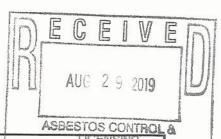
CK 177	+ 140 OPAI	71 D	NOTI		ATION		BES'	ersey TOS ABAT 60 and 5:16		D	EC	E		\mathbb{V}	E	M
Date of Notification (1) 08 /	26 /	19	_			of Building ark NJ LL		ner/Operator (2	2)	Total Statement of the	AUG	2 9) 2	019	and the state of t	U
Agencies Notified ☑ EPA ☑ DOLWD	Type Notificat ☐ Initial ☐ Amended	tion	Street Address 100 Planten City, State, Zip C					nue	The second secon	ASBESTOS CONTROL &						
☑ DOH ☐ DCA (NJAC 5:23-8)	Amendme Emergence justificatio	y (inc	luding		Pro	spect Pa	rk, N	IJ 07508		loos-retification	Telephone Nu	e de la constanta de la consta	THE PROPERTY.	NUSSERIE	To Continue	providence
(Cancellation				Mic	hael Spe	ck			908-868-6422						
					FA	CILITY IN	FOR	MATION								
Name of Facility Where A Commercial Street Address	batement is Ta	aking	Place	(3)						K-12) oter 8	(5)		l buil	ldings		
100 Planten Avenue	9								homes,		vate and contin	Hercia	i Duli	uniga	,	
City (5) Prospect Park									Square Fee	t	# of Floors		Bldg. Age			
County (6)			- 17.5		Cour	ty Code (7)	(STA	TE USE ONLY)	Current Use	e (Prio	or if being demo	olishe	d)			
Passaic																
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contracto	r (9)						
Mark Jovic Consult	ing LLC						ALL PRO MANAGEMENT LLC								- 1	
Street Address							Street Address									
87 Main Street, Suit	e A						27 Outwater Lane									
City, State, Zip Code							City	, State, Zip Co	ode							
Lincoln Park, NJ 0							G	arfield, NJ	07026							
Project Manager for Moni	toring Firm			Tel	ephone	No.	Tele	ephone No.	<		License No.	8				
Mark Jovic				9	73-650	-0932	973-928-4888 1188									
Start Date (10)					etion Date (11)			Name of OSHA Monitor								
09 /04 /	19	_ 09	9_ /	_3	0_/.	19	Α	LL PRO MA	NAGEMEN	IT LL	.C					
Occupancy Status During							Stre	et Address								
□ Facility Closed/Vacate □ Abatement Performed								7 Outwater								
Time of Abatement:			3		Oity, State, Zip Code											
1. A.C. 1. C. 1. C		_					G	arfield, NJ	07026							
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Full Containment w ion ☐ Mini-Enclosure ion ☐ Glovebag Procedui ☐ Non-Exempted (*)				losure g Procedure	5000 30 3 (2005) 500 500 50										
			17.73	Loca									Aba	ateme	ent Ty	/ре
TO BE ABATED				Normally Used Solely by Maintenance/ Custodial Staff? (12)			., the	Description of Containing Ma rmal systems urfacing, VAT her miscellane	insulation, , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Roof			Yes	No	N/A	Black F	lach	ina		+	100 SF					
		_	100		-					-		-				
							ng Material			3,675 SF						
Roof			Ц		\boxtimes	Black F	lash	ing		310 SF		\boxtimes		Ш		
1st Floor Blue Room-	Bottom Lay	er				Green \	/inyl	Floor Tile			375 SF		\boxtimes			
Name of Registered Waste Hauler Newark Carting/Horizon Disposal/Century Waste, LLC NUMBER OF Waste Hauler ID No. 0283/ 0146 / 3279							Cubic Yards of Waste Grand Central Sanitary Landfill / GROWS North Pri As Needed Landfill / Fairless Landfill					n				
City, State Newark, NJ / Ewing	ı, NJ / Elizah	eth.	NJ				Dis	posal Date	City, State	е	PA / Morrisv	ville.	PA			
								Signature	1.5117	91"		Date				-
Completed By (Print or Type) Allen Monchik Title Project Manager							Allen	Mono	hik	2	8/2		9			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

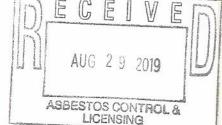


						LICENSING					
				100 Planten Avenue, Prospect Park, NJ		Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)		s Locat rmally Solely atenan ial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u I	E n c l o s u r e		
	Yes	No	N/A								
Attic Area			X	Grey Pipe Insulation	200 SF	Х					
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98								-			
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			0.								

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 8/26/19	_
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification Name of Building Owner/Operator (2) The College of New Jersey / Job #1810-5392 Check #11535 19 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial PO Box 7718 □ DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # Ewing, NJ 08628 DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number CONTROL & ☐ Cancellation 609-771-2884NSING Amanda Radosti **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The College of New Jersey - Forcina Hall ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2000 Pennington Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental AbateTech, Inc. Street Address Street Address 1805 Atlantic Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Christopher Glowacki 732-859-0766 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 9 / 19 9 / 17 / 19 **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-3PM/12PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ☐ >3 sf or >3 If □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate 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 SEE SEE ATTACHED X SEE ATTACHED XП П ATTACHED П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 10 City, State Disposal Date City, State Lumberton, NJ 9/17/19 Tullytown, PA Completed By (Print or Type) Signature Lauren Welch Asst Operations Coordinator

State of New Jersey



TCNJ Forcina Hall Penthouse Mechanical Room

			FIORIZO1140	
Location	ACM	Amount	Abatement Type	eranda de la companya.
Floor & Walls	Tar	70 SF	Removal	
Hatch	Black Sealant	25 LF	Removal	
Gaskets		35 Total	Removal	
Exhaust Pipe		6 LF	Removal	
Hatch	White Sealant	15 LF	Removal	

0.11.				In	J#14() 14	Poses Services	NEGE	Π <u>(</u> ()	7 16	CONTRACT	7	
Ch134	135,	139	NOT	IFICATION (Pursua	State of New Jer ON OF ASBESTO nt to NJAC 8:60	Sey S ABATE	EMENT		U V				
Date of Notification (1)	ala.t.	1		3 6	of Building Owne	8 4 5 4	111	AUG 19	20	19			
Aganaica Netis- I	8/01/19	9		JF	P HOUS	N/C	r (2)	(cons)					
[pas]	Type Notification	1		Sueet	Address			ASBESTUS C	UNTE	OL 0	J	_	
EPA DEP	Initial Amended			7	50 NORT,	4FIC.	20 A	re licens	NG.	enminoritiese	Geny Workship Profe		
DOL	Amendmen	t#		W/A	State, Zip Code	000							
DOH .	Emergency justification))	ng	Name	of Contact	5355							
DCA	Cancellation	n		MIK	E PATRIA	RCH	4	Telephone N			CL		
Name of Facility Where At	patement is Takir	ng Place	(3)	FAC	CILITY INFORMA	TION	T		()	7/	RIC	3	
JrP HOU	ISING L	D	100f().				Type of Facilit	50 500		L-1-100			
Street Address 450 NORTH	11-11-10	4 1					School (F	ter 8 (Other than K-	12)				
City (5)	ナナノビスク	#16	5				Other (i.e etc.)	e. private & commerce	cial bu	ildings	s, hom	ies,	
WEST OR	ANGE				i Sichione		Square Feet	# of Floors	T	Bldg.	Age		
County (6)				County	Code (7)		80,000	4		H	23		
PSSEX.				(STATE	USE ONLY)		APAD	Prior if being demolis	shed)				
Name of Monitoring Firm H	lired by Building	Owner (8	3)	ASC	M No.	Name	of Abatement C	Contractor (9)					
SIFERT Address		1/19	L7			HK	1.41						
1600 RT 22	EAST						Address MILL S	- The same of the					
City, State, Zip Code		00					tate, Zip Code						
Project Manager for Monito	ring Firm					PA;	TERSION	NJOF	01	Ĵ			
YOJISLAV -	TESIC			Telepho	one No. 688-7800	Teleph	one No.	20 License					
Start Date (10)		Schedu	led Co		Date (11)	100	990 05_ of OSHA Monito		37				
Occupancy Status During A	lhata	7	7/11)			2AN 1616						
Facility Closed (Vacate	d During Cations	k Only O	ne)	_		Street /	Address						
Facility Closed/Vacate Abatement Performed Other – Describe: V/-	Outside of Norm	eriod of al Facilit	Abater y Hour	nent s			HILL S						
		11/1>					ate, Zip Code	all 67	877/	P			
Scope of Work (Check All T ≥3 sf or ≥3 lf	hat Apply)					11 0/1	1		, ,				
≥160 sf or ≥260 lf	×		Renova Demolif			V	Full Containr	ment with Negative I	Pressu	re			
		-					Glovebag Pro	re ocedure					
		Is	Locati	ion		V	Non-Exempte	ed (*) and Non-Friat	le Pro				
Location of Asbestos-Containing Ma	4		Normal ed Sole	ly	De	scription	of			Abate Ty	ement pe	-	
TO BE ABATE	ED (ACM)	Ma	intena	nce/	Asbestos Con	taining Ma	aterial (ACM)	Amount					
In Facility (13)		Cus	todial 8 (12)	Staff?	(i.e. therma surfa	cina, VAT	or	(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure	
		Yes	No	N/A	other	niscellane	eous)	,	поча	Repair	osula	losur	
FLOOR IN	11-9	100	V			. 2	1		Ι,		te	0	
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Name of Registered Waste H	lauler		l N.	JDEP W	asta Cubi-								
ARIAI			H	auler, ID	aste Cubic No. of Wa	ste ,		Registered Landfill					
City, State	. / :-/		10.	50101	Dispos	10 Yd	1	FAIRLESS					
PATERSON Completed by	NJ					al Date	0". 0	te ORRISKIA		e2	DA		
GURAN 16	EV	·Title	$c \in c$	9		ignature	114.			13	14		
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