* 1 0 OV		NOTIFI		tate of New Jers		MENT			**************************************				
NO OK				to NJAC 8:60 a	3			الِهُ	13	Ņ	7 [F	
Date of Notification (1) 08/18/2017				of Building Owner ship of Pittsgr		r (2)			4410				Control of the Contro
Agencies Notified Type Notification			Street A	Address enterton Roa	4			4 4	AUG	22	20	7	I
EPA Initial X Amended	_	1	City, Sta	ate, Zip Code				ASE	.\$**()\$	· · · · · ·		01	1
X DOL Amendment #		7	250	rove, NJ 0831	8		Pri Crision	TELES	CE			UL	Ši
DOH justification) DCA Cancellation				ance Garton				Telenno					
Name of Facility Where Abatement is Taking	Place /	3)	FAC	ILITY INFORMA	TION	Type	of Facility	(4)					
Former Grain Mill, (Building 2)	riace (3)				П	School (K-						
Street Address 1237 Landis Avenue						×	Subchapte	r 8 (Other th private & co			lings,	home	ıs,
City (5) Pittsgrove						2001.000	are Feet 200	# of Flo	ors	5000	ldg. A 0+	ge	
County (6) Salem				Code (7) USE ONLY)			ent Use (Pr mer Graii	ior if being d	lemolish	ed)			
Name of Monitoring Firm Hired by Building O Pennoni Associates Inc.	wner (8)	ASC	vi No.				ntractor (9) ental Servi	ices, Ir	ıc.			
Street Address 515 Grove Street Suite 1B			1		Street 42 R		ess Road						
City, State, Zip Code Haddon Heights, NJ 08035							Zip Code ille, PA 1	9460					
Project Manager for Monitoring Firm Alan Lloyd			Telepho 856 54	ne No. 17-0505	Teleph 610	hone N 933-4			ense No 1836	ο.			
	Schedul 08/31/		pletion	Date (11)	100000000000000000000000000000000000000		HA Monitor nvironme	ntal Servi	ces, In	IC.			
Occupancy Status During Abatement (Check	Only O	ne)			Street		ess Road						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					City, S	State, Z	Zip Code ille, PA 1	0.460					
Scope of Work (Check All That Apply)					FIIOE	BIIIXV	ille, FA I	9460					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ettenese#	Renova Demoliti			×	Mi GI	ni-Enclosur ovebag Pro					a	
	Is	Locati	on							T	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Sole aintenar todial S (12)	ly by	Asbestos Co (i.e. therm: surf		Materia s insul NT, or	ation,	Amou (Spec SF or I	ify	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							=		ate	Ф
See Attached Spreadsheet			X	Se	e Attach		See Atta	ched	Х				
			X						X				
			X							X			
No. of Davidson			X							X			
Name of Registered Waste Hauler C&H Disposal Services, Inc.	1	Н	JDEP Wauler ID 7903					Registered County In		men	t Aut	horit	у
City, State Elmer, NJ	_)			osal Date 9/2017	1	City, Sta Allowa			=70-			
Completed by Patrick Larney	Title Proje	ect Ma	nager		Signature	-	du	~	Dat 08	te /18/2	2017		

NOCK

Date of Notification (1)	400		lame of	Building Owner/	Operator	(2)	- 1	11: :1	3 16	13.4	11	11/	- 1
08/18/2017	Т		nip of Pittsgro		(2)								
Agencies Notified Type Notification		37 555	Street Ad 989 Ce	dress interton Road				and the same of	AU	3 2	2 2	017	To organization of the second
DEP X Amended Amendment				e, Zip Code ove, NJ 08318	3			100000	AOF.				
Emèrgency_	(including	N	lame of	Contact				Tala	ASI II	áhan l	OIM(3	_ CI
DOH justification) DCA Cancellation		0	Consta	nce Garton								-	
Name of Facility Where Abatement is Takin	a Blood (2)		FACIL	ITY INFORMAT	ION	Tuna	of Facility (4	4)					
Former Grain Mill, (Silo's)	y Flace (5)						School (K-1	2)					
Street Address 1237 Landis Avenue						×	Subchapter Other (i.e. p etc.)				dings,	home	s,
City (5) Pittsgrove						Squa ~ 1,0	re Feet)00	# of 1	Floors		ldg. A	ge	
County (6) Salem			ounty C	ode (7) SE ONLY)			nt Use (Prio		ig demolish	ied)			
Name of Monitoring Firm Hired by Building Pennoni Associates Inc.	Owner (8)		ASCM	No.			tement Con nvironmer			nc.			
Street Address 515 Grove Street Suite 1B													
City, State, Zip Code Haddon Heights, NJ 08035				ip Code le, PA 19	460								
Project Manager for Monitoring Firm Alan Lloyd	elephon	e No. 7-0505	Teleph	none No 933-4	D.		License N 00836	0.					
Start Date (10) 08/09/2017	Scheduled 08/31/20		oletion D	Pate (11)			A Monitor	ntal Se	ervices. Ir	nc.			
Occupancy Status During Abatement (Chec	k Only One))			100000000000000000000000000000000000000	Addres							
Facility Closed/Vacated During Entire			ent		42 R	idge F	Road						
Abatement Performed Outside of Norm Other – Describe:	nal Facility H	lours					p Code le, PA 19	460				or the same for a ball	
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio			×	Mir Glo	Containme i-Enclosure vebag Proc	edure					
		88	T			ion E	n-Exempted	(°) and	поп-гпар	le Pro	1200 74	ement	
Location of		ocation rmally		De	scription	o f						ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo ((12)	aff?	Asbestos Con (i.e. therma surfa	taining N	Material s insula T, or	A Company of the Comp	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet	Yes	No	N/A X	Soc	e Attach	ned		See /	Attached	X			
See Attached Spreadsheet	-	-	X		Allaci	ieu	-	366 F	Milacried	X			
			X				-			X			
			X		3.0					-			
Name of Posistered Wests Having		NITT	DEP Wa	icto Cubi-	Yards		Nama of F	Poglata	red Landfill	X	_		
Name of Registered Waste Hauler C&H Disposal Services, Inc.		Hau	uler ID N 903		ste	4	A STATE OF THE STA		/ Improve	emer	it Au	thorit	у
City, State Elmer, NJ	(sal Date 9/2017		City, State Alloway						
Completed by	Title Project			10	Signature		+.		Da				
Patrick Larney		1	EW			30	/18/2	2017					

Print Form

(Purs	uant to NJAC 8:60	and 12:120)			- 16	9	1 W	E
	me of Building Owne ev. Monsignor Ja			nriests	- 10	[] _ [1
	eet Address	inico i tony	Tresidence for	priests	ALIC	2.2	201	7
ĭ EPA	7 Bloomfield Av	e.		14 4	AUG	22	201	1
DEP Amended City	y, State, Zip Code					-11-00-07-0		
DOL Amendment #_ Ca	aldwell, NJ 0700	6		ASE		- 17	-, , ; ; ;	OL
DOH justification) Nar	me of Contact		ļ.	Talanhana	NIONA	LNS	NG	
	assar Shabo							
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFORMA		Francis Francis (4)					
Rev. Monsignor James Kelly Residence for Priests		1,0	Type of Facility (4)					
Street Address			School (K-12) Subchapter 8	Other than	K-12)			
247 Bloomfield Ave.		l he	Other (i.e. priv	ate & comm	nercial bu	uildings	, hom	es,
City (5)		5	etc.) Square Feet	# of Floors		Bldg.	Age	
Caldwell			10,100	2		50+	· ·go	
	inty Code (7)	0	Current Use (Prior i	f being dem	nolished)			
2000%	ATE USE ONLY)	F	Retirement Hon	ne				
	SCM No.		Abatement Contra	ctor (9)				
	0079	Lesco	Services Inc.					
Street Address		Street Ad						
20-21 Wagaraw Rd. Bldg 35E			aple Ave.					
City, State, Zip Code Fair Lawn, NJ 07410		0.789	te, Zip Code					
	ephone No.		gton, NJ 07057					
	3-636-9145	Telephor	16 No. 21-9092	0110	se No.			
Start Date (10) Scheduled Complete			OSHA Monitor	0110				
08/23/17 09/04/17	V. 1	- In the second second second	/ Nalodka					
Occupancy Status During Abatement (Check Only One)		Street Ad	idress					
Facility Closed/Vacated During Entire Period of Abatement		156 Ma	aple Ave.					
Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied		1500	te, Zip Code					
Scope of Work (Check All That Apply)		vvaliirių	gton, NJ 07057					
☐ ≥3 sf or ≥3 lf Renovation		×	Full Contains					
≥160 sf or ≥260 lf Demolition			Full Containment Mini-Enclosure	with Negati	ve Press	sure		
			Glovebag Procedi Non-Exempted (*)		siable D			
Is Location			Non-Exempted (and North	Hable F	200771 10	ement	
Location of Normally		escription of				Ty	уре	,
Asbestos-Containing Material (ACM) Used Solely by	Asbestos Co	ntaining Mate	erial (ACM)	Amount			m	
In Facility Custodial Staff?		al systems in acing, VAT,		(Specify SF or LF)	Ren	Re	Encapsulate	Enclosure
(13)		miscellaneo		Or Or Er)	Remova	Repair	Sula	osui
Yes No N	/A				_		ate	.e
boiler room *	pip	e insulatio	n	55lf.	*			
boiler room *	boile	er breechir	ng	115sf.	*			
boiler room *	spra	y-on ceilir	ng	400sf.	*			
boiler room *		lue pack		3sf.	*			
		c Yards	Name of Reg		dfill			
Newark Carting Inc. Hauler 0540!	r ID No. of W	aste	GCSL		7001			
City, State	Dispo	osal Date	City, State					
Newark, NJ Completed by Title	09/0	5/17	Pen Argyl,	PA				

	State of New Jersey	
Date of Notification (1)	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)	FEINED
Agencies Notified Type Notification	Name of Building Owner/Operator (2) Bristol Myers 534 46 Street Address	G 22 2017
[X]EPA []Initial Notification	on City, State, Zip Code	CENCENO OL&
[X]DOL [XAmended Notification [X]Cancellation	Name of Contact	08903
[X]DCA [X]CallCellatto	Project Manager FACILITY INFORMATION	
Name of Facility Where Abatement is	Taking Place (3) Type of Facility (4)	
Bristol - Myer	5 Squ/bb [School (K-12) [Subchapter 8 (([M]0ther (i.e., p)	rivate & commer-
City (5) Cour	cial buildings. Square Feet, # of Floo out Side	ors Bldg. Age
Name of Monitoring Firm Hired by Bui	Mdd & Sex (STATE USE ONLY) Current Use (Prior if to be a constitution of Abatement Contractor (9)	Demo
Environmental Tacti Street Address		ty Contractor
City, State, Zip Code	5+ 2 400 Main St Exter	nsion Suite 10
Project Manager for Monitoring Firm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0887Z
Scheduled Start Date (10) Sched.Cop		00750
10 14 1	10151/14171 \ FAVICOMENTO	Tactics.
<pre>[%]Facility Closed/Vacated During F of Abatement []Abatement Performed Outside of N Hours - Describe:</pre>	Entire Period 64 B Coad	5+
[]Other - Describe:	9	
[]Demolition []>3 sf or >3 lf []∑160 sf or ≥260 lf	[]Renovation []Full Containment with Negativ []Mini-Enclosure []Glovebag Procedure []Non-Friable Procedure	ve Pressure
Location of	Is Location Normally Description of	Abatement Type R N N
Asbestos-Containing Material (ACM) TO BE ABATED	Used Asbestos-Containing Amount Solely Material (ACM) (Specify	E R C C
in Facility (13)	by Main- tenance/ Custodial Staff(12) Yes No N / A (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) SF or LF)	O P P O O O O O O O O O O O O O O O O O
B-101	X WINdow Gkzing 45004	F X
	Roof flashing 10 5gF	Y X
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards Name of Registered Landf	
Freehold Catage	Hauler ID No. of Waste 15 939 30 Grows Lan	
Freehold NJ	Disposal Date City. State 10-05-17 Tully town	PA
Kurt Ngle Bro	neh Manages Kaut Lale	8-18-17
ASB-41 JUN 95	1 101 Cancolled	G4667
11/4	The state of the s	

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

Check No. 4345

Date of Notification (1)				Nam	e of Build	ing Owner/Operato	or (2)			200	110		
August 17, 2017				100000000000000000000000000000000000000		& NJ, Newark	ALCOHOL:	national Airbo	ort 3	7 1	// [<u></u>	-
Agency Notified	Type Notification				et Address		Liberty Interi	Tational Airpo	Ji Ç	11	/		15
□ EPA	☑ Initial			Bui	lding 1	25		A COLUMN TO A COLU					The same
DEP Not equired per State Reg. 10 2004	☐ Amended				State, Zip			HI III AUG	3 22	20	17	- 1	11
⊠ DOL	Amendment #					J 07114		The second secon	7	40	4		New Of Persons
⊠ DOH	☐ Emergency (includ justification)	ing		_	e of Conta			Tolomber Al	·mhar	-		+	
□ DCA	☐ Cancellation			Ral	ph Cam	npione		1_				&	
				FAC	ILITY IN	FORMATION					Other	P49902s	(COLUMN)
Name of Facility Where A	batement is Taking Pla	ace (3)				Type of Facilit	v (4)					
Newark Liberty Into	ernational Airpor	t - W	O No	. 11			☐ School (K-1						
Street Address							☐ Subchapter	8 (Other than K-	12)				
Brewster Road, Pa	rking Lot P7 - Bu	ildin	g 2				Other (i.e. p	private & commerc	cial buildi	ngs,			
City (5)			-				Square Feet	# of Floors	Bldo	. Age		_	-
Newark							840	1	50-				
County (6)				Count	v Code (7	7) (STATE USE		Prior if being demo		-/-		_	_
Essex				ONLY		/(2 552			Jiisiieu)				
Name of Monitoring Firm	Hired by Building Owne	er	ASC	Λ No.	7 17 37 5 5	Name of Abater	FAA Buid! ment Contractor (_	
A of NY & NJ			N/A				storation Co.						
Street Address	<u> </u>			8		Street Address	storation co.	, IIIC.		-	-		_
241 Erie Street, Roo	om 236					223 Randol	nh Avenue						
City, State, Zip Code			431 2011-20			City, State, Zip (_
Jersey City, NJ 073	10					Clifton, NJ							
Project Manager for Monito		T	elepho	ne No.		Telephone No.	37011	License No.					
Ralph Campione		10000		24-68	98	973-478-468	:1	00120					
Start Date (10)	Scheduled Co	mplet	tion Da	ate (11)		Name of OSHA		00120					-
August 28, 2017	Septembe	r 30,	201	7		The same of the sa		Services, L.L	C				
Occupancy Status During	Abatement (Check only	one)				Street Address						_	_
☐ Facility Closed/Vacated	During Entire Period o	f Ahai	tomon			464 Valley B	Brook Avenue	е					
□ Abatement Performed 0	utside of Normal Facili	ty Ho	urs			City, State, Zip C							
Other - Describe:						Lyndhurst, I	NJ 07071-199	98					
Scope of Work (Check all t	hat apply)												
$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$				☐ Ren	ovation	☐ Full (Containment with Enclosure	Negative Pressu	re				
≥ 160 sf or ≥ 260 If				Dem	olition	Glove	ebag Procedure		14				
						⊠ NO⊓-	exempted (*) and	d Non-Friable Pro	cedure	Λ.	oater	mar	nt
			Locat Vormal							A	Тур		II.
Location Asbestos-Containing		Use	d Sole	lý by	A . b	Description							
TO BE ABA	TED		intena ustodi			stos Containing Ma , thermal systems		Amount (Specify		B	_	Fnc	Εn
IN Facilit (13)	у		Staff?			surfacing, VAT	, or	SF or LF)		Removal	Repair	ans	Enclosure
(10)			(12)			other miscellane	ous)			oval	Repair	a	ure
		Yes	No	N/A							1	•	
Various Locations				X	VAT	& Mastic		80	0 sq ft		X	X	
										H	Y		7
											+	+	\dashv
											-	+	
Name of Registered Waste	Hauler			aste H	auler	Cubic Yards of	Name of Regist	tered Landfill					-
Jimmy Byrne		100000	No. 1551			Waste							
City, State		19	1001			< 5		nterprises, Inc	Э.				
11 Vreeland Avenue,	Totoura N. Lozer	10				Disposal Date 08/29/2017 -	City, State						
Completed by	Title	2				09/30/2017	Penn Argile	e, PA					
G. Roger Woodman	Project Mai	nago	ar.			Signature	1		Date				
J	oject iviai	uyo	-1		1	1///	6		8/17/2	2017	A)		



NOTIFICATION OF ASBESTOS ABATEMENT

OTIFICATION (Pursuant	NIAC 8:60	and 12-120)
(Pursuant	(0 NO/10 0	vner/Operator (2)

		NOTIFICA	uant to	NJAC	8:60	and 12	(0)	PALL	0 50 50	
1244		(1 0.0	I Name (of Buildi	ng Own	er/Operato	iberty Interna	tional Airp	ort	
DTI			PAO	f NY 8	k NJ, N	lewark I	IDEITY III	TILL	and the second s	
Notification (1)			Street	Addres	S		1	31	2017	TIDN
ıst 17, 2017	Type Notification	1	Puil	ding 1	25			1: 111 A	UG 22 2017	
y Notified	1		Olar C	State, Z	ip Code		and the state of t	I Talbahan		
Α	☑ Initial ☐ Amended		Now	vark. I	17011	14		Talhahan	Killina	L&
■ Not somed be passed where		#	Nome	e of Cor	ntact				سستناده	
)L	Emergency justification	(11101005	Pal	nh Ca	mpior	ne		The state of the s	-	
ЭH	☐ Cancellation	1	EΔ	CILITY	INFOR	MATION	Type of Facil	ity (4)		
CA				-			- 1 - 1 /K	-12)	(0)	
	Abatement is Ta	iking Place (3)	N= 11				School (K	-12) er 8 (Other the private & col	an K-12) mmercial buildings,	
ne of Facility Whe	International	Airport - WO	No. 11				l M Other II.	. pilvais	Talle Age	a
wark Liberty	IIICITI		62			V	homes, e	,,	ors blug. 1.9	· \
eet Address	l, Parking Lot I	97 - Building	1					1 4	50+/-	
rewster Road	I, Parking Los							e (Prior if bei	ng demolished)	
ty (5)				aunty C	ode (7)	(STATE U	SE Current of	idling		
ewark				NLY)			FAA Bu	otor (9)		
ounty (6)			1			Name of	Abatement Contrac	Co. Inc.		
ssex	ng Firm Hired by Bu	ilding Owner	ASCM I	NO.		B&N&	K Restoration	00.,		1
Jame of Monitorin	ng Firm Hired by Bo		N/A			- A A	ddress			
PA of NY & N	IJ					223 R	andolph Aven	uo	Ж	
						City, Sta	ate, Zip Code			
241 Frie Stre	eet, Room 236					Clifto	n, NJ 07011		ense No.	
Otato 7in C	,00e		Telepho	ana No.		Teleph	one No.	00	120	
		m	Telepho	24-68	98	973-	478-4681 of OSHA Monitor			
Project Manager	L IOI MOTITE		9/3-0	nate (11)	Name	of OSHA Monitor	ental Serv	rices, L.L.C.	
Ralph Cami	pione	- Julad Con	ubletion c	17	ž iesa					
Start Date (10)	0017	September	30, 20			Stree	Valley Brook	Avenue		
August 28,	atus During Abaten	nent (Check only	one)							
Occupancy Sta	atus During	n Entire Period o	f Abatem	ent		City,	Harret NJ UI	071-1998		
⊠ Facility Clo	atus During Abatem sed/Vacated During Performed Outside scribe:	of Normal Facil	ity nours			Ly	iuna - y	-mont with N	egative Pressure	
Abatemon	scribe:						☐ Full Contai	sure		
of Wo	rk (Check all that a	pply)			Renovat	tion	☐ Mini-Enclo	Procedure	Non-Friable Procedu	Abatement
Scope of Wo	0.16			×	Demolit	1011	⊠ Non-Exem	ipica ()		Туре
□ ≥ 3 sf or ≥ ⊠ ≥ 160 sf o	or ≥ 260 lf									
≥ 100 31 9			Is	Location ormally	1		Description of	-L(ACM)	Amount	Re Re
			Heat	d Solely	by	Asbestos	Description of Containing Materi ermal systems inst	al (Aoin)	(Specify SF or LF)	Encapsulate Repair Removal
	Location of	terial (ACM)	Mai	intenan Sustodia	cei	(i.e., th	ermai sych VAT, or	. \		val r
Asbes	Location of stos-Containing Ma TO BE ABATE	<u></u>	1	Staff?	.		other miscellaneou	s)		
	IN Facility			(12)					1400	sq ft
	(13)		-	No	N/A		taining pair	nt	254	4 sq ft
			Yes	No	X	ACM o	ontaining pair		23	
	- walls			-	+	Windo	ow Glazing			
Exterio	or walls			-	+				16:11	
Exteri	or walls			+-	+		V do of	Name of Re	gistered Landfill	
				NIDER	Waste	Hauler	Cubic Yards of Waste		Enterprises, In	ic.
	Wast	e Hauler		ID No.			< 5	Minerva		
Name o	of Registered Wast		1	1955	i1		Disposal Date	City, State	wile PA	
	ny Byrne						00/20/2017 -	Penn A	rgile, PA	Date
011.111	tate	72 658	N I 0751	2			09/30/2017 Signature	11		8/17/2017
City, S	reeland Avenu	ie, Totowa, I	40 070 CF				1///	10		
	lated by	The second secon	inct Ma	nader			Vancure exempte	d activities.		
	oleted by Roger Woodma	The second secon	ject Ma	use this	form fo	r asbestos	licensure exempte			
100	11									

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

PAID

CHECK # 24372/555/5960

Date of Notification (1) 08-16-17				Building C				17.5	11.1	í.	F.	ī ľ	///	GI	7
Agencies Notified Type Notification	า	91.5	Street Ad	ddress Hill Plaz	 :a				1	<u>Ilr</u>	1 27		V	The second	A CONTRACTOR OF THE PARTY OF TH
EPA Initial DEP X Amended Amendmen				te, Zip Coo River, N		5			A COLUMN TO A COLU	AUG	2 2	21	017	1000	IJ
□ Emergency is DOH justification □ DCA □ Cancellation	1)	1 1		Contact Friedle	r				ıl .			,	ر		
_			FACIL	LITY INFO	RMATI	ON				1.10	ENS	INC	_		
Name of Facility Where Abatement is Tak Street Address	ing Place (3	5)					Тур	School (K-12) Subchapter 8)	than K	(-12)				*
275 West Grand Avenue							×	Other (i.e. pri etc.)	vate &	comme			0.551 - 55		s,
City (5) Montvale								uare Feet		loors			dg. A	ge 	
County (6) Bergen			County C STATE U	Code (7) ISE ONLY)	N			rent Use (Prior &R Substatio		g dema	olished	i)			
Name of Monitoring Firm Hired by Building Omega Environmental	g Owner (8)		ASCM 2967					Environme							
Street Address 280 Huyler Street						Street 200		ress ad Street							
City, State, Zip Code So. Hackensack, NJ 07606								Zip Code t, NJ 07072							
Project Manager for Monitoring Firm Barrington Smith		Telephor	ne No.		Telep		No. -6565		Licens						
Start Date (10) 07-20-17(2)08-21-17	Schedule (2)09-3		pletion [Date (11)				SHA Monitor nalytical, Inc	 >.						
Occupancy Status During Abatement (Che						Street		and the second section of the second							
➤ Facility Closed/Vacated During Entire	e Period of A	Abatem				000000000000000000000000000000000000000	1.71/11/00/20	st 38th Stree	et						
Abatement Performed Outside of No Other – Describe:	imai raciity	nours			_]	1 3E-000		rk, NY 1001	8						
Scope of Work (Check All That Apply)	_					-	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti					×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure					a	
E	Т.							VOII-EXCITIPICA	() and	140111	Tidolo			ment	
Location of		Location Normall			Des	scription	n of				1		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel intenar todial S (12)	ly by nce/		os Cont thermal surfac	aining I	Mater ns ins AT, or		(Sp	nount becify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												
Ground: Electric Box			X	Е	Electric	Cabl	e Wi	rap	1,5	00LF		х			
	-										+				
	_										-				
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of R	Register	ed Lan	ndfill				-
ATC, Inc. / JBT (50071)		Н	auler ID 4310		of Was			Minerva	Enter						
City, State Shirley, NY / Bronx, NY					Dispos	sal Date	2	City, State Waynes		OH 4	4688	3			
Completed by Kevin Moriarty	Title Proje	ect Ma	nager			Signatur	e /	a.A.	, 3,		Date 08-		17		

UC#1023			ICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE		IT			16		11	W	R
Date of Notification (1) 8/17/2017	* ()		Name of	of Building	Owner/0	Operator	(2)	4					- 1	177	
Agencies Notified Type Notification	1		Street A	ddress							AUG	2	2 2	017	-1
EPA X Initial										The section of the se					1
DEP Amended DOL Amendmen	t #	1		ate, Zip C New Yo		กรดกร				ASE-			i i i i i i i i i i i i i i i i i i i	0	18
□ Emergency justification	(including	7		f Contact		07000			1 -	_	C	EIV.	Slive		and of
DCA Justification			Pat Co					4							
Name of Facility Where Abatement is Takin	Di (2)	FAC	ILITY INF	ORMAT	ION							-		
Pat Conrad Residence	ig Place ((3)					ly	oe of Facility (4)							
Street Address							H	School (K-12 Subchapter 8		r than I	(-12)				
							×	Other (i.e. pri etc.)	vate &	comme	ercial	build	lings,	home	s,
City (5) West New York NJ 07903							Sq	uare Feet	# of	Floors		В	ldg. A	ge	
County (6) Bergen				Code (7) USE ONLY	n		Cu	rrent Use (Prior	if bein	g demo	olishe	<u>i</u>)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	Λ No.				batement Controperty Maint							
Street Address	et Address							ress	enan	CE LL				-	
								Riper Ave							
City, State, Zip Code							Zip Code IJ 07011								
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none	No.		Licens	e No.				
								-9008		01336	3				
Start Date (10) 8/31/17	9/17/1	7	npletion	Date (11)		Name	of O	SHA Monitor							
Occupancy Status During Abatement (Che	- 7	32				Street	Add	ress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facilit	Abatem y Hours	nent			City, S	itate,	Zip Code						9 Level 1988	
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	1	Full Containmer Mini-Enclosure Glovebag Proce Mon-Exempted (dure						
	Is	s Locati	on					von-Exempled) and	NOIT-11	lable		Abate	700	
Location of		Normal ed Sole	ly			scription					-	-	Тур	e	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintenar	nce/		tos Cont thermal			ial (ACM)		nount		R		Enc	ш
In Facility (13)	Cus	todial S (12)	otan?		surfa	cing, VA	T, or			or LF)		Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		othern	iliscellari	ieous	5)				val	#	ulate	ure
Basement		X			Pipe	tion			78	2	2				
			וחבריי	laak-	T 0.21	Varia		100							
Name of Decistored Wests Heyler		100	JDEP W		Cubic of Was			Name of Re	, T						
Name of Registered Waste Hauler TBD			auler ID 3D	110.	3			110 Sand	Cor	npany					1
Name of Registered Waste Hauler TBD City, State					3	sal Date		City, State Melville,		1 6		·			

								P	A	TIPE				Pri	nt For
OC# 1309		ICATIO	tate of New J N OF ASBES to NJAC 8:6	TOS ABA			es.			il.	(1.0.1) (1.0.1)	I	<u> </u>		
Date of Notification (1) 08/17/2017	- V		Name o	of Building Ow ence	ner/Opera	tor ((2)		10			•	0	0017	1 10 10 10 10 10
Agencies Notified Type Notification			Street A	Address							AUG	2	2	2017	
X EPA X Initial Amended Amendment	#			ate, Zip Code ew, N.J. 07	022				- Control of the Cont	ASE	r.5.5	(); .	CIC. VSII	ists.	OL &
□ Emergency (_		of Contact					1		1.1		VOIS	W.C.	
	DI //		FAC	ILITY INFORM	MATION			_							
Name of Facility Where Abatement is Taking Residence	g Place (3)						Facility (4 nool (K-12	7						
Street Address							Sub	ochapter a er (i.e. pr	g (Othe			build	lings,	home	es,
City (5) Fairview						- 1	Square F 984	1	# of	Floors		Bl 95	dg. A	ge	
County (6) Bergen	7/11			Code (7) USE ONLY)			Current I	Use (Prio	r if bei	ng demo	olished	4)			
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	Owner (8)		ASC	И No.	111			nent Cont Service		(9)					
Street Address PO Box 354	Box 354														
City, State, Zip Code South Orange, NJ 07079	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ate, Zip (e, NJ (
Project Manager for Monitoring Firm Sarah Calandra				19-2666	420,000,00		one No. 62-746	5		Licens 01316	Contraction and				
	09/14/2	2017	npletion	Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		f OSHA ne Ligh	Monitor nthouse	Solu	tions					
Occupancy Status During Abatement (Check	- 3						ddress								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abatem Hours	nent		City	, Sta	ate, Zip C	Code e, NJ 0	7079			1 1198			\dashv
Scope of Work (Check All That Apply)						uui	Orang	0,140 0	1015						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				××	Mini-E Glovel	ontainment inclosure bag Proce xempted	edure					9	
		Locati				_	5-2	1	() and		, idbic	-		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solei intenar odial S (12)	ly by nce/	s	Description Descri	Ma ms VAT	aterial (Ad insulation , or	CM)	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X										_		le l	
Dasement		^			pipewr	rap			/	LF	X	2			
Name of Registered Waste Hauler Newark Carting		H	JDEP W auler ID 1509		ubic Yards Waste	5	1	lame of R Vaste IV				dfill	1		
City, State East Orange, NJ				Di	isposal Da	ite		ity, State enn Ar		PA					
Completed by Alison Lamers	Title Office	Man	ager		Signate	ure W	181	100	MU	W	Date 08/1		017	9	

Print Form

JK# 1476	570483	do '		ICATION	OF ASB to NJAC	ESTOS	ABATE		P.	瓦和	观	ių.	7	Ī,	W [
Date of Notification (1) 08/16/2017					f Building s Quinn	Owner/C	Operator	r (2)			1				0.15	
Agencies Notified	Type Notification			Street A	ddress						1 1	AUG	2	2 2	U1/	- 1
× EPA	× Initial									-	-					1
× EPA × DEP × DOL	Amended Amendment		_		ite, Zip Co Orange		7079				ASE	6 (10	is d	Σh. SIN	TV.O)L &
X DOH	Emergency justification)			Name of	f Contact					+.		1		NECTO NAME	problem and the second	
DCA	Cancellation			Dennis	s Quinn											
Name of Facility VAR-one	AL-4	Di (6	27	FACI	LITY INFO	ORMATI	ON	T	Facility (4\			121			
Name of Facility Where House	Abatement is Takir	ig Place (3)					(minute)	Facility (4							
Street Address								∏ Su	hool (K-1) bchapter her (i.e. p	8 (Oth			ouild	inas.	home	es.
011 (5)								etc	c.)							
City (5) South Orange								Square N/A	Feet	# 01 N/A	Floors			dg. A /A	ge	
County (6)		(0)		County (Code (7)	1			Use (Pric	or if bei	ng demo	olished	i)		99 1915	
Essex Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN			Name	House of Abate		tractor	(0)					
N/A	in timed by building	OWNER (0)		ACCIV	110.			Abater			(5)					
Street Address							700000000000000000000000000000000000000	Address Cosengr	en Aver	nue						
City, State, Zip Code								State, Zip								
Project Manager for Mor	nitoring Firm			Telephoi	ne No.		Telepi	hone No.			License					
01 1 5 1 (10)		0.1	-10:	1-4:1	D-+- (44)			345-868			01311	1				
Start Date (10) 08/30/2017		08/31/2	2017	mpieuon i	Date (11)			of OSHA Abater		C.						
Occupancy Status Durin	2722							Address Cosengr	en Aver	nue						
Facility Closed/Vac Abatement Perforn Other – Describe:	ned Outside of Norr						City, S	State, Zip	Code							
Scope of Work (Check A							1010	owa, INJ	0/312							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1137	- Designation of the last of t	Renov Demoli	GOOD STATE			>	Mini-	Containme Enclosure ebag Proc	edure						
								_ Non-	Exempted	() an	u inori-ri	nable			ement	
1		V-25%	Loca: Norma			D-									ре	
Locatio Asbestos-Containing			ed Sole	ely by		tos Cont		Material (A		А	mount				m	_
TO BE AB		10000000		Staff?	(i.e.		system cing, VA	s insulation	on,		Specify or LF)		Remova	Re	Encapsulate	Enclosure
(13)	•		(12)				niscella			01	OI LI)		SVOL	Repair	Sula	osur
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Yes	No	N/A									-		ate	Ö
Basem	nent		Х			Pipe	Insula	ation		4	5 LF		Х			
												_				
				1155511		T 0 11	×4 1					1511				
Name of Registered Wa D&S Abatement, Inc			1	NJDEP W Hauler ID 10996		of Wa	Yards ste		Name of I Waste I	-10			Α			
City, State							sal Date		City, State	9						
Totowa, NJ						TBD			Morrisv		A					
Completed by Oliver Hegedis	anager		S	Signature	e // //				Date 08/1		017					

O16 # 983	1		CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		17	PA		0)		D #2		
Date of Notification (1) 08/16/2017				f Building (Polako		Operator	(2)		上	i lb	17	1	\V/		
Agencies Notified Type Notification			Street A	ddress			-	And the second		AUG	2 '	2	017	Parcel Co.	UII
X EPA X Initial Amended Amendment #				ite, Zip Co n, NJ 07				(v.)	ASE					. 0	
□ DOH	ncluding	1		Contact Polakot	ff			L		1	, 1	1. 1.1.1	1-1-1	CS CS	www
Name of Facility Where Abatement is Taking	Place (3	()	FACI	LITY INFO	PRMAT	ION	Tyne	of Facility (4	,						
House	i iacc (c	"					permitte	School (K-12							
Street Address	(411)						×	Subchapter (Other (i.e. pr etc.)	(Othe			build	lings,	home	es,
City (5) Millburn								re Feet	# of N/A	Floors			ldg. A /A	ge	
County (6) Essex				Code (7) USE ONLY)		_	Curre	ent Use (Prio Se	r if beir	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	No.				tement Cont ement, Inc		(9)					
Street Address							Addres osenç	ss gren Aven	ue						
City, State, Zip Code	***************************************							ip Code IJ, 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		700000000000000000000000000000000000000	one N			Licens 0131		S.			
	Schedule		pletion	Date (11)				HA Monitor ement, Inc).						
Occupancy Status During Abatement (Check	7000 IV 077				***	Street 11 R		ss gren Aven	ue						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: occupied			ent			City, S	tate, Z	ip Code IJ 07512							
Scope of Work (Check All That Apply)															10.00
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	passency	Renovat Demoliti				×	Mir Glo	Il Containmenti-Enclosure ovebag Procen-Exempted	edure					a.	
	Is	Location	on						1 / 2				Abate	ment	
Location of		Normall				scription taining N					-		Тy	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Solely by Maintenance/ Custodial Staff?								(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes No													Ф	
Basement		X			Pipe	Insula	tion		11	0 LF		X			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-						-	
											-				
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of R	legiste	red Lar	ndfill				
D&S Abatement, Inc.	4		auler ID 1996	No.	of Wa			Waste N	lanag			PA			
City, State Totowa, NJ					Dispo TBD	sal Date	p ^t	City, State Morrisvil		A					
Completed by Oliver Hegedis	Title Proje	ct Ma	nager			Signature	Pla	/			Date		2017		

NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 08/16/2017 Carol Banks Agencies Notified Type Notification Street Address AUG EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # South Orange, NJ 07079 Emergency (including Name of Contact DL & DOH justification) Carol Banks DCA 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, × etc.) City (5) Square Feet # of Floors Bldg. Age South Orange 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 08/31/2017 09/01/2017 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 Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X **Duct Insulation** 20 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste D&S Abatement, Inc. Waste Management of PA 20996 TBD City, State Disposal Date City, State Totowa, NJ TBD Morrisville, PA Completed by Signature/ Date Oliver Hegedis Project Manager 08/16/2017

State of New Jersey

Check#2853



Date of Notification (1)				Name	of Building	Owner/Operator (2)	147		-		-
	18 / _	17		Matt V	enzin		Darage Control of the	The Island	G I	\//	匠	
Agencies Notified	Type Notifica	tion		Street	Address		43	1)/-	15	11/	1	
⊠ EPA	Initial						Participal Control of	m11			and Colombia	TOTAL CONTRACTOR
☑ DOLWD ☐ DHSS	Amended Amendme			City, S	itate, Zip 0	Code		III AUG	22 2	2017	1	U
☐ DCA	Emergence		- a	West (Orange, N	JJ 07052	1 (-	a local		.018	i	-
(NJAC 5:23-8)	justificatio	n)	9		of Contac		-	Telephone Nu	mber		_	
	Cancellati	on		Matt V	enzin			•		-	1L &	
						IFORMATION					Name of Street	
Name of Facility Where Al	patement is Ta	aking Plac	e (3)		32,000,000		Type of Facility	(4)				
Private house							School (K-1					
Street Address								8 (Other than K-1				
							homes, etc.	private and comm	ercial bu	ilding	S.	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ie	
West Orange, NJ 07052							•					
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)		7	-
Essex							72					
Name of Monitoring Firm I	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd #	283					
City. State, Zip Code						City. State, Zip C	ode					
5						Wayne, NJ 0747	70					
Project Manager for Monit	oring Firm		Tele	phone I	No.	Telephone No.		License No.				
01-10-110						973-638-1777		01127				
Start Date (10) 08/28/	0.000	cheduled			1,17111 (10)	Name of OSHA N	Ionitor					
		8			1/	Envirovision Co	nsultants,Inc					į
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate☐ Abatement Performed					avile a	20-21 Wagaraw		35E				
Time of Abatement:	AM-	PM/	PM_	- Des	AM	City, State, Zip C						
Scope of Work (Check all	that analy)					Fair Lawn, NJ 0						
	triat apply)						o and decontami tainment with Ne	nation with negati gative Pressure	ive press	ure		
>3 sf or >3 If > 160 sf or >260 If			enovat			Mini-End	losure					
≥ 160 St or ≥260 If			emoliti	on		Gloveba Non-Exe	g Procedure Lemoted (*) and No	Tent with Negati on-Friable Proced	ive Press dure	ure		
			ls Loca	tion	1	23	()	1	-	ateme	ent Ti	vne
Location			Norma			Description	of					
Asbestos-Containing N TO BE ABA			ed Sol			stos Containing Ma		Amount	Rem	Repair	nca	nch
IN Facilit		4	stodial	Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SIF or LF)	Removal	air	Encapsulate	Enclosure
(13)			(12)	т—		other miscellane			2		late	(D)
		Yes	No	N/A								
Basement				\boxtimes	Duct ins	ulation		40 SF	\boxtimes			
Sunroom				×	VAT flo	or tiles		150 SF	×	П	П	П
		$\neg \vdash \neg$									П	
			-	+=								
					<u> </u>	1				Ш	Ш	
Name of Registered Was	te Hauler		N.	DEP Waste	Hauler ID No	Cubic Yards of Was	te Name of Regi	stered Landfill				
Gr Tech LLC				003378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, P	'A				
Completed By (Print or Ty	rpe)	Title				Signature	1.		Date			
N.Jevtic		Owner					Hewic Wer	ad (08/18/17	7		
ASR-41							11					

PAID

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

Ck# 1155

Date of Notification (1)		Name o	of Building	Owner/C	Operator	(2)	poterment						200000
8/18/17				LL	C		The same	12	11, 12	7 []	// 15	7 [16
Agencies Notified Type Not	ification	Street A	Address						M.F.	11	7/		
EPA Initia		City St	ate, Zip Co	odo			11 111		110			- 111	111
Toronto Communication Communic	ended endment #	100000000000000000000000000000000000000	ewood, N					A	IUG 2	2 20	117		7
Eme	ergency (including		of Contact	NO.				Tolo	nhana Ni			1	
	fication) cellation	Name C	or Contact						phone No		OI	_	
L BOA L Call	Cellation	EAC	ILITY INF	ODMATI	ON			Oi.	TICEN			. CX	1
Name of Facility Where Abatement	is Taking Place (3)	FAC	ILIT INF	ORWATI	ON	Type	of Facility (4)	Th Wallack collection		01110			Basenson
Residential House	, ,					***************************************	School (K-12)						
Street Address							Subchapter 8		r than K-	12)			
						×	Other (i.e. private.)				dings,	hom	es,
City (5)	Salvania de la companya de la compan						e Feet	# of	Floors		Bldg. A	\ge	-
Englewood, NJ					1	2000)	2			50+		
County (6)			Code (7)	86		Currer	nt Use (Prior	if bein	g demolis	shed)			
Bergen		(STATE	USE ONLY)		Resi	dential Ho	use					
Name of Monitoring Firm Hired by E	Building Owner (8)	ASCI	M No.		Name	of Abate	ement Contra	actor (9)				
n/a		n/a			Harn	nony (Contracting	g Inc					
Street Address					Street	Address	S						
n/a							de Ave						
City, State, Zip Code					2000	tate, Zip							
n/a					7607,000,000	Service of the Park	IJ 07026						
Project Manager for Monitoring Firm	1	Telepho	ne No.		100000000000000000000000000000000000000	one No			License	No.			
n/a	101111	n/a	=			160.60			01255				
Start Date (10) 8/28/17	Scheduled C 9/5/17	ompletion	Date (11)				A Monitor	. lna					
Occupancy Status During Abateme						Address	Contracting	J IIIC					
							s de Ave						
Facility Closed/Vacated During Abatement Performed Outside						tate, Zip							
Other - Describe: Schediled fo					100 100 100 100 100 100 100 100 100 100		J 07026						
Scope of Work (Check All That App	lv)				Gan	ioia, i i	.0 07020						-
≥3 sf or ≥3 lf	(man)	vation			×	l Eur	Containmen	t with I	Negative	Drocci	Iro.		
≥160 sf or ≥260 lf	PRODUCT .	olition				Mini	-Enclosure		regauve	1 10330	110		
							vebag Proced -Exempted (Non Erio	hlo Dec	andur	_	
	T	127	T		-	1 14011	-Exempled () and	NOII-FIIA	DIE FIC	22.2	ement	
	ls Loc Norm											ре	
Location of Asbestos-Containing Material (A	CM) Used S	olely by	Asbes	tos Cont	scription aining M		(ACM)	An	nount			m	
TO BE ABATED	Mainte Custodia			thermal	systems	insulat		(Sp	pecify	Re	70	inca	Enc
In Facility (13)	(1				cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes N	o N/A	1	01110111	ooo.iidi i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				a	7	ilate	лге
	Tes IV	O N/A						0.040		-	-		
Basement		×		pipe	Insulat	tion		100	0 LF	×			
										1			
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic '	Yards	1	Name of Re	gister	ed Landfi	II			-
Harmony Contracting Inc		Hauler ID	No.	of Was			GROWS	20		-0.00			
		033058		TBD				Lail	AIIII				
City, State					sal Date		City, State	. 0					
Garfield, NJ Completed by	Tist -			TBD	ion - t		Morrisvill	e, PA		265			
Tina Caporino	Title Secreta	rv.			ignature		•		1	ate 8/18/1	7		
πα σαροπιο	Jecreta	y		N	ma C	aper	M			/ 10/ 1	<u>'</u>		

NOCK	N	-	CATION	te of New OF ASBE to NJAC 8	STOS	ABATE		т	M)	Ü (v	F. 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ī N	7 [5	
Dale of Notification (1) 08/16/2017				Building O			(2)	-	A STATE OF THE PARTY OF THE PAR	Alic	0.0		-	Marine and an article
Agencies Notified Type Notification		- 1	Street Ac 989 Ce	ddress enterton	Road			- and the same		AUG	22	201	7	四
EPA Initial Amended				te, Zip Coo					AS	SErs to	. 57.	virt:	OL 8	
X DOL Amendment #		/ _		ove, NJ Contact	08318			Lan	The state of the s	+1/1	LAIOU	. ~		1
DOH justification) DCA Cancellation				ince Ga	rton									
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	RMATI	ON	Tyr	oe of Facility (4)					
Former Grain Mill, (Building 1)	1 1400 (0,	,						School (K-1	2.35					
Street Address 1237 Landis Avenue							×	Subchapter Other (i.e. p				lings,	home	s,
City (5)	- 						1000	etc.) uare Feet 12,000	# of	Floors	- 1	ldg. A	ge	
Pittsgrove County (6)			County C	Code (7)				rrent Use (Pri				· ·		-
Salem				ISE ONLY)				rmer Grair		3				
Name of Monitoring Firm Hired by Building O Pennoni Associates Inc.	wner (8)		ASCM	No.				batement Cor Environme			nc.			
Street Address 515 Grove Street Suite 1B	0)					Street 42 R		ress e Road						
City, State, Zip Code Haddon Heights, NJ 08035	,					331-332-5		, Zip Code ville, PA 19	9460					
Project Manager for Monitoring Firm Alan Lloyd			Telephor	ne No. 7-0505		Teleph		No. -4332		License N	10.			
Start Date (10)	Schedule	d Con		Date (11)		Name	of O	SHA Monitor Environme			nc			
08/09/2017 Occupancy Status During Abatement (Check		200000				Street		Charles The Control of the	iitai o	51 VICC3, 1	110.	-		
➤ Facility Closed/Vacated During Entire Pe			nent			42 R	idge	e Road						
Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours	i		_			, Zip Code ville, PA 19	9460					
Scope of Work (Check All That Apply)	NI.													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit	E1122111			×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	le	Locati	on					von-Exemple	u () aii	u Non-Fila		Abate	ement	
Location of	N	lormal d Sole	ly			scription					-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intenal odial S (12)	nce/		thermal surfa		s ins		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
72 00	Yes	No	N/A										te	(0
See Attached Spreadsheet			X		See	Attacl	hed		See	Attached	X			
			X								X			
			X	22							X			
			X					1.11	<u> </u>	11 15	X			
Name of Registered Waste Hauler C&H Disposal Services, Inc.		H	IJDEP W lauler ID 7903		of Wa:			. 1845/2015/2015/2015		ered Landfi y Improv		nt Au	thori	ty
City, State Eairless Hills; NJ [LM & Z , N]						sal Date 0/2017		City, Sta Allowa						
Completed by Patrick Larney	Title	ct Ma	anager		Ş	ignáture	e	T.			ate 8/16/	2017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24499213211 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 16 19 , 17 08 Fanny Drimonis Type Notification Street Address AUG 2 2 2017 Agencies Notified ☐ EPA X Initial **⊠** DOLWD Amended City, State, Zip Code ASTES (IN COMPROL & Amendment # X DHSS West Orange, NJ 07052 Emergency (including ☐ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Fanny Drimonis FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age West Orange, NJ 07052 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) 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 / 29 / 17 08 / 30 / 17 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ 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 lf > 160 sf or >260 lf 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 Repair Encapsulate Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A \times 50 LF Pipe insulation Garage 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 City, State Disposal Date

TBD

Signature

Tullytown, PA

Date

08/19/17

N.Jevtic

Wayne, NJ 07470

Completed By (Print or Type)

Title

Owner

NOCK	N		CATION	OF ASBE to NJAC 8	STOS	ABATE			00	R	1	6	75	76	
Date of Notification (1) 8/17/17	-		Name of Rod Fo	Building C	wner/	Operator	(2)	1	N		Tig.		M.	E,	M
Agencies Notified Type Notification			Street Ad						3			*******	n-mire	The state of the s	2000
☐ EPA ☐ Initial								The same	And Second	_AUG_	2	2 2	2017	1	UJ
DEP X Amended			-	te, Zip Coc		-		1	Sant I	.,	-	_		and distributions	hand film all to
X DOL Amendment #_ Emergency (inc	luding			ood NJ Contact	0/6/	5			1 70	P1 - 12 K	10.00	ille i	11.7	N 8	
× DOH justification) □ DCA □ Cancellation			Rod	Contact				· Parkwells							gra
Cancellation				LITY INFO	RMAT	ION		Danie							
Name of Facility Where Abatement is Taking F	lace (3)					Тур	e of Facility (4	1)						
home								School (K-12			40)				
Street Address							×	Subchapter Other (i.e. pr					ings,	home	is,
Ch. (E)							-	etc.) are Feet	T # 01	f Floors		T BI	dg. A	20	
City (5) Westwood							2,3		2	riours		7		ge	
County (6)	-		County C	Code (7)				rent Use (Prio	r if bei	ng demo	lishe	d)			
Bergen		(STATEL	JSE ONLY)			Sin	igle family	home)					
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCN	1 No.				atement Con vironmental		70/95	LC				
Street Address						Street									
								483, 4 E G	ate D	rive					
City, State, Zip Code								Zip Code d, NJ 074	18						
Project Manager for Monitoring Firm		Τ-	Telephor	ne No.		Telepl				License	e No				
o o o o o o o o o o o o o o o o o o o								-2276		703					
	chedule	ed Com	pletion I	Date (11)		Name	of OS	SHA Monitor							
7.7	/30/17														
Occupancy Status During Abatement (Check C						Street	Addr	ess							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other Describe: basement				and a desired in the parties		City, S	State,	Zip Code	en en innet ritting å skry						
Scope of Work (Check All That Apply)	- (H) (H) (H) (H) (H)					1									
≥3 sf or ≥3 lf	X	Renova	tion] F	ull Containme	ent with	n Negativ	e Pr	essur	e		
× ≥160 sf or ≥260 lf		emoliti	on			>		lini-Enclosure Blovebag Proc							
								lon-Exempted		d Non-Fr	riable	Pro	cedur	2	
	Is	Locati	on										Abate	emeni pe	t
Location of		Normall d Sole				escription				A-10-00-A-000-A-00			, ,		1
Asbestos-Containing Material (ACM) TO BE ABATED	Ма	intenar	ice/			ntaining l al system		ial (ACM) ulation,		Amount Specify		72	נג	Encapsulate	III
In Facility (13)	Cus	todial S (12)	itan?	88500		acing, V/ miscella			SI	F or LF)		Remova	Repair	SCE	Enciosure
(13)	V	No	TNIA		otrici	macena	neous	"				12	7	ate	re
	Yes	INO	N/A							0015					-
basement & crawl space			X		pipe	e insula	ation		1	20 LF		×			
			ļ												
Name of Registered Waste Hauler		100000	JDEP W auler ID	330327700000	Cubi of W	c Yards aste		Name of I							
Freehold Cartage		1,00000	5939	colores.	TBC			Wester	n Ber	ks Lan	dfill				
City, State						osal Date	9	City, State							
Freehold, NJ					TBD			Birdsbo	oro		-				
Completed by A. Scott Higgins	Title	ident				Signatur	e	/hx			Dat 8/1	e 7/17	7		
A. Scott Higgins	1168	idelit						1	MAID COLOR		O/	1/1/	6		

NOCK		8	MI	ate of New	Lorson								Pri	nt Fo
MIN)) ¹		CATION	OF ASBE	STOS	ABATE		IT CL	00		6		7	7
Date of Motification (1) 8/7/17		101	Name of Rod Fo	Building (oly	Owner/C	Operator	(2)	Constant	15	10 150	11	7 1		
Agencies Notified Type Notification	1		Street Ad	ddress					1	AUG 2	2 21	117	-	UII
EPA X Initial		-	City Sta	to Zin Co	do			Barbara San	No.	AUG Z	C C1	311	- -	_
DEP Amended DOL Amendmen	nt #			te, Zip Co rood, NJ		75			- The state of the	grane victory				Sociality
		_	0.0000000000000000000000000000000000000	Contact					ASE		15.71	15:10	L OL	
DCA Cancellatio			Rod					Lowersen					-desirable	Harry Comment
Niew of Coulde, Milese Abele and In Told	Dl /2		FACI	LITY INFO	RMATI	ION	Ι τ	an of Facility /	45					
Name of Facility Where Abatement is Taki	ng Place (3)					Т	pe of Facility (i
Street Address		-					H	School (K-1 Subchapter		er than K-12	!)			
							×	Other (i.e. p etc.)	rivate 8	& commercia	al build	lings,	home	es,
City (5)							Sq	uare Feet	# 0	f Floors	В	ldg. A	ge	
Westwood								300	2			0		
County (6) Bergen			County ((STATE L	Code (7) USE ONLY)			I	rrent Use (Priongle)			ied)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		4		batement Con		Contract to				
Street Address						Street			001	1003, LLC				
						PO	Вох	483, 4 E G	ate D	rive				
City, State, Zip Code						379.00		, Zip Code od, NJ 074	18					
Project Manager for Monitoring Firm	and the same and t	-T	Telephor	ne No.		Telepi				License N	0.			
						973-	-764	1-2276		703				
Start Date (10) 8/17/17	Schedule 9/17/1		npletion (Date (11)		Name	of C	SHA Monitor			9			
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street	Add	iress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other - Describe: basement & crawl	mal Facility					City, 5	State	, Zip Code	1					
Scope of Work (Check All That Apply)	Wassing											-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				2	×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure	100			0	
	le le	Locati	00					Non-Exemple	4 () an	a Ivon-i Hab	1	Abate		t
Location of	1	Vormal	ly		De	scription	n of					Ту	ре	T
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole intena						rial (ACM) sulation,		kmount Specify	71	00,000	m	m
In Facility	Cus	todial S (12)	Staff?	(1.6.	surfa	cing, VA	AT, c	or		F or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other r	miscella	neou	ıs)			lavo	a).	in at	sure
	Yes	No	N/A										Ф	
basement & crawl space	-		X		pipe	insula	ation	n	1	20 SF	Х			-
											-			-
												~~~		
Name of Registered Waste Hauler		10.00	JDEP W			Yards		Name of	Registe	ered Landfill	-		La rours +11	Far-i
Freehold Cartage			lauler ID 5939	NO.	of Wa			Wester	n Ber	ks Landfil	1			
City, State						sal Date	9	City, Stat	е					
Freehold, NJ					TBD			Birdsbo						
Completed by	Title				5	Signatur	е	141		Da	The state of the state of			-
A. Scott Higgins	Pres	ident					1	1/2	-	8/	7/17			

Date of Notification (1) 8/18/17					of Building	g Owner/	Operato	or (2)	NY (		10	C-1		1
	T				n Chen				1 5 1	y: 🖫	W		1	
Agencies Notified	Type Notification	1			Address			رك!!	1				$\Pi$	
EPA	× Initial			A TRIBLES	lox 2018				11			_	11	
DEP DOL	Amended				tate, Zip C			Annual Control	A	UG 22	201	1	1	/
X DOL	Amendmen Emergency			100	nne, NJ		2	1 0m2 to						
IN DOH	justification	)			of Contact									1
DCA	Cancellatio	n		Jasor	า									
Name of Facility Where	Abatament in Tali	na Diana /	21	FAC	ILITY INF	ORMAT	ION			_ Vh-1 > V				A
home	Abatement is Taki	ig Place (	5)					Type of Facil	ity (4)					
Street Address								School						
Street Address								X Other (i.	pter 8 (Ot	her than K	-12)	ildinas	hon	nne
601 160								etc.)	o. privato	CX COMMITTE	roiai bu	ilding.	, 11011	ics,
City (5)								Square Feet	1,00000	of Floors		Bldg.	Λge	
Jersey City	10	***************************************				-		2400	2			72		
County (6) Hudson					Code (7) USE ONLY	71		Current Use		eing demol	ished)			
						,		vacant hor						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.			of Abatement						
							ABS	Environme	ntal Ser	vices, Ll	_C			
Street Address							200000000000000000000000000000000000000	Address						
								Box 483, 4 E		Orive				
City, State, Zip Code							1000000	State, Zip Code						
							Gler	iwood, NJ C	7418					
Project Manager for Mon	itoring Firm			Telepho	ne No.		100	none No.		License	No.			
							973-	764-2276		703				
Start Date (10) 9/6/17				mpletion	Date (11)		Name	of OSHA Moni	tor			9		
		9/30/17												
Occupancy Status During							Street	Address						
Facility Closed/Vaca	ated During Entire	Period of A	bater	nent										
Abatement Performe Other Describe:	ed Outside of Norr	nal Facility	Hour	S			City, S	state, Zip Code			VI			
Scope of Work (Check Al	i i nat Apply)							_						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Personal Contract of the Contr	enova				_	Full Contain	nment wit	h Negative	Press	ıre		
<u> </u> ≥ 100 SI 01 ≥ 200 II		× D	emoli	tion			×	Mini-Enclos Glovebag F						
								Non-Exemp			able Pr	ocedu	re	
		Is	Locat	ion							T		emen	it
Location	of	N	lorma	lly		Day	scription	of				T	/pe	
Asbestos-Containing			d Sole		Asbes	tos Cont	aining N	Material (ACM)	1	Amount			F113	
TO BE ABA				Staff?	(i.e.	thermal	systems	s insulation.		Specify	ZJ e	Ø	100	LI C
(13)	.,		(12)			other n	cing, VA niscellar	i, or eous)	S	F or LF)	Remova	Repair	SCI	Enclosure
		Yes	No	N/A				/			2	-31	Encapsulate	Te
1		100	140	- IN/A										
baseme	ent			X		pipe	insula	tion	1	00 LF	X			
									1			-		-
				+								ļ		
Name of Registered Wast	to Hauler		1.	LIDED IN					1					
	le naulei		333	IJDEP W lauler ID		Cubic of Was	(C) (T) (() (T) (T) (T)	Name	of Registe	ered Landf	ill			
Freehold Cartage			11	5939	A-1550	TBD		West	ern Ber	ks Landf	ill			
City, State							al Date	City, S	tate				200.000	
Freehold, NJ						TBD			boro, N	J				
Completed by		Title				S	ignature				ate		-03-55	
A. Scott Higgins		Presid	dent				88	MI		10000	3/18/1	7 -		

Date of Notification (1)		Т	Name o	f Building	Owner/O	perator	r (2)	_ ( <u></u>		( )	- 00			
8/18/17				ra Ferri		•			E	13	1 W		100	11
Agencies Notified Type Notification			Street A	ddress						DESCRIPTION OF THE PROPERTY OF	Mary Toward	THE SHARE	711	
□ EPA □ Initial □ Amended Amendment		111		ate, Zip Co nurst, NJ				And the second	AUG	5 2 2	201	17	The state of the s	4
	1,170,550		Name o	f Contact								=	1	1
	51 (0)		FACI	LITY INF	ORMATIC	NC		Lacronson		<u>UEN 6</u>	EIVI	oque son la company	Advancery (CO)	Bassan
Name of Facility Where Abatement is Takin home Street Address	g Place (3)							of Facility (4 School (K-12 Subchapter 8	2)	ian K-1	2)			
Statistics							×	Other (i.e. pr etc.)				dings,	hom	cs,
City (5) Lyndhurst							-	re Feet	# of Flo	ors		lldg. /	ge	
County (6) Bergen				Code (7)	)		Curre	ent Use (Prior gle family h		lemolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	Λ No.	T	Name	15 1 27	itement Cont						5:50
Charle Addi								ronmental	Service	s, LLC	:			
Street Address					114		Addres	ss 83, 4 E Ga	ate Drive	9				
City, State, Zip Code						City, S	State, Z	ip Code						
Project Manager for Monitoring Firm			Telepho	ne No			nwood	I, NJ 0741		ense N				
reject manager for morntoning rann			reieprio	110 140.			764-2		70		0.			
Start Date (10) 8/22/17	Scheduled 9/30/17	Com	pletion I	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Chec	k Only One	)				Street	Addres	SS				2/20/7/50		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn  Other Describe: closet	Period of Ab nal Facility F	atem lours	ent			City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)							***************************************							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	novat				×	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted	edure				0	
	Is L	ocatio	on						7 4.14	711100		Abate	emen	t
Location of Asbestos-Containing Material (ACM)	No Used	rmall Solel		A a b a		cription		(4011)			-	1 )	ре	Γ.
TO BE ABATED In Facility (13)	Maint Custoo (	0.00	137.5		tos Conta thermal s surfac other m	systems ing, VA	s insula T, or		Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enciosure
	Yes	No	N/A										Ф	
ground floor entry closet			X	Wa	all and o	ceiling	g plast	ter	60 L	F	х			
Name of Registered Waste Hauler		20176.3	JDEP W auler ID		Cubic Y			Name of R	5765 20 70					
Freehold Cartage		15	5939		TBD			Western	Berks L	.andfil				
City, State Freehold, NJ					Disposa TBD	al Date		City, State Birdsbor	0					
Completed by A. Scott Higgins	Title Preside	ent				gnature	. //	K		Da 8/	te 18/1	7	werte.	



								Check	# 12	0.1.5		
Date of Notification (1)	August 18, 2 April 13, 2017				of Buildin ne Corpo	g Owner / Operator (2) ration		IN E WE		W		m
Agencies Notified	Type Notificat	ion			Address			1 4	-		į.	11 11
□EРА □				86 Mo	rris Aven	ue		AUG 2	2 1	2017	and the second	W)
DEP											13	- essential Park
DOL	Initial				tate & Zip			en e	· Den	-		
DOH		ndment #_	2		nit, NJ 07			ASERS US	JON ISIN	H-C G	L &	ă Î
□DCA	Canc	ellation		Name	of Contac	t		Tat.	nn nn	a NIII	nber	HOMO/WHO
				Kelly	Blackwell						ž.	
				FA	CILITY	INFORMATION						
Name of Facility Where Celgene – Building C	Abatement is	Taking Pla	ice (3)			Type of Facilit						
Street Address						Subchap	ter 8 (Othe	er than K-12)				
86 Morris Avenue						Other (i	.e., private	e & commercial buildings, h				
City (5)						Square Feet	23		. Age			
Summit, NJ								g demolished)	5	0 Yea	rs	
County (6)			ounty Code	(7)		Commercial						
Union Name of Monitoring Firr	m Hired by Ruil		SE ONLY_	2(0)	ASCM	No. Name of Abate	ament Con	tractor (0)				
McCabe Environmenta		uning Owne			AGGIVI	Synatech, Inc		tractor (9)				
Street Address 464 Valley Brook Aven	nue, #3A					Street Address 829 Radio Ro	1112					
City, State & Zip Code Lyndhurst, NJ 07071						City, State & Z Little Egg Har		8087				
Project Manager for Mo	nitoring Firm			lephone N		Telephone Nu		License Number	er			
John Chiavello Scheduled Start Date (1	0)	Scheduler	20 Completio	1-438-483	-	609-296-6916 Name of OSH	A Monitor		0081	7		
April 24, 20	17		Septen	ber 21, 2		Synatech, Inc	•					
Occupancy Status Durir Facility Closed	ng Abatement ( I/Vacated Durir			atement		Street Address 829 Radio Ro						
Abatement Pe	rformed Outsid	e of Norm	al Hours			City, State & Z	ip Code					
Other – Descri	be:					Little Egg Har		8087				
Facility Occupi	ied During Aba	tement	and the second			33						
Scope of Work (Check a	all that apply)											
□ >3 of or > 50 if				D		×		inment with Negative Pressure				
≥3 sf or ≥ 50 lf ≥160 sf or >260 l				Renovatio		닏	Mini-Enclo	10.000.00				
≥160 sf or ≥260 I	T.		ш	Demolition	1		N	Procedure				
								npted(*) and Non-Friable Proce	_			
Loca Asbestos-Contair	ition of	CM		on Norma		Descripti		A	Ab	ateme	ent Ty	/pe
	ABATED	iCivi)		y Mainten dial Staff		Asbestos-Co Material (		Amount (Specify SF or LF)				
	acility				(/	(i.e., thermal	3.00	0.2.7				
(	13)					insulation, surfa			Z.	71	띩	띄
						or other misce	ellaneous)		Removal	Repair	aps	clos
			Yes	No	N/A				val	air	Encapsulat	Enclosure
Building C- Ceiling Dec	ck				Х	Fireprod	fing	50 SF	X		+	
Building C					Х	Floor Tile an	d Mastic	33,000 SF	X			
Building C					Х	Window (	Caulk	9,600 SF	Х			
Building C – Stairwells					Х	Rubber F	loor	200 LF	X			
Building C – 1st Floor					Х	Wall Joint	Caulk	15 LF	X			
Building C - Above Ce	iling				Х	Pipe Insu	lation	20 LF	Х			
Building C - Bathroom	IS				Х	Ceramic Tile	Mortar	300 SF	X			
Name of Registered Wa	ste Hauler		NJDEP V Hauler ID		Cubic Y	ards of Waste	Name of	Registered Landfill				
Freehold Cartage			Commence of the Control of the Contr	939	160		Fairless	Hills				
City, State					Disposa	al Date	City, State					
Freehold, NJ 07728					Senten	ber 22, 2017	Morrisvil	le PA				
Completed By		Title	7		Signatu	THE PERSON NAMED IN COLUMN 2 I	Imorrisvii	Date	-			
Diane Aloia		Evecution	o Adminis	trator		10m. 19/10	7	August 18, 2017				

MOCK.						JAC 8:60 and		=14 I		Check	# 11C	137	
Date of Notification (1)	July 18, 2017			Name o	of Building	Owner / Operator	(2)	9.1	promotion of the second		100	n D	P
	April-13, 2017				e Corpor			Dia area			Ц	W	
Agencies Notified	Type Notificat	ion		Street /	Address			1	3				Total and the control of the control
□ EPA				86 Mor	ris Avent	ie			Control of the Contro	AUG 2	2 2	017	
DEP				071 01		0.1		- 1	1		200		individed of
DOL	Initial			200	ate & Zip			1	4	militaria de la compansión de la compans			
<b>⊠</b> DOH	Amer Amer	naea ndment#	1	Summ	it, NJ 079	101			AS	SDEETUS	CON	110	L &
DCA	2000000	ellation	1	Name o	of Contact			L				-	properpointing
				Kelly E	Blackwell				=				
				FA	CILITY	INFORMATION	1					33	
Name of Facility Where Celgene – Building C	Abatement is	Taking Pla	ice (3)			Type of Fa	cility (4) ol (K-12)		72				
Street Address								Other than K	-12)				
86 Morris Avenue										buildings, h	ome i	etc.)	
oo morrio 717 ondo						Square Fe		# of Floor			. Age	-10.7	
City (5)							,000	111 01 1 100	3	Diag		Year	S
Summit, NJ								being demoli	ished)				
						Commerc	ial						
County (6)			ounty Code	(7)									
Union	- Lliesed by Drill		SE ONLY_		ASCM I	Name of A	hatamant	Contractor (9	2)				
Name of Monitoring Fin McCabe Environment		ding Owne	er (o)		ASCIVIT	Synatech,		Contractor (s	9)				
Street Address						Street Add							
464 Valley Brook Aver	nue, #3A	2				829 Radio							
City, State & Zip Code						City, State Little Egg							
Lyndhurst, NJ 07071 Project Manager for Mo	nitoring Firm		Tel	ephone N	umber	Telephone		13 00007	- II	icense Numb	er		
John Chiavello	rincorning i iiiii			-438-483		609-296-6					00817	,	
Scheduled Start Date ( April 24, 20		Scheduled	d Completion	Date (11 st 21, 201		Name of C Synatech		itor					
Occupancy Status Duri		(Check onl		,		Street Add							
	d/Vacated Duri			tement		829 Radio	Road						
Abatement Pe	erformed Outsid	de of Norm	al Hours			City, State	& Zip Coo	de					
Other - Descr	ribe:					Little Egg	Harbor, N	J 08087					
Facility Occup	ied During Aba	tement											
Scope of Work (Check	all that apply)												
N N N N N N N N N N N N N N N N N N N							M Full C	containment v	with Nea	ative Pressure	9		
≥3 sf or ≥ 50 lf			$\boxtimes$	Renovatio	n		=	Enclosure					
≥160 sf or ≥260	If			Demolition	1			bag Procedu	ıre				
							=			-Friable Proc	edure		
Loc	ation of		Is Locati	on Norma	Ilv Used	Desc	cription of		Г			ateme	nt Type
Asbestos-Contai		ACM)		y Mainten		Asbesto	s-Containi		Amour	nt (Specify SF			
	ABATED		Custo	dial Staff	? (12)		rial (ACM)			or LF)	<u></u>		
925000	Facility (13)					insulation,	rmal syste surfacina.		1		الما		m m
	(/						niscellane				em	Repair	cap
									1		Remova	air	Enclosure
			Yes	No	N/A				1		-		= 0
Building C- Ceiling De	eck				Х	Fire	proofing			50 SF	X		
Building C					Х	Floor Til	e and Mas	stic	33	3,000 SF	X		
Building C					Х	Wind	low Caulk		9	,600 SF	X		
Building C - Stairwell	ls	-T - W-1			Х	Rub	ber Floor			200 LF	X		
Building C – 1 st Floor					Х	Wall J	oint Caul	k		15 LF	X		
Building C - Above C					Х	Pipe	Insulation	i		20 LF	X		
Building C - Bathroon					Х	Cerami	Tile Mor	tar		300 SF	X		
Name of Registered W			NJDEP V			ards of Waste	Nan	ne of Registe	red Land	Hill			
Frashold Cartage			Hauler ID	No. 939	160		Fair	less Hills					
Freehold Cartage City, State		en e	1 15	333	Dispos	al Date		, State					
								risville, PA					
Freehold, NJ 07728 Completed By		Title			Signatu	t 22, 2017	INIOI		Date				
Diane Aloia			ive Adminis	trator	1	and Alt	7-			ly 18, 2017 -2017			

# NOCK

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

Check # 11637

Date of Notification (1)	April 12 2017				Owner / Operator	(2)							
	April 13, 2017 Type Notification		Street A	e Corpor	ation	-	Tr	wante to					
□EPA □DEP	Type Notification			ris Avenu	le		Mineron and M	)/E	. U E				
DOL			City, Sta	ate & Zip	Code	-22-110-	- 11	111	AUG 22	004	9	111	111
⊠рон	Amended		Summi	t, NJ 079	101		14	L	AUG 22	201	/	1	211
DDCA	Amendment #_		Name	f O 1 1								1	+
	Cancellation			f Contact lackwell				ASE	F /		* 1	nger	11
			FAG	CILITY	INFORMATION	Į.			The second secon		entra de la constitución de la c		tome
Name of Facility Where Celgene – Building C	Abatement is Taking Plac	e (3)			Type of Fa	cility (							
Street Address					Subc	hapter	8 (Other than	K-12)					
86 Morris Avenue					☐ Othe	er (i.e.	, private & cor	mmerci	al buildings, h	ome,	etc.)		
					Square Fe		# of Flo			. Age			
City (5) Summit, NJ				27=12-51		,000	or if being demo	3		5	0 Yea	rs	-
	lo.				Commerci		or it being define	maricaj	None de la company				
County (6) Union	US	unty Code E ONLY_	(7)										
Name of Monitoring Firm McCabe Environmental	Hired by Building Owner Services	(8)		ASCM N	No. Name of A Synatech,		ent Contractor	(9)					
Street Address					Street Add	ress		-		92000			
464 Valley Brook Avenu City, State & Zip Code	ue, #3A				829 Radio		***						
Lyndhurst, NJ 07071					City, State		or, NJ 08087						- 1
Project Manager for Mon	nitoring Firm		ephone Nu		Telephone	Numb			License Numb	er		///	$\neg$
John Chiavello	n		-438-4839		609-296-69		<del></del>			0081	7		
Scheduled Start Date (10 April 24, 201			19, 2017		Name of O Synatech,		Monitor						
Occupancy Status During	g Abatement (Check only	one)			Street Add								
	Vacated During Entire Pe		itement		829 Radio								
Abatement Per Other – Descrit	formed Outside of Norma	Hours			City, State								
	ed During Abatement				Little Egg	пагис	or, NJ 08087						
Scope of Work (Check a		-											-
						⊠ Ft	ull Containment	with Ne	gative Pressure	1			
≥3 sf or ≥ 50 lf		$\boxtimes$	Renovation	į		_	ini-Enclosure	25000	•				
≥160 sf or ≥260 lf			Demolition			☐ GI	lovebag Proced	ure					
							on-Exempted(*	) and No	n-Friable Proce	edure		Second of Albania	
	lion of		on Normall			ription		1.		Ab	ateme	ent Ty	/pe
	ing Material (ACM) ABATED	Custo	y Maintena dial Staff?	(12)	Asbestos Materi	ial (AC		Amou	int (Specify SF or LF)				- 1
	acility		1	/	(i.e., then	mal sy	rstems		u. z. /	$\vdash$			$\neg$
(1	3)			- 1	insulation, s					Re	Z	nc	Enc
				- 1	or other m	nscene	ilieous)			Remova	Repair	Encapsula	Enclosure
		Yes	No	N/A						/al	7	ılat	re
Building C- Ceiling Dec	k			Х	Firep	proofin	ng	1	50 SF	Х		$\neg$	$\neg$
Building C				X	Floor Tile	e and	Mastic	1 :	3,000 SF	X			
Building C				X	Windo	ow Ca	ulk		9,600 SF	X			
Building C - Stairwells				X	Rubb	er Flo	or		200 LF	X			
Building C – 1st Floor				Х	Wall Jo	oint C	aulk		15 LF	X			
Building C - Above Cei	V and the second second			X	Pipe II	nsulat	tion		5 LF	X			
Building C – Bathrooms	S			Х	Ceramic	Tile N	Nortar		300 SF	X			
Name of Registered Was	ste Hauler	NJDEP W Hauler ID		Cubic Y	ards of Waste	1	Name of Registe	ered Lar	dfill			1100	
Freehold Cartage			939	80		F	airless Hills						
City, State				Disposa	I Date	0	City, State		3910				
Freehold, NJ 07728				July 20,	2017	B	Morrisville, PA						
Completed By	Title			Signatur	e \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Date					
Diane Aloia	Executive	Adminis	trator	Nu	ane allow	_		April 13	, 2017				

## NO CK

NO CK	_	NOT				BESTOS ABAT C 8:60 and 5:16		(F) (E) (E)				
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	1:11				The same
8/	18 / _	17		1		opment of SJ, Ll		AUG	22	20	17	
Agencies Notified	Type Notifica	tion		Street	Address			August 1				IT
⊠ EPA	☐ Initial			53 C	ovingto	n Lane		ASC - C	7.7			7
□ DOLWD				City, S	tate, Zip C	ode		±101			سألب	Of
☑ DOH	Amendme	the committee of the contract	200	Voo	rhees, N	J 08053		The state of the s				-CANDED TO STATE
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		]		of Contact							
(NJAC 5.25-6)	☐ Cancellati	Silver		Nick	Aspras							
						FORMATION			_			
Name of Facility Where A	Abatement is T	aking Place	(3)				Type of Facility (	4)				
Future Wawa							School (K-12)	)				
Street Address							Subchapter 8	(Other than K-12)	أربط ام	Idina		
900-912 Haddonfiel	ld Road						homes, etc.)	ivate and commerci	ai Dui	iaing:	>,	
City (5)	id itoda						Square Feet	# of Floors	Bld	g. Ag	е	
Cherry Hill							100,000	1	5	0		
County (6)				Coun	tv Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Camden				000	.,	N=		merial Space				
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme						
PARS Environment		9 •	(-)		10.000.00		onmental, LLC					
Street Address						Street Address						
500 Horizon Drive,	Suite 540					623 Cutler Av	venue					1
City, State, Zip Code			0-11			City, State, Zip Co	ode					
Robbinsville, NJ 08	3691					Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm		Te	lephone	No.	Telephone No.	l	License No.				
Firoz Jan			6	09-890	-7277	856-755-0099	9	00842				
Start Date (10)	8	Scheduled (	Comp	etion Da	te (11)	Name of OSHA N	Monitor					
07 / 05 /	17	09		)1_/	17	EMSL Analyt	tical, Inc.					
Occupancy Status Durin	g Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacate				ement		200 Route 13	80 North					
☐ Abatement Performed	d Outside of No	ormal Facili	ty Ho	urs - Des		City, State, Zip C	ode					
Time of Abatement: _	AM	PM/	PN	Λ	AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	Il that apply)											
57 . 0 . 6 0 . 15			00011	tion		☐ Full Con ☑ Mini-End	itainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova emoli			☐ Gloveba	g Procedure					
23 E 100 SI OI E200 II			Z4000000			Non-Exe     Non-Exe	empted (*) and No	n-Friable Procedure	9			
		1	s Loc						Ab		ent Ty	/pe
Location		. Us	Norm	ally dely by	0.00	Description of		Amount	Re	Re	En	En
Asbestos-Containing TO BE AB				nance/		estos Containing Ma e., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Faci		Cu		I Staff?		surfacing, VAT	r, or	SF or LF)	/al		Encapsulate	ure
(13)		Van	(12	1	+	other miscellane	eous)				te	
		Yes	-					600 SF			П	
Meinke Exterior						lashing			-			
Rodi's Exterior					Roofin	g and Flashing		7,750 SF				
Rodi's Exterior					Windo	w Caulking and	Glazing	50 LF		Ш	Ш	Ш
Name of Registered Wa	ste Hauler		1	NJDEP		Cubic Yards of	Name of Regis	stered Landfill				
Jack Robinson Wa	ste Disposa	I Service		Hauler I		Waste 90	GROWS N	orth Landfill				
City, State				1730	7	Disposal Date	City, State					
Voorhees, NJ						09/01/2017	Morrisville	, PA				
Completed By (Print or	Type)	Title				Signature	_	Dat	te			
Christina Lynch	. , , , ,		resi	dent of	Operation		(a)	7 8	/18	1	7	
ASR-41		1			•		V	0	10	7 1	/	

rk 4 4291

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

(Pursuant to NJAC 8:60 and 12:120) AUG 22 2017 Date of Notification (1) Name of Building Owner/Operator (2) EARTHTECH Type Notification Street Address Agencies Notified CENSING | Initial | Amer DEPA DEP DOL Amended City. State. Zip Code Amendment # GREENFIEL Emergency (including DOH DCA justification) Name of Contact Cancellation BRUCE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age 501 County Code (7) (STATE Current Use (Prior if being demolished) County (6) USE ONLY) MACANIT APF ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner CLEMCE INC Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE Telephone No Project Manager for Monitoring Firm Telephone No 856-) Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ] ≥3 sf or ≥3 lf Demolition Glovebag Procedure 2160 sf or ≥260 If Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Used Solely by Description of Location of Asbestos Containing Material (ACM) Maintenance/ Amount Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Custodial (Specify TO BE ABATED Remova surfacing, VAT, or Staff? SF or LF) IN Facility (12)other miscellaneous) (13)No N/A Yes SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste 1(1tmi

City, State MAPLE

Completed By

Title

UP.

Disposal Date

Signature

CK" 4291

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(K 40	71					I A		me and	J 2- 65	17	n 12	-	Tiles
					State of	New Jersey			3 16 13	11	W	E	-
			N		ATTON OF A	SBESTOS ABAT		WI	The second of the State of the	Mary and Mary and American			and the same
				(Purs	uant to NJ.	AC 8:60 and 12:	120)					1	-
Date of Notification (1)	G 10			1	Name of Bui	ding Owner/Opera	etor (2)	4 111	AUG 2	2 2	2017	- 1	-
	8-17				1 1	ACCIDAY	_ 1	Nide	D.			1	
Agencies Notified	Type Notific	ation		18	Street Addre	25 HW 5		ASI	7	cry -		V O	_
☐ EPA □ DEP	M Initial			_	7	00 HK	WENI	AU	E L CEA	S(	arit G	)L O	ě
₩ DOL	Amende Amendm			C	City, State, Z	p Code		- Finding		1011 1	-		_
	☐ Emergen	cy (incl	uding	_	O	CEXAN (	CITY	MI	T	8	22	6	
DOH DCA	justificat Cancellat	ion)	- 5	N	lame of Con			T	elephone No			<u> </u>	
	Caricellat	on		_	SA	AME			oroprioric rec	a i iio ci			
					FACILITY I	NFORMATION							=
Name of Facility Where At	patement is T	aking F	Place (	3)			Type of Fa	rility (4)					
RES	IPENIC	E			<b>*</b>		☐ School	Section Control of the Control of th					
Street Address							☐ Subcha	oter 8 (O	ther than K-	-12)			
							Other (i.	e., private	e & comme	rcial b	uildin	gs,	
City (5)	701	00.198					homes, Square Fee		of Floors		Did-	Λ	
	ANI C	-17					1000		1		Bldg.	Age 5 +	
County (6)				TC	ounty Code	(7) (STATE	Current Use	(Prior if	being dome	- l	_)(	2	_
CAPE	MAY			U	SE ONLY)	Se (0))	IM	CAN	T	/#31 ICC	4)		
Name of Monitoring Firm Hi	red by Buildi	ng Own	er	ASC	ZM No.	Name of Abate							_
8) W/A	+					KLEM	CO IN						
Street Address						Street Address							_
						369 5	. SPRU	15 1	AUE				
ity, State, Zip Code .				102.5		City, State, Zip (	Code		100				_
						MAPCE	SHAPE	- M	.70	809	52		
roject Manager for Monitor	ing Firm		T	elephon	ne No.	Telephone No.		Li	cense No.			00000	
			-   -			856-77	9-047	2	004	140	4		
tart Date (10)	Sch	neduled	Comp	oletion [	Date (11)	Name of OSHA I	Monitor ,						
9-7-17		4-	17	1)	)		NIC	٠,					
ccupancy Status During At						Street Address							
Facility Closed/Vacated D													
Abatement Performed Ou Other - Describe:	tside of Norm	nal Faci	lity Ho	urs	ſ	City, State, Zip C	ode						
Total Control of the													
cope of Work (Check all that	it apply)					□ - : o	7.2						
]≥3 sf or ≥3 lf		ПR	enova	tion		Mini-End	tainment with N	legative	Pressure				
≥160 sf or ≥260 If		Ø0	emolit	ion		Gloveba	g Procedure						
		1 10			1	Non-Exe	empted (*) and it	Ion-Friat	ole Procedu	re			
			Locati Iormali							1	Abate Typ		
Location of			d Sole			Description of	CONTRACTOR MADE AND ARCHITECT			-	171		
sbestos-Containing Materia TO BE ABATED	a (ACM)	A WALLEY	ntenar ustodi		Asbesto	s Containing Mate	erial (ACM)	9223	nount			m	г
IN Facility		1	Staff?		(i.e., t	hermal systems in surfacing, VAT, o	isulation, or		oecify or LF)	Rer	Re	छि	Enclosure
(13)			(12)			other miscellaneou	(at		J. L. )	Removal	Repair	Encapsulate	uso
		Yes	No	N/A						<u>8</u>	1	ale	10
SIAMA		-			-	2.4		-		1		-	_
SIDING				X		RAWSITE		250	00 SE	X			
												1	
										1	+	1	
ne of Registered Waste Hau	ıler		TN	JDEP W	/aste (	Cubic Yards	Name of Reg	stered I	andfill				
CLUMCO IN			H	auler ID	No. o	f Waste	( 141	0	10 / 1 1	1/	1		
State Two			-11	790		Disposal Date	City Stars	1	M. O	- 6-	1_		=
MAPLE SHAD	EN	T				Phosai nate	City, Stafe	na	115				
pleted By	Title	11				Signature	000	וכוע					=
iCHARL KLEMM		SUP.				Signature	D1.	$\overline{}$	Date.	18-	-17		
The Tark		- 7				- Lucy			-	10	1		_

CK# 4291

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

DECELW

Date of Notification (1)	Name of Buil	ding Owner/Operate	or (2)	H AUG 2	20	17	111	IJ
8-18-17		ARBAUGI	+ DEV	ELOPTR	5		l-sec	-
Agencies Notified Type Notification	Street Addre	SS C A				OI	2.	
DEP Minital		318 GLA	SSBORC	DASTROCKINS	NAG.		O.	- Comment
Amendment #	City, State, Zi		. 111-1	1.175 41	_	40	- (	
DOH Emergency (including justification)	Name of Con	NOODBUR	r HET	MI CIHS	)	08	09	$\Box$
☐ DCA ☐ Cancellation		MF.		Telephone N	umber		1700-00-00	
		NFORMATION						
Name of Facility Where Abatement is Taking Place (3)	FAGILITI	NFORMATION	Time of Fee					
RESIDENCE			Type of Fac					
Street Address			Subchap	ter 8 (Other than K	(-12)			
			Other (i.e homes, e	., private & comme	ercial b	uilding	js,	
City (5)			Square Feet			Bldg.	Ane	_
STONE HURBOR			1200	7			7 +	
County (6)	County Code	(7) (STATE	Current Use	(Prior if being dem	olished			
CAPE MAY	USE ONLY)			ACANT		70.		
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatem						
Street Address			MCO.	INC				
Street Address		Street Address	e c.	- 41				
City, State, Zip Code		369 City, State, Zip Co	5- 5P	RUCE AL	ル			
oxy, outc, up oode		WAP		ADE M.	T	20	-05	->
Project Manager for Monitoring Firm Telep	phone No.	Telephone No.	CC JR	License No.	,	00	0 )	6
		856 779	1-0477	00	44	4		
Start Date (10) Scheduled Completion	on Date (11)	Name of OSHA M			-		_	_
8-28-17 9-6-1	7		M/					
Occupancy Status During Abatement (Check only one)		Street Address						
Facility Closed/Vacated During Entire Period of Abatem		0.00				-		_
Abatement Performed Outside of Normal Facility Hours		City, State, Zip Co	de	4				
Other - Describe:								
Scope of Work (Check all that apply)		□ Full Conta	ainment with Na	egative Pressure				
≥3 sf or ≥3 lf Renovation	١	☐ Mini-Enclo	osure	egative Pressure				
Demolition ≥260 If		Glovebag	Procedure	on-Friable Proced	uro.			
ls Location			pico () and it	GEFTIABLE FIGGE	1	Abate	ment	_
Normally Location of Used Solely b		Description of				Тур		
Asbestos-Containing Material (ACM) Maintenance/	(**) 1 O.S. (**)	s Containing Mater	ial (ACM)	Amount				
TO BE ABATED Custodial IN Facility Staff?	(i.e., t	hermal systems ins		(Specify	Re	R	nca	Enc
IN Facility Staff? (12)		surfacing, VAT, or other miscellaneous		SF or LF)	Removal	Repair	Encapsulate	Enclosure
Yes No N	N/A				/al	~	late	IГӨ
		1110		335:	1		-	
SIDING )	X W	LAWSITE		2750 SF	X			
		Cubic Yards	Name of Regis	stered Landfill				
KLEMED INC 13	904 C	S VDS		M. C. M	1. U.	. A		
City, State			City, State	· .				
MADLE SHADE W.J			Wood	OBINE	N	.T		
Completed By		Signature	07.	Date	10-	12	7	
MICHAEL CLEMM SUPER		Mente	y K		18-	1/		

			CATION	ate of Nev I OF ASBE to NJAC 8	ESTOS	ABATE		PAJ C	(II)	1	5	4			
Date of Notification (1) 8/18/17				f Building ( Hamdar		perator	(2)	haran a	)E		п [	V			1
Agencies Notified Type Notification			Street A	ddress				1 1	1			-1132	112	- 111	111
EPA Initial								1	TOTAL CANADA	AUG	2 2	20	17		]]]
DEP Amended  DOL Amendment #			City, Sta	ate, Zip Co	de			- I dead	Head I	AUU			14	1	1
			Paters	son, NJ							N WEE				- 1
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	nciuaing		Name o	f Contact					AStel	ephone CE	Num NS	ber ING	-OL	. &	1
			FACI	LITY INFO	RMATI	ON		-				_			
Name of Facility Where Abatement is Taking	Place (3	3)					Тур	e of Facility	(4)						
Residential House								School (K	-12)					27	
Street Address		//b======						Subchapt	er 8 (Oth						
							X	Other (i.e. etc.)	private	& comm	ercia	build	lings,	home	es,
City (5)				U	76555		Squ	are Feet	# 0	f Floors		ТВ	ldg. A	ae	
Paterson							20	00	2			10038	0+		
County (6)			County (	Code (7)				rent Use (P	rior if bei	ina demo	olishe	-			
Passaic			(STATE	USE ONLY)				sidential				,			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	I No.		Name		atement C					- III C. T.		
n/a			n/a					y Contrac		10.000					
Street Address						Street									
n/a		360 Palisade Ave													
City, State, Zip Code						City, S	tate,	Zip Code			-				
n/a								NJ 0702	:6						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one	No.		Licens	e No				
n/a			n/a			9734	160.	6026		0125	5				
	Schedul	ed Con	pletion I	Date (11)		Name	of OS	SHA Monito	r						
	9/5/17					Harr	nony	/ Contrac	ting Ind	2					
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addr	ess							
Facility Closed/Vacated During Entire Pe	eriod of A	Abatem	ent			360	Palis	sade Ave							
Abatement Performed Outside of Norma Other – Describe: Scheduled for Demo	l Facility	/ Hours				City, S	tate,	Zip Code			S7111-				
					-	Garf	ield,	NJ 0702	26						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova			Full Containment with Negative Pressu						ssure				
≥160 sf or ≥260 lf	×	Demoliti	ion			-	Mini-Enclosure Glovebag Procedure								
						×		on-Exempt		d Non-F	riable	Prod	edur	е	
	Is	Locati	on						8 80%			-		ement	
Location of		Vormall			Des	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)		d Solel			os Cont	aining M	lateri	al (ACM)	17,017,	mount				Ш	
TO BE ABATED In Facility	118583	todial S		(i.e. t		systems cing, VA		ilation,		Specify or LF)		Remova	Re	Encapsulate	Enclosure
(13)		(12)				niscellan		)	0.	OI LI )		VOL	Repair	lusc	nso
	Yes	No	N/A									<u>a</u>		ate	Ф
Basement			х			VAT			10	00 SF		x			
Basement			х	Pi	pe Ins	ulation	det	oris	(	3 LF		ĸ			
Name of Registered Waste Hauler	JDEP W		Cubic			Name o	f Registe	red Lan	dfill						
Harmony Contracting		9.55	auler ID 33058	No.	of Was	ste		GRO	NS LA	ndfill					
City, State				al Date		City, Sta									
Garfield, NJ		TBD	Morrisville, PA												
Completed by Tina Caporino		TS.	Signature Date												
тна Оароппо	Secr	ealan	/	Secreatary Lime Copuris 8/18/17											

PAID

CK 4228

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

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

Name of Building OwnersOperator (2) Date of Notification (1) AZRIA MR. Alliec 8/18) Type Notification Agencies Notified AUGUG 22 2017 11 Initial □ EPA City, State, Zip Code DEP DOL Amended . NJ . 07670 TENATW Amendment# Emergency (including Name of Contact justification) DOH DOH AZRIA MR. Cancellation □ DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MR. AZRIA School (K-12) ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Street Address Bldg. Age # of Floors Square Feet 1910 City (5) TENAFL 2800 Current Use (Prior if being demolished) County Code (7) County (6) RESIDENCE STATE USE ONLY) BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 8/28/17 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other - Describe: 7:30 AM TO 5:00 PM South Hackensack, NJ 07606 Scope of Work (Check All That Apply) ☐ Full Containment with Negative Pressure 23 sfor≥3 lf □ ≥160 sfor≥260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (Specify Removal Maintenance/ (i.e. thermal systems insulation, surfacing, TO BE ABATED Custodial Staff? SF or LF) VAT, or In Facility (12)other miscellaneous) (13)Yes NA 15 CF HERMAL SYSTEM INSULATION RASEMENT Name of Registered Landfill Onhic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 11/20 Minverva Enterprises, LLC Best Removal Inc 17109 Disposal Date Waynesburg, OH 44688 8/29/17 Hackensack, NJ 07601 Title Completed by J. Maiorano Estimator

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NO	OTIF				BESTOS ABAT C 8:60 and 5:1	140 m. 00 a. 00 m. 12 h. 12 h. 12 h.	(	heckt	+/	40	9	/		
Date of Notification (1)	18 /	17					Owner/Operator ond Ave., LLC	Act and the last time		100101	1 /		- 1			
Agencies Notified	Type Notifica				Street	Address Ocean A		The administration of the second		EGE		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
☑ DOLWD ☐ DCA	Amended Amendm  Emergen	ent #	ding		34-07/2000	State, Zip C nt Pleasa	ode ant, NJ 08742		- manual property	AUG 2	2 2	017	A THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSO			
(NJAC 5:23-8)	justificati	on)	J			of Contact phen Car	Tr.		1	Telenhone Nur	nber					
					FA	CILITY IN	FORMATION	L	LICENSING							
Name of Facility Where A Former Wendy's Street Address 1600 Richmond Ave		Taking Pla	ace (	(3)				Type of Facility (4)  ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings					ıs,	B.2-V-**		
City (5) Point Pleasant	-							Square Feet		# of Floors		dg. A	ge			
County (6)					Cour	nty Code (7)	)(STATE USE ONLY)	Current Use		if being demo		50				
Name of Monitoring Firm	Hired by Build	ding Own	er (8	) I.	ASCM	No	Name of Abateme	restaura								
EHS Environmental		ang Own	0) (0	, I.	NO OIWI	140.	Plymouth En		1000	Inc						
Street Address				_			Street Address		00.	,,						
411 Southgate Cour	rt,					923 Haws Ave.										
City, State, Zip Code							City, State, Zip Co	ode								
Mickleton, NJ 0805	6						Norristown, I	PA 19401								
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.			License No.						
Jack Carney			85	6-224	-0080	610-239-9920	)		00398							
Start Date (10)9 /5 /				tion Da	te (11) 17	Name of OSHA N		l Co.	, Inc							
Occupancy Status During	· · · · · · · · · · · · · · · · · · ·			5.5			Street Address					2-17-0				
☐ Facility Closed/Vacate							923 Haws Av	e.								
Abatement Performed Time of Abatement:																
Scope of Work (Check all	that apply)						П <u>Г</u> !! С		Maria	D						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				ovatio nolitio			☐ Mini-End	g Procedure		Friable Proced	ure					
				ocati							Ab	atem	ent T	уре		
Location of Asbestos-Containing National Nationa	Material (ACM TED	o c	Jsed Main Susto	(12)	ly by nce/ Staff?		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
main roof		Ye	N-10	No	N/A	roof flas	shina		+	1,550SF		П	П	П		
main roof and play ar	ea roof		-			roof tar	<u> </u>		+	300LF						
mam root and play at	ca roor			W - W		1001 tai			+	300LF		屵		屵		
									_			Ш	Ш	Ш		
Name of Registered Wast Newark Carting	H	JDEP \ auler II <b>4509</b>		Cubic Yards of Waste 15	Name of R Grows		red Landfill fill									
City, State Newark, NJ							Disposal Date 9/15/17	City, State Morrisv	ille, l	PA						
Completed By (Print or Ty James M Kelly	pe)	Title Vice	Pre	side	nt		Signature		Date SIR 147							

CV#80805	N		CATION ursuant t	OF ASBI OF ASBI ONJAC	ESTOS . 8:60 and	ABATE		DE	i. E	Ī W	7 F	1 1	77
Date of Notification (1) 08/17/2017		- 1	Name of	Building (	Owner/C	Operator	(2)		10. 15-	The state of	14-	O'Control of the Party of the P	The property and
Agencies Notified Type Notification			Street Ad 300 Pd	ddress mpton	Road				AUG 22	20	17		生
EPA Initial Amended Amendment #.				te, Zip Co				ASG	S VAC	(hv)	√OL	&	
□ Emergency (in justification)     □ DCA     □ Cancellation	cluding	- 1	Name of Karl Pe						in it was an all a com	VIE IO		essatura del	busa
			FACIL	ITY INFO	ORMATI	ON						122	
Name of Facility Where Abatement is Taking William Patterson University	Place (3)						Type of Fa	ocility (4) ol (K-12)					
Street Address 300 Pompton Road							X Subc	hapter 8 (Oth			dings,	home	es,
City (5) Wayne, NJ 07470							Square Fe 91,500		f Floors		ldg. A	ge	
County (6) Passaic			County C	ode (7) ISE ONLY)	)			l se (Prior if bei tv	ng demolish	ned)			
Name of Monitoring Firm Hired by Building Ov TTI Environmental	vner (8)		ASCM N/A	No.			of Abateme	nt Contractor ental Serv					
Street Address 1253 N Church Street			1.00			Street Address 11-02 Queens Plaza South							
City, State, Zip Code Moorestown, NJ 08057						City, S	tate, Zip Co						
Project Manager for Monitoring Firm		Τ.	Telephor	ne No			one No.	ty, IVI II	License N	0			
Jeff Seaman	856-88	9-5182		718-3	349-0900		28675						
08/28/2017	0/20/20	)17	ipletion L	Date (11)			of OSHA M n McRea	onitor					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ent				Address Kennedy I	Blvd.					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Normal Hours 7:00am-	Facility I	Hours			_		tate, Zip Co nne, NJ (						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		noval moliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	le l	ocatio	on				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 11011 1 1100	T	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED	No Used	rmall	y ly by		tos Cont		laterial (ACI		mount	-		pe m	m
In Facility (13)	Custo	dial S (12)	staff?	(1.6.	surfac	cing, VA niscellan			Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		ite	rD.
2nd Floor Corridor/Classroom		X			Pipe	Insula	tion	7	'8 LF	Х			
										-			
										-			
Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic	Varde	Na	me of Registe	rad Landfill				
ATC		H	auler ID I		of Was	ste	10000	nerva Ente					
City, State Shirley, NY 11967						sal Date 1/2017		r, State aynesburg,	OH 446	88		7-232	
Completed by Ann A. Ali Compliance Admin						ignature	#	2	Da 08	te 3/17/2	2017		

Date of Notification (1)			Name	of Building	Owner/One	rotor	(2)		/	DЛ	E	1-			
08/15/2017			Name of Building Owner/Operator (2) Donna and James Hodgens												
Agencies Notified Type Notification	on	· ·		Address		3	1	4	10000						
EPA X Initial							The state of the s	AUG	22	201	1	1			
DEP Amended  X DOL Amendment				tate, Zip Co			la la	14							
Emergend	y (includin	g		City, NY of Contact	10958			_ L	1 1 1	Carri	AOL	8			
DCA justification Cancellati			Jim	or Contact				, SE				-010000			
Name of Facility Wileys About 11 To			FAC	ILITY INFO	RMATION		5	-				20			
Name of Facility Where Abatement is Tal Residence	king Place	(3)					Type of Facility (	4)							
Street Address						_	School (K-1		12)						
			Subchapter 8 (Other than K Other (i.e. private & comme								rcial buildings, homes,				
City (5)	10						etc.) Square Feet								
Surf City							1400	2		50+					
County (6) Ocean			County (STATE	Code (7) USE ONLY)		. Current Use (Prior if being demolished) Residence						- 3			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8	3)	ASC	M No.			of Abatement Cor					_			
Street Address							vay Abatemer	nt LLC							
Officer Address						Street Address 128 Bartlett Ave									
City, State, Zip Code					City, State, Zip Code										
							Creek, NJ 08	092							
Project Manager for Monitoring Firm			Telepho	ne No.			ne No.	License	No.						
Start Date (10)	1-4.0-		D 1 (11)			18-5955	01319								
9/7/2017	mpletion	Date (11)		ime of	f OSHA Monitor										
Occupancy Status During Abatement (Che	9/13/2 eck Only O						ddress								
Facility Closed/Vacated During Entire	Period of	Abater	nent												
Abatement Performed Outside of Nor Other – Describe:	rmal Facilit	y Hour	S		Cit	y, Sta	te, Zip Code								
Scope of Work (Check All That Apply)					_										
23 sf or ≥3 lf	П	Renova	ation			5 H O									
× ≥160 sf or ≥260 lf		Demoli					Full Containment with Negative Pressure Mini-Enclosure								
						×	Glovebag Proc								
	Is	s Locat	ion					( ) and Horri na			emen	t			
Location of		Norma			Descript					T	уре	_			
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	aintena	nce/	Asbesto	s Containin nermal syste	ig Mai	terial (ACM)	Amount (Specify	71		m	Е			
In Facility (13)	Cus	todial (12)	Staff?		surfacing, other misce	VAT,	or	SF or LF)	Removal	Repair	caps	Enclosure			
(.5)	Yes	No	N/A	,	outer misce	llaned	ous)		oval	air	Encapsulate	sure			
Exterior	res	2000	IN/A		0: "						w				
Exterior	-	Х	-		Sidir	ng		1400 sf	Х						
										_					
	-				7 - 41 7										
Name of Registered Waste Hauler		N	JDEP W	aste I	Cubic Yard	6	Many - 55								
Timster Trucking Inc	auler ID	No.	of Waste	5		egistered Landfil	I								
City, State	1079		TBD			lanagement									
West Creek, NJ			Disposal Da ΓΒD	ate	City, State Tullytow	n PA									
Completed by			Signati	ùre/	1 sarytow		ate I		ſ						
Amanda Mears	Owner			1	1		8/	18	11-	7					

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) AUG 202 92017 NCN Properties, LLC Date of Notification (1) 17 17 08 ASDES OF CONTROL & Street Address Type Notification 2033 Westfield Avenue Agencies Notified **⊠** EPA City, State, Zip Code ☐ Amended Scotch Plains, NJ 07076 **⊠** DOLWD Amendment # Talanhone Number IX DOH ☐ Emergency (including Name of Contact ☐ DCA justification) (NJAC 5:23-8) Nick Novello ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Residence homes, etc.) Bldg. Age Street Address # of Floors Square Feet 60 1500 sf Current Use (Prior if being demolished) City (5) County Code (7)(STATE USE ONLY) Westfield Residence County (6) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Union Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 Street Address City, State, Zip Code 1889 Rte. 9, Unit 61 Toms River, New Jersey 08755 City, State, Zip Code License No. Toms River, New Jersey 08755 Telephone No. Telephone No. 00624 Project Manager for Monitoring Firm 732-349-9932 732-349-9932 Name of OSHA Monitor Nicholas Fernicola Scheduled Completion Date (11) E.M.S.L. Analytical Start Date (10) 08 / 30 / 17 08 / 29 / 17 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours - Describe Piscataway, New Jersey 08854 Time of Abatement: ____AM-_ Scope of Work (Check all that apply) ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Renovation Non-Exempted (*) and Non-Friable Procedure $\boxtimes \ge 3$ sf or $\ge 3$ lf □ Demolition Abatement Type ≥160 sf or ≥260 lf Enclosure Encapsulate Remova Is Location Description of Amount Normally Asbestos Containing Material (ACM) (Specify Used Solely by (i.e., thermal systems insulation, Location of Asbestos-Containing Material (ACM) SF or LF) Maintenance/ surfacing, VAT, or Custodial Staff? TO BE ABATED other miscellaneous) IN Facility (12)(13)X N/A No 100 lf Yes asbestos boiler insulation X 25 sf asbestos floor tile basement X bathroom Name of Registered Landfill Cubic Yards of

Guardian Contracting, Inc. Tullytown, Pennsylvania 08/31/17 City, State Date Toms River, New Jersey Signature Completed By (Print or Type) Title Project Manager Nicholas Fernicola

NJDEP Waste

Hauler ID No.

20223

Name of Registered Waste Hauler

Waste

3

Disposal Date

T.R.R.F.

City, State

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) AUG 2 2 2017 Date of Notification (1) Van Pelt 8/21/17 Street Address Type Notification Agencies Notified Initial Amen EPA DEP CENSING Amended City, State, Zip Code Amendment # Princeton, NJ 08540 DOL. Emergency (including Telephone Number Name of Contact justification) Cancellation DOH DCA Mr. Michael Van Pelt FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residential Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) 75 +/-2000 Princeton, NJ Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) Middlesex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Stevens Environmental Services, Inc. **MECS** Street Address Street Address PO Box 322 PO Box 341 City, State, Zip Code City, State, Zip Code Allentown, NJ 08501 Crosswicks, NJ 08515 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00493 (609) 298-4070 (609) 259-9688 Bill Weisgarber Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) **MECS** 9/15/17 9/11/17 Street Address Occupancy Status During Abatement (Check only one) PO Box 341 ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Crosswicks, NJ 08515 Other - Describe: 8 am to 4 pm Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolition Mini-Enclosure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Custodial Remova TO BE ABATED SF or LF) surfacing, VAT, or Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes X Thermal Pipe Insulation 165 lf X Basement Name of Registered Landfill Cubic Yards N.IDEP Waste Name of Registered Waste Hauler Hauler ID No. 18292 of Waste Fairless Landfill Stevens Environmental Services, Inc. 3 cu Disposal Date City, State City, State Morrisville, PA 9/15/17 Allentown, NJ Date Signature Title Completed By 8/21/17 Project Manager Mahlon E. Stevens

State of New Jersey

Check # 255

		<b>HOMPHRODS</b>	100	7920			
EL FI	A	到 氯	1	heck	#	251	560
110	178	151 F		IECK	11	ZJ.	JUC
23	The same of	BI E					

[ D . (N)								Ilr	7	11 \	W					
Date of Notification (1)		Name	e of Buildir	Iding Owner/Operator (2) Stuckey												
Agencies Notified	3/21/17 Type Notific	cation		Stree	t Address			Stuckey		OILA	0.0	- 0/	0.49			
□ EPA	Initial			Olico	i Addiess					AUG	55	21	017			
DEP	Amende			City.	State, Zip 0	Code						No.	_			
<b>⊠</b> DOL	Amendm Emerger		-				Bra	nchburg NJ	08876 ASD	15.00	J. 7.7					
<b>⊠</b> DOH	justificat	tion)	y	Name	of Contac	et		110110 01175, 110	Talont **	· ····································	FNS	HVG				
□ DCA	Cancella	tion				. Karen	Stuck	ev					-			
				EA		ORMATIC			_			-	_			
Name of Facility Where	Ahatement is	Taking Plac	e (3)	FA	CILITINI	ORIVIATIO	Type of Facility (4)									
Tham of Fashing Villore		Residenti		School (K-12)												
Street Address			-					Subchapter	8 (Other than K-	12)						
									private & commerc	cial buil	dings					
City (5)						homes, etc.) Square Feet # of Floors Bldg. Age										
	Br	anchburg	NI					1800	2		70	700				
County (6)		anonour	, 110	I Cou	nty Code (	7) (STATE			Prior if being demo	lished)	70	1/-				
	omerset				ONLY)	,, (0,,,,,		ouncil occ (i	nor it being derne	iioricu)						
Name of Monitoring Firm		ding Owner	$=_{\Gamma}$	ASCM	No.	Name of	Abatem	ent Contractor (9	9)				_			
(8)	MECS					-			mental Service	ces. In	ıc.					
Street Address						Street Ad			~~~	,			_			
	PO Box	341						PO I	Box 322							
City, State, Zip Code						City, Stat	e. Zip C									
	crosswicks,	NJ 0851	5						n, NJ 08501							
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephon	ne No.		License Ne.							
Bill W	(60	9) 29	8-4070	(6	09) 25	9-9688		0049	3							
Start Date (10)	comple	tion Da	ite (11)	Name of	OSHA N	Monitor					_					
9/7/17			9/8/1	7				M	IECS							
Occupancy Status Duri	ing Abatement	(Check only	one)			Street Ad	ddress									
▼ Facility Closed/Vaca								PO I	3ox 341							
Abatement Performe			ty Hou	rs		City, Stat	e, Zip C	ode					_			
Other - Describe:	8 am to 4 r	om						Crosswick	ks, NJ 08515							
Scope of Work (Check	all that apply)															
<b>x</b> ≥3 sf or ≥3 lf		<b>₽</b> R	enovat	ion			Full Con Mini-End	tainment with Ne	egative Pressure							
≥160 sf or ≥260 lf			emolitic			×	Gloveba	g Procedure								
12.118						文	Non-Exe	empted (*) and No	on-Friable Proced		N = 75					
			Location or mally							A	bater Typ					
Location		Used	Sole	y by			iption of				1,75					
Asbestos-Containing TO BE ABA		7.00000000	ntenar ustodia	7.7.7.0		tos Contain thermal sy		erial (ACM)	Amount (Specify	_		四	П			
IN Facilit			Staff?		(1.6.,	surfacin	g. VAT.	or	SF or LF)	Remova	Repair	Encapsulate	ncio			
(13)			(12)			other miss	cellaneo	ous)		lova	oair.	sula	Enclosure			
		Yes	No	N/A						_		ate	co,			
2nd Flo	oor		×		Th	ermal Pi	pe Ins	sulation	18 lf	×						
Basem			×			ermal Pi			1 lf	×	$\vdash$	$\dashv$				
		_				ansite C			50 sf			~				
Basement X					11	ansite C	cimig	1 aneis		_	$\vdash$	×	_			
Name of Registered Waste Hauler					Naste I	Cubic Ya	rde	Name of Pos	istered Landfill		Ш	$\Box$				
H					No.	of Waste		Ivalle of Regi								
Stevens Environmental Services, Inc. 1					292	1 c	u		Fairless Lar	ndfill			_			
City, State						Disposal		City, State	/							
Allentown, NJ						9/11/	277 4	4)//	Morrisville	, PA			_			
Completed By	AVIAN A	Title D.	: -	. 1.6-		Signa	ature	1/	Date 9/21/17							
Mahlon E. Ste	evens	P1	ojec	t Man	ager	_   _/	1/1	8/21/17								

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 8:60.7 AND 12:120.7

				(PURSUAN	NT TO NJA	C 8:60-7 AN	ND 12:120-7				T 7.77	, LE,	Lynn	T
Date of Notification (	1) / 17				Name of Building Owner / Operator (2) TEXAS EASTERN GAS TRANSMISSION									
$\frac{-08}{-0} / \frac{21}{-2} / \frac{1}{-0}$	/				Street Ad		AS TRANS	A TITE	1			3		1
Agencies Notified	Type of N				890 WINT	ER STREE	T II	HILLE	A A	IIG 2	2 2017	7	111	
☐ EPA DEP		Initial				e, Zip Code	•	j tred	facility		_ ~~	Petrological	honorard	1
☑ DOH	ш.		ded dment		WALTHA Name of			1	\$		-			+
☑ DOL			_	// justification	ED RUCK			8				L &	t.	1
		Cance	llation					I				Autopolymer		1
				F	ACILITY IN	IFORMATIC	N							
Name of Facility Whe			Taking	Place (3)		Type of Fa	acility (4)							-
SEWAREN GENERAT	TING STAT	TION												
Street Address						1	School (K	-12) er 8 (Other	than K-11	2)				
751 CLIFF ROAD						V		, private &						
Cit. (5)	0 / /0			10 . 0 .		<u> </u>		mes, etc.)		1				
City (5) SEWAREN	County (6 MIDDLESI			County Code	(7)	Square Fe	et /A	# Of Floor	rs /A	Building	g Age			
							se (Prior if			†	N/A	1		
						MANUFAC		-001 LINEAUS-011			72202-03	-		
Name of Monitoring F	Firm Hired	by Bld	g. Own	er (8)	ASCM NO	1								
SOR TESTING LABOR	RATORIES	, INC.				NORTHST	AR CONTE	RACTING G	ROUP. IN	IC.				
Street Address					-	Street Add	iress							
98 SAND PARK RD City, State, Zip Code						22 William	a Darlavavi							
CEDAR GROVE, NJ 0	7009					32 William City, State	, Zip Code							$\dashv$
Project Mngr. For Mo		irm		Telephone Nu	mber	only, State, 21p Sode								
ORHUN SOR	RHUN SOR 973-239-6001 neduled Start Date (10) Sched. Completetion Date (11)							36						_
09 / 01	/ 17	O .	. <b>Comp</b>	06	17	Telephone	Number		License I	Number				
						973-88	4-8682			0	0860			
Occupancy Status During Abatement (Check Only 1)  Facility Closed/Vacated During Entire Period of							SHA Moni AR CONTR		POLID IN	0				
Abatement		ieu Dui	my Lm	ire Period of		Street Add		CACTING G	ROUP. IN	C.				$\dashv$
				ormal Facility										
Hours - De Other - Des				0 pm		32 William	, Zip Code							4
Other - Des	scribe	IVIOIN-F	KI				ver, NJ 070							
Scope of Work (Chec	k All That	Apply)				Annual Control of the								
[ ] Demolition	r:	Г	7	Renovation		Full Conta	inment wit	h Mogative	Droceuro	e.				
≥3sf or ≥3l		L		Removation		Full Containment with Negative Pressure Mini - Enclosure								
≥160 sf or :							Procedure		200 7420	20				
					abla	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure				
Location of			s	l	Descript	ion of			Abateme	nt Type				┪
Asbestos Contai	ining	2000	ation	As	bestos - C				R		E	E		
TO BE ABATE	D		mally sed	l a.	Material ( e., thermal			Amount (Specify	E M	R	N C	N C		
in Facility		1 235.5	lely	insu	lation, surf	facing, VAT	,	SF or LF)		Р	A	L		
(13)			/lain-	ord	other misc	ellaneous)			V	A	P	0		- 1
			ance/						A L	I R	S	S		
			f (12)							1,3,3,5	L	R		
EVERIOR RIPE		The second liverage of the last	IO N/A	7.0								$\perp$	_	$\exists$
EXTERIOR PIPE				TAR				50 SF	V		+ +	+	H	4
									H	H	<del>   </del>	+		$\dashv$
Name of Registered Waste Hauler NJDEP Waste					Cubic Yards	Name of R OWNER	egistered l	_andfill					45-76-76	
OWNER Hauler ID No. Y						OWNER								
City, State					Disposal									٦
Date														
Completed by (Print or Type) Title							Signature	1			Date			$\dashv$
							Xton	. XX	1	)		0 (0		
Steven Stiles	er		INCO	KIL	ud-		08	8/21/	17					