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Or#2782	N			o NJAC 8					1 =	(U: 12	<u> </u>   W	E		1
Date of Notification (1)	<del>//****</del>	N	lame of	Building C	wner/O	perator (	7.0			1110 0	3 201	7		Character (Canada
Agencies Notified Type Notification	-	S	Street Ac	ddress		1 110	۰۸		1.5.	AUG 2	3 ZUI		laures 1	1
EPA Initial Amended Amendment #		_ N	lame of	te, Zip Coo O ( L Contact	le d	Aive	51/	VIL	ASE;	CEN	SING mber	OL	&	
DCA Cancellation			Eric PI	ackis LITY INFO	DMATI	ON						17		_
Name of Facility Where Abatement is Taking	Place (3)	)	FACIL	LITTINFO	KIVIATI	ON	Туре	of Facility	(4)					
Street Address	İ	<u> </u>						School (K- Subchapter Other (i.e. petc.) re Feet	r 8 (Othe private 8	er than K-1 commerc	ial build	ings,		s,
City (5) to Ched River	-						110	16		1		50	)	
County (6) OP DO				Code (7) JSE ONLY)	**************************************	_		Hor	re	ng demolis	hed)		I particular and	
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN	l No.				tement Co stries Inc		(9)				
Street Address						Street / P.O.								
City, State, Zip Code						City, St	tate, Z	ip Code v Jersey	08723					
Project Manager for Monitoring Firm	- No.	1	Telepho	ne No.		Teleph (732)				License I	No.			
Start Date (10)	Schedule	d Com	pletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Check	Only On	e)	<u> </u>			Street	Addres	SS						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem Hours	ent			City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)	1						,							
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	-	tenovat emoliti					Mir Glo	ni-Enclosu ovebag Pro	re ocedure	Negative			۵	
	le	Location	on				1 1/10	n-Exemple	eu ( ) an	u Non-r ne		Abate	ement	
Location of	1	Normall d Solel	у			scription					-	ı y	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		thermal surfa	taining M I systems icing, VA miscellar	s insula T, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	162	140	10//	00 0	Chrc	floo	( 1	10	45	ns.F	X			
				USDL	13103	1100	1 1	110	(2)		1			
											Eu			
Name of Registered Waste Hauler Brick Industries Inc.		Н	JDEP V lauler ID 1602		of Wa	Yards aste			NS Inc	ered Landi	1111			
City, State Brick, New Jersey					Dispo	sal Date	:	City, St	ate					
Completed by Eric Plackis	Title Pres	ident				Signatur	e (	186	7		Date //	5/1	7	

State of New Jersey

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



Date of Notification (1)	/13/17			Name	of Buildin	g Owner/Operato	r (2) Howard	) <u>Eu</u>	E	<u>M</u>		n
Agencies Notified	Type Notifica	ation		Stree	Address		III	111	232	017	THE PERSON NAMED IN	ij,
DEP DOL	Initial Amended Amendm	ent#	_	City, S	State, Zip C		Roselle, NJ 0			.011	1	
M DOH □ DCA	Emergen justificat Cancellat	ion)	g [	Name	of Contac		Xosene, No o	Talanhana A	lumber, i		L&	_
						ORMATION		1.				
Name of Facility Where	Abatement is 1	Taking Plac	e (3)	ГА	JILII I IINF	ORIVIATION	Type of Facilit	v (4)				
		Residenti					☐ School (K-	12)				
Street Address		•					Subchapter Other (i.e., homes, etc.)	r 8 (Other than I private & comm c.)	K-12) ercial bui	dings	,	
City (5)	I	Roselle,N	IJ				Square Feet 1800	# of Floors	В	ldg. A	ge +/-	
County (6)	Union				nty Code (	7) (STATE		Prior if being der	molished)			
·	ne of Monitoring Firm Hired by Building Owner MECS eet Address						ment Contractor ( vens Environ	- 1 TO 1	vices I	10		_
Street Address	et Address PO Box 341					Street Address		anontal Scr	¥1005, 1.		-	
	PO Box 341							Box 322				
City, State, Zip Code Cr	osswicks, 1	NJ 0851	5			City, State, Zip (		vn, NJ 0850	1			
Project Manager for Mo		***************************************	1 2222	ephone		Telephone No.	<b>5</b> 0.0600	License Ne		_		
	eisgarber	2-111	-		8-4070	(609) 2 Name of OSHA	59-9688	1.	0049	3		_
Start Date (10) 7/14/17	`	Scheduled (	7/21/		ite (11)	Name of OSHA		1ECS				
Occupancy Status Duri	ng Abatement			17		Street Address						_
☐ Facility Closed/Vaca								Box 341				
☐ Abatement Performe			ty Hou	rs		City, State, Zip (		ks, NJ 0851	15			
Scope of Work (Check:	all that apply)		enovat emolitic			☐ Mini-Er ☑ Gloveb	entainment with No nclosure lag Procedure (empted (*) and N					
		100	Locatio							Abate Typ		
Location		Use	d Solel	y by		Description of			-	Typ		
Asbestos-Containing TO BE ABA		0	ntenan ustodia	al	Asbes (i.e.,	tos Containing Ma thermal systems	iterial (ACM) insulation,	Amount (Specify	Z Z		Enc	m m
IN Facilit (13)	у		Staff? (12)			surfacing, VAT other miscellane	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A			<i>-</i>		/al		ılate	ure
Basem			Th	ermal Pipe Ir	sulation	11 lf	_ ×					
									_			
Name of Registered Wa	ete Hauler			NJDEP V	Naste .	Cubic Yards	Name of Poo	istered Landfill				
Stevens Environi	1 -	Hauler ID		of Waste	Name of Reg	Fairless L	andfill					
City <sub>7</sub> State	Allentow	n NI				Disposal Date 7/18/17	City, State	Morrisvil	lle PA			
Completed By	Anemow	Title				Signature	1 4	Date	е			_
Mahlon E. Ste	evens	P	rojec	t Mar	nager	$- \mathcal{M} $			7/1	3/17		

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		1	NOTIFII	CATION OF A	New Jersey SBESTOS ABATE IAC 2: 50 and 5:16	MENT		Che	ck#	255	44	
Date of Notification (1)					ling Owner/Operato			1001 -	100	ΑY		
	13/17					77.00	ward				7	1
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DOH DCA	Ustification Cancellation	(nc		Name of Cont	act	12741201	100	- PA - F P - P - P - P - P - P - P - P - P -	1,,,	-	-	_
	Caucalistic	207	1.		Joe Sardina			7 01-4				
		Mary P. Company		FACILITY #	WFORMATION.			<u> </u>				
Name of Facility Where	Abetement is Ta	king Plac	ce (3)			Type of	Facility					-
	R	esident	ial		V	☐ Scho	A CONTRACTOR OF THE PARTY					
Sifeel Address						1 T Sube	hanler A	I Mhar Ahna	K-121			
							r (i.e., pri	ivate & comm	nercial bi	uliding	<b>]</b> 8,	
City (5)		E 100	1000			Square	es, erc.)	# of Floor		- Vale	4	
	Ro	oselle.N	NJ		_	180		2	'		Age	
County (6)				County Code	(7) (STATE			or if being de	mastaka -	0	0+/-	
Nome of Heat and	Inion			USE ONLY)					, willied	45	П	1//
Name of Montoring Firm		A Owner	12	ASCM No.	Name of Abatem	ent Contre	ctor (B)				1	14/
Street Address	MECS							ental Ser	vices.	ine		
Andal wadigs	DO 12	4.			Street Address			111 111	- Constitution	-	0 0	0.45
City, State, Zip Code	PO Box 3	41					PO Bo	x 322	AUG	2	3 2	017
	sawicks, NJ	0251	5		City, State, Zip C	ode		T T			-	
roject Menager for Moni	Chor Flore	0031			<u></u>	Aller	ntown.	NJ 0850	<u></u>			
Bill Wei				hone No. 2) 298-4070	Telephone No.			License No	4		0111	=0
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	Sch		ompletic	on Date (11)	Name of OSHA N				-0049	3-1/4	JIIV	
7/14/17		7	ompletic	on Date (11)	Name of OSHA N		ME	CS	-0049	13-14	JIIV	
7/14/17 Decupancy Status During	Absternent (Cl	7	7/21/1	on Date (11) 7		lonitor			0049	3-14	Olive	
7/14/17 Decupancy Status During Facility Closed/Vacator Absterment Performed	Abstement (Cl d During Entire I Outside of Norm	7 Nask only Period of	ompletion 7/21/1 one)	on Date (11)	Name of OSHA N	fomitor 1	ME PO Bo		-0049	3-14	Sirve	
7/14/17 Decupancy Status During Facility Closed/Vacator Absterment Performed	Abstement (Cl d During Entire I Outside of Norm	7 Nask only Period of	ompletion 7/21/1 one)	on Date (11)	Name of OSHA N	donitor 1	PO Bo	x 341		3-14	SIIV	
7/14/17 Decupancy Status During Facility Closed/Vacabol Absterment Performed Other - Describe: 8	Abstement (Cl d During Entire I Outside of Nemr am to 4 pm	7 Nask only Period of	ompletion 7/21/1 one)	on Date (11)	Name of OSHA N	donitor 1	PO Bo			13-14		
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7/14/17 Decupancy Status During Facility Closed/Vacabet Abatement Performed Other - Describe: 8 Decape of Work (Check all 23 st or 23 if 2160 st or 280 if  Location of Asbestos - Containing Ma TO BE ABATE IN Facility (13)  Basemen	Abstement (Cod During Entire in Outside of Neman to 4 p.m. that apply)  Ithat apply)	Period of neal Facility  Removed to the least term of the least te	completion (7/21/1/21/1/21/21/21/21/21/21/21/21/21/21	on Dale (11) 7  Sent  On Dale (11) 7  N/A  The	Name of OSHA M  Street Address  City, State, Zip Co  Wint-End  Glovebag  Nore-Exer  Description of os Containing Mate thermal systems into	Cross  Cross  alament will  osure  3 Procedur  mpted (7) a  tial (ACM)  sulation  b)	PO Bo wicks,	NJ 0851 tive Pressure Friable Proce Amount (Spearly SF or LF)	Removal	Abste	mant	
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CK# 3226

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

Cutt 200	(	Pursuant	to NJAC	3:60 and	12:120)	旦 五	THEU		W	E	F
Date of Notification (1)		Name o	f Building (	Owner/C	perator (2	2)		Little []	(1)		1
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Agencies Notified Type Notification		Street A	ddess		1		TI III AUG	23	201	7	U
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Name of Monitoring Firm Hired by Building	Owner tol	الماقاط	M 14O			r roatement Consulation Co					
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Project Manager for Monitoring Firm		Telepho	ne No.		Telepho	ne No.	License	No.			
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Start Date (10)	Scheduled Co	mpletion	Date (11)		Name o	f OSHA Monito	)r				
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Occupancy Status During Abatement (Chec	k Only One)	+			Street A	ddress					
Facility Closed/Vacated During Entire I	Period of Abate	ment									
Abatement Performed Outside of Nom	nal Facility Hou			- A	City, Sta	ite, Zip Code	***************************************				
Other - Describe:	2/1			-							
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Agencies Notified Type Notification  EPA Initial Amended		14 de Lemando	1 1	dress PCC a, Zip Cod	The same of the sa	1		The state of the s		NUG 23				Selected comparison of the com
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City, State, Zip Code			and presented of		Appears see a security for a	City, Sta		Code New Jo	ersey					
Project Manager for Monitoring Firm		or house or a few	Telaphon	e No.	1.000	Telepho 732 25		57		Liceπse № 00029	lo.			
Start Date (10) 8 2917	Schedule	d Com	ipletion C	Date (11)	Annual International	Name o	f OSHA	Monitor						
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe:	al Facility	Hours			the season of th	City, Sta	ate, Zip	Code						
Scope of Work (Check All That Apply)    ≥3 sf or ≥3 if   ≥160 sf or ≥260 if		enoval enoliti				The state of the s	_Mini- Glov	Enclosur ebag Pro	e c <mark>ed</mark> ure	n Negative nd Non-Fria			e	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		tos Cont thermal surfac	taining Ma systems cing, VAT niscellane	aterial ( insulati r, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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Colts Neck, New Jersey

Title

Secretary Treasurer

Completed by

Bree McGuire

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(h+),++7	94473		to NJAC 8:69 and			DEUB	1	W		7
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Agencies Notified Type Notification		Street A	1 Main S	St (	<u>C</u>	AUG 2	3 4	2017	1	
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i the ital					Square Feet	# of Floors	18	lidg. A	ge	Maria Samuela
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Street Address				<u> </u>	Address	-				
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				<u> </u>	Neck, New J					
Project Manager for Monitoring Firm		Telepho	ne No.		one No. 294 1757	License M 00029	Э.			
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8/18/17	8/2-		our ( v. i	1						
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Facility Closed/Vacated During Entire I	Period of Aba	lement								
Abatement Performed Outside of Norm Other - Describe:		urs ) ha	141	City, St	ate, Zip Code					
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Name of Registered Waste Hauler		NJDEP W	[ THE STATE OF STATE	Yards		Registered Landfill	<u> </u>	i		1
Ace-Insulation Co., Inc. FCI		Hauler ID 12086	No. of Wa	.30		Landfill				
City, State Freehold Soits Neck, New Jersey	era anno anno anno an		Dispes	sal Date	City, Stat	PA				
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Date of Notification (1) 8/18/2017					ng Owner HOLDI				<b>初</b>		1: 11	14/	E	$d\Omega$
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DCA Cancellation				OASS	SIS FORMAT	1011							Continue	
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Street Address 555 PREAKNESS AVENUE	- W						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than k & comme	(-12) ercial bu	ildings	, hon	nes,
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASC	M No.				tement Con			NG. II	NC.		
Street Address	***					Street	Addres							
City, State, Zip Code						City, S	state, Zi	p Code NJ 0751		-				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No	).		License				
Start Date (10) 8/28/2017	Schedule 8/31/20		mpletion	Date (11)	)	Name		IA Monitor		00494				
Occupancy Status During Abatement (Chec	7.3						Addres	(9) ABO\	/E					
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Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Н	JDEP Wa auler ID 1 8743		Cubic Yof Was			Name of Re	2000			L R C	) W S	3
City, State TOTOWA, NJ			0143		_	al Date		City, State						5.5
Completed by VIVECA RAMOS	Title PROJ	ECT	COOR	DINAT	Si	gnature	العالمة المام	MORRIS	VILL	D	ate /18/20	)17		

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

Check # 10018

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	Date of Notification (1)	8-18-	17	N	lame of E	Building Owner/C	Operati		nstr	uctio	1	141	حا	,
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	DOH -	justification)	Goding	N	lame of (	Contact //	+	Te.	Télè	phone Numb	er.	1/^		لہ
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	Name of Facility Where Ab							Type of Facility	. *					
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	120	Sanh	ica	$\cap$	DR	live		Other (i.e etc.)	. private &	commercial				δ,
	City (5)   Ren-	tun	NJ	<u> </u>	08	3618		Square Feet	1	Floors Z		dg. Ag		-
	County (6)	en			County C	ode (7) SE ONLY)		Current Use (F	rior if bein	g demolishe	d)			
7	Name of Monitoring Firm F		vner (8)		ASCM	No.	Nan	ne of Abatement C		E	9 . 6	9		
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1	City, State, Zip Code	vat.	NJ	•	280	533	City,	State, Zip Code	tav	NJ	0	35	3	3
1	Project Manager for Monit	ri g Firm		T	elephon	e No. 7 <b>58</b> -3365		phone No. <b>3</b>	65	License No	7	9	H	
7	Start Date (10)	THE STREET	Schedule					ne of OSHA Monit	or			E\$_	-	
Š	Occupancy Status During	O-I t	Only One	) -	4-	1-17	Stre	EPC Te	cnno	ugies	1	C		
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7	2 ≥3 sf or ≥3 lf	(1120 PP-3)	Re Re	enovat	ion					Negative Pr	essur	e		
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	TO BE ABA		Custo	odial S (12)	taff?	surf	acing,	VAT, or		or LF)	Remova	Repair	Encapsulate	Enclosure
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ž	N		CATION	of ASB to NJAC	ESTOS	ABATE		AID	VII)	# 11	100	Ja	W_	E
Date of Notification (1) 8-18-	17		Name of	Building	4 11 2	Operator	(2)	Hal		AL	IG 2	3 2	017	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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DEP Amended Amendment	#	V.,	City, Sta	ie, zip Co	_r		. 1		1	T	O	30	2-7	>
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DOH justification)  DCA Cancellation			M	i llia		HO	1		-					
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							el	(c.)						
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Project Manager for Monithri gy-irm		1	Telephor	ne No. 7 <i>5</i> 8-	2265		none No	-336	5	License	No.	49	4	
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Occupancy Status During Abatement (Chec			ent					BOK	33	7		120		
☐ Facility Closed/Vacated During Entire F☐ Abatement Performed Outside of Norm☐ Other – Departure:						City, S	tate, Zip	Code	,	1~	00	- 7	•	
Scope of Work (Check All That Apply)						1 140	w E	Sypt	^		00-	دد	2	
23 sf or ≥3 lf	Ser R	enova	tion				3 Full	Containm	ent with	Negative	Pressu	re		
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TC BE ABATED In Facility	Custo	odial S	Staff?	(1.0.	surfa	icing, VA	T, or	,011,		or LF)	Remova	Repair	Encapsulate	Enclosure
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City, State			L 10		Dispo	sal Date	7	City, Star	te		PA			
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Steve Schenker		sid	ent			SI	the)	Sch	ch		Date B	-18	5-1	7

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Agencies Notified	Type Notification			Street Ad	ddress X 6386				ATTICK ASTRACTOR			V.T			
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▼ DOH	Amendment Emergency justification)		-	Name of	runswick Contact	i, INU i	00010			T-1			_		
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Name of Facility Where A	batement is Takin	g Place (3)	)	FACIL	ITY INFO	RIVIAT	ION	Тур	e of Facility (	4)					
		20 2000							School (K-1 Subchapter		or than K 1	2)			
Street Address								×	Other (i.e. p				lings,	home	s,
City (5) EWING TWP					1100000000			Squ	iare Feet	# 0	Floors	В	ldg. A	ge	
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Street Address		HV.					Street 6 W		ress E DOVE CO	DURT					
City, State, Zip Code		V.					100000000000000000000000000000000000000		Zip Code	8701					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Telep	hone		0.01	License	No.			
Start Date (10) 8/30/17		Schedule	ed Co	mpletion [	Date (11)		Name	of O	SHA Monitor AD PROFE	SSIO					
Occupancy Status During	g Abatement (Che		ie)				Street	Add	ress						
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Other - Describe:							LAK	EW	00D, NJ 0	8701					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Il That Apply)		Renov Demol						Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
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Name of Registered Wa	ste Hauler		Н	NJDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Land	fill	1		
NEWARK CARTING				Hauler ID 04509		of W			IESI						
City, State NEWARK, NJ						Disp	osal Dat 17	е	City, Sta BETHL		м РА			12	
Completed by JOSEPH PERLSTE	IN	Title	VER				Signatu	re				Date			
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Street Address		W					Street		ess DOVE CC	IIRT					
City, State, Zip Code							City, S	State,	Zip Code						-
i.i.		N. C.	- 1 -	-16	a Na		LAK	Marine Cont.	OOD, NJ 08	3701	License	No			
Project Manager for Monito	ring Firm			elephon			732-	668-	9078 SHA Monitor		1200				
Start Date (10) 8/30/17		Scheduled 8/31/17		pletion D	ate (11)		AAA	LEA	D PROFE	SSIO	NALS				
Occupancy Status During A	batement (Chec	k Only One	)				Street		ess E DOVE CO	URT	4				
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NEWARK CARTING City, State			0.	4509			sal Dat	te	City, Sta						
NEWARK, NJ						8/31/		iro	BETHL	EHE	M PA	Date	_		
Completed by JOSEPH PERLSTEIN	1	Title OWN	ER				Signatu	ii e				2410			

11 # 5845	NOT	IFICAT	TION OF	of New Je F ASBEST NJAC 8:60	OS A	BATEM 12:120)	ENT	PA			i Ur	- 13	To Stand of the	<u> </u>		The second second
Date of Notification (1)			ne of Bu	uilding Owr	er/Op	perator (	2)				AU(	3 2	3 :	2017		F
8/17/17 Agencies Notified Type Notification		Stre	eet Addr	ress			-3-19		- Contract of the contract of				2.11		OL 8	2,
EPA DEP Amended Amendment #_ Emergency (inc	cluding	Bo	gota, me of C	Zip Code NJ 07603 ontact	3					AS	SEr -		Noh	1-4		
DOH justification)  Cancellation		Ev		TY INFORM	BATIC	) NI			_			-				
Name of Facility Where Abatement is Taking F	Place (3)		PAGILI	I IN OR		JIV.	Туре	of Facil	ity (4)							
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Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM N	No.		Name AAA	of Ab	atement D PRO	Contr	actor (	9) IALS			1112		
Street Address						Street 6 WH		ess DOVE	E CO	URT					- 3-3115-4	
City, State, Zip Code					1	City, S	tate, i	Zip Code	e 1J 08	701						
Project Manager for Monitoring Firm		Te	elephone	e No.		Teleph 732-		No. 9078			License 1200	e No.				
	Scheduled 8/30/17	Comp	letion D	ate (11)		Name AAA	of OS	SHA Moi	nitor OFES	SSIO	NALS					
Occupancy Status During Abatement (Check	Only One)	)				Street	Addr	ess DOV	= 00	IIRT						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm:  Other – Describe:	eriod of Ab	ateme	nt			City, S	State,	Zip Cod	le							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novation molitic					- N	Full Cont Mini-Enc Gloveba Non-Exe	losure	edure			e Proc	edure		
	ls L	ocatio	n									ě		Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solely Solely ntenan- odial St (12)	y by ce/ taff?	(i.e. t	s Cor herma surf	escriptio ntaining al systen facing, V miscella	Materns ins AT, o	sulation, r	M)	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509			ic Yards vaste		F 10000	me of	Regist	ered La	ndfill				
City, State NEWARK, NJ					Disp	oosal Da 0/17	te	Cit	ty, Stat	e EHEI	м РА					
Completed by JOSEPH PERLSTEIN	Title	IER				Signati	ıre					Da	ite			

Print Form

		NOTIF	CATIO	State of	New Jersey	BATEM	ENT P	AL	A	16 19		Pri	it For	m
W # 581	+5	NOTIFI (P	ursua	nt to NJ	AC 8:60 and	12:120)				AUG 2	3 2	01/	-	-
Date of Notification (1) 8/16/17	10		Name	of Build imy Eq	ling Owner/Op Juities	erator (	(2)	7	ASL				L &	
	Type Notification		Stree 701	t Addres Cross	ss St				700	<u> CE</u>	VSIIV	G		20000000
DEP	Initial Amended Amendment #_		City,	State, Z ewood	ip Code , NJ 08701									
DOL  DOH  DCA	Emergency (in justification)  Cancellation	cluding	Name	e of Con pert Inc	itact lig				Tolone					
		(0)	F	ACILITY	INFORMATIO	NC	Type of Fa	acility (4)						1
Name of Facility Where A 4651 Rt 9 Street Address	Abatement is Taking	Place (3)					property was 1	ool (K-12) chapter 8 ( r (i.e. priv	Other that ate & com	n K-12) imercial bu	uilding	s, hom	ies,	
4651 Rt 9							Square F	eet	# of Floo	rs	Bldg.	Age		
City (5) Howell County (6)			Cou	inty Cod	e (7)		Current L	lse (Prior	if being de	emolished)				
Monmouth  Name of Monitoring Firm	n Hired by Building C	wner (8)	1	SCM No		Name	e of Abatem	ent Contra	actor (9) SIONAL	_S				
Street Address						Stree	t Address HITE DC							
						City.	State, Zip C	Code						
City, State, Zip Code			1 7-1	lephone	No		EWOOD	), NJ 08	Lic	cense No.				$\dashv$
Project Manager for Mo	nitoring Firm					732	2-668-907 ne of OSHA		12	200				-
Start Date (10) 8/27/17		Scheduled 8/28/17		etion Da	ite (11)	AA	A LEAD I	PROFES	SSIONA	LS				-
Occupancy Status Dur	ing Abatement (Chec	ck Only One)		-4		6 V	VHITE DO		URT					4
Facility Closed/Va Abatement Perform Other – Describe	acated During Entire med Outside of Non	Period of Aba mal Facility H	lours	iii.		City	, State, Zip KEWOO	Code D, NJ 08	3701					_
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l	( All That Apply)		novatio molitio				Mini-	Enclosure	e dure	egative Pr	e Proc		mant	
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Title

OWNER

Disposal Date

Signature

8/28/17

Date

City, State

BETHLEHEM PA

NEWARK, NJ

City, State

Completed by JOSEPH PERLSTEIN

Print F	arm

W#5851	NC	TIFIC (Pur	ATION (	e of New C OF ASBES NJAC 8:6	TOS ABA	ATEN :120	MENT )	R	ALL		- <u>-</u> ((		7		
Date of Notification (1) 10/15/16				Building Ov I BUILD		ator	(2)			机		-			
Agencies Notified Type Notification		S	treet Ad	dress							A	JG	23	20	117
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➤ DOH Emergency (in justification)		_	lame of						T				145	HAC	1
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Name of Facility Where Abatement is Taking	Place (3)		I AOIL	iii ini Oi	MATION		Туре	f Facility (4)							
							☐ S	chool (K-12	)	L 17	10)				
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						_		tc.)	# of Flo				g. Agi		_
City (5) LAKEWOOD							700	e reet	1	0013		Diag	y- 7 - 9 -		
County (6) OCEAN	-		County C	ode (7) SE ONLY)			Currer	nt Use (Prior	if being	demol	ished)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.	N	ame	of Abat	ement Cont	ractor (9)	)					
and the state of t								PROFES							
Street Address							Addres	s OVE CO	URT	11,120					
City, State, Zip Code							itate, Zij EWOC	o Code DD, NJ 08	701						
Project Manager for Monitoring Firm		7	Telephon	e No.	4.00		none No 668-90		1 000	icense 200	No.				
Start Date (10) 08/20/17	Scheduled 08/21/1		pletion E	Date (11)				A Monitor PROFES	SSIONA	ALS					
Occupancy Status During Abatement (Check	Only One	2)			100	4000	Addres		LIDT						
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	le	Locati	on							* 574-07			bate	ment	
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EXTERIOR					SIL	OINC	<i></i>		300	7 51	10				
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Name of Registered Waste Hauler NEWARK CARTING		14	JDEP W lauier ID 4509	Control of the Contro	Cubic Ya of Waste 5			Name of I	Registere	ed Lan	dtill				
City, State NEWARK, NJ					Disposal 11/21/1		9	City, State BETHL		PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Sig	natur	re				Date			Non-	

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

UC# 1371				to NJAC				ra		9					
Date of Notification (1) 8/16/2017				of Building e Prope				nanan 📗	ا (ر	: IL	i P	1	W	EI	7
Agencies Notified  Type Notification  EPA DEP Amended Amendment			Street A City, Sta Newa	ate, Zip Co	ode			The control of the co	A company of the comp	AUG	2.3	3 2	017	The state of the s	
☐ DOH Emergency (in justification) ☐ DCA ☐ Cancellation		_		f Contact				L	190	onh-			:Ol	&	
Name of Facility Miles a Abstract in Table	DI //		FAC	ILITY INFO	ORMAT	ION	T		_= _					, thurstone	emenad
Name of Facility Where Abatement is Taking Private property	Place (	3)					Тур	e of Facility							
Street Address							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth				dings,	home	es,
City (5) Newark NJ							5qu 600	iare Feet 00	# o 6	f Floors		100	ldg. <i>A</i> 50	ge	
County (6) Essex				Code (7) USE ONLY,	)	<del></del> 4	Cur	rent Use (Pr	ior if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN N/A	ЛNo.				oatement Co lutions Se							
Street Address N/A						Street 1435		ess st Street							
City, State, Zip Code N/A								Zip Code rgen NJ 0	7047						
Project Manager for Monitoring Firm N/A		- 1	Telepho N/A	ne No.		Teleph 201-		No. 9685		Licens 0132					
	Schedul 8/28/20		pletion	Date (11)		1 2000 12		SHA Monitor onmental		atories					
Occupancy Status During Abatement (Check	Only Or	ne)				Street						-			
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: 8 hours in the morning	I Facility	Abatem / Hours	ent			City, S	state,	ute 22 We Zip Code	st						
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Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	processory.	Renova Demoliti			201	×	M G	ull Containm lini-Enclosur llovebag Pro on-Exempte	e cedure					9	
Location of	1	Location	у		De	scription	of						Abate Ty	ment pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/		tos Cont thermal surfa		Materia s insu T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		I NI	JDEP W	/aste	Cubic	Vardo		Nome of	Desist-	rod ! a -	Men				
Newark Carting Inc	H	auler ID 509		Cubic of Was			Name of ISES B				ndfil	Ĺ			
City, State Po Box 5670					Dispos	sal Date		City, Stat 2335 A		utter R	d Be	ethle	hem	PA	
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Date of Notification (1)  8 /	17 /	17				of Building n Mitchel		ner/Operator (2	2)	A consequence of the consequence	AUG 23	201	7		川	
Agencies Notified  EPA  DOLWD	Type Notifica Initial Amended					Address tate, Zip C	ode			AST	CENSI	NG.	OL	. &		
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(NJAC 5:23-8)	justificatio					of Contact n Mitchel				1	Telephone N					
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Name of Facility Where A	Abatement is T	aking Pla	ce (	(3)	IAC	)ILI1 1 114	OIL	IN TION	Туре	of Facility (4	)					-
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0:1- (5)										mes, etc.) e Feet	# of Floors		Bld	g. Ag	10	
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County (6)	7-10				Coun	ty Code (7	(STAT	TE USE ONLY)		-77	r if being demo	olishe	d)			
Burlington								Á	Res	sidence						
Name of Monitoring Firm	Hired by Build	ling Owne	er (8	3)	ASCM	No.		ne of Abateme								
Management & Env	iro Consulti	ing Serv	/ice	s				hade Enviro	onmen	tal, LLC				1000		
Street Address							-	eet Address								
PO Box 341					-			23 Cutler Av	6171492587400							
City, State, Zip Code Chesterfield, NJ 08	515							, State, Zip Co laple Shade		8052						
Project Manager for Mon	(000000000			Tele	phone I	No.		ephone No.	,		License No.					
Bill Weisgarber					9-298			56-755-0099	)		00842					
Start Date (10)	S	cheduled	I Co	mple	tion Dat	te (11)	Nan	ne of OSHA N	Monitor							
08 /17 /	17	08	. /	18	_ / _	17	E	MSL Analyt	ical, Ir	ıc.						
Occupancy Status During								eet Address								
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>	•					cribe		00 Route 13 , State, Zip C		th						
Time of Abatement:				_PM-		AM		innaminsor		8077						
Scope of Work (Check a	II that apply)							□ Full Con	tainma	at with Nogs	tive Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novati nolitio				☐ Mini-End	closure g Proce	edure	-Friable Proce	dure				
				Locat				E B					Aba	ateme	ent T	ype
Location Asbestos-Containing TO BE AB/ IN Facil (13)	Material (ACM ATED	"	Jsec Mai Suste	orma d Sole ntena odial (12)	ly by		the., the	Description of Containing Ma ermal systems surfacing, VAT her miscellane	aterial (/ insulati , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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Freehold Cartage	ste i laulei			1703	lauler II 15939	D No.	Wa:	ste	G	ROWS No	rth Landfill					
City, State Freehold, NJ								posal Date 8/18/17		State orrisville,	PA					
Completed By (Print or T	ype)	Title						Signature		_		Date	)			
Christina Lynch	danskrift	Vice	Pre	eside	ent of	Operatio	ns	(mx	ka)	2		8	1	7-1	7	

2017 04:05PM NJ	Asbestos	Cont	rol 6	6,60	33,06€	4	ba	ge 1		int and organization of the last of the la	Ī.	7\// [	<u> </u>
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treet Address			Q.S.				Stroot Address	h complian					
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Zity, State, Zip Code								ia, NJ 08052					
Nowfield, NJ 08344				TAIRC	hone h	lo.	Telepione No.		Linenas N	о,	-		-
Project Manager for Mon Jim Eberts	STOTITION CHAIL			7 193	8-205-		866-758-00	99	00842	_			
Start Date (10)		Schedi	ed Co	anplet	ion Def	s (11)	Name of OSHA						
08 / 18 /	17	_ 01	9_/	01	_ / _	17	MAL Angl	ytical, inc.					
Occupancy Status Durin	g Abelemeni	(Check	only	nw)			Street Address						
S Facility Closed/Vacet  Abatement Performen	ed During En	uir Par	iad of #	Haus	nent Desr	riba	ZOD Route						
Time of Abatement:	ALL_	Pk	V	PM-		M		on, NJ 08077					
Scope of Work (Check a													
⊠ >3 sf or ≥3 if	it tim abbit		Re	novati	ōn .		☐ Mini-E	nolosura ban Propodura	Negative Pleasu				
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City, Stale							Disposal Date 05/01/2017		ville, PA				
Freshold, NJ										Date			
Compisted by (Print or	Type)	THE	Ö		20 100		Signature	6,00		0	Ad-	17	

A33-41 JAN 13

Christina Lynch

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

Vice President of Operations

(KJ 4290

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

AUG 23 2017

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Date of Notification (1)			Nam	e of Buildin	NELA	erator (	S CON	STRU	CTI	140	)	8	_
Agencies Notified Type Notificat	ion		Stree	et Address	_	ate-s-			CEN	SING			
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☐ Emergency		ng	L==					Tolopho	one Numb			. 1	-
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			FA	CILITY IN	ORMATION								
Name of Facility Where Abatement is Ta	king Plac	ce (3)				T	Type of Facility	(4)					
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						-	☐ Subchapter	8 (Other t					- 1
Street Address						- 1	Other (i.e.,		ommercia	l build	ings,		
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County (6)					7) (STATE		Current Use (P			hed)			
CAPE MAY			USE	ONLY)		_	V	ACHA	II				_
Name of Monitoring Firm Hired by Buildin	a Owner	T	ASCM	No.	Name of Al	pateme	ent Contractor (9	9)		5%			
(8) M//M	J			0.000000	4	KI	CMCO	INC	•				
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Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone I		-0472	Licens	004	110	1		
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9-11-17	q	19	-1"	7			NI	4					_
Occupancy Status During Abatement (C	neck only	v one)	_		Street Addr	ress	-						
Facility Closed/Vacated During Entire			ment		15,000 21	82							_
Abatement Performed Outside of Norr	nal Facili	ity Hou	re		City, State,	Zin Co	de						
Other - Describe:	ilai i dom	.,			ony, oute,		7.						
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Scope of Work (Check all that apply)					Fu	I Cont	ainment with Ne	gative Pre	ssure				
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MICHAEL KLOMMI	5	UP			_   _   _   _	un	WK		_0	1/		_	_

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

(Pursuant to NJAC 8:60 and 12:120) AIIG 2 3 2017

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Date of Notification (1)	17-17			Nam		og Owner/Operator	(2) LEDNIK					National Publishments of the Publishment of the Pub
0	Type Notification	<u> </u>		Stree	t Address	05/10		SILLA		OL (	3	7
Agencies Notified	I Initial	11		3000		0 How	KNI A	NE · CENSII	√G_		AND ESTABLISHED	_
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₩ DOL	Amendment		_	0,.	00	EXAM C	ITY 1	1.7 08	22	6		_
⊠ DOH	Emergency ( justification)		ng.	Name	e of Conta			Telephone Numb	er			
□ DCA	Cancellation				SA	ME						_
				FA		FORMATION						
Name of Facility Where	Abatement is Takir	ng Plan	e (3)		-		Type of Facility	(4)				
	SIDENCE		~ (0)		φ;		School (K-1	2)				
Street Address	STRUME							8 (Other than K-12		inas		
Street Address							homes, etc.	orivate & commercia	II DUING	ariys,		
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County (6)	CONV			Cou	nty Code (	7) (STATE		rior if being demolis	hed)			
CIDIO	F MAY			USE	ONLY)	Name 10	LACE					_
Name of Monitoring Firm	Hired by Building	Owner	$\overline{}$	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
(8)	/Δ					KLEMC	O INC	,				
Street Address	P					Street Address	C .	/Λ				
00000							. SPRIX	E HUE				_
City, State, Zip Code						City, State, Zip C		INI T AS	05	フ		
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Project Manager for Mor	nitoring Firm		Tel	ephone	No.	Telephone No.	9 0422	License No.	u u			
			_			856-77		- 00 1				_
Start Date (10)	Sche	duled (	Comple	etion Da	ite (11)	Name of OSHA N	Monitor A. La					
9-9-1	7   _	9-	$\perp$	-	7		N/H.					_
Occupancy Status Durin	g Abatement (Che	ck only	one)			Street Address						
Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment			ada .					_
Abatement Performed	d Outside of Norma	al Facili	ty Hou	TS		City, State, Zip C	ode					
Other - Describe:												
Scope of Work (Check a	ill that apply)	1200				Full Con	tainment with Ne	gative Pressure				
>3 sf or ≥3 lf			enovat			Mini-End	dosure g Procedure					
≥160 sf or ≥260 lf		Ø D	emotitic	n		Non-Exe	empted (*) and No	on-Friable Procedur	е			
		ls	Location	on						bate		
		N	iomali	1		Description of			_	Тур		
Location	of CNO		d Solel ntenar		Asbes	tos Containing Mat	erial (ACM)	Amount			ū	m
Asbestos-Containing N TO BE ABAT		C	ustodia		(i.e.	thermal systems in	nsulation,	(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
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MICHAEL KL	CAM _	SUH	•				7					

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

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Date of Notification (1)	-17-17			Nam	e of Buildin	ng Owner/Operato	r (2)	to ENT.	. 1 5 1	JL 8	B.	Patronion
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Agencies Notified	Type Notification	on		Stree	et Address	DI W. C	LARKST	MUDING				
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	☐ Emergency	(includir	ng	-			OUNC	Telephone Numb		ے ر	10	_
DOH DCA	justification  Cancellation			Name	e of Conta	tom		1 elephone Numb	761		a	<u>L</u>
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		in Di-	2 /21	FA	CHUI Y IN	ORMATION	Type of Facility	· (4)				
Name of Facility Where	ESIDENC	king Plac L	æ (3)				School (K-1	and a second				
	ESIDENCE						Subchapter	8 (Other than K-12				
Street Address					·		homes, etc	private & commercia )	ai buile	rings		
City (5)							Square Feet	# of Floors		dg. A		
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County (6)				Cou	nty Code (	7) (STATE		rior if being demolis	hed)			
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Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.		nent Contractor (S	2000 B				
(8)	I/A						mco I	INC.				_
Street Address						Street Address	S. Spri	ICE AVE				_
City, State, Zip Code						City State, Zip C	ode	DE NI.I	08	0	57	
			T Y-1	mbo	No	Telephone No.	LE OTHER	License No.		~		_
Project Manager for Mor	nitoring Firm		i ele	ephone	140.		9-0472	# 00 Y	44			_
Start Date (10)	2200	eduled C	comple	etion Da	te (11)	Name of OSHA	Monitor					
8-28-1	)	4-	onel	-()		Street Address	N /P					=
Occupancy Status Durin	ed During Entire F	Period of	Abate	ment		9 1945 N. 1950 N. 1950 N. 1950 N. 1950 N. 1950						_
Abatement Performed	d Outside of Norm	al Facilit	y Hou	rs		City, State, Zip C	ode					
Other - Describe:												_
Scope of Work (Check a	ill that apply)					□ Eufl Cor	ntainment with Ne	egative Pressure				
	50800555	□ R¢	enovati	ion		Mini-En	closure	,				
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf			molitic			Gloveba	ag Procedure	on-Friable Procedur	e			
(A)						X No⊓-EX	emples ( ) and N	GI-TIBUR F TOCCOU		bate	ment	
			_ocation							Typ	e e	
Location o	of	Used	Solet	y by	Ashaci	Description of os Containing Mat	erial (ACM)	Amount			ш	_
Asbestos-Containing M			ntenan ustodia		(i.e.,	thermal systems i	nsulation,	(Specify	Re	Re	Encapsulate	Enclosure
TO BE ABAT IN Facility		5	Staff?			surfacing, VAT, other miscellaned	or	SF or LF)	Remova	Repair	psul	uso
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	to Uniter		TN	JDEP V	Vaste	Cubic Yards	Name of Reg	istered Landfill				
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KLEMCO	INC			179	04	Disposal Date	City, State				_	
City, State	111110	INI	7					SANITUIZLE		Μ.	)	
MAPLES	HAVE	y V.	, ,			Signature	1001	Date	17	-1	$\overline{}$	
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				272 1111				ch	w	76	6	1	- 1-1	
8-16-2017			Name	of Building (	)wner/(	Operator (2)			E Ilr			\vi/	_ <u>l</u> =	
Agencies Notified Type Notification			Street A	Address				13						
□ EPA  Initial									All	G :	3	20	17	
□ DEP □ Amended		ſ	City, S	tate, Zip Cod	e		-	111 14	- AU	10				
■ DOL Amendment #			TE	ANECL	۷.	NJ	0766	6						_
B DOH justification)	ioraama		Name	of Contact	,				ephone N	lumb	-		- <del></del>	_&_
□ DCA □ Cancellation				FAST	-			-						_
Name of Facility Where Abatement is Taking Pl.	ace (3)		FAC	ILITY INFO	ORMA		T CD	775						
A. FAST	acc (3)						Type of Facility	(4)						
Street Address							<ul> <li>□ School (K-</li> <li>□ Subchapter</li> </ul>			21				
						100	☐ Subchapter Other (i.e. )	orivate &	commerc	2) cial bi	ıildir	ngs, ho	mes,	etc.)
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BERGEN			(STATE	USE ONLY)	-		RESIDE							
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASC	M No.		Name of	Abatement Cont							1 / 1 / 1 / 1 / 1
						£	t Removal l							
Street Address						Street Ac								
						450	South Rive	er Stre	et					
City, State, Zip Code							te, Zip Code	0110						
						Hack	ensack, NJ	07601						
Project Manager for Monitoring Firm			Telepho	ne No.		Telephon			License					
Start Date (10)							01-329-744	4	(	0038	38			
8-30-17	Scheduled Or			ate (11)		4	OSHA Monitor							
Occupancy Status During Abatement (Check Onl		1 -	1 (				ega Enviror	imenta	<u>.l</u>					
DESCRIPTION OF THE PROPERTY OF						Street Ad	dress Huyler Str	eet						
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal Face  Other - Describe: RAM 5-1	d of Abat scility Hou	ement urs					e, Zip Code	CCE						
Other - Describe: 8AM 5-1	pm						ith Hackens	sack. N	IJ 076	06				
Scope of Work (Check All That Apply)					-							OCTOBER 1		-
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(13)		(12)			other	VAT, or miscellaneo	us)	SF	or LF)		Remova	Repair	Encapsulate	Enclosure
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0	1.00		I III							-	_			
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	Zine lette Koori													
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Hackensack, NJ 07601						sal Date	City, State		- 011	11	100			
Completed by	Title					1-17 Signature ,	Wayı	nesbur	g, UH	44(	088			
Robert Veldran		tima	tor		15		ldran			R	- 1	1	17	
V A 100 1000	LS	unid	IUI			11. 15	LOUWY!		BROWN IN			W.	. (	

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Date of Notification (1) 8/17/17			1		Building C na White		Operator	(2)			t	S	Minus series	<u> </u>		
Agencies Notified	Type Notification	*		Street Ad	ddress					111	AU	G 2	3	201	7	14
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N DOL	Amendment a				lair, NJ	07042	<u> </u>	W			Distance -	CEN	ISIA	117	JL 0	х
DOH DOH	justification) Cancellation		1000		Contact na White	ř.				1 150				Mila		
Ц вск	Caricellation				LITY INFO		ION									
Name of Facility Where A	Abatement is Taking	Place (3	3)					Тур	e of Facility (	4)	-	12 11				
home					permittee surve	10-0-0103			School (K-1			6 8000				
Street Address								×	Subchapter Other (i.e. p				build	inas.	home	s.
									etc.)							
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County (6)				County C	Code (7)			10.55	rent Use (Pri	- 1	na dema	lishe	135			
Essex					JSE ONLY)			13-22 (5)	ngle family			JII 3110	u,			
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Street Address				# (), 1 = 1; 17:11			Street		ess 483, 4 E G	ate D	rive					
City, State, Zip Code									Zip Code	alc D	1140	1111111111				
Oity, State, 2:p Code							100		od, NJ 074	18						
Project Manager for Mon	itoring Firm		Т.	Telephor	ne No.		Telepl	hone	No.		Licens	e No.		-	-	
							973-	-764	-2276		703					
Start Date (10)				pletion [	Date (11)		Name	of O	SHA Monitor		1000000					
8/19/17	1	9/30/1														
Occupancy Status During	7.0	0.	100				Street	Addi	ess							
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm					_	City, S	State,	Zip Code							
Scope of Work (Check A	Il That Apply)												-			
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× ≥160 sf or ≥260 lf		-	Demoliti				F	_ N	/lini-Enclosure	9						
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		Is	Locati	on											ment	
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Asbestos-Containing TO BE AB			ed Solei intenar				itaining N I system		ial (ACM)		mount Specify		70		m	(1)
In Facil	ity	Cus	todial S (12)	Staff?	(1.0.	surfa	cing, VA	AT, or	9		or LF)		Remova	Repair	scs	Enclosure
(13)			(,_,			other	miscella	neou	s)				val	air	Encapsulate	ure
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Name of Registered Was	ste Hauler		1000	JDEP W auler ID		of Wa	Yards aste		Name of							
Freehold Cartage		-	1:	5939		TBD	<u> </u>		Wester		ks Lan	atill				
City, State						100000000000000000000000000000000000000	sal Date	9	City, Stat			100 a 1 t 2 T 2 T 2				
Freehold, NJ		1 700				TBD			Birdsbo	oro		-				
Completed by A. Scott Higgins		Title	ident			1	Signatur	e	1/-			Date 8/1	e 7/17	7		
A. Scott riggins		ries	uent					f				0/ 1	1111	W.		

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

NOCK		( P	ursua	nt to	NJAC	8:60 and 12:1	20)	DIE IV	-			7
Date of Notification (	1)			Name	of Bui	Iding Owner/O	Operator (2)	以一			Polyment of the last of the la	
	T N. d'Gardian				Reber	415 West	Saint Ava	HI AUG	2 3 20	17	-11	$\mathcal{H}$
Agency Notified x EPA	Type Notification Initial			Street	Addres	sses 415 West	Saint Ave	11 800	20 20	111		
X DEP X DOL	Amended Amended #			City,	State, Z	Zip Linden NJ	07036	, in the second	-		_	100
X DOL X DOH	xx Emergency	(includii	ng					enhane Numb	LINGING		_ &	-1
DCA	Justification) Cancellation				of Cor Reber	ntact	lei	ennone Kilmh	PELIONAC	-		-
	Carocitation		FA			ORMATION		_				
Name of Facility When	e Abatement is	Γaking					Гуре of Facili	ty (4)				
Med Expres							School (K-		(17, 10)			
Street Addresses								· 8 (Other than . private & con		Ruile	inos	
415 West Saint Georg	ges						Square Feet	# of Floors	Bldg. A	7.000	50	,
City(5)							5,000	1	Diug. 1	1850		
Linden NJ County (6)			County	Code	(7) (ST		,	Prior if being	demolish	ed		
Union			ONLY		. , .		Renovation	20 S				
Name of Monitoring Fi	rm Hired by Build	ding O	wner	ASC	M No.	Name of Ab	atement Con	tractor (9)				
(8)\- IRIS Environmen	ntal Laboratories,	LLC			700	Pezo Inc					-	_
Street Address						Street Addres 4 Beaverbroom						
2333 Route 22 West City, State, Zip Code						City, State,						
Union NJ 07083						Lincoln Park						
Project Manager for Me	onitoring Firm		phone			Telephone N		License 1	No			
			206-0		(1.1)	973-628-7829 Name of OS		01141				-
Start Date (10)	Schedule 08/30/17		npletic	n Data	1(11)	The second secon		oratories, LLC				
08/21/17	08/30/17					INGS EMVIOL	montar Bacc	, ratorito, 220				
Occupancy Status Duri	ng Abatement (Cl	heck o	nly or	ie)		Street Addres	SS					
Facility Closed/Vacat	ed During Entire Pe	eriod of	Abate	ment		2333 Route						
Abatement Perform Other -Describe	ed Outside of No	rmal l	acilit	y Hour	S	City, State, Z Union NJ 0						
Scope of Work (Check a	ll apply)					Union NJ 0		ainment with Ne	gative Pres	sure	- 7	
Scope of Work (Check a	п арргу)						Mini-Enclos	ure				
> 3 sf or > 3 lf				107.00	enovatior emolitior		Glovebag Pr	rocedure ted (*) and Non-	-Friable pro	ocedi	re	
xx > 160  sf or > 260  lf		Is	Locati		Ciliontioi	L	14011-EXCITE	led ( ) and rion		atem	ent	
Location	of	N	Vormal	y		Description	of			T	pe	
Asbestos-Containing	naterial (ACM)	Use	d Solel	y by		os Containing Ma		Amount	R	R	Eı	Er
TO BE ABA	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	500.00395	intena	No. of Contract of	( i.e.,	thermal systems		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
IN Faci	lity	(	Custodi Staff?			Surfacing, VAT Other miscellan		SF OI LF)	val	-	sula	sure
(13)			(12)								ite	
		Yes	No	N/A						-		
First Floor			X		Floor			5,000				
First Floor			X		Mastic	c		5,000				
Name of registered W	aste Hauler	100000000000000000000000000000000000000		Waste 1	Huler	Cubic Yards o		Registered Lan				
Pezo Inc.		CS	6224			Waste	Waste M	anagement of	rennsylva	ınıa		
City State						6 Disposal Date	City, Sta	te				
City, State Lincoln Park, NJ 070	)35					Disposal Date		le Pennsylvan	ia			
Completed by	Title					Signature		Data				
Tom Pezic	V. Preside	ent						08/16/17	7			

## CK# 2870

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



Name of Building Owner/Operator (2) Matt Reber Agency Notified Type Notification Street Addresses 415 West Saint Ave EPA Initial X DEP Amended City, State, Zip Linden NJ 07036 X DOL Amended # X DOH Emergency (including Name of Contact Telephone Number DCA Justification) Cancellation Matt Reber FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Med Expres School (K-12) Street Addresses Subchapter 8 (Other than (K-12) x Other (i.e. private & commercial Buildings, 415 West Saint Georges City(5) Square Feet # of Floors Bldg. Ag30 Linden NJ 5,000 1 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished Union ONLY) Renovation Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) (8)\- IRIS Environmental Laboratories, LLC Pezo Inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Telephone No. Project Manager for Monitoring Firm Telephone No. License No 908-206-0073 973-628-7829 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 08/21/17 08/30/17 IRIS Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other -Describe Union NJ 07083 Scope of Work (Check all apply) xx Full Containment with Negative Pressure Mini-Enclosure > 3 sf or > 3 lfRenovation Glovebag Procedure xx > 160 sf or > 260 lfNon-Exempted (\*) and Non-Friable procedure Demolition Is Location Abatement Normally Location of Description of Type Asbestos-Containing material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Enclosure Remova Encapsulate TO BE ABATED Maintenance/ ( i.e., thermal systems insulation, (Specify Surfacing, VAT, or Custodial SF or LF) IN Facility Staff? Other miscellaneous) (13)(12)Yes No N/A First Floor Floor Tiles X 5,000 First Floor Mastic 5,000 х Name of registered Waste Hauler NJDEP Waste Huler Cubic Yards of Name of Registered Landfield Pezo Inc. CS 6224 Waste Waste Management of Pennsylvania 6 City, State Disposal Date City, State Lincoln Park, NJ 07035 Morrisville Pennsylvania Completed by Title Signature Data Tom Pezic V. President 08/16/17

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

Date of Notification (1) Name of Building Owner / Operator (2) 8/18/17 Ibis Car Care Inc Agencies Notified Type Notification Street Address EPA 555 New Durham Road DEP Initial City, State & Zip Code 冈 DOL Amended Piscataway, NJ 08854 X DOH Name of Contact Emergency DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Gulf Station School (K-12) Street Address Subchapter 8 (Other than K-12) 555 New Durham Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 900 50+ Piscataway Current Use (Prior if being demolished) Middlesex Gas Station Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Bristol Environmental, Inc. Street Address Street Address 700 Turner Way, Suite 105 1123 Beaver Street City, State & Zip Code City, State & Zip Code Aston, PA 19014 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **David Turotsy** 610-558-8902 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/28/17 8/28/17 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement 7AM - 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (13)(12)Yes No N/A X Interior Floor tile 3 SF  $\boxtimes$ X Exterior Window Glazing 30 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1 cu yd Minerva Landfill City, State Disposal Date City, State New Castle, DE 8/28/17 Waynesburg, OH Completed By (Print or Type) Signature Title Date Gino Pizzigoni Project 8/18/17 Manager

GI17176

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

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Date of Notification (1)	_			_	Building O			!)		1 :	31				-	1
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Agencies Notified	Type Notification			Street A	ddress					114	4	AL	10	23	201	/
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□ DEP 圖 DOL	Amended Amendment #			City, Sta	nte, Zip Code	e ,				000	, AS	Cir v	1 4	21	· γ · 1 ·	OL &
	☐ Emergency (inc	luding	-	Name of	EW R	(1)	ot,	10.7	. 07	UK O			CF	NSII	4(3	
■ DOH □ DCA	justification)  □ Cancellation			Name of	Bouc	11.5	- D			16 (EA)				_		- [
30.1				FACI	LITY INFO	RMA	TION									-
Name of Facility Where Al	batement is Taking Pla	ce (3)		11203				Туре	of Facility (4	4)						
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GLEN RID	GE							450	00 SF	3			1	90	YRS	
County (6)				County (					nt Use (Prior		demol	ished)	-1.			
ESSEX				(STATE (	USE ONLY)			RE	SIDEN	CE						-
Name of Monitoring Firm I	Hired by Building Owr	ner (8)		ASCN	A No.		Name	of Abate	ement Contr	actor (9)				See like		
									moval I	nc						
Street Address							107000000000000000000000000000000000000	Address								
City, State, Zip Code									th Rive	r Stree	et					
City, State, Zip Code							100000	tate, Zip		07601						
Project Manager for Monito	oring Firm			Telephor	ne No			one No.	ack, NJ	07001	Licen	se No.			-	-
Troject manager to morning				rotopitol	10 110.				29-7444	4	Diocii	003	88			
Start Date (10)		Schedule	d Comp	oletion Da	ate (11)		Name	of OSH	A Monitor						-	
8-29-20	17	8-	31	-20	17		On	nega	Environ	menta	1					
Occupancy Status During A	Abatement (Check Only						Street A	Address		***************************************						
☐ Facility Closed/Vacate	ed During Entire Perio	d of Abai	ement						yler Str	eet						
<ul> <li>□ Abatement Performed</li> <li>□ Other – Describe:</li> </ul>	Outside of Normal Fa	cility Ho	urs					tate, Zip		- 1- 3	11.07	(0)				
							30	nuu i	Hackens	ack, N	13 07	000				
Scope of Work (Check All	That Apply)	121														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovat emolit				E		Containme i-Enclosure		egativ	e Press	sure			
			, citionic	1011				I Glo	vebag Proce	dure						
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		Yes	No	N/A												
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BASEMENT FO	PRIVACE RM			×	THERM	140	INSU	LATI	ON		80	LF	X			
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A set of the set of th																
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubi	c Yards		Name of F	Registered	Land	fill				
Best Removal Inc			1	lauler ID	No.	of W				1.000					7.0	
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City, State Hackensack, NJ	07601						osal Date	2	City, State		~ ^	TT 4	1600	,		
Completed by	07001	Title				0-	Signature			nesbur	g, O	H 44		)		
Robert Veldran		100000	stima	tor			R. V	Odna	taa			100000	2	-17		
recort veitian		L.S	riiiig	1101			1. 1/2		0 = (			0	10	11		

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

Date of Notification (1) 08/16/2017	8/16/2017 encies Notified  Notification Type X Initial notification				Name of Building	Owner/Operator (2 LC	111	10				
Agencies Notified X EPA		X	CInitial noti	fication		Street Address  City, State, .Zip Co.		II A	<del>JG 2</del>	3 2	2017	
□ DCA X DOL			Emergen Cancelled	cy notific	cation	Millburn NJ 07041  Name of Contact:		ASE		har i	- 0[	_ <u></u>
□ DEP □DOH						David Chan		(			-	Market State
					FACILITY IN							
Name of Facility Where A Residence	batement	is Tak	king Place	(3)		Type of Facility (4)  School (K-12)  Subchapter 8 (c	other than K-12)					
Street Address						☑ Other (i.e. priva Square Feet 1.500 SF		uildings, hor	nes, e Blo	ig. Age	)	
City (5)	County (	6)			Code (7)	Current Use (prior	if being demolishe	ed):				
Millburn	Essex			State	Use Only)	Residence	50.1 14.1					
Name of Monitoring Firm N/A	Hired by E	Bldg. C	Owner (8)	ASCM	No.	Name of Contractor BL Contracting ,In						
Street Address						Street Address 5 Marguerite Lane						
City, State, Zip Code						City State, Zip Code Towaco 07082	5					
Project Manager for Mon	itoring Fir	m I	elephone I	Number		Telephone Number 973-901-0153		License N 01265	umbe	Ţ		
Scheduled Start Date (10) 08/26/17	)		Scheduled ( )8/28/17	Completi	ion Date (11)	Name of OSHA Mo BL Contracting Inc						
Occupancy Status During  Facility Closed/Vacat  Abatement Performed C	ed During	Entire	e Period of	Abatem	ent	Street Address 5 Marguerite Lane						
Describe						City, State, Zip Cod	<u>e</u>					
□Other						Towaco, NJ 07082						
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□≥ 3 sf or ≥ 3 図 ≥ 160 sf or					☐ Renovation ☑ Demolition	] [	□ Non Exempted a □ Mini-Enclosure ☑ Glove bag Proc ☑ Full Containmer	cedure				
Location of Asbestos- Containing Material (ACM Facility (13)	) in   L	Ised S	ition Norma Solely by Custodial Si		Material (ACM)	sbestos Containing (i.e. thermal systems bing, VAT, or other	Amount (Specif	fy SF or		ement	Type	Enclos
		12)	NO	NI/A	misc.)							
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BASEMENT		<del></del>		X	HARD FITTING		3 SF		X			
1 <sup>ST</sup> FLOOR LIVING ROO	DM .	91931		X	BASECOAT PL	ASTER	480 SF		X			
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			- 4911				Disposal Date			State town, F	PA	
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Completed by (Print or Ty Nedo Vasilic	pe)		itle President			Signature Weduo	Varille	Date 08/16/201	7			

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City. State, Zb Code Shillington, PA 19607								Zip Cods					_		
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Or# 944	6.94	47						STOS ABAT 8:60 and 5:1		HALL			$\mathbb{W}$	
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Agencies Notified	Type Notific	cation			Stree	t Address					100			
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Name of Facility Where Al				(3)					Type of Facility					
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Street Address									Other (i.e., p	rivate and comm		uildin	gs,	
501-511 Bergen Stre	et								homes, etc.					
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Name of Monitoring Firm F		dina C	hunor	(8)	ASCM	No	Na	me of Ahateme	ent Contractor (9)			-		
Health & Safety Serv		ung c	WITEI	(0)	ASCIVI	NO.		AbateTech, Ir	Albert .	<b>7</b> ()				
Street Address	1000						_	eet Address	10.					-
PO Box 365							-	30 Maple Ave	. PO Box 25					
City, State, Zip Code			77:				_	y, State, Zip Co						
Berlin, NJ 08009							L	umberton, N	IJ 08048					
Project Manager for Monito	oring Firm			Tele	ephone	No.	Tel	lephone No.		License No.				
Jim Proctor				6	09-839	-2431	6	609-265-2107		00529				
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_8 / _30 / _	17		9 /	20	_ / .	17_	E	MSL Analyti	cal					
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						1000000	(	innaminson	, NJ 08077					
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☐ ≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Encl	osure					
≥160 sf or ≥260 lf			∐ De	molitio	on			☐ Glovebag ☐ Non-Exer		n-Friable Proced	ure			
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City, State								posal Date	City, State					
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Gwendolyn Trumbett	i	O	perati	ons (	Coordi	nator		1 / 11	W		512	11	-	

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Name of Monitoring Firm F		g Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	N				
Health & Safety Serv	ices					AbateTech, I	nc.					
Street Address						Street Address						
PO Box 365						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
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Jim Proctor			6	09-839	-2431	609-265-2107		00529				
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Scope of Work (Check all the	nat apply)	10.						****				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovat emoliti			☐ Mini-Enc ☐ Glovebag	g Procedure	native Pressure	re			
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lame of Registered Waste	Hauler			JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
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Gwendolyn Trumbetti		Operati	ions	Coordi	nator		11/1		XX	, 1	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 8 21 / Manasquan Board Of Education / Job #1708-5194 Check#9445 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 169 Broad Street B CAN AV **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Manasquan, NJ 08736 ☐ DCA Name of Contact Tolonha (NJAC 5:23-8) justification) ☐ Cancellation Matt Hudson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) L'CENSING Manasquan HS School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 167 Broad Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Manasquan County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. AbateTech, Inc. Street Address Street Address 120 Warren Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Roland Jones 609-392-4200 609-265-2107 00529 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 8 / 22 / 17 8\_ / 23 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If ⊠ Renovation Mini-Enclosure ☐ ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Classroom 103  $\boxtimes$ Floor tile & Mastic 70 SF X 

Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste AbateTech. Inc. G.R.O.W.S. Landfill 18750 4 Disposal Date City, State City, State Lumberton, NJ 8/23/17 Tullytown, PA

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

**Operations Coordinator** 

Signature A

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						ACILITY	INFORMATION						
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Street Address								☐ Subchapter ☑ Other (i.e., p			huildir	nac	
30 North fairview St	reet							homes, etc.		IIIIeiciai	Dullull	iys,	
City (5)								Square Feet	# of Floors	3	Bldg.	Age	
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Name of Monitoring Firm I	Hired by Bu	ilding C	wner	(8)	ASC	M No.	Name of Abatem	ent Contractor (9)	)				
							AbateTech, I						
Street Address							Street Address						
							30 Maple Ave	e. PO Box 25					
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Project Manager for Monito	oring Firm		V	Te	lephor	e No.	Telephone No.		License No	D.		MACE SE	
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☐ Facility Closed/Vacated	During Ent	ire Peri	od.of	Abat	ement		200 Route 13	0 North					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) PENNSVILLE SCHOOL DISTRICT 8 22 / 17 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 30 CHURCH STREET ☑ DOLWD COMPROL & City, State, Zip Code **⊠** DOH Amendment #5 CENSING PENNSVILLE NJ 08070 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENNSVILLE HIGH SCHOOL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 110 S BROADWAY homes, etc.) Bldg. Age Square Feet # of Floors City (5) **PENNSVILLE** >50.000 75 1 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) SALEM SCHOOL Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. HEALTH AND SAFETY SERVICES DELTA/BJDS, INC Street Address Street Address 318 12<sup>TH</sup> STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HAMMONTON, NJ 08037 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00783 AL OSWALD 609 704-8850 215 322-2900 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 30 / 17 6 / 13 / 17 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM- PM/4:30PM- AM BENSALEM PA 19020 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure
 □ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Remova Encapsulate Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)(13)other miscellaneous) Yes No N/A FLOOR TILE (PLEASE SEE X П X 12 SF ADMINISTRATION AREA ATTACH X  $\boxtimes$ SHELVING CONVECTORS 12 П ADMINISTRATION AREA  $\boxtimes$ 108 SF SELECTIVE FLOOR TILE BY UV'S  $\boxtimes$ П П ADMINISTRATION AREA П X П ACM FITTINGS (ASSUMED) 24 SF  $\boxtimes$ П П ADMINISTRATION AREA NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste SERVICE TRANSPORT GRP MINERVA LANDFILL 20990 City, State City, State Disposal Date 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature MICHAEL PARSON PROJECT MANAGER

State of New Jersey

ASB-41 JAN 13

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

0914-02			(Pursu	ant to N.	JAC 8:60 and 5:	16)	Trus		E	Γį	W	E	land of the same o
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(NJAC 5:23-8) justific	ation)		Nam	ne of Conta	act			Telenhone t	Mumhe	ar		(1)	850
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City, State, Zip Code					City, State, Zip Co								
HAMMONTON, NJ 08037					SOUTHAMPT	TON, PA 189							
Project Manager for Monitoring Firm AL OSWALD		10000	elephone		Telephone No.			License No					
Start Date (10)	Schedule		609 704		215 322-2900			00783					
6 /13 / _17			31_ /		Name of OSHA M								
Occupancy Status During Abatement													
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Name of Registered Waste Hauler			NJDEP V		Cubic Yards of	Name of Re	nistere		1		ш	Ц	4
SERVICE TRANSPORT GRP			dauler II 20990	No.	Waste	MINERV	ā						
City, State 58 PYLES LANE NEW CASTLE	DE 1972	20			Disposal Date	City, State WAYNES	SBUR	G, OH 446	388				
Completed By (Print or Type)	Title				Signature	1	7		Date				$\dashv$
MICHAEL PARSON		ECT N	IANAG	ER	Mach	had f	BAR		7 -	2	7-2	20	17

2nd FLOOR LIBRARY TO BE ABATED
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AL OSWALD	toring r intr				9 704		1777033	15 322-2900			00783					
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≥160 sf or ≥260 lf			☐ De	moliti	on			Glovebag	Procedure					
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 8 17 PENNSVILLE SCHOOL DISTRICT 22 Agencies Notified Type Notification Street Address 23 2017 AUG **⊠** EPA ☐ Initial 30 CHURCH STREET **⊠** DOLWD M Amended City, State, Zip Code Amendment #2 CHICANDOL& **⊠** DOH PENNSVILLE NJ 08070 CENSING ☐ Emergency (including ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PENNSVILLE CENTRAL PARK SCHOOL Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 43 OLIVER AVENUE homes, etc.) City (5) Square Feet # of Floors Bldg. Age **PENNSVILLE** >50,000 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. HEALTH AND SAFETY SERVICES 102 DELTA/BJDS, INC Street Address Street Address 318 12TH STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HAMMONTON, NJ 08037 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. AL OSWALD 609 704-8850 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 13 / 17 9 / 30 / 17 **CRITERION LABS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-\_ PM/4:30PM-BENSALEM PA 19020 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ⊠ Renovation  $\square \ge 3$  sf or  $\ge 3$  If ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Repair Removal Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A X  $\boxtimes$ X TOILET ROOMS ACM FITTINGS (ASSUMED) 12SF NURSES OFFICE X FLOOR TILE 45 SF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GRP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Date PROJECT MANAGER MICHAEL PARSON

State of New Jersey

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

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HAMMONTON, NJ 08037						5	SOUTHAMPT	ON, PA 18966					
Project Manager for Monitoring Firm			1	ephone			lephone No.		License No.				
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			$\boxtimes$									П	
TOILET ROOMS	1		$\boxtimes$		ACM FI	TTIN	IGS (ASSUM	ED)	12SF				
NURSES OFFICE	1				FLOOR	TILI	E Co		€ 45 SF		П	П	
Des 14 and a second sec	1		П	П	Programme warranted	- Cherry	G		Parallel and the second	П	П		
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cub	oic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPORT GRP			Н	20990		Was	ste	MINERVA					
City, State				2000		Disp	posal Date	City, State					
58 PYLES LANE NEW CASTLE	DE 19	720						WAYNESB	URG, OH 44688				
Completed By (Print or Type)	Title						Signature	n //	Date		<u> </u>		
MICHAEL PARSON	PR	OJE	CT M	ANAG	ER		Much	all for	son 6	-1	10	201	7

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

Data of Natification (4)					T 81	- ( D. 11.11	- 0	10 1 1	0)	-	7771	1	F - F	71/	E	and the
Date of Notification (1)			-	ner/Operator ( CHOOL DIST			)	ال		\\/	_15	Andrews Items				
Agencies Notified ⊠ EPA	Type Notific	ation				t Address CHURCH	STE	REET			The second secon	AUG	23	201	17	
⊠ DOLWD		198			City, S	State, Zip C	Code						-			-
☑ DOH ☐ DCA	Amendm  Emerger				155000	NNSVILL				permit	ASDI	And the second	G 776	1.37	OL	.l &
(NJAC 5:23-8)	justificati	on)	nipuk	3	Name	of Contact	t			T	elenhon	a KII A	ENIC	NG		
, , , , , , , , , , , , , , , , , , , ,	☐ Cancella									p			Ē			
			-		FA	CILITY IN	IFOF	RMATION		•						
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facilit	v (4)						-
PENNSVILLE MIDD		The state of the s		. ,					School (K-							
Street Address									☐ Subchapter	r 8 (C						
4 WILLIAM PENN A	VE.								Other (i.e., homes, etc		te and c	omme	ercial b	uildin	gs,	
City (5)									Square Feet	-	# of Floo	ors	E	Ildg. A	\ge	
PENNSVILLE									>50,000		1			50+	J	
County (6)		-			Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (F	Prior i	f being o	demoli	shed)			
SALEM								× 1	SCHOOL							
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9	9)	-	-				
HEALTH AND SAFE	ETY SERVICE	CES					D	ELTA/BJDS	, INC							
Street Address							Stre	eet Address	2							
318 12 <sup>TH</sup> STREET							1	345 INDUST	TRIAL BLVD							
City, State, Zip Code							City	, State, Zip Co	Code							
HAMMONTON, NJ (	08037						SOUTHAMPTON, PA 18966									
Project Manager for Moni	itoring Firm	-		Tele	phone	No.	Tele	ephone No.		1	License	No.				
AL OSWALD				60	9 704	-8850	2	15 322-2900			00783	3				
Start Date (10)	25	Schedu	ıled C	omple	tion Da	te (11)	Nan	me of OSHA M	lonitor						2.22	
6 /13 /	17	9	1	_ 30	_ / _	17	С	RITERION L	.ABS							
Occupancy Status During	Abatement (	Check	only o	one)			Stre	eet Address								
☐ Facility Closed/Vacate							4	00 STREET	ROAD							
Abatement Performed						cribe	City	, State, Zip Co	ode							
Time of Abatement: 7	AIVIPIV	///4.30	PIVI-		AIVI		В	ENSALEM F	PA 19020							
Scope of Work (Check all	I that apply)					,		M = " 0 '			_					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		-		novati molitic						egativ	e Press	ure				
									mpted (*) and N	lon-Fi	riable Pr	ocedu	ire			
				Locat									A	batem	ent T	ype
Location		15		Norma d Sole		Ashaa	(	Description of			A	_2	Re	R	m	щ
Asbestos-Containing I TO BE ABA		1)	Ma	intena	nce/	(i.e.	, the	Containing Mat rmal systems i	nsulation,		Amou (Speci		Removal	Repair	Encapsulate	Enclosure
IN Facilit	ty		Cus	todial (12)	Staff?		S	urfacing, VAT,	or		SF or L		Va.	]	Sula	sure
(13)		_	Yes	No	N/A	1	otr	ner miscellaned	ous)						ate	10000
ADMINISTRATION AF	REA			×		FLOOR	TILE	Ē			35 S	F				
TOILET ROOMS						ACM FIT	TTIN	IGS (ASSUM	IED)		125	F		$\Box$	П	
ADMINISTRATION AF		EXTERI	OR I	UNIT VENTII	LATORS		28LF	=		-						
											260000000			-		
Name of Registered Wast	te Hauler				JDEP \	Vaste	Cub	ic Yards of	Name of Reg	istere	d Landfi	ill				
SERVICE TRANSPO	Н	auler II 20990		Was		MINERVA	LAN	NDFILL	19							
City, State					Disposal Date				City, State							
58 PYLES LANE NE						WAYNES	BUR	G, OH	4468	8						
Completed By (Print or Ty		Title						Signature	0 01	/		Da	ate	·		
MICHAEL PARSON		PR	OJE	CT M	ANAG	ER		Man	Kanlle	20	n e		87	22	1	7

			OFFICE OFFICE		GROUND FL RM 3	NURSES OFFICE	GROUND FL VICE PRINCIPLE OFFICE	GROUND FL PRINCIPLE'S OFFICE	GROUND FLOOR MAIN OFFICE		<u>حا</u>	ASBESTOS-CONTAINING  MATERIAL (ACM)  TO BE ABATED IN FACILITY  CU
			×	-	×	×	×	×	×	-	YES N	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?
			_	-						Н	NO N/A	IS LOCATION ORMALLY D SOLEY BY NTENANCE/ TODIAL STAFF
ASE	2017	88 O	FLOOR TILE		FLOOR TILE	FLOOR TILE	FLOOR TILE	FLOOR TILE	FLOOR TILE			DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)
			39 SF		28 SF	14 SF	14 SF	14 SF	28 SF			AMOUNT SPECIFY SF OR LF
			×		×	×	×	×	××		1	REMOVAL
												REPAIR
												ENCAPSULATE
												ENCLOSURE

0975-02-

	31	ate of	New .	Jersey		
NOTI	FICATION	OF A	SBES	STOS	ABAT	EMEN'
	(Pursuan	t to N.	IAC 8	·60 ar	nd 5:16	)

7 40 0,0				-55-2-3	T			house	711 C C 1	11.77	Total Control	- Contract of the Contract of	-	
Date of Notification (1)  6 /	30 /	17					Owner/Operator ( E SCHOOL DIST	177 11		<u>W</u>	15			
Agencies Notified  EPA	Type Notifica					t Address CHURCH	STREET	Antonio de la constitución de la	AUG 23	2017	,			
☑ DOLWD	Amended Amendm				City, S	State, Zip C	ode				T			
□ DCA	Emergen			9			E NJ 08070	Ā	Shes os ca	VIII (	L 8		1	
(NJAC 5:23-8)	justificati	on)	•		Name	of Contac			Telephone Num	ber	-		Common	
					FA	CILITY IN	FORMATION					0,00		
Name of Facility Where A	Abatement is 7	Taking	Place	(3)				Type of Facility	(4)					
PENNSVILLE MIDD	LE SCHOO	L						School (K-12						
Street Address									3 (Other than K-12 rivate and commer		uildin	as,		
4 WILLIAM PENN A	VE.							homes, etc.)				73.55		
City (5)								Square Feet	# of Floors	1	dg. A	ge		
PENNSVILLE								>50,000	1		50+			
County (6) SALEM					Cour	nty Code (7	)(STATE USE ONLY)	SCHOOL	ior if being demolis	shed)				
Name of Monitoring Firm			wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
HEALTH AND SAFE	ETY SERVIC	ES					DELTA/BJDS	, INC						
Street Address							Street Address							
318 12 <sup>TH</sup> STREET							1345 INDUST							
City, State, Zip Code							City, State, Zip Co							
HAMMONTON, NJ				1= .				ON, PA 18966						
Project Manager for Moni	toring Firm			1	phone		Telephone No.		License No.					
Start Date (10)	To	Cobod	ulad C		09 704	te (11)	215 322-2900 Name of OSHA M		00783					
6 /13 /						17_	CRITERION L							
Occupancy Status During	Abatement (	Check	only	one)			Street Address							
☐ Facility Closed/Vacate							400 STREET							
Abatement Performed Time of Abatement: 7						scribe	City, State, Zip Co							
Scope of Work (Check all	that apply)													
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				novati			☐ Mini-Enc ☐ Glovebag	g Procedure						
			la	Locat	ion		⊠ Non-Exe	mpted (*) and No	n-Friable Procedur	_			W. 2012	
Location	of		1	Vorma	lly		Description of	f			_	ent T	T	
Asbestos-Containing I	Material (ACM	l)		ed Sole intena			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABA					Staff?	(i.e.	<ul> <li>thermal systems surfacing, VAT</li> </ul>		(Specify SF or LF)	ova	air.	psu	osui	
(13)	,			(12)	_		other miscellane	ous)	0. 0. 2. /			ilate	9	
			Yes	No	N/A									
ADMINISTRATION AF	REA					FLOOR			35 SF					
TOILET ROOMS						ACM FI	TTINGS (ASSUM	IED)	12SF			Ш		
ADMINISTRATION AF	REA					EXTERI	OR UNIT VENTI	LATORS	28LF					
						<u> </u>					Ш	Ш	Ш	
Name of Registered Wast				1,000	JDEP \ auler II 20990	O No.	Cubic Yards of Waste	Name of Regis						
City, State					20000		Disposal Date	City, State						
58 PYLES LANE NE		DE 1	9720					WAYNESB	URG, OH 44688	3		A		
Completed By (Print or Ty	rpe)	Title		ocarana ana			Signature	0 1/2	Da		1020		7.2	
MICHAEL PARSON		PF	ROJE	CT M	ANAG	ER	Muel	rael To	raon (	<sub>5</sub> -3	0-0	25	0	

0964-0	7	NIC	TIE	IC A		tate of Ne		ersey TOS ABAT	PEMENT	=						-1
LDOK	,	INC	חוו כ					60 and 5:10		ni	I G E		V/		m	1
Date of Notification (1)					Name	of Building	g Owr	ner/Operator (	2)	3				5		1
8/	22 / _	17			PEN	NNSVILLI	E SC	HOOL DIST	RICT		AUG 2	3 2	017		L	/
Agencies Notified	Type Notifica	ation			Street	Address		-	ì	L best	000					1
	☐ Initial				30 (	CHURCH	STR	EET	-					01.5		
□ DOLWD   □				ı	City, S	state, Zip C	ode			AS	SELS OF	OGN NSIN	+++	JL	M.	1
⊠ DOH	Amendme			1		NSVILLI		08070	l	-	<u> </u>	MOIN		or other designation of the last of the la		geodi.
☐ DCA (NJAC 5:23-8)	☐ Emergene justification	on)	ding			of Contact				T	Telephone N	lumhar				
					FAC	CILITY IN	FOR	MATION								189
Name of Facility Where A	batement is T	aking Pl	ace (	3)					Type of Fa	acility (4	)					
PENN BEACH ELEM				•					⊠ Schoo							
Street Address			ilasoo						☐ Subch	apter 8 (	Other than K					
96 KANSAS ROAD									☐ Other ( homes		ate and com	mercia	l bu	lding	S,	
City (5)									Square Fe	eet	# of Floors		Blo	g. Ag	ge	
PENNSVILLE									>50,00	0	1		5	+0		
County (6)					Coun	ty Code (7)	)(STAT	TE USE ONLY)			if being den	nolishe	d)			
SALEM	I II I b - D - II -		(0	× 1	10014	NI.	I NI		SCHO	2000						
Name of Monitoring Firm			er (8	)   '	ASCM	NO.	0398	ne of Abateme		tor (9)						
HEALTH AND SAFE	IY SERVIC	ES						ELTA/BJDS	i, INC							_
Street Address								et Address		Manual t						
318 12 <sup>TH</sup> STREET							13	345 INDUST	RIAL BL	VD						
City, State, Zip Code  HAMMONTON NJ 0	8037							, State, Zip Co OUTHAMPT		8966						
Project Manager for Moni				Tolo	ohone l	No		phone No.	ON, I A I	0000	License No	v.			_	_
AL OSWALD	toning riiiii				9 704		000000	15 322-2900			00783					
Start Date (10)	5	Schedule	d Co	mplet	ion Dat	te (11)	Nam	ne of OSHA M	lonitor							
6 /13 /	17	9	1	30	_ / _	17	С	RITERION L	ABS							
Occupancy Status During	Abatement (0	Check on	ly on	ie)			Stre	et Address								
☐ Facility Closed/Vacate							40	00 STREET	ROAD							
☐ Abatement Performed						cribe	City	, State, Zip Co	ode							
Time of Abatement: 7	AMPN	1/ <u>4:30</u> PI	VI	— <i>F</i>	VIVI		В	ENSALEM I	PA 19020							
Scope of Work (Check all	that apply)							⊠ Full Cont	tainment wi	th Nega	tive Pressure	9				
≥3 sf or ≥3 lf		$\boxtimes$		ovatio				☐ Mini-Enc	losure							
≥160 sf or ≥260 lf			Dem	olitio	n			Glovebag			Friable Proc	odura				
			le I	ocati	on	T		LI NOTI EXC	implica ( ) a	11011011	T TIABLE T TOO	Cadio	۸h	ateme	ont To	vno
Location	of		0.00	ormal				Description of	nf			-			7-0-0	
Asbestos-Containing I				Sole		Asbes	stos (	Containing Ma	terial (ACN	1)	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit				itenai	Staff?	(i.e.		mal systems			(Specify SF or LF)		3701	air.	apsi	nso
(13)	ıy			(12)				urfacing, VAT, er miscellane			SF UI LF)	'	=		ulat	re
(.0)		Y	es	No	N/A		0		,						О	
ROOM 123			]	$\boxtimes$		PIPE IN	SUL	ATION			6LF		$\boxtimes$			
ROOM 124			]	$\boxtimes$		PIPE IN	SUL	ATION			6LF					
ROOM 125			]	$\boxtimes$		PIPE IN	SUL	ATION			6LF					
UNIT VENTILATORS			]			FLOOR	TILE	ASSOCIA	TE WITH	UV	234					
Name of Registered Was	te Hauler			1000000	JDEP V		15/2/15/19/6	ic Yards of	Name of	Registe	red Landfill					
SERVICE TRANSPO	ORT GRP			1	auler ID <b>2099</b> 0		Was		MINE	RVA L	ANDFILL					
City, State	4113741000,23111.0034-0-1	NUMBER AND ADDRESS OF THE PARTY					Disp	osal Date	City, Sta							
58 PYLES LANE NE	W CASTLE	DE 197	20						WAY	NESBU	RG, OH 44	688				
Completed By (Print or Ty	/pe)	Title						Signature	0 .	//		Date				
MICHAEL PARSON		PRO	JEC	TM	ANAG	ER		Mir	Krael	10m	son	9	3-	27	-1	7

ASB-41 JAN 13

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

Date of Notification (1)	17			1		ng Owner/Operator		The state of the s	W	E	- Intro	1		
		=					IKICI III	bearing and the second of the				1		
Agencies Notified					et Address CHURCI	H STREET		AUG 23	20	17	1	1		
☑ DOLWD     ☑ DOH     ☑ Amende     ☑ Amende     ☑ Amende					City, State, Zip Code									
☐ DCA ☐ Emerger						LE NJ 08070	and the same of th	AGE TO SEE	(1:41	MOL	. &			
(NJAC 5:23-8) justificat ☐ Cancella	ion)			Nam	e of Conta	ct	Contract (1991)	Telephone NumberG						
				FA	CILITY II	NFORMATION				_				
Name of Facility Where Abatement is	Taking F	Place (	(3)				Type of Facility	(4)		-				
PENN BEACH ELEMENTARY	SCHOO	DL					School (K-12)							
Street Address 96 KANSAS ROAD								3 (Other than K-12 rivate and comme		uildin	gs,			
City (5)					- 3		Square Feet	# of Floors	В	ldg. A	\ge			
PENNSVILLE							>50,000	1		50÷				
County (6) SALEM				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	or if being demoli	shed)					
Name of Monitoring Firm Hired by Buil	ding Ow	mer (8	)	ASCM	No.	Name of Abateme				1				
HEALTH AND SAFETY SERVICE	CES					DELTA/BJDS								
Street Address		0.000				Street Address								
318 12 <sup>TH</sup> STREET						1345 INDUST	RIAL BLVD							
City, State, Zip Code						City, State, Zip Co								
HAMMONTON NJ 08037							ON, PA 18966							
Project Manager for Monitoring Firm  AL OSWALD				phone	No. -8850	Telephone No.		License No.						
	Schedule	ed Cor				215 322-2900 Name of OSHA M	onitor	00783						
6 / 13 / 17	9		5		17.	CRITERION L								
Occupancy Status During Abatement (						Street Address								
☐ Facility Closed/Vacated During Entite ☐ Abatement Performed Outside of No.	re Penod ormal Fa	d ot Al acility l	dour	nent s - Des	cribe	400 STREET I								
Time of Abatement: 7AM-PM	1/4:30P	M			CIDE	City, State, Zip Co BENSALEM P								
Scope of Work (Check all that apply)	Carles and Carles	Ÿ				1			77		17			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Reno						ative Pressure						
		100	01100		v=	☐ Non-Exer	npted (*) and Nor	-Friable Procedu	re					
			ocati rmal						Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACM	)	Used			Asbe	Description of stos Containing Mat		Amount	Re	Re	E	En		
TO BE ABATED		Maint Custoo				., thermal systems in	nsulation,	(Specify	Removal	Repair	caps	Enclosure		
IN Facility (13)			12)			surfacing, VAT, other miscellaneo		SF or LF)	<u>a</u>		Encapsulate	ure		
	Y	es	No	N/A			,				В			
ROOM 123		-	◁		PIPE IN	SULATION		6LF						
ROOM 124					PIPE IN	SULATION		6LF						
ROOM 125		-			PIPE IN	SULATION		6LF						
UNIT VENTILATORS					FLOOR	TILE ASSOCIAT	E WITH UV	234						
Name of Registered Waste Hauler SERVICE TRANSPORT GRP			На	DEP V	No.	Cubic Yards of Waste	Name of Regist MINERVA L				18			
City, State			1 2	20990		Disposal Date	City, State				-	-		
58 PYLES LANE NEW CASTLE	DE 197	20						JRG, OH 44688						
Completed By (Print or Type)	Title		1			Signature	1 0/	Da			141			
MICHAEL PARSON	PRO	JECT	MA	NAG	ER	Mie	haelta	1012	8-	15	20	17		

REMOVAL REPAIR ENCAPSULATE ENCLOSURE								
REMOVAL REPAIR E				 200				
AMOUNT SPECIFY SEORUE		2.0 (E		TI.				
DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		EXTERIOR: CAULK ASSOCIATED WITH UV'S.	Elbewsh					
IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	YES NO N/A		×					
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY		26 UNIT-VENTILATORS	Wechanical Room			Little of Contractions of Cont	ASE	3 2017 CONTROL & SING

res<sup>pec</sup>