBE	STO.	S CC	NTR	OL 8	nő
Name of Facility Where Abatement is Taking Place (3)		justification)								L					VG_	Travelricheen	Marine Janes
Name of Facility Where Abatement is Taking Place (3)     Full Containing Marian of Hacility Where Abatement is Taking Place (3)     Street Address							ODMAT	IONI			97	3-290	)-40(	)0			
Sched (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Ot	Name of Facility Where A	Abatement is Taking	Place (3	3)	TAG	ILLI INF	CRIVIA	ION	Type	of Facility (	4)			-			
Subchapter 8 (Other than k.1.2)  Z Convent Rd  Square Feet MrA  Morristown  County (6) Morris  County Code (7) College  College  College  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8) N/A  N/A  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  22 Troy Lane  City, State, Zip Code  City, State	Henderson Hall										V-15						
County Code (7)   Square Feet   # of Floors   Bidg. Age   Morristown   Square Feet   # of Floors   Bidg. Age   Morristown   N/A										Subchapter	8 (Oth	er than	K-12	)			
Square Feet									×	Other (i.e. p	rivate	& comn	nercia	l build	dings.	hom	es,
MOTISTOWN									Squa		# 0	f Floors	3	В	ldq. A	Age	
Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Street Address  Street Address  Street Address  22 Troy Lane  City, State, Zip Code  City, State									N/A	V.				1000		•	
Name of Monitoring Firm Hired by Building Owner (8)											or if bei	ng den	iolish	ed)			
Street Address  Street Address  22 Troy Lane  City, State, Zip Code  Lincoln Park, NJ 07035  Start Date (10)								_		_							
Street Address	Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	ΛNo.					tractor	(9)					
City, State, Zip Code																	
City, State, Zip Code    City, State, Zip Code   Lincoln Park, NJ 07035	Street Address																
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  973-276-0099  Company Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours  Cotty State, Zip Code  City, State  City, State  Cubic Yards  of Waste  Facility  Completed by  Title  Signature  Date	City State Zin Code																
Project Manager for Monitoring Firm  Telephone No. 973-276-0099  Start Date (10) 08/15/2018  Scheduled Completion Date (11) 08/17/2018  Name of OSHA Monitor United Safety LLC  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  Safe of valid in Pacility (13)  Full Containment with Negative Pressure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure  Abatement Type  ype Type Type Type Type Type Type	ony, otato, zip code										7025						
Start Date (10)  08/15/2018    Scheduled Completion Date (11)  08/15/2018   Scheduled Completion Date (11)  08/15/2018   OB/17/2018   Scheduled Completion Date (11)  08/15/2018   OB/17/2018   OB/17/201	Project Manager for Mon	itoring Firm	-	T	Telepho	ne No					035	Linna	NI-				
Scheduled Completion Date (11) 08/15/2018  Scheduled Completion Date (11) 08/15/2018  Name of OSHA Monitor United Safety LLC  Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Scope of Work (Check All Th		3			relepito	ne ivo.		1						6			
O8/17/2018	Start Date (10)		Schedule	ed Con	npletion	Date (11)						010		-			-
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe:  Scope of Work (Check All That Apply)  ≥ 3 of or ≥3 if ≥ 160 of or ≥260 if  Location of Asbestos-Containing Material (ACM) In Facility (13)  Henderson Hall - Ground Floor Hallway Outside of Boiler Room  Normally Asbestos-Container With Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) (12)  Yes No N/A  Flibows  12 Total  X   Find Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abbestos-Containing Material (ACM) (13)  Find Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Flibows  12 Total  X   Find Systems insulation, SF or LF)  Renovation Demolition  Abatement Type  Abatement Type  Abatement Type  Abbestos-Containing Material (ACM) (i.e. thermal systems insulation, SF or LF)  Renovation Demolition  About Cherical Staff? (12)  Find Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Flibows  12 Total  X   Find Systems  Find Condition  Renovation Demolition  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abetical Staff? (i.e. thermal systems insulation, SF or LF)  Renovation Demolition  About Cherical Staff? (i.e. thermal systems insulation, SF or LF)  Renovation Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abetical Staff? (i.e. thermal systems insulation, SF or LF)  Renovation Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abetical Staff? (i.e. thermal systems insulation, SF or LF)  Renovation Type  Abatement Type	The state of the s		08/17/2	2018				Sand the Asset State									
Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) 1	Occupancy Status During	Abatement (Check	Only On	e)				Street	Addre	SS					-Jinde		_
Comer - Describe:   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply	Facility Closed/Vaca	ated During Entire P	eriod of A	baten	nent			22 T	roy L	ane							
Scope of Work (Check All That Apply)    State   Chip   Check All That Apply	Abatement Performe	ed Outside of Norm	al Facility	Hours	;												
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	and the second s							Linc	oln P	ark, NJ 07	035						
Demolition    Demolition   Description of Abatement   Type   Description of Asbestos Containing Material (ACM)   Amount (Specify   Demolition   Demolition   Description of Asbestos Containing Material (ACM)   Separate   Description of Asbestos Containing Material (ACM)   Description of Asbestos Containing Material (ACM)   Amount (Specify   Demolition   Demolition   Description of Asbestos Containing Material (ACM)   Amount (Specify   Description of Asbestos Containing Material (ACM)	Property of the Property of th	I That Apply)	-					person			organistic constitution						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Henderson Hall - Ground Floor Hallway Outside of Boiler Room  Name of Registered Waste Hauler United Safety LLC  Very No No No No No No No No No No No No No			Minister					100	Fu	II Containme	ent with	Negat	ive Pr	essur	e		
Non-Exempted (*) and Non-Friable Procedure	= 100 31 01 = 200 II			emoni	ion			×									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Henderson Hall - Ground Floor Hallway Outside of Boiler Room  Normally Used Solely Maintenance/ Custodial Staff? (12)  Yes No N/A  Filhows  Total  Amount (Specify SF or LF)  Repair								] No	n-Exempted	(*) and	d Non-F	riable	Pro	cedur	е		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Henderson Hall - Ground Floor Hallway Outside of Boiler Room  Name of Registered Waste Hauler United Safety LLC  City, State Lincoln Park, NJ  Completed by  Completed by  Completed by  Consoled Safety LLC  Used Solely by Maintenance/Custodial Staff? (12)  Was No N/A  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Absestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Absestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Absestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Absestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  For LF  For LF  For LF  For LF  For LF  Absestos Containing Material (ACM) (Specify SF or LF)  For LF  F			10 0000														
Maintenance / Custodial Staff? (12)   Maintenance / Custodial Staff?							Des	scription	of					-	1 9	pe	
Henderson Hall - Ground Floor X Elbows 12 Total X  Hallway Outside of Boiler Room  Name of Registered Waste Hauler United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  NX  Elbows  12 Total X  Cubic Yards of Waste TBD  Grows Landfill  City, State TBD  City, State TBD  Tullytown, PA  Date	TO BE ABA	TED	Mai	ntenai	nce/	Asbes (i.e.	tos Cont thermal	aining N systems	nateria s insul:	I (ACM)				ע		5	ш
Henderson Hall - Ground Floor X Elbows 12 Total X  Hallway Outside of Boiler Room  Name of Registered Waste Hauler United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  NX  Elbows  12 Total X  Cubic Yards of Waste TBD  Grows Landfill  City, State TBD  City, State TBD  Tullytown, PA  Date		ty	Custo		staπ?	78.00	surfac	cing, VA	T, or					emo	Rep	caps	nclo
Henderson Hall - Ground Floor X Elbows 12 Total X  Hallway Outside of Boiler Room  Name of Registered Waste Hauler United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  NX  Elbows  12 Total X  Cubic Yards of Waste TBD  Grows Landfill  City, State TBD  City, State TBD  Tullytown, PA  Date	(13)		T		т		otner n	niscellar	neous)					oval	ar.	ulat	sure
Hallway Outside of Boiler Room  Name of Registered Waste Hauler United Safety LLC  United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  NJDEP Waste Hauler iD No. 0036820  Disposal Date TBD  Tullytown, PA  Signature  Date			Yes	No	N/A											9	
Name of Registered Waste Hauler United Safety LLC United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  NJDEP Waste Hauler iD No. 0036820  Cubic Yards of Waste TBD  Grows Landfill  City, State TBD  City, State TBD  Tullytown, PA  Signature  Date		Х			Е	Elbows			12	Total		Χ					
United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  Hauler ID No. 0036820  TBD  Grows Landfill  City, State City, State TBD  City, State TBD  Tullytown, PA  Signature  Date	Hallway Outside of										-14.00.00						
United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  Hauler ID No. 0036820  TBD  Grows Landfill  City, State City, State TBD  City, State TBD  Tullytown, PA  Signature  Date	A11																
United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  Hauler ID No. 0036820  TBD  Grows Landfill  City, State City, State TBD  City, State TBD  Tullytown, PA  Signature  Date																	
United Safety LLC  City, State Lincoln Park, NJ  Completed by  Title  Hauler iD No. 0036820  of Waste TBD  Grows Landfill  City, State TBD  Tullytown, PA  Signature  Date	Name of Registered Wasi	te Hauler	1	N	JDEP W	/aste	Cubic	Yards		Name of F	Reaiste	red Lar	ndfill				
City, State Lincoln Park, NJ  Completed by  Title  Disposal Date Tullytown, PA  Signature  Date				H	auler iD	No.	of Was				(53)						
Lincoln Park, NJ  Completed by  Title  Vanco Parker  Title  Signature  Date				0	J36820	J		15				ш					
Completed by Title Signature Date							t c	al Date				1					
Vance Daties			Title					ionature		1 dilytow	л, г <i>Е</i>	`	Date				
Valico Petkov Project Manager 08/14/2018	Vanco Petkov			ct Ma	anager		2. 44	'VEC	100	18.					018		

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Date of Notification	(1) 8-15-2018						Owner / Operator Center	(2)		5/1	A STATE OF THE STA		
Agencies Notified	Type Notifica	ation		Street			Certer	11 11 A	10 10		H		
⊠ EPA	0.0000000		_			own Ro		I U A	UG 2 0 <sub>2018</sub>	3 11	//		
☐ DEP ☑ DOL	│ │ │ │ │ │ │ Amer					& Zip C			2	himse	1		
☑ DOL □		gency	-			NJ 074	152	ASBES	TOS CUNTRO	V Balant		l l	
DCA DCA		ellation					nt-Board of Direct	tors	ICENSING	∑U.	one N 1-220	14mb	er
									The state of the s	ZU	17220	-552	.0
Name of Facility Wh	ere Ahatemer	at is Taking Dla	co (3)	F	ACILI	I Y INF	ORMATION	(4)					
Glen Rock Jewish C	enter	it is raking Fla	CE (3)				Type of Facilit  School (K						
Street Address								ter 8 (Other th	an K-12)				
682 Harristown Road	d								nmercial buildi	ings, hom	es, et	c.)	
0.7 (2)							Square Feet	# of Flo	oors	Bldg. A	ge		
City (5)		County (6)	Co	unty (	Code	(7)	14,000		2		60		
Glen Rock		Passaic					Current Use (F Day Care	Prior if being d	lemolished)				
Name of Monitoring	Firm Hired by	Building Owne	er (8)		AS	CM No.		ement Contrac	ctor (9)	- V - II			
Health & Safety Sen		3	(-/				Resource Mar						
Street Address							Street Address	S			VI (		
PO Box 365							2115 Hamilton		02				
City, State & Zip Coo Berlin, NJ 08009	de						City, State & Z Trenton, NJ 08						
Project Manager for	Monitoring Fi	m	Telep			per	Telephone Nu		License	e Number			
Mr. James Proctor			856-4				609-914-4279			011	85		
Scheduled Start Dat 8-20-201		Scheduled Con	10.7		e (11)		Name of OSH					1000	
Occupancy Status D		ent (Check only	8-28-2				J&S Environm Street Address		ories, Inc			<u> </u>	
		uring Entire Pe			emen		2333 Route 22						
☐ Abatement F	Performed Ou	tside of Normal					City, State & Z					THE STATE OF THE S	
8:30am - 5:30	)pm												
Describe:	:						Union, NJ 070	83					
Scope of Work (Che	upied During A				-								-
Coope of Work (Office	on an triat app	//y <i>)</i>							ntainment with	Negative	Pres	SIIIA	
≥3 sf or ≥3 lf			$\boxtimes$		ovatio			☐ Mini-En	closure	rrogativo	1 100	ouro	
≥160 sf ≥260	) If			Den	nolitio	n			Bag Procedure				
10	ocation of		le l	Locati	ion	Т	Description		empted and N Amount	-	e Proc patem	-	
	tos-Containing	9	1555.5	nally l			Asbestos-Cont		(Specify		T	T	ype
	erial (ACM)			olely b			Material (AC	CM)	SF or LF	3	,	E	匝
	BE ABATED  n Facility		Main	tenan			(i.e., thermal sy			em	Repair	cap	Cic
"	(13)		Cusic	(12)	oldiir		insulation, surfaci or other miscella			Kemova	pair	Encapsulate	Enclosure
			Yes	No	N/A			,		-		ate	е
Basement Boiler roo	m		$\boxtimes$			Tank	Insulation		25 SF				
Basement Boiler roo	m		$\boxtimes$			-	nsulation		320 LF				
Basement Stairwell				$\boxtimes$	H	Pipe I	nsulation		30 LF		10		
			$\mathbb{H}$	님	님	-				_	ዙ	H	
			H	ㅐ	H	-				ᆜ님	ዙ	H	
Name of Registered	Waste Hauler	·		NJ	DEP V		Cubic Yards of	Name of Red	istered Landfil	ı			
		_		100000	uler II		Waste						
Resource Managem	ent Group, LL	C		003	35218		TBD	Grows Landfi	11				
City, State Trenton, NJ						39	Disposal Date TBD	City, State Morrisville, P.	Δ /				
Completed By (Print	or Type)			Titl	Δ		Signature	wornsvine, P	7/	Date			
Mr. Brian J. Haney	o. Type/			100	esider	nt		L	AMOU		-2018	(	
				1			1 1 1 1 1 1 1	11	1// 11/ 1				

Aug 15 18 12:35p Resource Management Group

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Date of Notification (1) 8-15-2018		Name	of Bulldin	ig Own	er / Operato			111-	AUG	20 2018	
Agencies Notified Type Notifi	_	Street	Rock Jewis Address	sh Cer	rier			-	7100	- ( - 20/9	
	al	682 H	smistown I tate & Zip	Road			11	ASF	BESTA	SCHOOL	
: RZ - BALL	Brided	Glen R	lock, NJ 0	7492			j L			ENSING !!!	
T 004	argency resilation	Name	of Contac	don D	loard of Dire		1 1	MIN.Y		Telephone N	lumber
		pr. j	CILITY IN			ectors				201-220	
Name of Facility Where Abatemi Glen Rook Jewish Center	ent is Taking Place	(3)	CILITY IN		Type of Faci	Ma (4)	. — —	-			
Street Address				[	School	(K-12)					
582 Herristown Road					Subcha Other ()	.e. priy:	Dinarthe	in K-12) Imerala	)   Norifelle	gs, homes, et	- >
City (5)	County (B)	County C	nd= /73	8	odnete Leet		# of Flo	ors ero	· bulleti	Bidg. Age	C.)
Glen Rock	Passelc	Coursey C	one (1)	la	14,000 Surrent Use	(Brier	Politica pla	2	3	60	-
Name of Monitoring Firm Hired b	V Ruilding Dumor O	1	LAGONIA	11	day Care				6G)		
Health & Safety Service, Inc. Street Address	A payenta Caust (	3)	ASCM N		lame of Aba lesource Ma	lens	Contract	or (B)			
PO 90x 365				15	treet Addre	86		-			
City. State & Zip Code			-	- 2	1115 Hamillo	n Ave,	Sulle 202	2			
Berlin, NJ 08009 Project Manager for Manitoring F				T	renton, NJ (	26 19 286 19	:69				
Mr. James Proctor	50000	elephone A 6-452-139	redmui	T	elephone N	umber	-	L	Icense I	Number	
Scheduled Start Date (10)	Scheduled Comple			-	09-914-427 ame of OSI		-		_ د سسا	01185	
8-20-2018	8-1	0.2010		J	88 Environn	14 Mor Nentel I	aborator	ies inc		•	
Occupancy Status During Abelen  Facility Classd/Vecated [ Abstement Performed Or	During Entire Parise	of Ahataa		3	Preet Addres	15		revers 11 to			
Abatement Performed Ou 8:30em - 6:30em	rtside of Normal Ho	Life Addition	Mail.	C	933 Roule 2 ity, State & .	Zin Cc					
Describe:				- 1	nion, NJ 970						
Facility Occupied Ouring Scope of Work (Check all that ap	Abatement				MION, NU UY	650					
70.22	DIA)				Section (III)	D)					-
23 sf or ≥3 if ≥160 sf ≥260 if		Renov					MINHERC	CEUTE		egative Press	ure
	L.	] Demo				P	Slove Ba	g Proce	edures	-Friable Prope	
Location of Asbastos-Containing	g No	is Location	7		Description	101	4017-2-251		nount	Abateme	ont Type
Meterial (ACM) TO BE ABATED	]	Solely by			bestos-Con Misterial (AC	CMS		(S) SF	or LF)		
In Facility	Cu	tintenance Stodial Sta	er	e.l) insula	., thermal sy stion, surfac	ion W	-	000.00		Removal	Enclosure Encapsulate
(13)	Ye	(12) s No N	WA	ס זם	ther miscelle	neous	'			oval	Deun
Jasement Boller room				insula	etlon		- 19	5 SF			
Basement Stelmell			Pipa	Insule	tion			20 LF		A STATE OF THE PERSON NAMED IN	뭐뭐
			Pipe	Insulai	lan	,	3	Q LF		N D	
											무무
iama of Registered Waste Hauler			P Weste	Cubi	c Yards of	Marc	ed file at 4		1000	1010	
Resource Management Group, LL	G	Haule	ar ID No.	Wast				ered Le	nafil		
Ry, State		00352	210	TBD	esal Date		Lendfill				
renton, NJ completed By (Print or Type)				TBO	)	City, S Morris	ille, PA	1			
ir. Brian J. Heney		Title Presid	ient	Signa	19 1201	1	_#/	ma	1	Date 6-15-2018	
100 m 100 m	3	-		9		7	114	4			

CK1225

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT FOR FOR FOR

	DATE		(P	ursuan	it to NJAC	8:60 ar	nd 12:120)	111115	<u>(b) [i</u>	5 U V	ᆜ	-,		
Date of Notification (1) 08/15/2018	1 2 2 2			Name of Elizab	of Building eth Board	Owner/of Edu	Operator (2) ucation	A CONTRACTOR OF THE PARTY OF TH	AUG	2 0 oni	Chec	k# 1	225	
	Type Notification				Address orth Boule	evard S	treet	The street of th	nou	<u> </u>	<u>.</u>		- Tananana	
☑ DEP ☐	☐ Initial ☑ Amended Amendment #	1	_		ate, Zip Co eth, New		07208	AS		S CONTR ENSING	Ot. 8	<u>.</u>	The Contract of the Contract o	
⊠ DOH	<ul><li>Emergency (inclination)</li><li>Cancellation</li></ul>	uding			of Contact Schmitt					phone Nun 436-5000	nber			
N				FAC	ILITY INF	ORMAT							-	
Name of Facility Where A Christopher Columbus	Abatement is Taking s School #15	Place (3	3)				Type of F	acility (4) ol (K-12)			99224			
Street Address 511 Third Avenue							☐ Subc	hapter 8 (Other (i.e. private &	er than K- commer	-12) rcial buildir	igs, h	omes	, etc.)	
City (5) Elizabeth, New Jerse	y 07028						Square Fe 30,000	eet	# of F	Floors		Bidg. A	Age	
County (6) Union					Code (7) USE ONLY		Current U	se (Prior if be		olished)				
Name of Monitoring Firm Detail Associates, Inc	Hired by Building O	wner (8)		ASCI	M No.		Name of A Lilich Cor	batement Cor poration	ntractor (9	9)				
Street Address 300 Grand Ave	****			1			Street Add 606 McBr				<del>20</del>			
City, State, Zip Code Englewood, NJ 07631							City, State Woodland	, Zip Code d Park, New	Jersey					
Project Manager for Mon Anthony Valentine	itoring Firm			Telepho 201-56	one No 9-6078		Telephone 973-225-8			License No 01104	).			
Start Date (10) 08/31/2018		Schedule 09/4/20		npletion	Date (11)			SHA Monitor onmental Lat	ooratorie	es, LLC				
Occupancy Status During	g Abatement (Check	Only On	e)				Street Add	ress						
☐ Facility Closed/Vaca ☐ Abatement Perform ☐ Other – Describe:	ated During Entire Poned Outside of Norma	eriod of A	Abaten Hours	nent			City, State,							
							Union, I	NJ 07083						
Scope of Work (Check Al	II That Apply)					die-en-steat								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovat emoliti	0.7315			⊠ N ⊠ (	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure / L	Limited Co	ntainı	ment&	aTent	
		ls	Locati	on									ement	t
Location	1959S-1-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-1-195-		lormal			De	scription of					Ту	pe	_
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai Cust	d Sole intenar odial S (12)	taff?		thermal surfa	taining Mater systems insi cing, VAT, or niscellaneous	ulation,	(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
3	/N 6: II 6 N	Yes	No	N/A									(D	
Basement Electrical Room	(Near Girl's Room)	X			Pipe Ins	ulatior	1		20 LI	F	X			
Name of Registered Was	te Hauler	LL	1100000	JDEP W		Cubic		Name of F	Registere	ed Landfill				
Lilich Corporation			1 1 1 1 2 2 3	auler ID 18724	No.	of Was	ste	Fairless L						
City, State Woodland Park, New J	lersey					Dispos 09/04/	sal Date 2018	City, State Morrisvill	e, PA					
Completed by Adriana Olejarova		Title Pre		S	Ignature UVA	D/2	12	Date 08		2018				



Date of Notification (1) 07/24/2018		N E	lame of B lizabeth	Building Ow Board of	ner/Op Educ	perator (2)	E G	E I W Ec	neck#	1181		
Agencies Notified Type Notification		S	treet Add	iress n Bouleva	rd Str	eet II		n crea de grante	And the second s			
□ EPA ⊠ Initial □ DEP □ Amended □ DOL Amendment #		CE	ity, State lizabeth	, Zip Code ı, New Jer	sey 0	7208	AUG	2 0 2018				
☐ Emergency (includi ☐ DOH ☐ justification) ☐ Cancellation	ng		lame of C Bary Sch	nmitt		-	ASBESTO LIC	Telephone Numb	er			
Name of Facility Where Abatement is Taking Pl	ace (3)		FACILI	TY INFOR	MATIC	Type of Facility	(4)					
Christopher Columbus School #15						⊠ School (K-	12)	th 1/ 42\				
Street Address 511 Third Avenue						No	private &	commercial building		es, e		
City (5) Elizabeth, New Jersey 07028				÷		Square Feet 30,000		# of Floors 2	50+			
County (6) Union			County Co STATE US	ode (7) SE ONLY)		Current Use (F	Schoo					
Name of Monitoring Firm Hired by Building Own Detail Associates, Inc	ner (8)		ASCM	No.		Name of Abate Lilich Corpora		tractor (9)				
Street Address 300 Grand Ave			1			Street Address 606 McBride	Ave					
City, State, Zip Code Englewood, NJ 07631						City, State, Zip Woodland Pa	Code irk, New	Jersey				
Project Manager for Monitoring Firm Anthony Valentine			Telephon 201-569			Telephone No. 973-225-8400		License No 01104	•			
Start Date (10)	cheduled 8/19/201		npletion D	Date (11)		Name of OSHA Iris Environm	A Monitor ental Lab	poratories, LLC				
Occupancy Status During Abatement (Check C						Street Address 2333 Route 2	22 West					
□ Facility Closed/Vacated During Entire Pe     □ Abatement Performed Outside of Norma     □ Other – Describe:	riod of Aba I Facility H	atem	nent s			City, State, Zip Union, NJ (	Code 07083					
Scope of Work (Check All That Apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		novat				⊠ Mini	-Enclosur	ent with Negative P e cedure / Limited Co d (*) and Non-Friab	ntainn	nent8	Tent	
						□ Non	-Exemple	a ( ) and Ron-i nas		Abate	ement	ĺ.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	tena	lly ely by ince/ Staff?	Asbest (i.e.	os Cor therma surfa	escription of htaining Material il systems insula acing, VAT, or miscellaneous)	(ACM) tion,	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
(13)	Yes	No	N/A								6	
Basement Electrical Room (Near Girl's Room)	X			Pipe Ins	ulatio	n		20 LF	X			
											-	
									-			+
			N IDED Y	Mosto	Cub	c Yards	Name o	f Registered Landfil	I	1	1	
Name of Registered Waste Hauler Lilich Corporation		- 41 - 2	NJDEP V Hauler ID 18724		of W	aste	Fairless	Landfill				
City, State Woodland Park, New Jersey						osal Date 9/2018	City, Sta Morris	ville, PA				
Completed by Adriana Olejarova	Title Pres	side	ent			Signature	7(		ate 07/24	/201	8	

CK1224

Date of Notification (1) 08/15/2018	)			Name	of Building	Owner/	Operator (2)	Part Property		E	(lo		$\underline{\mathbb{W}}$	E		1
Agencies Notified	Type Notification				eth Board	d of Edu	ucation	T I Laborate Special Company						ck# 1	226	t (m. mark)
□ EPA	□ Initial			500 N	Address orth Boul	evard S	Street	Anthonorphy .	Tarest Person		AUG	20	2018	SEPTIMENT OF AN	IJ	
☑ DEP ☑ DOL	Amended Amendment #		_	City, S Elizab	tate, Zip C eth, New	<sup>ode</sup> Jersey	07208	Service of the Servic	·	ASBI	ESTO	S COM	TROL	- &	A STATE OF THE PERSON NAMED IN	
☑ DOH ☑ DCA	☐ Emergency (ir justification) ☐ Cancellation	icluding			of Contact Schmitt			- 1		-	Telep	hone No	G umber-			
				), 18 20	CILITY INF	ORMAT	ION				300-4	30-3000				
Name of Facility Wher The Thomas Edisor	e Abatement is Taki n Career & Tech A	ng Place ( cademy	3) #87				Type of I	acility (	(4)							
Street Address 625 Summer Street							□ Sub	chapter	8 (Ot	her th & cor	an K-1	12) cial build	lings, h	omes	, etc.)	
City (5) Elizabeth, New Jers	sey 07028						Square F 30,000	eet			# of FI 2	oors		3ldg. <i>i</i> 50+	Age	
County (6) Union				County (STATE	Code (7) USE ONLY	)	Current l	Jse (Pri		eing o		shed)				
Name of Monitoring Fin Detail Associates, In	rm Hired by Building IC	Owner (8)		ASC	M No.		Name of A Lilich Co	Abateme rporation	ent Co	ontrac	ctor (9)					
Street Address 300 Grand Ave							Street Add 606 McB		/e							
City, State, Zip Code Englewood, NJ 0763	31						City, State Woodlan			v Jer	sey					
Project Manager for Me Anthony Valentine	onitoring Firm			Telepho 201-56	one No 69-6078		Telephone 973-225-					icense l 1104	No.			
Start Date (10) 09/01/2018		Schedul 09/04/2	ed Cor 018	mpletion	Date (11)		Name of 0 Iris Envir				atories	s, LLC				
Occupancy Status Duri							Street Add		Mast	1						
<ul><li>☐ Facility Closed/Va</li><li>☐ Abatement Perform</li><li>☐ Other – Describe</li></ul>	acated During Entire rmed Outside of Nor e:	Period of mal Facilit	Abaten y Hour	nent s			City, State	, Zip Co	ode							
Scope of Work (Check							O'llott,	140 070								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demoliti				X	Full Cor Mini-En Gloveba Non-Exe	closu ag Pro	re ocedu	ıre / Li	mited C	Contain	ment	&Tent	2
			Locati					TOTT EX	ompte		ana is	on-i na	DICT TO	Abat	ement	t
Location Asbestos-Containing		Use	Normal d Sole	ly by	Ashas		scription of taining Mate	rial (AC	R.A.		۸		-	1)	rpe	
<u>TO BE Al</u> In Fac (13	BATED cility		intenar todial S (12)			thermal surfa	systems ins cing, VAT, o niscellaneou	ulation, r			Amo (Spec SF or	ify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		ate	roi
2nd Floor Slop Sink	X		Pipe Ins	ulation	1			2	20 LF		Х					
												-				
													+			
Name of Registered Wa	aste Hauler		750	JDEP W		Cubic		Na	me of	Regi	stered	Landfil	1			
Lilich Corporation			1000	auler ID 18724	No.	of Was	ste	Fai	irless	Land	lfill					
City, State Woodland Park, New	/ Jersey					Dispos 09/04/	sal Date 2018		y, Sta		PA					
Completed by Adriana Olejarova		Title Pre	sident			S	ignature	al.	ÍC	2	人		ate 08/15/	2018		



									11	E	5	Ľ.	l W	匚	11	11		
Date of Notification (1 07/24/2018	)			Name of Elizabe	of Building C eth Board	wner/0 of Edu	Operator (2 cation	)	ZII	-	anora cinar			С	heck	# 118	30	
Agencies Notified	Type Notification				Address orth Boulev	ard S	treet			A	U(5	2 U	2018	3	Lund	/		
□ EPA 図 DEP 図 DOL	<ul><li>☑ Initial</li><li>☐ Amended</li><li>Amendment #</li></ul>				ate, Zip Coo eth, New J		07208		-	ASBE		S C(	ONTR	OL &	II ye	and the state of the state of		
☑ DOH ☑ DCA	☐ Emergency (inc justification) ☐ Cancellation	luding			of Contact schmitt						LIU	Tele	ohone 436-50		er	and		
	The state of the s			FAC	ILITY INFO	RMATI	ON											
Name of Facility When The Thomas Edison	re Abatement is Taking n Career & Tech Ac	g Place (3) ademy #	87				Type of		1500	5. 50								
Street Address 625 Summer Street	t						☐ Sub	ocha	apter	8 (Oth	ner th & co	nan K mmei	-12) rcial bu	ıilding				
City (5) Elizabeth, New Jer	rsey 07028						Square 30,000	Fee	et			# of l 2	Floors		50	ig. Ag +	ge	
County (6) Union					Code (7) USE ONLY)		Current	Use	e (Pr	ior if b High	eing n Sch	demo	lished	)				
Name of Monitoring F Detail Associates, I	irm Hired by Building ( nc	Owner (8)		ASC	M No.		Name of Lilich C				ontra	ctor (	9)					
Street Address 300 Grand Ave							Street A 606 Mc			ve								
City, State, Zip Code Englewood, NJ 076	531						City, Sta Woodla	ite, z ind	Zip C Parl	ode k, Nev	w Je	rsey						
Project Manager for N Anthony Valentine	Monitoring Firm			Telepho 201-56	one No 69-6078		Telepho 973-22						Licens 0110					
Start Date (10) 08/18/2018		Schedule 08/20/20		mpletion	Date (11)		Name of	f OS viror	SHA	Monito ntal L	or abor	ratori	es, LL	_C		1 max.		
	uring Abatement (Chec						Street A 2333 R	ddre	ess e 22	Wes	t							
☐ Facility Closed/\ ☐ Abatement Peri ☐ Other – Descrit	Vacated During Entire formed Outside of Northbe:	Period of Amal Facility	Abate y Hou	ment rs		_	City, Sta Unior	ate, I	Zip (	Code 7083								
Scope of Work (Chec	ck Ail That Apply)												mesessiones					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		- CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.	Renova Demoli					M	lini-E Glove	nclosi bag P	ure roce	dure /	Negat Limite Non-l	ed Co.	ntainn	nent8	Tent	
		ls	Loca	ition					.011 2	хоттр		7				Abate	ement pe	
Asbestos-Contain TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	Use Ma	intenational (12)	lely by ance/ Staff?	(i.e.	tos Cor therma surfa	escription on taining Ma al systems acing, VAT miscelland	ateri insu , or	ulatio	cM) in,		(Sp	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		No					-			+	20		-	V				
2nd Floor Slop Sin	nk Room	X		Pipe Ins	ulatio	on	N			+	20	LF		X				
Name of Registered	Waste Hauler			NJDEP Hauler I	D No.	Cubi of W	c Yards aste			Name Fairles			red La	indfill				
City, State Woodland Park, N	law jersay			18724	-	Disp	osal Date 0/2018		+	City, S Morris	tate							
Completed by Adriana Olejarova	2 <sup>7</sup> 1	eside	ent			Signature	7	1	10	1			Da 0	te 7/24/	2018	3		
Autiana Olejaiova	4				1		~	_		_							-200	

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



Date of Notification (1	1			ls:					Check # 14	430			
A	) August 15, 20	18			ne of Build s Daley	ing Owner / O	perator	(2)					
Agencies Notified	Type Notifica	ation	The state of the s		et Addres	S	-		n nn F	1			
□EPA □DEP								EGE	No.	and and a second			
⊠DOL ⊠DOH		ended			State & Z		The second secon	] AUG 2	0 2018	And to Part Parella and			
DCA		endment :	#	Nam	e of Conta	act	-		- Lavoran	<u>                                     </u>			
		oonation		Ivalii	e or conta	101	4		CONTROL & NSING	lepho	ne N	umbe	er
				F	ACILITY	INFORMA	TION						
Name of Facility When Residence	re Abatement	is Taking	g Place (3)				of Facili						
Street Address							2	oter 8 (Other tha	n K-12)				
									commercial building	s, hor	me, e	etc.)	
City (5)						Squa	are Feet 2,242		oors Bld + Basement	g. Age			
Chatham							ent Use (	Prior if being de	molished)		'1 ye	115	
County (6)			County Cod	le (7)		Resi	idence						
Morris			USE ONLY										
Name of Monitoring Fi	rm Hired by B	building C	Owner (8)		ASCM		e of Abat	tement Contracto	or (9)				
Street Address						Stree	t Addres	s					
City, State & Zip Code							Radio Ro State & 2	zip Code		-			
Project Manager for M	onitorina Firm		IT.	lanhana	Mumahaa	Little	Egg Ha	rbor, NJ 08087					
70 000			16	нерпопе	Number		hone Nu 296-6916		License Num	ber 0081	7		
Scheduled Start Date ( August 28, 2		Schedul	ed Complet Septen	ion Date ber 27,			e of OSH tech, Inc	A Monitor	· · · · · · · · · · · · · · · · · · ·				
Occupancy Status Dur Facility Closed	ing Abatemer	nt (Check	only one)			Stree	t Addres	S					
Abatement Pe					70.57		State & Z						
Other – Descr	3175.75.0	atement				Little	Egg Ha	rbor, NJ 08087					
Scope of Work (Check	all that apply)	)											
$ \ge 3 \text{ sf or } \ge 3 \text{ lf } $				Renovat					nt with Negative Press	ure			
≥160 sf or ≥260	If		Н	Demolitic			-	Mini-Enclosure Glovebag Proce	duna				
			_	MISSENIO (1907)			-		dure *) and Non-Friable Pro	ocedu	re		
Local Asbestos-Contain	tion of ing Material ( <i>u</i>	ACM)	Is Locati	on Norm	ally Used nance or		Description	on of		_	atem	ent T	уре
TO BE	ABATED	10111)	Custo	dial Staff	f? (12)	M	estos-Co laterial (A	ACM)	Amount (Specify SF or LF)				
	acility 3)						thermal: ion, surfa	systems icing, VAT				ш	_
								llaneous)		Remova	Repair	псар	nclo
			Yes	No	N/A					oval	pair	Encapsulate	Enclosure
Basement	obenitaria de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composic			Х		Flo	or Tile/N	Mastic	760 SF	Х	_	ш	
													1 1
Name of Registered Wa	aste Hauler		NJDEP V	Vaste	Cubic Y	ards of Waste	9	Name of Regist	ered Landfill				$\bot$
Synatech, Inc.			Hauler ID	No. 429					cred Landiii				
City, State				743	Disposa	al Date		Fairless Hills City, State					
ittle Egg Harbor, NJ						nber 28, 2018		are are reserved					
Completed By		Title			Signatu		10	Morrisville, PA	Date			-	
Diane Aloia		Executi	ive Adminis	strator	1 1/6	and 7	- W	ou !	August 15, 2018				

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JK9077 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60-7 and 12:120-7) 9077 Date of Notification (1) Name of Building Owner/Operator (2) AUG 20 8/15/18 Susan Brady Agencies Notified Type of Notification Street Address [] EPA ASBESTOS CONTROL & Initial LICENSING [] DEP Notification City, State, Zip Code DOL Montville, NJ 07045 Amended DOH [X] Notification Name of Contact Telephone Number [] DCA [] Cancellation Susan Brady **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Residence Street Address # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 2000 2 ~65 Montville (STATE USE ONLY) Morris Current Use (Prior if being demolished) residence Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) N/A 000 Jupiter Environmental Services, Inc. Street Address Street Address 323 Changebridge Rd., Suite 100 City, State, Zip Code City, State, Zip Code Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 00852 973-575-8700 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 8/25/18 9/1/18 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacant Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition [] [] Renovation Mini - Enclosure [x] ≥3 sf or ≥3 lf Glovebag Procedure [X] ≥160 sf or ≥260 lf [] Non - Friable Procedure Is Location Abatement Normally Used Description of Туре Location of Solely by Asbestos - Containing RE Amount R E Asbestos - Containing Maintenance/Cus Material (ACM) (Specify E Ν Material (ACM) todial Staff (12) (i.e., thermal systems P C SF or LF) M TO BE ABATED insulation, surfacing, VAT, Α 0 A In Facility or other miscellaneous) P V

E N C 0 (13)Yes No N/A R S S A basement TSI X 20 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Jupiter Environmental Services Of Waste Alliance Landfill 04782 City, State Disposal Date City, State Pine Brook, NJ 9/5/18 Taylor, PA Completed By (Print or Type) Signature Date

8/15/18

General Manager

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